

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

PRINTED: 11/17/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185230	(X2) MULTIPLE CONSTRUCTION A. BUILDING NOV 25 2015 B. WING	(X3) DATE SURVEY COMPLETED C 11/02/2015
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE Division of Southern Ent 100 WEST RUSSELL STREET ELKHORN CITY, KY 41522
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F 000	INITIAL COMMENTS	F 000	Tag # F 246	
F 246 SS=D	<p>An abbreviated survey (KY23999) was conducted on 11/02/15. The complaint was substantiated. Deficient practice was identified with the highest scope and severity at "D" level.</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</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 one (1) unsampled resident (Resident B) received services with reasonable accommodations for individual needs. Observation on 11/02/15 during the evening meal revealed Resident B was being fed while in a lying position.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled "Feeding a Resident," revised October 2008, revealed staff was to ensure residents were positioned in proper body alignment for eating.</p> <p>Observation in the dining room of the evening meal on 11/02/15 at 5:50 PM revealed State</p>	F 246	<ol style="list-style-type: none"> The Unit Manager and SRNA, immediately upon being notified by the surveyor, repositioned the resident in her chair to ensure proper positioning. Resident's physician was notified of resident eating while lying flat. New orders were received to obtain vital signs every 4 hours x3 days to ensure no signs or symptoms of adverse reactions or aspiration. No adverse reactions and/or signs and symptoms of aspiration were noted. All residents have the potential to be affected. Meal services were observed x 3 days to ensure no other residents were affected. No other residents were found to have been affected. The Staff Development Coordinator immediately began training licensed nurses and SRNA's regarding proper positioning of residents during meals to ensure reasonable accommodation of needs are met. The Staff Development Coordinator will educate all licensed nurses and SRNA's on proper positioning of residents during meals and proper technique for feeding residents to ensure reasonable accommodation of needs are met. This education will be completed by November 25, 2015. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James V. Snyder</i>	TITLE EXECUTIVE DIRECTOR	(X8) DATE 11/25/15
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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 246	Continued From page 1 Registered Nurse Aide (SRNA) #2 was feeding Resident B. Further observation revealed Resident B was lying in a fall reduction/positioning chair transverse with his/her head resting on the armrest of the chair and his/her feet resting on the other armrest of the chair. Further observation revealed Resident B was facing the wall and SRNA #2 was seated behind Resident B. Interview with SRNA #2 on 11/02/15 at 7:38 PM, revealed she was a new SRNA and had only been a SRNA for approximately 90 days. SRNA #2 stated that she had learned from her training she should be sitting down and facing the resident when she was feeding them. Further interview revealed she should make eye contact and attempt conversation with the resident. Additionally, SRNA #2 stated the resident should always be in a seated position because of the risk of choking. SRNA #2 stated she had always fed Resident B in that manner and stated the resident was constantly moving all around in the chair. The SRNA #2 stated she should have repositioned the resident and should have been facing the resident while feeding him/her.	F 246	4. The Director of Nursing/Assistant Director of Nursing/Staff Development Coordinator/Unit Managers/MDS Coordinators/RN Supervisor/Licensed Nurses will complete dining room audits daily x 2 weeks, weekly x 4 weeks, then randomly x 2 months to ensure proper positioning of residents during meals to ensure reasonable accommodation of needs are met. The Director of Nursing/Assistant Director of Nursing will present the findings of these audits to the Performance Improvement Committee monthly. Revisions will be made to the system as indicated.		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of	F 282	5. Date of Compliance – 12/10/15		

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F 282	<p>Continued From page 2 care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and review of the facility's policy and procedures it was determined the facility failed to ensure services were provided in accordance with each resident's care plan for one (1) of three (3) sampled residents (Resident #1) who had a history of falls and was assessed to be at risk for falls. Observations on 11/02/15 revealed Resident #1's fall interventions of an alarm-activated seatbelt and non-skid footwear were not in place.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled "Resident Care Plan," revised December 2008, revealed an individualized interdisciplinary care plan was a brief written portrait of the resident and an individualized guide of the nursing care needed and would be completed for all residents at the facility. Further review revealed the facility would identify problems and needs individualized for the resident and place interventions to achieve desired goals.</p> <p>Review of the facility's policy and procedure titled "Falls Management", not dated, revealed each resident would be assessed for the risk of falls and an interdisciplinary plan of care would be developed and implemented to reflect each resident's individual safety needs and fall reduction interventions.</p> <p>Record review revealed the facility admitted</p>	F 282	<p>Tag # F 282</p> <ol style="list-style-type: none"> The Director of Nursing, immediately upon being notified by the surveyor on 11/2/15, secured resident's quick release seatbelt and ensured non-skid socks were applied. All residents have the potential to be affected. The Staff Development Coordinator began training licensed nurses and SRNA's on 11/2/15 regarding ensuring care plans, care directives, and physician orders are followed. All licensed nurses and SRNA's will be in-serviced by 11/25/15. No other residents were found to have been affected on 11/2/15. The Director of Nursing/Assistant Director of Nursing/Staff Development Coordinator/Unit Managers will perform a 100% audit by 11/26/15 of all residents with falls in the past 60 days to ensure appropriate interventions were implemented and put into place. <p>The Director of Nursing/Assistant Director of Nursing/Staff Development Coordinator/Unit Managers will</p>	

