

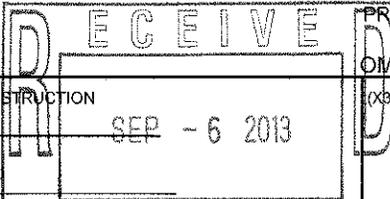
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/11/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185166 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/14/2013 |
| NAME OF PROVIDER OR SUPPLIER HARLAN HEALTH & REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEDICAL CENTER DRIVE HARLAN, KY 40831 | | |
| (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 | |
| K 000 | <p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1978</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type 111 (000)</p> <p>SMOKE COMPARTMENTS: 7</p> <p>FIRE ALARM: Complete automatic fire alarm system.</p> <p>SPRINKLER SYSTEM: Complete automatic (wet & dry) sprinkler system.</p> <p>GENERATOR: Type II diesel generator.</p> <p>A life safety code survey was initiated and concluded on 08/14/13, for compliance with Title 42, Code of Federal Regulations, 483.70(a) and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p> | K 000 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | (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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| F 000 | INITIAL COMMENTS | F 000 | | |
| F 156 SS=C | <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services,</p> | F 156 | - See Attached - | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>David Newberry</i> | TITLE <i>Administrator</i> | (X6) DATE <i>09/06/2013</i> |
|--|-------------------------------|--------------------------------|

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| F 156 | <p>Continued From page 1</p> <p>including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility</p> | F 156 | | | |

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| F 156 | <p>Continued From page 2</p> <p>written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure the resident and/or resident's responsible party acknowledged in writing receipt of a Medicare Non-Coverage letter when benefits were ending for three unsampled residents (Residents A, B, and C). In addition, the facility failed to include information for the appeal process when issuing the Medicare Non-Coverage letter to Residents B and C.</p> <p>The findings include:</p> <p>Review of the facility Notice of Rights and Services policy (no date) revealed the facility would "inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission or when the resident becomes eligible for Medicaid." In addition, the policy stated the facility would "inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for services not covered under Medicare or by the facility's per diem rate." The policy did not include information regarding the resident or responsible party's right to appeal.</p> <p>1. Record review revealed a Notice of Medicare</p> | F 156 | | |
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| F 156 | <p>Continued From page 3</p> <p>Non-Coverage notice was issued for Resident A due to the ending of the benefits of Medicare coverage for physical and occupational therapy benefits on 04/10/13; however, there was no evidence the resident or responsible party had signed the letter to verify they had received/reviewed the information until 04/18/13 (eight days after the benefits ended).</p> <p>2. Record review revealed Resident B had completed the 100-day requirement for Medicare benefits on 07/20/13 and the facility had issued a Medicare Denial of Benefits notice to Resident B on 07/21/13. However, the notice was not signed by the resident or responsible party to indicate the notice had been received/reviewed. In addition, the notice failed to include the information regarding appeal information/rights for an appeal.</p> <p>3. Record review revealed Resident C had completed the 100-day requirement for Medicare benefits on 04/01/13 and the facility had issued a Medicare Denial of Benefits Notice to Resident C. However, the notice was not signed by the resident or responsible party to indicate the notice had been received/reviewed. In addition, the notice failed to include the information regarding appeal information/rights for an appeal.</p> <p>Interview conducted with Business Office Staff Member #1 on 08/15/13, at 2:50 PM, revealed staff usually mailed out the beneficiary notice by general mail delivery at least 72 hours prior to the last Medicare coverage date. The office staff member stated she also notified the responsible party by telephone, but did not document the notification. In addition, Office Staff Member #1 stated she believed she was only required to provide the appeal information to the resident or</p> | F 156 | | | |

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| F 156 | Continued From page 4 responsible party when Medicare benefits ended as a result of discontinuing therapy services for the resident. Interview conducted with the Administrator on 08/15/13, at 4:00 PM, revealed the beneficiary notices should be sent by certified mail to the resident or responsible party and each notice should contain information for appeal rights. In addition, the Administrator stated if the office staff member contacted the responsible party by telephone, the conversation should be witnessed by another staff person and documented in the record. The Administrator stated the signature could be obtained later from the resident or responsible party. | F 156 | | |
| F 160 SS=C | 483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure funds were conveyed to the individual administering the resident's estate within 30 days of the resident's death for three of five residents who had expired and whose records were selected for review (Residents D, E, and F). The findings include: | F 160 | | |

