

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

PRINTED: 12/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 2016 B. WING:	(X3) DATE SURVEY COMPLETED C 12/14/2015
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER	STREET ADDRESS - CITY, STATE, ZIP CODE 78 SPARROW LANE PRESTONSBURG, KY 41653
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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)	(X4) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An abbreviated survey (KY24077) was conducted on 11/24/15. The complaint was unsubstantiated with no deficient practice identified. After supervisory review, the investigation was reopened and completed on 12/14/15. The complaint was substantiated and deficient practice was identified at "D" level.</p>	F 000	<p>Riverview Health Care Center does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its on-going efforts to provide quality of care to residents.</p>	
F 206 SS=D	<p>483.12(b)(3) POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policies, the facility failed to allow one (1) of three (3) residents (Resident #1) readmission to the facility after being discharged from the hospital.</p> <p>The findings include: Review of the facility's policy titled "Facility Bedhold," (not dated) revealed when a resident's hospitalization leave exceeds the bed-hold period under the State Plan, the resident will be readmitted to the facility immediately when a bed becomes first available.</p>	F 206		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melissa F. Allen</i>	TITLE <i>Administrator</i>	(X4) DATE <i>1/4/16</i>
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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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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41653		
(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 208	Continued From page 1 Record review revealed the facility admitted Resident #1 on 09/30/08 with diagnoses that included Dementia, Pressure Ulcers, Chronic Obstructive Pulmonary Disease, and Respiratory Failure. Review of the nurse's note dated 10/27/15 revealed Resident #1 was sent to the hospital related to dehydration and altered mental status. Interview with the Social Worker at the hospital where Resident #1 was admitted on 11/24/15 at 11:15 AM revealed the facility was notified on 11/13/15 that Resident #1 was to be discharged from the hospital. She further revealed the Admission Coordinator at the facility told her that Resident #1 would probably not be readmitted due to Resident #1's family being dissatisfied with the care Resident #1 received at the facility. Interview with the Admission Coordinator on 12/14/15 at 4:14 PM revealed Resident #1 had exhausted his/her bed-hold days on 10/30/15 at midnight and was discharged from the facility. She further revealed a resident that was discharged from the facility had to sign an arbitration agreement before the facility would readmit the resident. Interview with the Administrator on 12/14/15 at 11:25 AM revealed the facility had an "open bed" at the facility when Resident #1 was to be discharged from the hospital. She further revealed it was the facility's policy that a resident being readmitted to the facility had to sign an arbitration agreement before being readmitted to the facility.	F 206	F 206 Resident #1 was readmitted to the Facility on December 17, 2015. No other residents were affected; However, all other residents currently in the Hospital were reviewed to determine if they had exhausted bed hold days. Any resident identified as not having bed hold days were listed to ensure readmission to the facility upon discharge from the hospital. The administrator and all Management staff received a copy of F206 with education on the intent of the regulation. Training was completed on 12/30/15 by Clinton Caudill, Clinical Consultant and Missy Allen, Administrator. A listing of all residents who go out to the Hospital will be maintained daily, noting whether each resident is on bed hold or if those days have been exhausted. This information will be brought to the QA meeting monthly to ensure compliance.	12/31/15	