

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

PRINTED: 08/26/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/12/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>OWSLEY COUNTY HEALTH CARE CENTER, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>20 COUNTY BARN ROAD</b> <b>BOONEVILLE, KY 41314</b>		
(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  An abbreviated standard survey (KY32182 and KY32184) and a COVID-19 focused infection control survey was initiated on 08/10/2020 and concluded on 08/12/2020. Both complaints were substantiated and deficient practice was identified with the highest scope and severity at "D" level. The facility was found to be in compliance with 42 CFR 483.80 Infection Control and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The total census was 75.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656			

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 656	<p>Continued From page 1</p> <p>rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</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 follow the comprehensive care plan for one (1) of three (3) sampled residents (Resident #3). Review of Resident #3's care plan dated 04/21/2020, revealed the resident was to have Dycem (nonslip material) placed on his/her chair to prevent falls. Review of a fall investigation dated 06/30/2020 revealed Resident #3 had slid out of his/her wheelchair while State Registered Nurse Aide (SRNA) #3 was turning the wheelchair in the resident's room. The fall</p>	F 656			

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F 656	<p>Continued From page 2</p> <p>investigation revealed Dycem (nonslip material) had not been in place in the resident's wheelchair.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Comprehensive Person Centered Care Planning," dated November 2017, revealed interventions would be developed with specific care area needs and approaches that were necessary for the SRNA to provide care to individual residents.</p> <p>A review of the medical record for Resident #3 revealed the facility admitted the resident on 07/24/15, with diagnoses that included Macular Degeneration, Muscle Wasting and Atrophy, Bilateral Hearing Loss, and Cerebral Vascular Accident.</p> <p>A review of an annual Minimum Data Set (MDS) assessment dated 04/15/2020 for Resident #3 revealed the resident had been assessed to have a Brief Interview for Mental Status (BIMS) score of four (4) which indicated the resident had severely impaired cognition and was therefore not interviewable. The MDS also revealed the facility had assessed the resident to require the extensive assistance of one (1) person for locomotion, and required a wheelchair. The MDS indicated the resident had not sustained any falls during the assessment period.</p> <p>A review of Resident #3's care plan dated 04/21/2020 revealed an intervention for the resident to have Dycem (nonslip material) placed in his/her chair to help keep the resident fall free.</p>	F 656			

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F 656	Continued From page 3 A review of a fall investigation for Resident #3 revealed on 06/30/2020 at 3:15 PM, SRNA #3 was transporting the resident by wheelchair to the sink in the resident's room and the resident slid out of the wheelchair. The resident sustained a small scratch to the resident's right posterior side adjoining the rib cage area (no measurements were documented). The investigation revealed Dycem (nonslip material) was supposed to have been in place in Resident #3's wheelchair. However, the Dycem (nonslip material) was not in place at the time of Resident #3's fall.  Interview conducted with SRNA #3 on 08/11/2020 at 3:30 PM, revealed she was required to check the care plan at the beginning of every shift. The SRNA stated she was aware Resident #3 was required to have Dycem (nonslip material) in his/her wheelchair to prevent falls. The SRNA stated she should have checked and did not know why she had not.  Interview conducted with the Director of Nursing (DON) on 08/12/2020 at 10:15 AM, revealed staff were required to check care plans at the beginning of every shift. The DON stated she made rounds several times daily to ensure residents received care as directed by their care plans. The DON stated she had been aware the Dycem (nonslip material) had not been in Resident #3's wheelchair when the resident slipped out of the wheelchair on 06/30/2020 and stated it should have been.	F 656			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that -	F 689			

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F 689	<p>Continued From page 4</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) 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 facility policy review, it was determined the facility failed to ensure each resident received adequate supervision and devices to prevent accidents for one (1) of three (3) sampled residents (Resident #3). On 06/30/2020, State Registered Nurse Aide (SRNA) #3 was transporting Resident #3 via wheelchair in the resident's room when the resident slid from the wheelchair. The resident sustained a small scratch to the right posterior side next to the rib cage. The fall investigation revealed Dycem (nonslip material) should have been in Resident #3's wheelchair. However, the Dycem (nonslip material) was not in place at the time of Resident #3's fall.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Falls Management," dated 01/13/2020, revealed all residents who had been determined to be at increased risk for falls would have an individual</p>	F 689			

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F 689	<p>Continued From page 5</p> <p>falls risk care plan developed with appropriate interventions to minimize falls and injuries.</p> <p>Review of the medical record for Resident #3 revealed the facility admitted the resident on 07/24/2015, with diagnoses that included Muscle Wasting and Atrophy, Macular Degeneration, Bilateral Hearing Loss, and Cerebral Vascular Accident.</p> <p>Review of an annual Minimum Data Set (MDS) assessment completed for Resident #3 dated 04/15/2020, revealed the resident had been assessed to have a Brief Interview for Mental Status (BIMS) score of four (4) which indicated the resident had severely impaired cognition and was therefore not interviewable. The MDS also revealed the facility had assessed the resident to require the extensive assistance of one (1) person for locomotion, and required a wheelchair. The MDS indicated the resident had not sustained any falls during the assessment period.</p> <p>Review of the care plan for Resident #3 dated 04/21/2020, revealed an intervention for the resident to have Dycem (nonslip material) placed in his/her chair to help keep the resident fall free.</p> <p>Review of a Fall Risk Assessment completed by the facility for Resident #3 dated 05/11/2020, revealed the facility had assessed the resident to be at moderate risk for falls.</p> <p>Review of the nurse's notes for Resident #3 dated 06/30/2020 at 5:28 PM, revealed SRNA #3 reported Resident #3 slid out of his/her wheelchair as the SRNA turned the resident's wheelchair to face the sink in order to provide routine care. The nurse's notes revealed an</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>assessment was completed and the only injury was documented to be a scrape to the resident's right posterior side adjoining the rib cage area. The nurse's notes revealed Resident #3 had denied any pain or discomfort.</p> <p>Review of a fall investigation for Resident #3 revealed on 06/30/2020 at 3:15 PM, SRNA #3 was transporting the resident to the sink in the resident's room and the resident slid out of the wheelchair. The resident sustained a small scratch to the resident's right posterior side adjoining the rib cage area (no measurements were documented). The investigation revealed Dycem (nonslip material) was supposed to have been in place in Resident #3's wheelchair. However, the Dycem (nonslip material) was not in place at the time of Resident #3's fall.</p> <p>Interview conducted with SRNA #3 on 08/11/2020 at 3:30 PM, revealed Resident #3 had slid out of the wheelchair while she was attempting to turn the wheelchair toward the sink. The SRNA stated Dycem (nonslip material) was not in the resident's wheelchair. The SRNA stated it should have been. The SRNA stated she did not know why the Dycem had not been in the wheelchair.</p> <p>Interview conducted with the Director of Nursing (DON) on 08/12/2020 at 10:15 AM, revealed she was aware the Dycem had not been in Resident #3's wheelchair when the resident experienced the fall. The DON stated SRNA #3 no longer worked at the facility. The DON stated she made rounds daily to ensure residents were safe from accident hazards. The DON stated the Dycem should have been in Resident #3's wheelchair.</p>	F 689			