

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

PRINTED: 06/03/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/21/2014
NAME OF PROVIDER OR SUPPLIER  EPISCOPAL CHURCH HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7504 WESTPORT ROAD LOUISVILLE, KY 40222	
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F 000	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>An Abbreviated Survey was initiated on 05/20/14 and concluded on 05/21/14 to investigate KY21718. The Division of Health Care unsubstantiated the allegation with related deficiencies cited.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated</p>	F 225	<p><b>F225</b> <b>Corrective Action for Those Affected:</b> The staff member in question had been placed off work on 5/13/2014 pending the outcome of the investigation. The resident was examined on 5/13/2014. The investigation was extended on 5/20/14 to question all staff members about potential interactions with that resident or other residents. No unacceptable actions were found. The resident had been examined by S Roberts RN on 5/13/2014 and no abnormal findings noted.</p> <p><b>Identification of Those Potentially Affected:</b> All residents on Marmion and Clingman neighborhoods with BIMs scores of 8 or higher were interviewed by the neighborhood nurses and RN managers and physical inspections of those who were non-interviewable were conducted by the neighborhood nursing staff on 5/20 and 5/22/14. No unusual findings were determined. See attached checklists.</p> <p>All staff who had not been interviewed on Marmion and Clingman was interviewed by the RN Manager of the neighborhood or RN House Supervisor on 5/22-5/25/2014 with no new additional findings. See attached Employee Interview lists.</p>	

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

TITLE

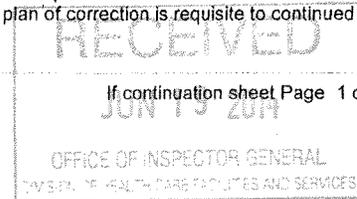
(X6) DATE

*X Kelly Graham King*

*X Administrator*

*X 6-18-14*

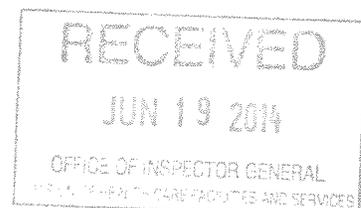
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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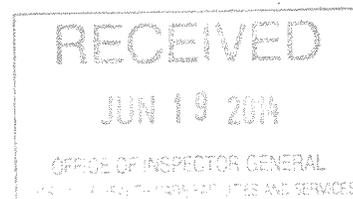
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F 225	Continued From page 1 representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's abuse investigation, and the Abuse Prevention, Intervention, Investigation, and Reporting Policy, it was determined the facility failed to interview all staff and the interviewable residents, and failed to conduct assessments on non-interviewable residents during the investigation of a sexual abuse allegation for one (1) of the three (3) nursing units (Marmion). In addition, the alleged perpetrator was assigned to work the Clingman Unit the day of the allegation and the facility failed to notify the Clingman Unit Manager of the assignment.  (Refer to F226)  The findings include:  Review of the facility's policy regarding Abuse Prevention, Intervention, Investigation, and Reporting, revised 08/10/10, revealed the emphasis was on training, empowering, prevention, intervention, and reporting. The facility would protect the resident from abuse by anyone, including staff members, agency staff, other residents, consultant, volunteers, families, visitors, and friends.	F 225	<b>Measures Put into Place or Systematic Changes Made to Ensure Deficient Practice will not recur:</b>  The policy and procedure "Abuse Prevention, Intervention, Investigating and Reporting" was updated by a team consisting of Cecy Grisham King- Administrator, Tracy Graham- Corporate Compliance Officer, and Kathy Shireman RN- Director of Clinical Services as of 5/23/2014. See on page 3, numbers 8 & 9 in the attached procedure.  8. Interviews of employees and interviewable residents are to be conducted and a list recorded. 9. Non-interviewable affected residents are to be assessed and findings (or lack of) recorded  The procedure was then reviewed with all Managers, Supervisors and Directors by the team of King, Graham and Shireman 6/9/14. See attached listing.  On 5/21/14, reeducation was conducted at a stand up meeting with department heads, by the three individuals listed above, about the need to communicate assignment locations of an alleged staff member to those conducting the investigation as soon as possible.  <b>Monitoring Plan to Maintain Solutions</b> A report of potential abuse is to be investigated as abuse if the resident reports that he/she has been abused;	



