DEPARTI	MENT OF HEALTH AN	D HUMAN SERVICES		2nd	SOD): 12/19/2013 APPROVED
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES			FTECE V	OMB NO	0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		onstruction 2003	{ L 1 } }	LETED
		185094	B, WING		DEC 2.7. 2013	11/	0 19/2013
NAME OF PR	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
SIGNATUR	RE HEALTHCARE OF PIP	EVILLE		260 PIK	SOUTH MAYO TRAILON Of Health (EVILLE KMI 1150) Enforcement	Branch J	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG	ix .	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH- CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000	Disclaimer:		
	initiated on 11/18/13 a The complaint was su practice was identified staff's failure to ensur facility without pressu pressure sores, to ensure	ard survey (KY20989) was and concluded on 11/19/13. bstantiated and deficient at "G" level related to the earesident who entered a resores did not develop sure care was provided in	to the same of the stage of the same of th		Signature Healthcare of Pikevil does not believe and does not admit that any deficiencies exis either before, during or after the survey. The Facility reserves al rights to contest the survey findings through informal dispuresolution, formal appeal	teđ : :1 te	
	to ensure the comprerevised when a reside sore.	esident's plan of care, and nensive care plan was int developed a pressure			proceedings or any administrati or legal proceedings. This plan correction is not meant to establ any standard of care, contract obligation or position and the Facility reserves all rights to rai	of lish	
	Room (ER) on 10/06/ pathological fracture of physician applied a "p the resident's leg. On transported to the ER in mental status. Upo hospital staff removed resident's left leg and	sported to the Emergency 13 and diagnosed with a of the left femur. The illow splint" to immobilize 11/13/13, Resident #1 was after he/she had a change of admission to the ER, if the "pillow splint" from the observed an open sore to 's lower leg and a pressure	And the first from the control of th		all possible contentions and defenses in any type of civil of criminal claim, action or proceeding. Nothing contained this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or critical examination privilege which the Facility does not waive	in e self	
	area with black escha The facility had asses risk for impaired skin i diagnosis of a fracture developed a plan of corprevention and developed However, the facility forcare. In addition, the plan of care after the fracture to include who splint" to conduct an a skin that was covered	r to the resident's left heel. sed Resident #1 to be at integrity prior to the to the left femur and are to address the integrity prior to the prior to the left femur and are to address the integrity failed to revise	Market Command Control Command		and reserves the right to assert is any administrative, civil or criminal claim, action or proceeding. The Facility offers response, credible allegations of compliance and plan of corrections part of its ongoing efforts to provide quality of care to residents. F 280 RIGHT TO PARTIC PLANNING CARETHE facility will ensure the com	its f on CIPATE REVISE CP prehensive	12/27/13
F 280 SS=G	483.20(d)(3), 483.10() PARTICIPATE PLANN	()(2) RIGHTTO IING CARE-REVISE CP	F	280	care plan is periodically reviewe	d and	
				í			
ABORATORY [DIRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATURE			Ado	17/	(X5) DATE 27//3

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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION			
		185094	B. WING				- I	
NAME OF P	ROVIDER OR SUPPLIER	10007	Di		STREET ADDRESS, CITY, STATE, ZIP CODE	RRECTION SHOULD BE APPROPRIATE as changes. tal, upon return as immediately into put into the needs and care done of the transfer of transfer		
TW UVAL , .	TOTOLITON GO L.L.	•		l	160 SOUTH MAYO TRAIL			
SIGNATUR	RE HEALTHCARE OF PIP	KEVILLE		l	PIKEVILLE, KY 41501			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10		PROVIDER'S PLAN OF CORRECTION		~5	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFU TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION	
F 280	Continued From page The resident has the	e 1 right, unless adjudged	F:	280	Residents affected:			
ļ	incompetent or otherv				Resident #1 was out to hospital, upon			
1		he laws of the State, to			to the facility, resident #1 was immed			
ļ		g care and treatment or			assessed, appropriate intervention put		į	
	changes in care and t	plan/SRNA care plan updated to		place to address resident care needs a				
					plan/SRNA care plan updated to reflect resident on 11/26/13 by nursing staff and		[]	
					T =			
Ē	within 7 days after the				unit manager, 100% of residents care	•	•	
İ	comprehensive assessment; prepared by an were audited and revised on 11/21/13. Skin interdisciplinary tearn, that includes the attending assessments were initiated on 11/15/13 and							
		ed nurse with responsibility	e with responsibility		:			
ļ	for the resident, and other appropriate staff in							
•	disciplines as determined by the resident's needs.							
	I	ecticable, the participation of			affected by this deficient practice. 100			
		dent's family or the resident's				-		
		and periodically reviewed	ident's assessments were completed by nursing wed ADM on 11/20/13. All staff was in-serviced					
		n of qualified persons after			on the facility's abuse and neglect pol	-		
	each assessment,				procedure by the SDC beginning 11/2			
		•			and completed on 12/2/13. All license			
ļ	<u> </u>				was in-serviced on comprehensive car]	
					planning, revision of care planning, p.			
	This REOLIBEMENT	is not met as evidenced			skin assessments with skills check off			
	by:	is floctried as evidenced	1		and skin management and prevention			
	•	record review, and review of			pressure sores policy and procedures		!	
		determined the facility failed	İ		SDC beginning 11/19/13 and complet	ed on		
		ehensive Plan of Care was			12/2/13.			
		four (4) sampled residents			Residents potentially affected:			
	(Resident #1). Reside				Residents have the potential to be affe			
		of the left femur on 10/06/13			by this deficient practice. Resident #1			
		juested the use of a "pillow			out to hospital, upon return to the faci			
:		the resident's leg. However,			resident #1 was immediately assessed	, I		
!		vise the Comprehensive			appropriate intervention put into place	to to	;	
		resident sustained the			address resident care needs and care			
		w they would ensure the ed immobilized or how they	j		plan/SRNA care plan updated to refle			
	· · ·	n status of the resident's left			resident on 11/26/13, 100% of residen	its care		
		splint" to ensure the resident			plans were audited and revised on 11/	21/13.		
		d his/her physical well-being.			100% skin assessments were complete	ed by		

F 280 Continued From page 2 On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Nursing ADM on 11/20/13. 100% of all residents with splints were audited by nursing ADM for skin integrity on 11/19/13.		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	IPLE CONSTRUCTION	:	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE SIGNATURE HEALTHCARE OF PIKEVILLE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 280 Continued From page 2 On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a DEFICIENCY B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 250 SOUTH MAYO TRAIL PIKEVILLE, KY 41501 PREFIX (EACH CORRECTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) F 280 On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a NAME OF PROVIDER OR SUPPLIER 250 SOUTH MAYO TRAIL PIKEVILLE, KY 41501 PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) TAG On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a				A. BOILDI	W3	·	, ا	÷.
