

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

PRINTED: 05/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/15/2014
NAME OF PROVIDER OR SUPPLIER TWIN RIVERS NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 W. 3RD ST. OWENSBORO, KY 42301		
(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 the implementation of the acceptable POC, the facility was deemed to be in compliance, 05/15/14 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.

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TWIN RIVERS NURSING AND REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating #KY21585 was conducted on 04/15/14 through 04/16/14 to determine the facility's compliance with Federal requirements. #KY21585 was substantiated with a deficiency cited at a Scope and Severity of a "D".	F 000	Submission of this plan of correction is not a legal admission that a deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator, or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. IN addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within ten (10) days of receipt of the statement of deficiencies as a condition to participate in Title 18 and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
F 518 SS=D	483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of the facility's "Fire Policy and Procedure" and Combined Incident/Final Report, it was determined the facility failed to follow the facility's policy related to rescuing anyone in immediate danger when a fire was identified in residents' room #109. The findings include: Review of the facility's "Fire Policy & Procedure", (not dated), revealed the primary purpose of the Fire Policy & Procedure was to provide a course of action for all personnel to follow in the event of a fire. The procedure for a fire was to: RACE: R-Rescue anyone in immediate danger. A - Alert other staff members of the fire and location. C- Contain the fire. Close all doors and windows adjacent to the fire. E- Extinguish if the fire is	F 518		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X5) DATE

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F 518	<p>Continued From page 1 small.</p> <p>Review of the facility's Combined Incident/Final Report revealed on 04/11/14 at approximately 8:03 AM, Nursing Assistant (NA) #1 entered residents' room #109, smelled smoke, and observed Resident #2 to point to Resident #1's side of the room. NA #1 noted there was a pillow and a box on top of Resident #1's dresser in flames. NA #1 pushed Resident #1's bed away from the wall and put the flames out.</p> <p>Record review revealed Resident #1 was admitted to the facility on 10/21/11 with diagnosis of Chronic Obstructive Pulmonary Disease (COPD). Review of the Quarterly Minimum Data Set (MDS) assessment, dated 04/04/14, revealed the facility assessed Resident #1's cognition as cognitively intact with a Brief Interview of Mental Status (BIMS) score of "14". Review of a physician's order, dated 03/21/14, revealed Resident #1 received continuous oxygen (O2) at 2 liter per minute.</p> <p>Record review revealed Resident #2 was admitted to the facility on 07/01/12 with diagnosis of Alzheimer's Disease. Review of a Quarterly MDS assessment, dated 02/26/14, revealed the facility assessed Resident #2's cognition as moderately impaired with a BIMS score of "10".</p> <p>Interview with Resident #1, on 4/15/14 at 4:20 PM, revealed NA #1 was bringing in the breakfast tray on Friday when she noticed a fire toward the wall. The resident stated, " NA #1 grabbed the pillow, put the fire out, and got us out of here".</p> <p>Interview with Resident #2, on 4/16/14 at 9:00 AM, revealed she was sitting up in his/her</p>	F 518	<p>F 518</p> <p>1. RI #1 & RI # 2 were removed from the room on 04/11/14, following Nursing Assistant #1 putting out the flame.</p> <p>2. On 05/06/14, a fire drill was conducted and staff was observed to follow the facility Fire Safety Plan and Procedure by taking the following actions: removing residents from the fire area, pulling the nearest fire alarm and alerting other staff members, containing the fire, and extinguishing the fire</p> <p>3. By 05/14/2014, all facility staff will be re-educated on the facility's Fire Safety Plan and Procedure Policy and the requirement that upon discovery of a fire the following actions are to take place: (R.A.C.E.) Rescue, Alert, Contain, and Extinguish. The education will be provided by the Education and Training Director and through an on-line course provided by Silverchair Learning System. Post tests will be administered to validate staff understanding of the fire safety emergency procedures.</p>		

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F 518	<p>Continued From page 2</p> <p>wheelchair at the bedside when a staff member came in with a breakfast tray. Resident #2 stated he/she looked at the wall by bed one and saw flames. The resident revealed NA #1 put the flames out with a pillow and then removed him/her and Resident #1 out of the room.</p> <p>Interview with NA #1, on 04/16/14 at 11:15 AM, revealed she entered room #109 at approximately 8:00 to 8:15 AM and smelled "burning plastic". She stated Resident #2 pointed to the wall by bed one (1) and she noted flames. She revealed she pulled Resident #1's bed away from the wall, grabbed a pillow, and put the flames out. She stated she knew she should have removed both residents out of the room first and made other staff aware of the fire.</p> <p>Interview with the Director of Nursing (DON), on 04/16/14 at 2:55 PM, revealed she was aware NA #1 did not respond according to the facility's Fire Policy & Procedure. She stated, "By the time the residents were removed from room #109, the outcome could have been much worse".</p> <p>Interview with the Administrator, on 4/16/14 at 1:20 PM, revealed NA #1 put the fire out prior to removing the residents out of room #109. She revealed the facility's "Fire Policy & Procedure" indicated for Nursing, Dietary, and Housekeeping/Laundry Personnel to remove residents from immediate danger prior to alarming and extinguishing the fire. She stated, NA #1 followed the facility's policy but not in the order designated in the procedure.</p>	F 518	<p>4. Fire drills will be conducted monthly on all shifts to simulate emergency fire conditions and ensure staff follows the Fire Safety Plan and Procedure Policy in the event of an emergency. The results of the drills will be reviewed with the Quality Assurance Committee, at a minimum, monthly for three (3) months. If at any time concerns are identified, the Quality Assurance Committee will convene to review and make further recommendations as needed. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, the Administrator, the Assistant Director of Nursing and the Social Services Director, with the Medical Director attending at least quarterly.</p>	05/15/14