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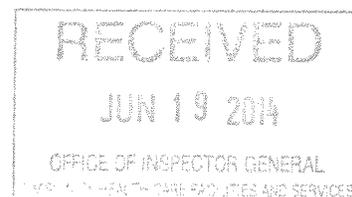
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F 225	<p>Continued From page 2</p> <p>Review of the clinical record for Resident #1 revealed the facility admitted the resident on 01/15/14, with diagnoses of Dementia, and Alzheimer's. On 05/13/14, Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #2 reported that Environmental Service Floor Technician (EVS Tech) #1 had put his/her hand down Resident #1's shirt and touched the resident's chest.</p> <p>Review of the facility's investigation, dated 05/13/14, revealed the only written statements, or evidence of interviews were with the perpetrator and the two (2) witnesses. Review of the perpetrator's statement revealed it was written in Spanish and translated by the Administrator. It indicated the perpetrator was cleaning the floors on the Clingman Unit, on 05/13/14, the day of the allegation. There were no statements or evidence that the Clingman Unit staff or the residents residing on that unit had been interviewed to ensure they were free from abuse.</p> <p>Interview with the Administrator, on 05/20/14 at 8:56 AM, revealed there were no other facility staff statements and no resident statements that were part of the investigation. The Administrator revealed no other statements were obtained because there were only the two (2) witnesses and the residents on the Marmion Unit had problems with cognition.</p> <p>Review of the list of BIMS scores, dated 05/19/14, revealed there were four (4) residents on the Marmion Unit with a BIMS score between eight (8) and fifteen (15) indicating those residents were interviewable.</p> <p>Interview with Certified Nursing Assistant (CNA)</p>	F 225	<p>experienced an injury of unknown origin or witnessed physical, mental, or emotional pain as a result of neglect or abuse; or a resident advocate reports a resident has been abused or neglected.</p> <p>To identify possible situations needing investigation, the following will be monitored by all employees and especially by Department Directors, Department Managers, Nursing Administration, Nursing Supervisors: any suspicious bruising or injury of unknown cause; all injuries or unanticipated death; complaints of missing, lent or unreturned money or belongings, or exploitation; patterns of suspicion regarding an employee or resident, or requests that a certain employee not care for them.</p> <p>Review of Occurrence Reports, Improving Organizational Performance Forms, Resident Survey Forms, and the 24-hour reports are other means used to monitor activity for compliance with our policy and procedure. Other means of monitoring includes follow up of facility gossip or hearsay, interviews of employees and talking with interviewable residents. Non-interviewable possible affected residents are to be assessed and findings (or lack of) recorded.</p> <p>All investigations will be reviewed as a team by the Department Head, Corporate Compliance Officer and Administrator.</p>		



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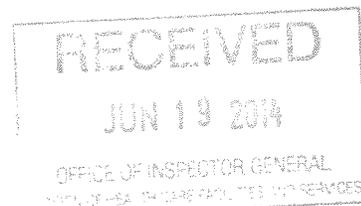
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F 225	<p>Continued From page 3</p> <p>#6, on 05/20/14 at 10:59 AM, revealed she did witness the EVS Tech transporting Resident #1 in the wheelchair up and down the hall, but did not witness any inappropriate behavior. The CNA revealed she had not been interviewed by the facility to determine if she had witnessed the incident resulting in the allegation.</p> <p>Interview with CNA #9, on 05/20/14 at 1:50 PM, revealed she had been in the hallway and witnessed the EVS Tech transporting Resident #1 down the hallway and did not see anything unusual or behavior resulting in the allegation. The CNA revealed she had not been asked to write a statement nor was she interviewed as a possible witness.</p> <p>Interview with the Environmental Service's Supervisor, on 05/20/14 at 9:24 AM, revealed the perpetrator was assigned to work on both the Marmion Unit and the Clingman Unit on 05/13/14.</p> <p>After the surveyor notified the Administrator, on 05/20/14 at 9:00 AM, that information regarding the Clingman Unit was not in the investigation, the Administrator was observed searching the packet and then left the conference room. The Administrator returned at 10:10 AM with a statement from the Clingman Unit Manager.</p> <p>Review of the typed statement from the Clingman Unit Manager, dated 05/20/14, revealed the staff working on "04/13/14" were interviewed and stated there were no residents out on the floor at the time they were being cleaned, and no abnormal behavior was noted from the housekeeper when exiting the unit. The facility's investigation was again reviewed and the allegation was reported on 05/13/14 at 10:35 AM,</p>	F 225	<p>A report will be made of each reportable incident, associated data attached and recommendations. The Corporate Compliance Officer will review the findings when the potential issue is investigated. Each occurrence's recommendations will be followed up by the QAPI team for possible systems improvement and maintenance and reflected in the meeting minutes.</p> <p>Annual training and New Hire Orientation will continue to include education on abuse types and what to do if suspect behavior is noted. Monitoring by all staff will be included.</p> <p>All investigations will also be reported by the Corporate Compliance Officer to the CEO</p> <p><b>Corrective Action Completion Date:</b> <b>6/10/2014</b></p>		