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE SIGNATURE HEALTHCARE OF PIKEVILLE X(A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 280 Continued From page 2 On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a STREET ADDRESS, CITY, STATE, ZIP CODE 250 SOUTH MAYO TRAIL PIKEVILLE, KY 41501 PREFIX (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC DATE) O PROVIDER'S PLAN OF CORRECTION CASH COMPLETIC CROSS-REFERENCED TO THE APPROPRIATE DATE O PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC CROSS-REFERENCED TO THE APPROPRIATE DATE O PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC CROSS-REFERENCED TO THE APPROPRIATE DATE O PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC CROSS-REFERENCED TO THE APPROPRIATE DATE O PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC CROSS-REFERENCED TO THE APPROPRIATE DATE O PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC CROSS-REFERENCED TO THE APPROPRIATE DATE O PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH			185094	B. WING_			l	· ·
SIGNATURE HEALTHCARE OF PIKEVILLE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 280 Continued From page 2 On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a PIKEVILLE, KY 41501 PREFIX TAG PREVILLE, KY 41501 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC DATE) PREFIX TAG PROVIDER'S PLAN OF CORRECTION TAG CONSS-REFERENCED TO THE APPROPRIATE DATE OATE O	NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY,	STATE, ZIP CODE		
PIKEVILLE, KY 41501 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC DATE) F 280 Continued From page 2 On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIC DATE) F 280 nursing ADM on 11/20/13. 100% of all residents with splints were audited by nursing ADM for skin integrity on 11/19/13.	SIGNATH	RE HEALTHCARE OF P	KEVII I E		260 SOUTH MAYO TRAIL	L		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 280 Continued From page 2 On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE APPRO	SIGNATO	RE DEALINGARE OF F	INC VILLE		PIKEVILLE, KY 41501	1		
On 11/13/13, Resident #1 was transported to the local Emergency Room (ER) after he/she had a residents with splints were audited by nursing ADM for skin integrity on 11/19/13.	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI	(EACH CORE	RECTIVE ACTION SHOULD BI RENCED TO THE APPROPRIA		COMPLETION
charge in condition. Based on documentation, upon admission to the ER hospital staff removed the "pillow splint" from the resident's left leg and observed a 3.5 centimeter (cm) open pressure sore to the top of the resident's left, lower leg and black eschar (dead tissue) to the resident's left heel. The findings include: Review of the facility's policy entitled "Care Plans-Comprehensive" and dated October 2010, revealed facility staff was to revise the Comprehensive? and dated October 2010, revealed facility staff was to revise the Comprehensive Plan of Care when a resident experienced a significant change in condition. Review of the facility's policy entitled "Splinting" and dated July 2010, revealed splints should be removed and the resident observed for areas of redness, edema, or the development of any open lesions and to report the findings to the Charge Nurse and physician. Review of the medical record for Resident #1 revealed the facility admitted the resident ton Q4/28/12. The residents's diagnoses included Hypertension, Cardiovascular Accident, Coronary Artery Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Osteoporosis, Chronic Kidney Disease, Osteoporosis, Chronic Kidney Disease, Diabetes, Severe Atheimer's Disease, Osteoporosis, Chronic Kidney Disease, Osteopor	F 280	On 11/13/13, Reside local Emergency Rochange in condition, upon admission to the "pillow splint" from observed a 3.5 cent sore to the top of the black eschar (dead inheel. The findings include Review of the facility Plans-Comprehensive Planes-Comprehensive Planes-Comprehension, or lesions and to report Nurse and physician Review of the medic revealed the facility 04/28/12. The resid Hypertension, Cardi Artery Disease, Osteoarthritis, Histor Right Lower Lobe Planes-Comprehensive Planes-Comprehension, the facility cognitively impaired.	ent #1 was transported to the form (ER) after he/she had a Based on documentation, the ER hospital staff removed of the resident's left leg and simeter (cm) open pressure to resident's left, lower leg and tissue) to the resident's left left leg and tissue) to the resident's left left we' and dated October 2010, if was to revise the not Care when a resident ficant change in condition. It's policy entitled "Splinting" left left left left left left left left	F	residents with a nursing ADM of all resident's compupated and/or the skin assess staff was in-ser and neglect postory and prevention procedures by and completed Systemic measurements with splints we for skin integriresidents were nursing ADM extremities we breakdown on comprehensive and/or revised and completed systemic measurements with splints we for skin integriresidents were nursing ADM extremities were breakdown on comprehensive and/or revised assessment and in-serviced on	splints were audited by for skin integrity on 11/s idents were visualized sing ADM to ensure here ies were positioned to properly on 11/19/13. 100% of prehensive care plans were revised in accordance ment audit on 11/21/13 rviced on the facility's alicy and procedure by the glazifiction of pressure staff was in-serve sive care planning, revisive care planning first and skin managem of pressure sores police the SDC beginning 11/1 on 12/2/13. sures: ents care plans were and 11/21/13. 100% skin ere completed by nursing 12/21/13. 100% of all residence and ted by nursing 12/21/13. 100% of all residence and audited to ensure heels and lower positioned to prevent 11/19/13. 100% of residence plans were updated in accordance with the dit on 11/21/13. All staff the facility's abuse and	and els and prevent of were with All abuse he ed on iced sion of s with ment by and (19/13) dited ang ents ADM of all by were t skin ident's ed skin ff was	

CLIVIL	O TON MEDIOMINE IX	MILLOTOT OLITATOLO					2, 0000-0001 ,
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		ONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
						(С
		185094	B. WNG_			11/	19/2013
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
