

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/08/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/25/2013
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42055	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	<u>Disclaimer for Plan of Correction</u>	
F 328 SS=D	<p>An abbreviated survey (KY #20734) was conducted on 09/23/13 through 09/25/13 to determine the facility's compliance with Federal requirements. KY #20734 was substantiated with regulatory violations identified.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review it was determined the facility failed to ensure timely Podiatry services for three (3) residents (#2, #3 and #5), in the selected sample of five (5) residents.</p> <p>The findings include:</p> <p>A review of facility policy titled, "Podiatry Services - Professional", last reviewed 09/08, revealed the facility may assist the resident in obtaining needed professional podiatry services, including routine podiatry care.</p>	F 328	<p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Christian Care Center of Kuttawa of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. Christian Care Center of Kuttawa files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lundy Boston

Administrator

10.14.13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	<p>Continued From page 1</p> <p>1. Record review revealed the facility admitted Resident #2 on 06/01/13 with diagnosis to include Diabetes. A review of the quarterly Minimum Data Set (MDS) assessment, dated 08/01/13, revealed the facility assessed Resident #2's cognition as severely impaired. Further record review revealed there was no evidence the facility provided the resident Podiatry services since his/her admission to the facility, approximately five months ago.</p> <p>Observation, on 09/23/13 at 12:48 PM, revealed Resident #2 was sitting in a chair at the bedside being assisted to don socks by staff. The resident's feet were bluish in color and swollen and the toenails were long. Further observation, on 09/23/13 at 3:18 PM, revealed the resident was lying on the bed. The resident's lower extremities were swollen and some of the toenails were thick and long extending past the tip of the toe.</p> <p>2. Record review revealed the facility admitted Resident #3 on 10/10/12 with diagnoses to include Diabetes. A review of the annual MDS assessment, dated 09/05/13, revealed the facility assessed Resident #3's cognition as cognitively intact. Further record review revealed the facility had not provided the resident Podiatry services since 05/13/13, approximately four months ago.</p> <p>Observation and interview, on 09/24/13 at 8:50 AM, revealed Resident #3 was alert and denied any problems with his/her feet. The resident's toenails were thick and the right and left 2nd toenails were curved inward toward the toe.</p> <p>3. Record review revealed the facility admitted Resident #5 on 06/03/10 with diagnoses to</p>	F 328	<p>F 328</p> <p>Christian Care Center of Kuttawa believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Residents</u></p> <p>Resident #2 was seen by the Podiatrist on 9/24/13. Residents #3 and #5 received services by the Podiatrist at the facility on 9/30/13.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>Residents requiring Podiatry services for toenail trimming have a potential to be affected by this practice. A full audit was completed by the RN Supervisor on 9/25/13 for residents in need of Podiatry services for toenail trimming. No other residents were found to be in need of these services.</p>		

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F 328	<p>Continued From page 2</p> <p>Include Neuropathy, Hemiplegia/Hemiparesis and Diabetes. Further record review revealed the facility had not provided the resident with Podiatry services since 01/14/13, approximately eight (8) months ago. A review of the annual MDS assessment, dated 06/27/13, revealed the facility assessed Resident #5's cognition as severely impaired.</p> <p>Observation, on 09/23/13 at 1:03 PM, revealed Resident #5 was lying on the bed with his/her feet uncovered and the residents great toenail on both feet were long extending past the tip of the toe.</p> <p>A review of the list of residents to be seen by the Podiatrist on 09/30/13, revealed Residents #2, #3 and #5 were on the list to be seen on the next podiatry visit to the facility.</p> <p>An Interview with the Director of Nurses (DON), on 09/24/13 at 11:45 AM, revealed the Licensed staff determine when a resident was in need of Podiatry services. The DON stated if a resident complained of pain to his/her feet or toes, the physician would be called. The DON revealed the State Registered Nurse Aides (SRNA) were responsible for routine nail care and the Registered Nurse (RN) was responsible for the nail care of known Diabetic residents.</p> <p>An interview with the facility Administrator, on 09/24/13 at 11:55 AM, revealed the facility has a letter of understanding with the Podiatrist and residents were seen every sixty (60) to ninety (90) days. The Administrator stated the Podiatrist visits had not been routine recently. The Administrator revealed the Podiatry appointments for 08/26/13 had been cancelled by the Podiatrist and were rescheduled for 09/30/13. Resident's</p>	F 328	<p><u>Systematic Changes</u></p> <p>On 9/30/13, It was agreed by the facility Podiatrist and the Director of Nursing that Podiatry visits should be performed monthly. This monthly schedule has been set by the Director of Nursing with the Podiatrist in agreement. A Podiatry Log will be developed by the Director of Nursing to document visits and ensure that residents needing Podiatry services for toenail trimming are seen at least quarterly and with any new concerns. This Log will be maintained by the Medical Records Clerk and the Director of Nursing. Residents with a diagnosis of Diabetes will be seen by the Podiatrist on his first scheduled visit following the resident's admission.</p> <p>An In-service for nursing staff will be conducted on 10/18/13 by the Assistant Director of Nursing to cover the importance of Special Needs/Podiatry Care. This same in-service will be repeated on 10/25/13 by the Director of Nursing. Newly-hired nursing department employees will receive education on the importance of Special Needs/</p>		

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F 328	<p>Continued From page 3</p> <p>#2, #3 and #5 were on the list to be seen by the podiatrist on that day. The podiatrist visits for 2013 were on 01/14/13 and 05/13/13.</p> <p>An Interview with the Podiatrist, on 09/24/13 at 2:52 PM, revealed he had been providing Podiatry services at the facility for over twenty (20) years. The Podiatrist stated that since the facility changed owners, there has been a lack of interest on the facility's part for his services. The Podiatrist revealed he has been at the facility twice this year and was scheduled to see residents again on 09/30/13. The facility staff contacts the Podiatrist to set up appointment times to see residents in the facility.</p> <p>An Interview with the facility's Medical Director, on 09/24/13 at 3:51 PM, revealed she was under the impression that the Podiatrist saw residents in the facility monthly and most residents needed a nail trim every three (3) to four (4) months. The Medical Director was not aware Podiatry services were not provided monthly.</p>	F 328	<p>Podiatry Care during their orientation period.</p> <p><u>Monitoring</u></p> <p>A monthly audit will be conducted by the Director of Nursing for three months to ensure residents requiring Podiatry services for toenail trimming are seen at least quarterly. The results of these audits will be presented monthly by the Director of Nursing to the Performance Improvement Committee for review and recommendations. The Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Activity Director, Dietary Manager, Maintenance Director, Housekeeping Director, Medical Director, Consultant Pharmacist, Human Resource Manager, and Business Office Manager.</p>	11/1/13	