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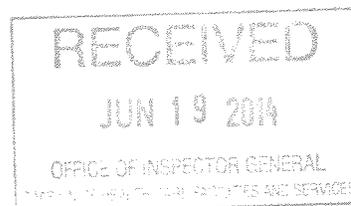
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F 225	<p>Continued From page 4 and not 04/13/14 as the typed statement provided by the Clingman Unit Manager alleged.</p> <p>Interview with the Clingman Activities Director, on 05/21/14 at 11:00 AM, revealed balloon volley ball with ten (10) to fifteen (15) residents occurred on 05/13/14 at 10:00 AM and lasted forty-five (45) minutes. The Activities Director revealed the activity was in the sitting area by the dining area where the EVS Tech was cleaning the floors.</p> <p>Interview with LPN #8, on 05/21/14 at 10:39 AM, revealed she was working on 05/13/14, but was not interviewed about the allegation of abuse until 05/20/14.</p> <p>Interview with CNA # 3, on 05/21/14 at 10:46 PM, revealed he was working on 05/13/14, but had not been interviewed until 05/20/14.</p> <p>Interview with the Administrator, on 05/21/14 at 8:57 AM, revealed the Corporate Compliance Officer (CCO) was responsible for the abuse investigations. The Administrator revealed she would complete the investigation if the CCO was unavailable; however, the allegation on 05/13/14 was completed by the CCO and she assisted in translation due to a potential language barrier with the perpetrator.</p> <p>Interview with the Director of Nursing (DON), on 05/21/14 at 11:29 AM, revealed she was notified of the allegation from the Marmion Unit Manager on 05/13/14. The DON revealed she did ask the Unit Manager what had been done as far as investigation and she was told the CCO was contacted and involved in the investigation so she did not proceed further with assisting or advising in the investigation process. The DON revealed</p>	F 225		



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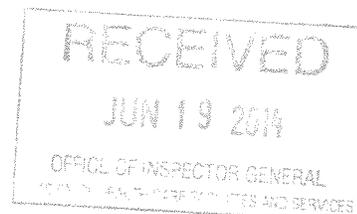
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F 225	<p>Continued From page 5</p> <p>she did not know about the perpetrator working on the Clingman Unit until 05/20/14.</p> <p>Interview with the Marmion Unit Manager, on 05/20/14 at 4:23 PM, revealed she did not ask any other staff members if they witnessed the incident because she felt the less they knew the better, because of the nature of the incident. The Unit Manager revealed the actual abuse investigation was completed by the CCO and Administrator and she did remember them talking about getting other staff statements; however, she did not know if that was ever done. The Marmion Unit Manager revealed she did not know that the alleged perpetrator was also working on the Clingman Unit the day of the allegation. Further interview, on 05/21/14 at 12:17 PM, revealed she focused on Resident #1 and did not even think of the other residents having potentially been abused or that there may have been more witnesses. The Unit Manager revealed she just relied on statements provided by RN #1 and LPN #2.</p> <p>Interview with the Clingman Unit Manager, on 05/21/14 at 12:22 PM, revealed she was aware of the allegation made on 05/13/14; however, she was not aware the perpetrator was also working on the Clingman Unit until 05/20/14. The Clingman Manager revealed the DON notified her that the alleged perpetrator was working on the Clingman Unit on 05/20/14, but mistakenly asked the staff about the wrong date and did not ask the staff if they witnessed any suspicious activity or behavior on 05/13/14, until 05/21/14 after the state surveyor had already talked to the staff. The Clingman Unit Manager revealed she did not interview or assess the residents of the Clingman Unit, because she was not aware of the potential</p>	F 225			