CICHATIII	DE DEALTHOADE OF DU	VEVN I E		260	SOUTH MAYO TRAIL		
SIGNALU	RE HEALTHCARE OF PI	KEVILLE		PIK	CEVILLE, KY 41501		
(X4) ID		ATEMENT OF DEFICIENCIES	מן י		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETION DATE
F 280	Continued From page	ə 3	F2	ומאי	12/2/13. All staff was in-serviced o	ı the	
		3. Documentation in the			facility's abuse and neglect policy a	nd	
	-	s orthopedic surgeon dated			procedure by the SDC beginning 11		
		e resident's fracture was	1	- }	and completed on 12/2/13. All licer		
	1	As a result of the fracture,	ŀ		was in-serviced on comprehensive		
	, -	lized the resident's left femur		-	planning, revision of care planning,		
	with the use of a "pilk				skin assessments with skills check		
		ted 10/06/13, revealed staff			and skin management and prevention		
	· ·	w splint in place to the			pressure sores policy and procedure		
		I to remove the splint "as	1	;		•	
	_	are. Continued review of		1	SDC beginning 11/19/13 and comp		
physician's orders revealed on 10/08/13,				İ	12/2/13. Effective 11/19/13 100% of		1
	Resident #1 was take	en to the orthopedic	-		assessments will be completed by t		
	surgeon's office and t	the physician ordered a			licensed staff to ensure accuracy, N	~	
		e placed to the side of the			staff will update care plans with an		
		tid in positioning, to continue		İ	changes and/or order changes imme	-	
		e resident's left leg at all	İ		Care plans are monitored/reviewed		
	times, and to remove	only for care as necessary.	İ		accuracy and if any revision/update		
					needed the care plans will be update	_	
		ehensive care plan for		ļ	clinical whiteboard meeting by the	MDS	
	1	0/02/13 and updated on	Ì	1	coordinator. The MDS coordinator	will	
	1 .	ie resident was at risk for the		1	review/monitor care plans through	ut the	
	extensive assistance	breakdown and needed		:	week on all residents with new order	rs and/or	
	addition, the goals es	•			changes for compliance with neede	d	
	. •	the resident's skin was to			intervention updates to accurately r	eflect	
		e of redness, blisters, or		-	resident care needs. The ADON/SI	C will	1
		ny prominences through the			audit 10% or resident care plans we	ekly for	i
		erventions to achieve the	1		accuracy and compliance for 4 wee		
	1	re based on the physician's			deemed necessary by the QA comm		
	1	or staff to remove the pillow	İ		Effective 11/25/13 unit mangers wi		
	i	nd to use a wedge cushion		!	32 weekly skin assessments weekly		
		resident's left leg to aid in		:	weeks and then 8 weekly skin asset)
	I .	r, continued review of the			for 12 weeks on their perspective u		
	comprehensive care	plan for Resident #1		}	ensure licensed staff is accurately	IIIO W	
	I .	t identified the conditions			-	o.	;
		t would require staff to	ļ		completing weekly skin assessmen		•
		s "pillow splint" in order to	1		Effective 11/25/13 the ADON will		
	1	skin status and failed to	í		weekly skin assessments for 6 week		
	update the comprehe	ensive care plan to reflect the			then 5 weekly skin assessments for	12 weeks	

	O TON WEDICANE O	MEDIO NO OFFICE AND FO			CIVID NO. 0000-0001				
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
					c				
		185094	B. WING		11/19/2013				
NAME OF P	ROVIDER OR SUPPLIER		STE	REET ADDRESS, CITY, STATE, ZIP CODE					
SIGNATII	RE HEALTHCARE OF PI	CEVILLE	260	SOUTH MAYO TRAIL					
JOHAI UI	TE HEREITORINE OF FU	_ T.LLL	PIF	KEVILLE, KY 41501					
(X4) ID		ATEMENT OF DEFICIENCIES	ID :	PROVIDER'S PLAN OF CORRECTIO					
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD BE. COMPLETIO TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)						
F 280	Continued From page	· 4	F 280	to ensure licensed staff is accurately	; ; ;				
		ed in the facility's policy	1 200	completing weekly skin assessments	i i				
	entitled "Splinting."	a it die raolity a policy	-	Effective 11/25/13 the DON will aud	į.				
	Crissos Opiniong.			weekly skin assessments weekly for	6 weeks				
	Interview with License	ed Practical Nurse (LPN) #4	:	and the 3 weekly skin assessments for					
	on 11/19/13 at 9:35 A			weeks to ensure licensed staff is acc					
	ı	#1 to the facility after the	:	completing weekly skin assessments	-				
		n the ER on 10/06/13 and		updating and/or revision of care plan					
		the "pillow splint" to the		will be completed during the morning					
		LPN #4 stated she called		board meeting.	:				
		on and was told to remove	i	Monitoring measures:	;				
		y," that the fracture might		Care plans are monitored/reviewed to	For				
		two (2) to three (3) people		accuracy and if any revision/updates	1 '				
		leg still and in position to		needed the care plans will be update					
		lint." However, LPN #4 did	1	clinical whiteboard meeting by the	- I				
		nation on Resident #1's care PN #4, the nurses did not		coordinator. The MDS coordinator					
		int because the physician			!				
		s fracture might not heal,		review/monitor care plans throughout and all residents with a review and					
		he positioning of the femur		week on all residents with new orde					
	to move, and did not			changes for compliance with needed					
	removed unless "nec			interventions updates to accurately r					
		,		resident care needs. The ADON/SD					
	On 11/13/13, docume	entation in the medical		audit 10% or resident care plans wee					
	record revealed Resid	dent #1 was transported to		accuracy and compliance for 4 week					
	the ER after he/she h	ad a change in mental		' deemed necessary by the QA comm					
	status. Based on doo	cumentation in the resident's		Effective 11/25/13 unit mangers will					
		pon the resident's admission	į.	32 weekly skin assessments weekly					
	to the ER on 11/13/13	I the ER physician and	Ì	weeks and then 8 weekly skin assess	sments				
	nurse removed the pi	•		for 12 weeks on their perspective un	its to				
		covered a 3.5 cm by 6.5 cm		ensure licensed staff is accurately					
		the top of the resident's		completing weekly skin assessments					
		ck eschar to the resident's		Effective 11/25/13 the ADON will a	audit 20				
	left heel.			weekly skin assessments for 6 week	s and				
	Observation of Beside	ant #4 on 11/10/12 at 12:20		then 5 weekly skin assessments for	12 weeks				
	1	ent #1 on 11/19/13 at 12:30 tal revealed the resident was	ļ	to ensure licensed staff is accurately					
		wed as the resident was		completing weekly skin assessments	s.				