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| F 160 | <p>Continued From page 5</p> <p>Review of the facility policy regarding Resident Funds (no date) revealed the facility would "convey the details of the resident's funds and a final accounting to the individual or probate jurisdiction administering the resident's estate within thirty (30) days" of the resident's death.</p> <p>1. Review of Resident D's personal fund records revealed the resident expired on 05/07/13; however, the final conveyance of funds in the amount of \$658.77 was not completed until 06/10/13, three days past the 30-day timeframe.</p> <p>2. Review of Resident E's personal fund records revealed the resident expired on 05/09/13; however, the final conveyance of funds in the amount of \$60.00 was not completed until 06/10/13, one day past the 30-day timeframe.</p> <p>3. Review of Resident F's personal fund records revealed the resident expired on 03/19/13; however, the final conveyance of funds in the amount of \$192.74 was not completed until 04/23/13, four days past the 30-day timeframe.</p> <p>Interview conducted with Business Office Staff Member #1 on 08/15/13, at 2:40 PM, confirmed the funds had not been conveyed within the required 30-day timeframe for Residents D, E, and F. The office staff member stated she was aware the accounts were to be closed within 30 days after the resident expired. The office staff member stated the 30th day occurred during a weekend and she conveyed the funds on Monday.</p> <p>Interview conducted with the Administrator on 08/15/13, at 4:00 PM, revealed the funds from the</p> | F 160 | | |

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| F 160 | Continued From page 6 deceased resident accounts should be conveyed within 30 days of the resident's death. The Administrator stated she was not aware the funds were not conveyed timely upon each resident's death. | F 160 | | |
| F 253 SS=D | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility policy, it was determined the facility failed to ensure maintenance services to maintain a sanitary, orderly, and comfortable interior were provided. Observations on 08/13/13 revealed torn floor mats, torn padding to side rails, and a wheelchair in need of repair. The findings include: Review of the Protocol for Maintenance Service, undated, revealed when a piece of equipment or item is need of repair, it would be removed from resident use until it can be repaired or replaced. Observation on 08/13/13, at 8:25 AM during the environmental tour revealed a wheelchair in room 901 available for resident use that had cracked/torn vinyl on both armrests, creating a sharp surface. Resident room 1000 had a high back wheelchair available for resident use that had a cracked/torn headrest, creating a sharp surface. Room 1008 had a wheelchair available | F 253 | | |

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| F 253 | Continued From page 7 for resident use that had a cracked/torn seat, creating a sharp surface. The bed in room 208 was observed to have torn padding attached to the left side rail. Additionally, in room 209, three floor safety mats were observed to be positioned on the floor at bedside, creating a fall hazard. Interview with the Maintenance Director on 08/15/13 at 3:10 PM revealed the Maintenance Department staff made tours daily throughout the facility to identify any equipment or areas in need of repair. However, the Maintenance Director stated he had not observed the torn mats, side rail padding, or wheelchairs. Additionally, the Maintenance Director stated staff can also provide the Maintenance Department with a request form when they identify an item or area in need of repair. However, the Maintenance Director stated he had not received a request form for the items identified during the environmental tour which were in need of repair. Interview with the Administrator on 08/15/13 at 3:15 PM revealed she also makes rounds daily in the facility and observed equipment. However, the Administrator stated she had not observed the torn floor mats, side rail padding, or wheelchairs that were in need of repair. | F 253 | | | |
| F 322 SS=D | 483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident 's clinical condition demonstrates that use of a naso gastric tube was | F 322 | | | |

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| F 322 | <p>Continued From page 8 unavoidable; and</p> <p>(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure appropriate treatment and services were provided for one of ten residents observed during the medication pass (Resident #12). Facility staff was observed to administer medications to Resident #12 through the resident's gastrostomy tube; however, staff failed to flush the gastrostomy tube with water after the medications were administered.</p> <p>The findings include:</p> <p>A review of the Medication Administration Policy (no date) revealed the gastrostomy tube (G-tube) would be flushed with at least 30 cc of water before and after completing medication administration by G-tube to the residents.</p> <p>Review of the medical record revealed the facility admitted Resident #12 on 08/06/12 with diagnoses including Gastroesophageal Disorder,</p> | F 322 | | |