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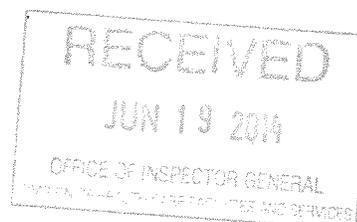
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F 225	Continued From page 6 until 05/20/14.  Interview with the CCO, on 05/21/14 at 12:35 PM, revealed the Marmion Unit Manager reported she had talked to staff. The CCO revealed no other residents were assessed for suspicious injuries because she thought it would be too traumatic and invasive and just did not feel they needed to be assessed since there were witnesses to the incident and there had never been any other complaints against the alleged perpetrator who had even been recognized as hero of the month. The CCO revealed she assumed all staff were interviewed not just the witnesses. The CCO revealed she became aware that the alleged perpetrator was also working the Clingman unit on 05/15/14, but did not think this could be an issue since the perpetrator just mops the floors. The CCO revealed she assumed the Clingman Unit Manager was aware of the alleged perpetrator's work assignment and thought she had already talked to staff and residents.  Interview with the Administrator, on 05/21/14 at 1:00 PM, revealed she had asked the alleged perpetrator to write a statement in his native language to ensure there was not a language barrier. The Administrator revealed she did not know the EVS Tech was working Clingman until she read it in the statement. However, the Administrator revealed she did not realize the potential to the residents on the Clingman Unit until the State Surveyor inquired what had been done to ensure their safety. The Administrator revealed she had been focused only on the nurses making the allegation, but in hindsight, everyone who had been working that day should have been interviewed.	F 225			



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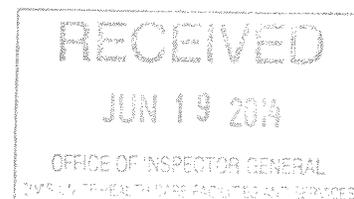
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F 226 F 226 SS=D	Continued From page 7 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's abuse investigation, and the Abuse Prevention, Intervention, Investigation, and Reporting Policy, it was determined the facility failed to have and/or follow their procedures to protect and/or identify residents from abuse who were totally dependent, have difficulty communicating or deemed non-interviewable for one (1) of the three (3) nursing units. The facility failed to interview staff working the Marmion Unit and failed to assess the residents after an allegation of sexual abuse was reported to the facility. In addition, the facility failed to notify the Clingman Unit that the alleged perpetrator was assigned to their unit so an investigation could be initiated.  Refer to F225  The findings include:  Review of the facility's policy regarding Abuse Prevention, Intervention, Investigation, and Reporting, revised 08/10/10, revealed the emphasis was on training, empowering, prevention, intervention, and reporting.	F 226 F 226	<b>F226</b> <b>Corrective Action for Those Affected:</b> The staff member in question had been placed off work on 5/13/2014 when the suspicion was voiced. The resident was examined on 5/13/2014. The investigation was extended to question all staff members about potential interactions with that resident or possibly other residents on 5/20 2014. No unacceptable actions were found. The resident had been examined by S. Roberts RN and no abnormal findings noted.  <b>Identification of Those Potentially Affected:</b> All residents on Marmion and Clingman neighborhoods with BIMs 8 or higher were interviewed and inspections/assessments of those who were non-interviewable were conducted by the nursing staff on 5/20 and 5/22/14. No unusual findings were determined. See attached checklists.  All staff who had not been interviewed on Marmion and Clingman was interviewed by the RN Manager of the neighborhood or RN House Supervisor with no new additional findings on 5/20 and 5/22/14. See attached Employee Interview lists.  <b>Measures Put into Place or Systematic Changes Made to Ensure Deficient Practice Will Not Recur:</b>	



