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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	185309		R-C 06/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VIEW HEALTH & REHAB CENTER, INC	718 GOODWIN LANE LEITCHFIELD, KY 42754

(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 Based upon implementation of the acceptable POC, the facility was deemed to be in compliance 06/06/15, as alleged.	{F 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.

Department of Health and Human Services
Centers for Medicare & Medicaid Services

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Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
185309	A. Building B. Wing	6/26/2015

Name of Facility	Street Address, City, State, Zip Code
SPRING VIEW HEALTH & REHAB CENTER, INC	718 GOODWIN LANE LEITCHFIELD, KY 42754

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0246 Reg. # 483.15(e)(1) LSC	Correction Completed 06/06/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	OH	07/08/15	Deborah Cederlund RN, QA	07/08/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 6/3/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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

PRINTED: 06/17/2015
FORM APPROVED
OMB NO. 0938-0391

RECEIVED JUN 2015 OFFICE OF INSPECTOR GENERAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ___ B. WING ___	(X3) DATE SURVEY COMPLETED
	185309		C 06/03/2015

NAME OF PROVIDER OR SUPPLIER: SPRING VIEW HEALTH & REHAB CENTER, INC

STREET ADDRESS, CITY, STATE, ZIP CODE: 718 GOODWIN LANE, LEITCHFIELD, KY 42754

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F 000	INITIAL COMMENTS	F 000		
	An Abbreviated Survey (KY#23248) was conducted on 06/01/15 through 06/03/15. KY#23248 was unsubstantiated with an unrelated deficiency cited at a Scope and Severity of a "D".		**Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of federal and state law.**	
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES	F 246	**F 246 483.15 (e) Accommodation of Needs**	
	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.		**Corrective Measures for Resident /s/ Identified In The Deficiency:** [1] Resident #2 was re-interviewed by the Administrator and Director of Nursing on 06/03/15 regarding her bed being against the wall and the resident did not have any complaints of the bed being positioned against the wall. Resident is able to get out of her bed independently. [2] Maintenance Director turned resident's heat back on, 06/02/15.	6/6/15
	This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, review of Weather Underground site information and review of the facility Admission Agreement, it was determined the facility failed to ensure reasonable accommodations of individual needs and preferences for one (1) of three (3) sampled residents Resident #2). Resident #2's bed was moved against the wall (preventing access to one side of the bed) when a newly admitted roommate was moved to the room. In addition, Resident #2 was easily chilled and frequently utilized the wall heater unit in order to feel comfortable and on 06/01/15, the facility disconnected the wall heater so he/she could not use it. The findings include:		**How Other Resident's Who May Been Affected By This Practice Were Identified** [1] 100% audit of all heating and air conditioner units was conducted by the Administrator and Maintenance Director on 06/04/15 to ensure all heating and air conditioner units had power and were no disconnected from the power. No concerns were noted.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: NHA (X6) DATE: 6/26/15

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NAME OF PROVIDER OR SUPPLIER: SPRING VIEW HEALTH & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE: 718 GOODWIN LANE, LEITCHFIELD, KY 42754	

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F 246	Continued From page 1 Review of the facility Admission Agreement, (not dated) revealed the resident has the right to receive services with reasonable accommodation of individual needs and preferences. The resident has the right to receive notice before ether resident's room or roommate in the facility is changed. Further review revealed the facility must provide a safe, clean, comfortable and home-like environment with housekeeping and maintenance services necessary to maintain sanitation and order. The facility must provide clean bed and bath linens in good condition, private closest space, adequate lighting, safe and comfortable temperature levels, and comfortable sound levels. Review of weather history data at the Weather Underground site on the Internet revealed on 05/31/15, the maximum temperature for the day was sixty eight degrees Farenheit (F), the minimum was sixty degrees F and the mean temperature for the day was sixty four degrees and overcast at the facility. Review of the weather history for 06/01/15 revealed the maximum temperature was sixty one degrees F, the minimum was fifty five degrees and the mean temperature was fifty eight degrees F with overcast with light rain and wind gusts up to eighteen miles per hour at the facility. Record review revealed the facility admitted Resident #2 on 11/29/11 with diagnoses to include Goiter, Partial Thyroidectomy and Colostomy. Review of the quarterly Minimum Data Set (MDS) assessment, dated 04/06/15, revealed the facility assessed the resident's cognition as cognitively intact with a Brief Interview of Mental Status (BIMS) score of "14" indicating the resident was interviewable. The	F 246	[2] 100% audit of all residents with their beds against the wall was conducted on 06/04/15 by Director of Nursing to determine if the resident or their clinical decision-maker had any complaints of their beds being against the wall. There were no concerns noted. **Measures Implemented or Systems Altered to Prevent Re-Occurence:** [1] 100% audit of air conditioner and heating units by the Administrator and Maintenance Director to ensure the units are connected to power weekly times three weeks. [2] Any new residents needing their bed to be positioned against the wall, will be interviewed if they are their own decision-maker or resident's clinical decision-maker will be interviewed to determine if the resident or clinical decision-maker has any complaints or issues with the resident's bed being positioned against the wall. Education was completed with Director of Nursing, Assistant Director of Nursing, and Plant Service Director on 06/05/15 regarding this process. [3] The Maintenance Director was in-serviced by the Administrator on 06/03/15 regarding disconnecting of resident equipment from the power source.	6/6/15

