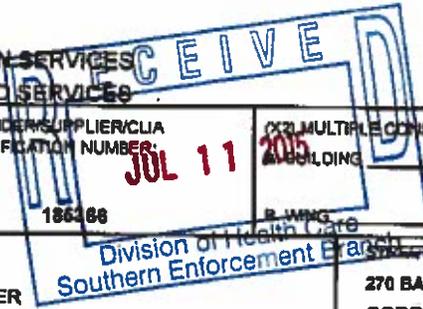


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/01/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186286	(X2) MULTIPLE CONSTRUCTION BUILDING E-WING	(X3) DATE SURVEY COMPLETED C 06/17/2015
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NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 270 BAGON CREEK ROAD CORBIN, KY 40702
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(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	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY23347) was conducted on 06/17/15. The complaint was substantiated with deficient practice identified at "D" level.</p>	F 000	- See attached -	
F 282 SS=D	<p>483.20(k)(3)(II) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's Care Plan Policy Statement and the facility's investigation, it was determined the facility failed to ensure services were provided in accordance with the written plan of care for one (1) of three (3) sampled residents (Resident #1). The facility assessed Resident #1 to require two (2) staff members with transfers, and had care plan interventions for a mechanical lift to be used during all transfers. However, on 05/30/15 at approximately 5:30 PM facility staff failed to utilize two staff members to transfer the resident.</p> <p>The findings include:</p> <p>Review of the facility's Care Plan Policy Statement (no date) revealed a Comprehensive Plan of Care would be developed based on the completion of the comprehensive Minimum Data Set (MDS) assessment.</p>	F 282		

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

Rebecca A. [Signature]

TITLE

Administrator 7-11-15

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing 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 CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702	
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F 282	<p>Continued From page 1</p> <p>Review of the Care Plan Policy and Protocol (no date) revealed the Kardex would be utilized as a guide for Nurse Aides in providing care on a daily basis.</p> <p>Observation of Resident #1 at 2:30 PM on 06/17/15 revealed Certified Nursing Assistant (CNA) #2 and CNA #3 transferred the resident from bed to the wheelchair with the use of a Hoyer lift.</p> <p>Review of the Significant Change MDS assessment dated 06/03/15, revealed the facility assessed Resident #1 to require total assistance of two staff persons for transfers. The MDS further revealed the resident was assessed to have a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was interviewable.</p> <p>Review of the Comprehensive Care Plan with a review date of 06/08/15, revealed the facility had addressed the resident's need for the total assistance of two staff persons with transfers. Interventions also included using a Hoyer lift for all transfers. Review of the CNA Resident Kardex revealed Resident #1 was nonambulatory and staff was directed to use a "Hoyer" lift (a mobile device used for lifting) and two staff persons for transfers.</p> <p>Review of the facility's investigation, dated 06/01/15 revealed CNA #1 attempted to transfer Resident #1 from bed to a wheelchair with a Hoyer lift without any assistance from any another staff person. Further review of the facility's investigation revealed Resident #1 slid from the wheelchair to the footrests of the wheelchair. The resident was assessed and no injuries were</p>	F 282	-See attached.	

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F 282	<p>Continued From page 2 noted.</p> <p>Interview with CNA #1 at 4:40 PM on 06/17/15 revealed she transferred Resident #1 from the bed to the wheelchair, but the CNA did not ask any other staff person to assist with the transfer. CNA #1 stated she normally would have asked someone to assist her, but the CNA stated she assumed staff would volunteer to assist with the transfer of Resident #1.</p> <p>Interviews with CNA #2 at 2:50 PM and CNA #3 at 2:58 PM on 08/17/15 revealed the two CNAs were on duty the evening the incident occurred with Resident #1. The CNAs stated CNA #1 transferred the resident without any assistance from other staff. The CNAs stated the CNA did not ask anyone to assist her with transferring Resident #1.</p> <p>Interview with a Licensed Practical Nurse (LPN) at 2:35 PM on 08/17/15 revealed she was the nurse in charge on 05/30/15. The LPN stated CNA #1 did not ask any other staff person to assist her with transferring Resident #1. The LPN further stated two other CNAs reported Resident #1 slid out of the wheelchair. The LPN assessed the resident, and noted no injury. The LPN stated the resident told her that he/she slid out of the wheelchair. The LPN removed CNA #1 from direct care immediately due to improper transfer of the resident.</p> <p>Interview with the Director of Nursing (DON) at 4:40 PM on 08/17/15 revealed all staff including CNA #1 had been in-serviced on the use of a Hoyer lift for transfers on 05/26/15; however, CNA #1 transferred Resident #1 without staff assistance.</p>	F 282	- See attached.		