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F 282	Continued From page 3 Resident #1 on 10/08/15 with diagnoses that included Atrial Fibrillation, Psychotic Disorder, Chronic Obstructive Pulmonary Disease, Dementia, and Anxiety. Review of an initial Minimum Data Set (MDS) assessment dated 10/15/15 revealed Resident #1's cognition was assessed as severely impaired with a Brief Interview for Mental Status (BIMS) score of zero (0), indicating the resident was not interviewable. Further review of the MDS revealed Resident #1 had a trunk restraint used daily. Review of a Comprehensive Care Plan dated 10/19/15 revealed Resident #1 was at risk for falls due to a history of falls and history of attempting unsafe transfers. Further review revealed interventions for appropriate footwear and a quick-release seatbelt restraint. Review of an Incident Follow up and Recommendation Form dated 10/12/15 revealed Resident #1 sustained a fall on 10/11/15 that resulted in a bruise on his/her forehead. Further review of Incident Follow-up and Recommendation Forms revealed Resident #1 sustained a non-injury fall on 10/29/15 due to removing his/her seatbelt and attempting to stand unassisted. Review of a Physician's Order dated 10/11/15 revealed Resident #1 would have a quick-release seatbelt when he/she was up in the wheelchair. Review of a Physical Restraint Informed Consent dated 10/11/15 revealed the facility assessed Resident #1 for the safe use of a quick-release seatbelt when he/she was in his/her wheelchair	F 282	perform a 100% audit by 11/26/15 of all resident Care Directives and Fall Care Plans to ensure all interventions implemented are reflected on the residents' plan of care and in place. 4. The Director of Nursing/Assistant Director of Nursing/Staff Development Coordinator/Unit Managers/RN Supervisors will review physician orders daily to ensure all orders are care planned and implemented. They will also perform daily rounds utilizing care directives to ensure implemented interventions are in place per plan of care. These audits will be conducted daily x 2 weeks, weekly x 2 weeks, then randomly x 2 months to ensure that implemented interventions are in place per plan of care. The Director of Nursing/Assistant Director of Nursing will present findings of these audits to the Performance Improvement Committee monthly. Revisions will be made to the system as indicated. 5. Date of Compliance – 12/10/15		

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F 282	<p>Continued From page 4</p> <p>due to lack of awareness of safety, safe environment, muscle weakness, and Dementia.</p> <p>Observations on 11/02/15 at 3:35 PM, 4:30 PM, and 6:20 PM, revealed Resident #1 was in his/her wheelchair without the quick-release seatbelt in place and was wearing plain white socks.</p> <p>Interview with State Registered Nurse Aide (SRNA) #1 on 11/02/15 at 6:41 PM revealed she was providing care for Resident #1. SRNA #1 stated Resident #1 would frequently try to stand and he/she was care planned for appropriate footwear and was care planned to have the quick-release seatbelt restraint in place while he/she was up in his/her wheelchair. SRNA #1 stated she was unsure why Resident #1's fall interventions were not in place and stated they must have been overlooked.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 11/02/15 at 7:59 PM revealed Resident #1 was at risk for falls. LPN #1 stated Resident #1 had interventions in place that included appropriate footwear and a quick-release seatbelt restraint. LPN #1 stated the nurses were supposed to check the restraint every 30 minutes and she was not sure how the quick-release seatbelt was released. LPN #1 stated the nurses do not document the checks anywhere but she was sure they were done.</p> <p>Interview with the Director of Nursing revealed it was the responsibility of all SRNAs and nurses to ensure the individualized care plans were followed for each resident. The DON stated she made rounds several times daily to ensure care was provided consistent with the resident's needs and that the comprehensive care guide was</p>	F 282			