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F 246	Continued From page 2 assessment revealed the resident was independent with most activities of daily living with very minimal assistance and had no behaviors. On 06/01/15 at 4:50 PM, observation revealed Resident #2 was sitting in a chair in his/her room. The bed was located with the head of the bed toward the outside window and the right side of the bed against the wall. Interview with Resident #2 at the time revealed the facility had recently relocated the position of his/her bed when a new roommate was moved into the room a few days prior. Resident #2 stated he/she did not like the bed positioned against the wall as he/she could only get in and out of the bed from one side. He/she stated "They made me move my bed when the new roommate came a few days ago to make it more convenient for the new roommate". The bed previously was positioned like bed A by the door. Resident #2 did not like the bed against the wall and stated "They don't care what I need". On 06/02/15 at 2:50 PM, an observation and interview with Resident #2 revealed the resident was sitting with a sweater, heavy stockings and shoes on and arms folded over his/her chest as if cold. Resident #2 stated the facility had "fixed" the heater in the room so he/she could not turn it on and he/she was "cold". Observation of the wall heater revealed when the dial adjustment was turned it did not come on. The room air was cool despite an economy thermometer hanging on the far wall with a reading of between 70 degrees F and 72 degrees F. Interview with Certified Nurse Aide (CNA) #3, on 06/03/15 at 8:35 AM, revealed Resident #2 was able to make needs known and was very independent with everything. He stated Resident	F 246	**Monitoring Measures to Maintain On-Going Compliance:** [1] The Administrator will bring the results of the air conditioner and heating unit audits to the Quality Assurance committee after the three weekly audits have been completed. The Director of Nursing will bring the results of the interviews conducted with any resident or clinical decision-maker of any resident needing their bed positioned against the wall to the Quality Assurance Committee monthly for three months. The Quality Assurance Committee consists of the following: Administrator, Director of Nursing, Assistant Director of Nursing, Maintenance Director, Medical Records Director, Activities Director, Admissions Coordinator, MDS Coordinator, Social Services Director, Human Resource Director.	6/6/15

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F 246	Continued From page 3 #2 did not complain any more than any other resident and had no behaviors he was aware of. Interview with Registered Nurse (RN) #1, on 06/02/15 at 3:00 PM, revealed Resident #2 was very independent with everything and preferred a warm room and did his/her own climate control. She knew Resident #2 was upset because the heat had been turned off where he/she could not adjust it. RN #1 stated a new roommate had moved into Resident #2's room on 05/27/15 and did not like a warm room. Interview with the Maintenance Director, on 06/02/15 at 3:05 PM, revealed he had been instructed by facility administration to turn off the heater in Resident #2's room on 06/01/15 and he had tripped the breaker to that heater so it would not work on 06/01/15. Interview with Housekeeper #1 on 06/03/15 at 8:45 AM revealed Resident #2 usually spent all day long by the room heater until the Director of Nursing moved his/her bed a couple of days ago. The Housekeeper stated Resident #2 had access to both sides of the bed prior to the bed being repositioned and would sit on the foot of the bed near the heater because he/she would be cold. The Housekeeper stated Resident #2 did not like the bed positioned against the wall. She additionally stated on 06/01/15 she had told the Maintenance Director Resident #2's roommate had complained the room was too warm. The Housekeeper stated the thermometer on the far wall of the room registered over eighty at the time. She additionally stated Resident #2 had a right to have the bed in a position that suits him/her and had the right to have a comfortable temperature in the room and not be	F 246		6/6/15

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F 246	Continued From page 4 uncomfortable. Interview with the Administrator and Director of Nursing (DON), on 06/03/15 at 10:35 AM, revealed Resident #2 resided in one (1) of two (2) rooms in the facility that did not have central heat and had a wall heater to control the temperature of the room in cool weather. Resident #2 had independently maintained climate control in the room until the new roommate admitted a few days ago. The Administrator and DON stated the resident's room was located at the end of building and had two (2) outside walls. They revealed the Maintenance Director had been instructed to shut off the heater in Resident #2's room on 06/01/15 because the roommate preferred a cooler room. The Administrator and DON revealed they were not aware of what the outside temperature had been in the last few days. They revealed the //thermometer in Resident #2's room was a run of the mill type thermometer and the Administrator was unsure of, and unable to verify the accuracy of the thermometer and the facility did not utilize an infrared thermometer. The DON revealed she was not aware Resident #2 had a concern with the new placement of the bed when the bed was repositioned up against a wall on one side.	F 246		6/6/15