	1	A skin observation with a	İ	Effective 11/25/13 the DON will au-					
		revealed a gauze dressing to	:	weekly skin assessments weekly for	i				
	i indian are an indepitor i	a , a silva a gaves all cooling to		•	1				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

A BUILDING 185094 185094 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501 [XX4] ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG F 280 Continued From page 5 the top of the resident's left leg that was removed by the hospital nurse. The nurse removed the dressing from the resident's left leg and obtained measurements of an open area on the leg. A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501 PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) F 280 and the 3 weekly skin assessments for 12 weeks to ensure licensed staff is accurately completing weekly skin assessments. The updating and/or revision of care planning will be completed during the morning white board meeting. If leg was a Stage II pressure area that measured 3.5 cm by 6.5 cm in diameter. Upon		
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE SIGNATURE HEALTHCARE OF PIKEVILLE		
STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 280 Continued From page 5 the top of the resident's left leg that was removed by the hospital nurse. The nurse removed the dressing from the resident's left leg and obtained measurements of an open area on the leg. According to the nurse, the area on the resident's left leg was a Stage II pressure area that measured 3.5 cm by 6.5 cm in diameter. Upon STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501 PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) F 280 and the 3 weekly skin assessments for 12 weeks to ensure licensed staff is accurately completing weekly skin assessments. The updating and/or revision of care planning will be completed during the morning white board meeting. Findings from audits will be reviewed at the monthly QA meeting for three months to		
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left heel by the nurse, a black area was observed on the resident's left heel by the nurse, a black area was observed on the resident's left heel. The nurse at the hospital identified the area as an unstageable pressure area that was covered with black eschar. Interview with Certified Nurse Aide (CNA) #1 on 11/18/13 at 1.55 PM, CNA #2 on 11/18/13 at 2:10 PM, CNA #3 on 11/18/13 at 2:15 PM, CNA #4 on 11/18/13 at 3:05 PM, and Certified Medication Aide (CMA) #1 on 11/18/13 at 3:22 PM revealed the aides had provided direct care to Resident #1 after his/her return from the hospital on 10/06/13 with a fractured femur. The aides stated they had not been directed to remove the resident's 'pillow spilin' and had left the splint intact. The aides said if the pillow splint became soiled they notified the nurse in charge. According to the aides, nurses were to remove the pillow splint and apply a clean pillowcase and/or splint as needed. The aides stated they had not observed Resident #1 to have any pressure sores, and stated if there was any change in the resident's condition they would have notified the nurses. Interview with Licensed Practical Nurse (LPN) #1 on 11/18/13 at 2:44 PM, LPN #2 on 11/18/13 at 2:55 PM, LPN #3 on 11/18/13 at 5:55 AM, LPN #4 on 11/19/13 at 3:55 AM, LPN #4 on 11/19/13 at 3:55 AM, LPN #4 on 11/19/13 at 3:55 AM, LPN #4 on 11/19/13 at 3:55 AM, LPN #4 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 5:55 AM, LPN #4 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:55 AM, LPN #4 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:55 AM, LPN #4 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:55 AM, LPN #4 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN #2 on 11/19/13 at 3:50 PM, RN	top of the resident's it the hospital nurse. The ssing from the reside asurements of an operation of the nurse, to leg was a Stage II proposed in the gauze dressored of the gauze dressore area that was obtained as the same area that was obtained in the same are	

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F 280	PM, and the South H at 3:25 PM revealed physician's order to a from Resident #1's lebasis. Further interview splint" was removed soiled and no pressure and the concerns, including president's skin condition been identified. The provided treatment to Resident #1's great to creams to the resident incontinence care. LPN #3 stated in interview at 4:05 PM that she hassessment of Resident eresident's transferelated to a change is status. According to identified pressure ar left leg or left heel; he had not removed the Resident #1's skin be want the splint removed a blackened area to the open area to the interview with the ortilat 11:45 AM revealed "pillow splint" on 10/0 diagnosis of Osteopot the resident's bones.	all Unit Manager on 11/19/13 they were aware of the emove the "pillow splint" fit femur on an "as needed" ew revealed the "pillow when it became heavily re sores had been observed, e CNAs had not reported any ressure areas, related to the ion that had not already interviews revealed staff had a scabbed area on be, and applied medicated hit's buttocks after rview conducted on 11/18/13 had performed a head to toe ent #1 on 11/13/13 prior to r to the ER on that date in the resident's mental LPN #3, she had not eas to Resident #1's lower because the physician did not red. LPN #3 was not aware to Resident #1's left heel or the resident's left hower leg. Inopedic surgeon on 11/19/13 If the surgeon utilized the 6/13 related to Resident #1's rosis and the brittleness of According to the physician, d have been removed to and should have been	F2	280			

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F 280	Continued From page	· • 7	F 2	280		
F 282 SS=G	The Administrator and acknowledged in an in 11/19/13 at 3:40 PM that requested the "pill left leg to only be remare. The Nurse Conshould have contacte clarify the orders relainsplint and should have reflect when and how ensure Resident #1's skin integrity remaine 483.20(k)(3)(ii) SERV PERSONS/PER CART The services provided must be provided by accordance with each care. This REQUIREMENT by: Based on interview, it was determine the services are was provided to the services are was provided to the services and/or impleit the development of providing in the resident staff noted the resident staff noted the resident staff noted the residents.	the Nurse Consultant interview conducted on that the orthopedic surgeon illow splint" to Resident #1's loved, as needed, to provide isultant stated nursing staff d the resident's physician to led to removing the pillow e updated the care plan to to remove the splint to leg remained stable and the d intact. ICES BY QUALIFIED IE PLAN If or arranged by the facility qualified persons in a resident's written plan of is not met as evidenced record review, and policy ned the facility failed to fided in accordance with the enfor one (1) of four (4) esident #1). The facility if to be at risk for impaired eloped a plan of care to ment in an effort to prevent ressure areas. However, on ransferred Resident #1 to Room (ER) related to a t's mental status and ER at thad a visible area of black	F P	F 282 SERVICES BY QUALIFIT PERSONS/PER CARE PITTHE THE PERSONS/PER CARE PITTHE PERSONS/PER CARE PITTHE PERSONS/PER CARE PITTHE PERSONS/PER CARE PITTHE PERSONS. Residents affected: Residents affected: Resident #1 was out to hospital, upon to the facility, resident #1 was immed assessed, appropriate intervention put place to address resident care needs an plan/SRNA care plan updated to refler resident on 11/26/13 by nursing staff a unit manager. 100% of residents care were audited and revised on 11/21/13, assessments were initiated on 11/15/1 completed on 11/18/13 for 100% of all residents to ensure no other resident(s affected by this deficient practice. 100 assessments were completed by nursin ADM on 11/20/13. All staff was inson the facility's abuse and neglect pol procedure by the SDC beginning 11/2 and completed on 12/2/13. All license was in-serviced on comprehensive carplanning, revision of care planning, pressure sores policy and procedures to pressure sores policy and procedures to the surface procedure is pressure sores policy and procedures to the surface planning and procedures to the surface planning pressure sores policy and procedures to the surface planning pressure sores policy and procedures to the surface planning pressure sores policy and procedures to the surface planning pressure sores policy and procedures to the surface planning pressure sores policy and procedures to the surface planning pressure sores policy and procedures to the surface planning pressure sores policy and procedures to the person pressure sores policy and procedures to the person pressure sores policy and procedures to the person pressure sores policy and procedures to the person pressure sores policy and procedures to the person pressure sores policy and procedures to the person pressure sores policy and procedures to the person pressure sores policy and procedures to the person pressure sores policy and procedures to the person pressure planning preserves pressure pressure pressure pressure pressure pressure preserves	return iately into ad care et and plans Skin 3 and 1) were 1% skin ng erviced icy and 1/13 d staff re roper list of by the	12/27/13
		d tissue) to the left heel. In all of a "pillow splint" that had		SDC beginning 11/19/13 and complet 12/2/13.		