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| F 322 | <p>Continued From page 9</p> <p>Partial Thyroidectomy, and Anemia.</p> <p>Review of the significant change comprehensive assessment, dated 06/12/13, revealed the facility assessed Resident #12 to require G-tube feedings to meet his/her nutritional needs and to require the total assistance of staff with eating.</p> <p>Observation conducted during medication administration on 08/14/13, at 8:45 AM, revealed facility staff verified Resident #12's G-tube placement and administered 30 cc of water through the G-tube. Staff then administered Metformin (anti-betic) 500 milligrams (mg); Nexium (anti-ulcer) 40 mg; Gemfibrozil (anti-lipid) 600 mg; Risperidone (psychotropic) 0.5 mg; and Ursodiol (gallstone solubilizer) 300 mg to Resident #12 through the resident's G-tube. However, facility staff failed to administer 30 cc of water through the G-tube after administering the medications to the resident.</p> <p>Interview with Registered Nurse (RN) #1 on 08/14/13, at 9:00 AM, revealed the RN was aware she was responsible to flush the G-tube with at least 30 cc of water after administering medications to the resident. RN #1 stated she "forgot" to administer the water flush after giving the medications to Resident #12.</p> <p>Interview conducted with the Director of Nurses (DON) on 08/15/13, at 3:20 PM, confirmed 30 cc of water should be administered by G-tube before and after administering medications to the residents. The DON stated random audits were conducted to observe G-tube medication administration and no problems had been identified.</p> | F 322 | | | |

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| F 441 | Continued From page 10 | F 441 | | | |
| F 441 SS=D | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. | F 441 | | | |

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

PRINTED: 08/28/2013
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185166 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/15/2013 |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER HARLAN HEALTH & REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEDICAL CENTER DRIVE HARLAN, KY 40831 | | |
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| F 441 | <p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, the facility failed to ensure an infection control program, including proper hand washing, to prevent the development and transmission of disease/infection was maintained for one of twenty-four residents (Resident #5). Staff was observed to omit hand washing and/or glove changes prior to placing a clean dressing into an open wound on Resident #5's sacral area.</p> <p>The findings include:</p> <p>Review of the facility Guidelines for Hand Hygiene (not dated) revealed hand hygiene practices should be implemented to reduce the transmission of pathogenic microorganisms to residents in the health care setting. The policy noted hand washing should be performed when hands were visibly dirty or contaminated with blood or other body fluids. In addition, the policy noted, "gloves should be changed during resident care if moving from a contaminated site to a clean body site."</p> <p>Review of the medical record revealed the facility admitted Resident #5 on 01/09/13, with diagnoses including Fracture of the femoral neck, Severe End Stage Rheumatoid Arthritis, and Stage IV sacral pressure ulcer.</p> <p>Observation of wound care treatment conducted on 08/14/13, at 1:30 PM, revealed an open wound was present on Resident #5's sacral area. Registered Nurse (RN) #1 was observed to wash</p> | F 441 | | |

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| F 441 | <p>Continued From page 12</p> <p>her hands, put on clean gloves, and remove the soiled dressing from the sacral wound. The dressing was observed to contain a dark bloody drainage. The nurse was observed to remove the soiled gloves, perform hand washing, and apply new gloves prior to cleaning the resident's wound with normal saline and gauze. The nurse was then observed to apply an Aquacel dressing into the open wound and cover the wound with a DuoDerm dressing while wearing the soiled gloves that had been worn to cleanse the wound. RN #1 failed to remove her gloves, wash her hands, and apply clean gloves prior to applying the clean dressing to the resident's wound.</p> <p>Interview conducted with RN #1 on 08/14/13, at 1:50 PM revealed the RN should have performed hand washing procedures and changed gloves after cleaning the open wound on Resident #5's sacral area and before placing the dressing into the wound. RN #1 stated she had been trained to perform hand washing and glove changes when moving from a clean to contaminated body site when doing wound care. RN #1 stated she failed to wash her hands and change the soiled gloves because she "got nervous and forgot."</p> <p>Interview with the Director of Nurses (DON) on 08/15/13, at 3:20 PM, revealed hand washing and glove change should be performed when going from a dirty to clean site when wound care was provided. The DON also stated random observations were conducted of staff performance during wound care and no problems had been identified.</p> | F 441 | | | |