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F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's investigation and policies, it was determined the facility failed to ensure adequate supervision to prevent accidents was provided for one (1) of three (3) sampled residents (Resident #1). The facility assessed Resident #1 to require two (2) staff members and a mechanical lift when transferring the resident. However, on 05/30/15 one (1) staff member attempted to transfer Resident #1 with the use of a mechanical lift without the assistance of another staff member. Resident #1 slid from the wheelchair to the footrests of the wheelchair, but was not injured.</p> <p>The findings include:</p> <p>Review of the facility's "Transferring the Resident using a mechanical lift policy" (no date) revealed staff was required to ask a co-worker to assist with the transfer of a resident with a mechanical lift.</p> <p>Review of the medical record for Resident #1 revealed the facility admitted Resident #1 on 11/20/13 with diagnoses including Spinal Cord</p>	F 323	- See attached.		

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NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702		
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F 323	<p>Continued From page 4</p> <p>Injury, Spastic Quadriplegia, Major Depression, Anxiety, Bipolar, and Neuropathic Pain.</p> <p>Observation of Resident #1 at 2:30 PM on 06/17/15 revealed Certified Nursing Assistant (CNA) #2 and CNA #3 transferred the resident from bed to a wheelchair with the use of a Hoyer lift.</p> <p>Review of Resident #1's Comprehensive Care Plan with a review date of 06/08/15, revealed the facility had addressed that the resident required extensive to total assistance with transfers. Interventions included using a Hoyer lift and two staff persons for all transfers.</p> <p>Review of the CNA Resident Kardex revealed Resident #1 was nonambulatory, and staff was directed to use a "Hoyer" (mechanical) lift and two staff persons for transfers.</p> <p>Review of the facility's investigation report dated 06/01/15 at 5:30 PM revealed CNA #1 transferred Resident #1 by herself using a mechanical lift. The report stated that CNA #1 did not request any other staff member to assist her with the transfer. Resident #1 slid from the wheelchair to the footrests on the wheelchair.</p> <p>Interview with Resident #1 on 06/17/15 at 2:30 PM revealed he/she slid from the wheelchair to the footrests on the wheelchair, but did not sustain any injury from the incident.</p> <p>Interview with CNA #1 at 4:40 PM on 06/17/15 revealed she transferred Resident #1 from bed to a wheelchair without asking another staff member to assist with the transfer. CNA #1 stated she normally would have asked someone to assist</p>	F 323	-See attached.		

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F 323	<p>Continued From page 5</p> <p>her, but the CNA stated she assumed other staff would have volunteered to help her.</p> <p>Interviews with CNA #2 at 2:50 PM and CNA #3 at 2:58 PM on 06/17/15 revealed the two CNAs were on duty the evening the incident occurred with Resident #1. The CNAs stated CNA #1 transferred the resident without any assistance from any other staff person. The CNAs stated the CNA did not ask anyone to assist her with transferring Resident #1.</p> <p>Interview with a Licensed Practical Nurse (LPN) at 2:35 PM on 06/17/15 revealed she was the nurse in charge on 05/30/15. The LPN stated two other CNAs reported Resident #1 slid out of the wheelchair. The LPN assessed the resident, and no injury was noted. The resident told the LPN that he/she slid out of the wheelchair. The LPN stated CNA #1 failed to ask other staff to assist her with transferring Resident #1, and the LPN removed CNA #1 from direct care immediately due to improper transfer of the resident.</p> <p>Interview with the Director of Nursing (DON) at 4:40 PM on 06/17/15 revealed all staff including CNA #1 had been in-serviced on the use of a Hoyer lift for transfers on 05/26/15. However, CNA #1 stated she transferred Resident #1 by herself and did not give an explanation why she transferred Resident #1 alone. The DON stated there was adequate staff on the unit on 05/30/15 to assist CNA #1 with transferring Resident #1.</p>	F 323	-See attached.		