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F 282	due to a recent fractu centimeter (cm) by 6.	e 8 ort the resident's left femur re, ER staff observed a 3.5 5 cm pressure sore to the ower leg. Continued review	F 2	282	Residents potentially affected: Residents have the potential to be affe by this deficient practice. Resident #1 out to hospital, upon return to the faci resident #1 was immediately assessed	was ity,	
	failed to conduct a co the resident, to include the skin underneath to to report the changes	ical record revealed staff rmplete skin assessment of le the resident's left heel and he "pillow splint," and failed in the resident's skin ian in accordance with the			appropriate intervention put into place address resident care needs and care plan/SRNA care plan updated to refleresident on 11/26/13, 100% of resident plans were audited and revised on 11/100% skin assessments were complete pursing ADM on 11/20/23, 100% of	et ts care 21/13. ed by	
٠	The findings include:	a policy ontitled "Coro		į	nursing ADM on 11/20/13. 100% of residents with splints were audited by nursing ADM for skin integrity on 11. 100% of all residents were visualized	19/13.	
	Plans-Comprehensive revealed the Compresion incorporated risk factorist identified problems, in the prevention or resident's functional selevels, and identified				audited by nursing ADM to ensure he lower extremities were positioned to p skin breakdown on 11/19/13. 100% or resident's comprehensive care plans v updated and/or revised in accordance the skin assessment audit on 11/21/13 staff was in-serviced on the facility's and neglect policy and procedure by t	els and orevent f vere with All abuse ne	
	a policy entitled "Splin that revealed splints a resident observed for or the development o findings reported to the physician.	the facility's policies revealed inting" and dated July 2010, should be removed and the areas of redness, edema, fany open lesions, and the ne Charge Nurse and ed the facility admitted 1/13 with diagnoses of	A CALL OF THE CALL		SDC beginning 11/21/13 and complet 12/2/13. All licensed staff was in-serv on comprehensive care planning, revicare planning, proper skin assessment skills check off list and skin manager and prevention of pressure sores policiprocedures by the SDC beginning 11/ and completed on 12/2/13. Systemic measures:	iced sion of s with ent y and 19/13	
	Hypertension, Cardio Artery Disease, Osteo Disease, Diabetes, S Osteoarthritis, and Hi	vascular Accident, Coronary oporosis, Chronic Kidney evere Alzheimer's Disease, story of Sepsis secondary to numonia, and a history of			and revised on 11/21/13. 100% skin assessments were completed by nursin ADM on 11/20/13. 100% of all resid with splints were audited by nursing a	ng ents	

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F 282	also assessed the resimpaired. Review of Resident #1 dated 10 resident's assessed in to age and not eating was to immediately nareas of skin breakdo bruises, or discolorati and/or daily care, con assessments, and rephysician. In addition resident, as needed, weight to relieve presidevices (e.g., heel palower extremities to pensure prolonged skill avoided. Documentation in the when staff provided in	It Enterococcus. The facility sident to be cognitively the facility's plan of care for 1/02/13 revealed due to the isk for skin impairment due 1/drinking well, facility staff of the facility staff o	F	282	for skin integrity on 11/19/13. 100% residents were visualized and audited nursing ADM to ensure heels and low extremities were positioned to preven breakdown on 11/19/13. 100% of res comprehensive care plans were updat and/or revised in accordance with the assessment audit on 11/21/13. All statin-serviced on the facility's abuse and neglect policy and procedure by the S beginning 11/21/13 and completed on 12/2/13. All staff was in-serviced on the facility's abuse and neglect policy and procedure by the SDC beginning 11/2 and completed on 12/2/13. All license was in-serviced on comprehensive caplanning, revision of care planning, p skin assessments with skills check off and skin management and prevention pressure sores policy and procedures SDC beginning 11/19/13 and complete	by er t skin ident's ed skin ff was DC he I I/13 ed staff re roper l'list of by the	
	on 10/06/13, they obstresident's left leg, and transported to the ER was assessed at the lifractured left femur. A diagnosed the fracture fracture was "pathoge diagnosis of Osteopool The physician applied leg and the resident with facility. Continued review of the facility staff revised R 10/08/13 after he/she ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and diagnosed with the ER and the ER a	terved a "deformity" to the it the resident was for evaluation. Resident #1 ER and diagnosed to have a An orthopedic surgeon e and documented the enic in nature, related to the rosis and brittle bones." It a "pillow splint" to the left was transferred back to the he plan of care revealed esident #1's plan of care on had been assessed in the tha fracture of the femur to billow splint." The staff	order of the common of the com		SDC beginning 11/19/13 and completed 12/2/13. Effective 11/19/13 100% of assessments will be completed by two licensed staff to ensure accuracy. Nur staff will update care plans with any rechanges and/or order changes immedicated plans are monitored/reviewed for accuracy and if any revision/updates a needed the care plans will be updated clinical whiteboard meeting by the M coordinator. The MDS coordinator we review/monitor care plans throughout week on all residents with new orders changes for compliance with needed intervention updates to accurately refiresident care needs. The ADON/SDC andit 10% or resident care plans week	all skin sing esident ately. r are during DS all the and/or ect	

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and the state of t		the resident's arms ar	nd legs, and the resident's					
there was a dressing noted to the resident's left clinical whiteboard meeting by the MDS							_	
		there was a dressing	noted to the resident's left			7		
great toe and scabs were noted to the resident's coordinator. The MDS coordinator will		great toe and scabs v	were noted to the resident's					
left foot. However, review of documentation review/monitor care plan throughout the						review/monitor care plan throughout	the	
obtained from the ER revealed upon Resident week on all residents with new orders and/or		1				week on all residents with new order	s and/or	
#1's arrival to the ER on 11/13/13 at 12:36 PM, changes for compliance with needed				:		changes for compliance with needed		
the physician removed the "pillow splint" from the interventions updates to accurately reflect				i		interventions updates to accurately re	flect	i
resident's left leg and observed a 6.5 cm by 3.5 resident care needs. The ADON/SDC will						resident care needs. The ADON/SD	C will	
cm decubitus ulcer on the top of the resident's audit 10% or resident care plans weekly for		:	•			audit 10% or resident care plans wee	kly for	
lower leg and a pressure lacer with plack eschar	 					_	-	1 1 1 1
of the left free, based on review of the residents				İ				
modical secold, lacinty stati failed to assess the						1		:
discolored area to the resident's heel and the impaired skin integrity to the top of the resident's Effective 11/25/13 unit mangers will audit 32 weekly skin assessments weekly for 6						_		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF D	ROVIDER OR SUPPLIER	185094	B. WINS		REET ADDRESS, CITY, STATE, ZIP CODE	11/	19/2013
17 1111-	RE HEALTHCARE OF PIL	KEVILLE		260	0 SOUTH MAYO TRAIL KEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 282	left leg, and failed to resident's condition to the resident's plan of Interview conducted of Certified Nurse Aide (PM with CNA#2, 11/1#3, 11/18/13 at 3:05 F 11/18/13 at 2:22 PM v Aide (CMA) #1 reveal problems related to the resident, or if a reside soiled, they notified the According to the aide remove the "pillow spleg and stated the nurdressing changes. The pillow splint" was in phad not noticed any provided incontinence resident. The aides wore heel protectors the splint. The aides wore heel protectors theels, and the protect provide bathing/show they had not observe Resident #1's heels. Interview with License on 11/18/13 at 2:44 P 2:55 PM, LPN #3 on	the physician as planned in care. In 11/18/13 at 1:55 PM with CNA) #1, 11/18/13 at 2:10 8/13 at 2:15 PM with CNA PM with CNA #4, and with Certified Medication ed if the aides identified any the skin condition of any entry in the skin condition of any entry i	F	282	weeks and then 8 weekly skin assess for 12 weeks on their perspective unitensure licensed staff is accurately completing weekly skin assessments. Effective 11/25/13 the ADON will at weekly skin assessments for 6 weeks then 5 weekly skin assessments for 1 to ensure licensed staff is accurately completing weekly skin assessments. Effective 11/25/13 the DON will and weekly skin assessments weekly for and the 3 weekly skin assessments for weeks to ensure licensed staff is accurately completing weekly skin assessments for weeks to ensure licensed staff is accurately completing weekly skin assessments. Updating and/or revision of care plan will be completed during the morning board meeting. Findings from audits will be reviewed monthly QA meeting for three monther ensure compliance with state, federal company policy, rules and regulation	is to adit 20 and 2 weeks it 12 6 weeks r 12 rately The ning g white d at the as to and	
	11/19/13 at 9:35 AM, PM, and the South Ha at 3:25 PM revealed i skin problems when t	13 at 8:55 AM, LPN #4 on LPN #5 on 11/19/13 at 3:10 all Unit Manager on 11/19/13 f the CNAs observed any hey provided care to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
						С	
		185094	B. WING		· · · · · · · · · · · · · · · · · · ·	1	- 19/2013
NAME OF P	ROVIDER OR SUPPLIER	······································	. 		STREET ADDRESS, CITY, STATE, ZIP CODE		
SIGNATIII	RE HEALTHCARE OF PI	KEVILLE			260 SOUTH MAYO TRAIL		
					PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 282	immediately to the nurse ai nurses of any concern skin condition. Continurses revealed nurse conduct resident skin basis and they had newith Resident #1's sk assessed the resident assessments. However only removed the resident with soiled because only wanted the "pillowhen necessary. LP" head to toe" assess 11/13/13, prior to the and observed the resident's skin was distated Resident #1 he great toe and scabs wieft foot. However, LI remove the pillow spliskin prior to the residence to the residence to the residence to the physicia removed. Interview wand heel booties were perform skin assessment atted the physician of Resident #1's leg to be skin prior to the residence the physician cannot be supported to the physician of Resident #1's leg to be skin prior to the residence the physician of Resident #1's leg to be skin prior to the residence the physician of Resident #1's leg to be skin prior to the residence the physician of Resident #1's leg to be skin prior to the residence the physician of Resident #1's leg to be skin prior to the residence the physician of Resident #1's leg to be skin prior to the residence the physician of Resident #1's leg to be skin prior to the residence the physician of Resident #1's leg to be skin prior to the physician of Resident #1's leg to be skin prior to the residence the physician of the prior to the prior to the residence the physician of the prior to		F	282			
	Consultant on 11/19/was to follow each rethey provided care. A that performed/assist-	13 at 3:40 PM revealed staff sident's plan of care when According to interviews, staff ed residents with the g (bathing, incontinence					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. 1 .	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
: : :		185094	B, WNG_			C 19/2013		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	15:2013		
				260 SOUTH MAYO TRAIL				
SIGNATURE HEALTHCARE OF PIKEVILLE				PIKEVILLE, KY 41501				
	OUNTRACTOR	TENENT OF DECIDION			TON	:		
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F 282	Continued From page	e 13	F 2	82				
	nurses. The interview in the plan of care, no residents, document physician for orders it identified. The Nurse	their findings, and notify the f there were any concerns e Consultant said						
	nurses to see that pla and any problems ide immediately. The Ad Consultant did not kn observed on Residen area on the resident's		F 3	and services to promote healing	s who enter es does not individuals they were ent having y treatment and prevent	12/27/13		
33-0	Based on the compre resident, the facility n who enters the facility does not develop pre individual's clinical co they were unavoidab pressure sores receiv	ehensive assessment of a must ensure that a resident without pressure sores ssure sores unless the ondition demonstrates that le; and a resident having wes necessary treatment and nealing, prevent infection and		new pressure sores from developing Residents affected: Resident number 1 was assessed a plan was revised on 11/26/13 to resident's care needs. Skin assess initiated on 11/15/13 and complet 11/18/13for 100% of all residents no other resident(s) were affected deficient practice. 100% skin asses were completed by nursing ADM 11/20/13. All staff was in-service.	and the care effect the ments were ed on to ensure by this essments on ed on the			
	by: Based on observation and review of facility facility failed to ensur residents (Resident #	is not met as evidenced in, interview, record review, policy it was determined the e one (1) of four (4) sampled if) who entered the facility as did not develop pressure		facility's abuse and neglect policy procedure by the SDC beginning and completed on 12/2/13. All lice was in-serviced on comprehensive planning, revision of care planning skin assessments with skills check	11/21/13 ensed staff e care eg, proper			
	sores. Documentation	n revealed Resident#1 ergency Room visit on		and skin management and preven pressure sores policy and proceds SDC beginning 11/19/13 and con	ires by the			

95,115,	CO I OIL WILLIAM OF	MEDIOTID OF LAIDED			OND NO. 0330-0331
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF F	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	
SIGNATURE HEALTHCARE OF PIKEVILLE			26	SOUTH MAYO TRAIL	
JIGHAIO	NE HEALIHOARE OF FU	CEVILLE	PI	KEVILLE, KY 41501	
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	1				
F 314	Continued From page	e 14	F 314	12/2/13.	