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F 282	Continued From page 5 followed. The DON stated she was not sure how the interventions were missed.	F 282	<p>Tag # F 323</p> <ol style="list-style-type: none"> The Director of Nursing, immediately upon being notified by the surveyor on 11/2/15, secured resident's quick release seatbelt and ensured non-skid socks were applied. All residents have the potential to be affected. The Staff Development Coordinator began training licensed nurses and SRNA's on 11/2/15 regarding ensuring care plans, care directives, and physician orders are followed. All licensed nurses and SRNA's will be in-serviced by 11/25/15. No other residents were found to have been affected on 11/2/15. The Director of Nursing/Assistant Director of Nursing/Staff Development Coordinator/Unit Managers will perform a 100% audit by 11/26/15 of all residents with falls in the past 60 days to ensure appropriate interventions were implemented and put into place. <p>The Director of Nursing/Assistant Director of Nursing/Staff Development Coordinator/Unit Managers will</p>		
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, record review, interview, and review of the facility's policy and procedures it was determined the facility failed to ensure each resident received adequate assistive devices to prevent accidents for one (1) of three (3) sampled residents (Resident #1). Record review revealed Resident #1 had a history of falls and had interventions to prevent falls. Observations on 11/02/15 revealed Resident #1's fall interventions of a quick-release seatbelt and appropriate footwear were not in place.</p> <p>The findings include: Review of the facility's policy and procedure titled "Falls Management," not dated, revealed each resident would be assessed for the risk of falls and an interdisciplinary plan of care would be developed and implemented to reflect each resident's individual safety needs and fall reduction interventions.</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>Record review revealed the facility admitted Resident #1 on 10/08/15 with diagnoses that included Atrial Fibrillation, Psychotic Disorder, Chronic Obstructive Pulmonary Disease, Dementia, and Anxiety.</p> <p>Review of an Incident Follow up and Recommendation Form dated 10/12/15 revealed Resident #1 sustained a fall on 10/11/15 that resulted in a bruise on his/her forehead. Further review of Incident Follow-up and Recommendation Forms revealed Resident #1 sustained a non-injury fall on 10/29/15 due to removing his/her seatbelt and attempting to stand unassisted.</p> <p>Review of a Physician's Order dated 10/11/15 revealed Resident #1 would have a quick-release seatbelt when he/she was up in the wheelchair.</p> <p>Review of a Physical Restraint Informed Consent dated 10/11/15 revealed the facility assessed Resident #1 for the safe use of a quick-release seatbelt when he/she was in his/her wheelchair due to lack of awareness of safety, safe environment, muscle weakness, and Dementia.</p> <p>Review of an initial Minimum Data Set (MDS) assessment dated 10/15/15 revealed Resident #1's cognition was assessed as severely impaired with a Brief Interview for Mental Status (BIMS) score of zero (0), indicating the resident was not interviewable. Further review of the MDS revealed Resident #1 had a trunk restraint used daily.</p> <p>Review of a Comprehensive Care Plan dated 10/19/15 revealed Resident #1 was at risk for falls due to history of falls and history of</p>	F 323	<p>perform a 100% audit by 11/26/15 of all resident Care Directives and Fall Care Plans to ensure all interventions implemented are reflected on the residents' plan of care and in place.</p> <p>4. The Director of Nursing/Assistant Director of Nursing/Staff Development Coordinator/Unit Managers/RN Supervisors will review physician orders daily to ensure all orders are care planned and implemented. They will also perform daily rounds utilizing care directives to ensure implemented interventions are in place per plan of care. These audits will be conducted daily x 2 weeks, weekly x 2 weeks, then randomly x 2 months to ensure that implemented interventions are in place per plan of care.</p> <p>The Director of Nursing/Assistant Director of Nursing will present findings of these audits to the Performance Improvement Committee monthly. Revisions will be made to the system as indicated.</p> <p>5. Date of Compliance – 12/10/15</p>		

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F 323	<p>Continued From page 7</p> <p>attempting unsafe transfers. Interventions to prevent falls included appropriate footwear and a quick-release seatbelt restraint.</p> <p>Observations on 11/02/15 at 3:35 PM, 4:30 PM, and 6:20 PM, revealed Resident #1 was in his/her wheelchair wearing plain white socks and the quick-release seatbelt was not intact during those observations.</p> <p>Interview with State Registered Nurse Aide (SRNA) #1 on 11/02/15 at 6:41 PM revealed she was providing care for Resident #1. SRNA #1 stated Resident #1 would frequently try to stand and he/she was care planned for appropriate footwear and was care planned to have the quick-release seatbelt restraint in place while he/she was up in his/her wheelchair. SRNA #1 stated she was unsure why Resident #1's fall interventions were not in place and stated they must have been overlooked.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 11/02/15 at 7:59 PM revealed Resident #1 was at risk for falls. LPN #1 stated Resident #1 had interventions in place that included appropriate footwear and a quick-release seatbelt restraint. LPN #1 stated the nurses were supposed to check the restraint every 30 minutes and she was not sure how the quick-release seatbelt was released. LPN #1 stated the nurses do not document the checks anywhere but she was sure they were done.</p> <p>Interview with the Director of Nursing (DON) revealed it was the responsibility of all SRNAs and nurses to ensure the individualized care plans were followed for each resident. The DON stated she made rounds several times daily to</p>	F 323			

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F 323	Continued From page 8 ensure care was provided consistent with the resident's needs and that the comprehensive care guide was followed. The DON stated she was not sure how the interventions were missed.	F 323			