		was diagnosed with a	į	Residents potentially affected:	ļ
		At the time of Resident #1's		Residents have the potential to be affe	
	return to the facility or	n 10/06/13, facility staff		by this deficient practice. All staff was	
		lent's skin was intact with no		serviced on the facility's abuse and ne	glect
•	The state of the s	essed the resident to have a		policy and procedure by the SDC begi	nning :
	i company	ft side of the left knee,		11/21/13 and completed on 12/2/13. A	.II
		buttocks, and multiple red		licensed staff was in-serviced on	
	-	h. The resident was also	.	comprehensive care planning, revision	ıof
		w splint" in place to the left ent #1's medical record		care planning, proper skin assessment	s with
	revealed facility staff			skills check off list and skin managem	ent
		8/13, 10/09/13, 10/10/13,		and prevention of pressure sores polic	y and
		0/31/13, 11/05/13, 11/07/13,		19/13	
		ed the resident's skin was		and completed on 12/2/13, 100% skin	
	intact. On 11/13/13, t			assessments were completed by nursing	ıg
	Resident #1 to the En	nergency Room (ER) due to		ADM on 11/20/13. 100% of all reside	ents
	a change in the reside	ent's mental status. Upon		with splints were audited by nursing A	.DM
	Resident #1's arrival t	to the ER on 11/13/13, the	j	for skin integrity on 11/19/13, 100%	
		d the "pillow splint" from the	1	residents were visualized and audited	
		observed a 3.5 centimeter		nursing ADM to ensure heels and low	
		itus ulcer to the top of the		extremities were positioned to prevent	
		ulent drainage on the "pillow	İ	breakdown on 11/19/13. 100% of resi	
		e ER physician documented essure area to the left heel		comprehensive care plans were update	ed
	that had black eschar			and/or revised in accordance with the	
	Linde Had Didore Coolida	(dodd tissde).		assessment audit on 11/22/13.	
	The findings include:				
				Systemic measures:	
	Review of the facility's	s policy entitled "Prevention	`	All staff was in-serviced on the facility	
		nd dated October 2013,] [abuse and neglect policy and procedur	
•		make every attempt to		the SDC beginning 11/21/13 and comp	pleted
		els from direct contact with		on 12/2/13. All licensed staff was in-	
		nts were in bed to avoid to the policy, staff was to		serviced on comprehensive care plann	ing,
		to the policy, start was to a resident's knee to the		revision of care planning, proper skin	
		devices as recommended		assessments with skills check off list a	i I
	by clinical staff or the			skin management and prevention of pr	essure
	S Simbon otom of the	prijaroka (.		sores policy and procedures by the SD	c
	Review of the facility's	policy entitled "Splinting"		beginning 11/19/13 and completed on	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		185094	B. WING			11/	19/2013
NAME OF PROVIDER OR SUPPLIER			k.		REET ADDRESS, CITY, STATE, ZIP CODE 0 SOUTH MAYO TRAIL		
SIGNATUI	RE HEALTHCARE OF PIP	(EVILLE			KEVILLE, KY 41501		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD IS CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE:
F 314	and dated July 2010, removed and the resiredness, edema, or the lesions and the finding Nurse and physician. Based on documentathe facility admitted Ridiagnoses that include Cardiovascular Accide Disease, Osteoporosi Diabetes, Severe Alzt Osteoarthritis, History Right Lower Lobe Provancomycin Resistanto documentation on 1 (MDS) assessment, Funderstood" and as a Mental Status (BIMS) conducted. However, the MDS that Resider "severely impaired." (Resident #1's medica 10/06/13, facility staff the ER due to a defor Resident #1 was diag fracture of the left ferr (a disease in which be more likely to fracture record revealed the Esplint" to the resident's stabilize the resident's transferred the reside interview with the orthat 11:45 AM revealed #1 when he/she had provinced in the resident when he/she had provinced in the resident #1 when he/she had provinced in the res	revealed splints should be dent observed for areas of the development of any open gs reported to a Charge tion in the medical record, desident #1 on 04/28/12 with ed Hypertension, ent, Coronary Artery is, Chronic Kidney Disease, heimer's Disease, of Sepsis secondary to eumonia, and a history of at Enterococcus. According the Minimum Data Set Resident #1 "rarely/never result, a Brief Interview for assessment was not a facility staff documented on the #1's cognition was Continued review of a transferred the resident to mity of the left leg. In the properties ones become fragile and and the process of the facility. Resident with a "pathological" the process of the process of the second fragile and and the process of the facility. In propedic surgeon on 11/19/13 the had assessed Resident to presented to the ER on	F.	314	12/2/13. 100% skin assessments were completed by nursing ADM on 11/20 100% of all residents with splints were audited by nursing ADM for skin into on 11/19/13. 100% of all residents wisualized and audited by nursing AD ensure heels and lower extremities we positioned to prevent skin breakdown 11/19/13. 100% of resident's comprehensive care plans were updated and/or revised in accordance with the assessment audit on 11/22/13. Effecti 11/19/13 100% of all skin assessment be completed by two licensed staff to accuracy. Effective 11/25/13 unit may will audit 32 weekly skin assessment weekly for 6 weeks and then 8 weekl assessments for 12 weeks on their perspective units to ensure licensed staff accurately completing weekly skin assessment weeks and then 5 weekly skin assessment weeks and then 5 weekly skin assessments. Effective 11/25/13 the will audit 20 weekly skin assessment weekly for 6 weeks and the 3 weekly skin assessments. Effective 11/25/13 the will audit 12 weekly skin assessments weekly for 6 weeks and the 3 weekly assessments for 12 weeks to ensure licensed staff accurately completing weekly skin assessments. Effective 11/25/13 the will audit 12 weekly skin assessment weekly for 6 weeks and the 3 weekly assessments. The updating and/or reveare planning will be completed during morning white board meeting. Monitoring measures: Effective 11/25/13 unit mangers will 32 weekly skin assessments weekly for	/13. re re re re re re re re re re re re re	
	10/06/13 and determine	ned the resident had a ording to the orthopedic		İ	32 weekly skin assessments weekly f weeks and then 8 weekly skin assess		:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY
185094 B. WING			С				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		11/	19/2013			
SIGNATURE HEALTHCARE OF PIKEVILLE			l	SOUTH MAYO TRAIL KEVILLE, KY 41501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 314	Resident #1's left this surgeon also stated for removed the "pillow's for pressure, and charbecame soiled. Upon Resident #1's reaction in 10/06/13, facilities for resident to have "discounted for the left knee, reddener multiple red areas to note 10/08/13, 10/09/13, 10/24/13, 10/03/13, 11/13/13 facility staff assessments reveale to Resident #1's skin. On 11/13/13 at 12:15 Resident #1 to the Efficient #1 to the Efficient #1 to the Efficient #1 to the Efficient #1 to the Efficient #1 to the Efficient #1's left from Resident #1's left from Resident #1's left from Resident #1's left from Resident #1's left from Resident #1's left from the Efficient #1's left from Resident #1's left from Resident #1's left from Resident #1's left from the resident's left from the resident's left from the resident's impaired continuous at the hospital at	esident's diagnosis of brittleness" of the oillow splint" was applied to sh for stabilization. The acility staff should have splint" to assess Resident #1 nged the splint when it staff assessed the coloration" to the left side of ad areas to the buttocks, and the right thigh. In addition, 3, 10/10/13, 10/17/13, and documented that skin dithere were no open areas PM facility staff transferred R due to a change in mental on in Resident #1's ER esident arrived to the ER on. Based on documentation, in removed the pillow splint of tieg, he observed a 3.5 cm alloer to the resident's left ure area with black escharneel. ent #1 was conducted at the at 12:30 PM, and an ted; however, due to the ognition the interview was in observation of Resident #1 /19/13 at 12:30 PM with a	F	314	for 12 weeks on their perspective unit ensure licensed staff is accurately completing weekly skin assessments. Effective 11/25/13 the ADON will au weekly skin assessments for 6 weeks then 5 weekly skin assessments for 12 to ensure licensed staff is accurately completing weekly skin assessments. Effective 11/25/13 the DON will audi weekly skin assessments weekly for 6 and the 3 weekly skin assessments for weeks to ensure licensed staff is accur completing weekly skin assessments. updating and/or revision of care plann will be completed during the morning board meeting. Findings from audits will be reviewed monthly QA meeting for three monthernsure compliance with state, federal company policy, rules and regulations	dit 20 and 2 weeks t 12 weeks 12 rately The ling white l at the s to and	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	···	185094	B. WING	,		11/	19/2013	
NAME OF PE	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			
SIGNATUR	RE HEALTHCARE OF PI	KEVILLE		1	SOUTH MAYO TRAIL			
				PII	KEVILLE, KY 41501			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	l E	(X5) COMPLETION DATE	
			 	i				
F 314	Resident #1's left leg the resident's left low had yellow drainage. area measured 3.5 cr addition, continued of	e 17 an area was observed on er leg that was open and According to the nurse, the m by 6.5 cm in diameter. In oservations revealed an area neel that was black and	F	314				
	Nurse Aide (CNA) #1 CNA #2 on 11/18/13 at 11/18/13 at 2:15 PM, PM, and Certified Me 11/18/13 at 2:22 PM, care to Resident #1 a hospital on 10/06/13. not been directed to r and had left the splint splint became soiled charge, and the nurse	vs conducted with Certified on 11/18/13 at 1:55 PM, at 2:10 PM, CNA #3 on CNA #4 on 11/18/13 at 3:05 dication Aide (CMA) #1 on they had provided direct fiter his/her return from the The aides stated they had emove the resident's splint that. The aides said if the they notified the nurse in es changed the splint vs with the aides, they did						
	not observe Resident sores prior to the resi 11/13/13. The aides pressure area they we	#1 to have any pressure dent's transfer to the ER on stated if they observed a buld have reported the tr's condition to the nurse.			•			
	Interviews with nursir Nurse (LPN) #1 on 11 on 11/18/13 at 2:55 P	g staff, Licensed Practical /18/13 at 2:44 PM, LPN #2 M, LPN #3 on 11/18/13 at Nurse (RN) #1 on 11/18/13		A A A I A A A A A A A A A A A A A A A A				
	at 5:00 PM, RN #2 or #4 on 11/19/13 at 9:3 at 3:10 PM, and the 5 11/19/13 at 3:25 PM, remove Resident #1's "necessary." Based of CNAs/CMAs were to	n 11/19/13 at 8:55 AM, LPN 5 AM, LPN #5 on 11/19/13 South Hall Unit Manager on revealed they were only to s "pillow splint" as		177 1777				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		185094	B. WING_			11/	19/2013
NAME OF P	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
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F 314	Continued From page	e 18	F	314			
		cerns related to Resident					
	#1's condition or "pillo	ow splint" to them.					
	•	v, the nurses had conducted	:				
•	skin assessments on		:				
		iews revealed they had not			•		
	· •	ns related to Resident #1's	İ				
		er, with the exception of LPN			•		•
		oved the splints and heel					
	protectors to perform	Skiii assessitients.					
	I PN #3 stated in an i	nterview conducted on					i
		that she had performed a		:			
		ent of Resident #1 prior to					:
		r to the ER on 11/13/13.		•			
	LPN #3 stated she wa	as not aware of a blackened					1
	area to Resident #1's	left heel. In addition, the					
	LPN stated she had r	not removed Resident #3's					
		e the physician did not want				•	
	the splint removed.		:				
	The Administrator and	d the Nurse Consultant					
		nducted on 11/19/13 at 3:40					
	PM that all splints, as						
		devices should be removed					
	· ·	ents unless there were					
	physician's orders no	t to remove them.					
	According to the Adm	inistrator, the physician had					
		ow splint" to Resident #1's					-
		loved "if necessary" to					
		Iministrator and the Nurse		:			
Ì		y did not know if facility staff					ļ
		ow splint" from Resident aff failed to identify the		- 1	•		
		sident #1's left lower leg and		İ			
	the left heel.	Such #13 left iower leg and					
	ENG PORTIONS		i				
			:				
				.			İ