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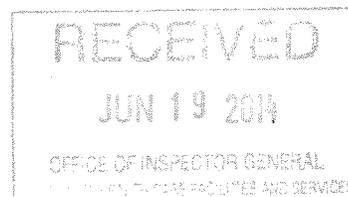
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F 226	<p>Continued From page 8</p> <p>Residents, family members, employees or others involved in the reporting of the allegation except by the Chief Executive Officer or Designees during the official investigation.</p> <p>Interview with the Corporate Compliance Officer (CCO), on 05/21/14 at 2:24 PM, revealed the facility's investigation procedure was to interview the alleged perpetrator, everyone involved, and whoever else was scheduled for that day. The CCO revealed anyone who was aware of anything about an incident was to write a statement. The CCO revealed residents were interviewed if they could be a potential witness and to ensure they felt safe and that nothing had ever happened.</p> <p>Review of the facility's investigation, dated 05/13/14, revealed Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #2 reported witnessing the Environmental Service Floor Technician (EVS Tech) place his arm down Resident #1's top and touched his/her chest on 05/13/14. The investigation did not contain any other written statements from staff about the day of the allegation.</p> <p>Interviews with Certified Nursing Assistants (CNA) #4 and #5, on 05/20/14 at 10:59 AM, revealed they had not been interviewed by the facility regarding alleged events on 05/13/14.</p> <p>Interview with CNA #6, on 05/20/14 at 10:59 AM, revealed she had not been interviewed by anyone from the facility; however, the CNA revealed she did witness the EVS Tech wheeling Resident #1 up and down the hallway and did not witness any suspicious or inappropriate behavior.</p>	F 226	<p>The policy and procedure "Abuse Prevention, Intervention, Investigating and Reporting" was updated by a team consisting of Cecy Grisham King- Administrator, Tracy Graham- Corporate Compliance Officer, and Kathy Shireman RN- Director of Clinical Services as of 5/23/2014. See on page 3, numbers 8 &amp; 9 in the attached procedure.</p> <p>8. Interviews of employees and interviewable residents are to be conducted and a list recorded.</p> <p>9. Non-interviewable affected residents are to be assessed and findings (or lack of) recorded</p> <p>The procedure was then reviewed with all Managers, Supervisors and Directors by the team of King, Graham and Shireman 6/9/14. See attached listing.</p> <p>On 5/21/14, reeducation was conducted at a stand up meeting with department heads, by the three individuals listed above, about the need to communicate assignment locations of an alleged staff member to those conducting the investigation as soon as possible.</p> <p><b>Monitoring Plan to Maintain Solutions:</b></p> <p>A report of potential abuse is to be investigated as abuse if the resident reports that he/she has been abused; experienced an injury of unknown origin or witnessed physical, mental, or emotional pain as a result of neglect or</p>		



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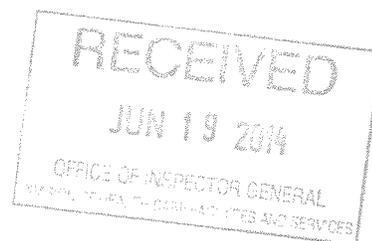
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/21/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>EPISCOPAL CHURCH HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7504 WESTPORT ROAD LOUISVILLE, KY 40222</b>		
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F 226	<p>Continued From page 9</p> <p>Interview with CNA #7, on 05/20/14 at 11:05 AM, revealed he had not been interviewed by anyone from the facility regarding the allegation.</p> <p>Interview with CNA #1, on 05/20/14 at 11:08 AM, revealed she had witnessed frequent interactions between the EVS Tech and Resident #1, but never anything inappropriate. The CNA revealed she had not been interviewed by anyone from the facility.</p> <p>Interview with CNA #8, on 05/20/14 at 11:12 AM, revealed she had not been interviewed regarding the alleged events occurring 05/13/14.</p> <p>Review of the Marmion Unit's list of Brief Interview for Mental Status (BIMS) scores, dated 05/19/14, revealed there were four (4) residents with a score between eight (8) and fifteen (15), indicting they were interviewable. However, there was no evidence provided by the facility that any of the residents were interviewed or assessed.</p> <p>Interview with the Marmion Unit Manager, on 05/20/14 at 4:23 PM, revealed she was trying to keep the incident quiet because of the nature of the allegation. The Unit Manager revealed she thought the less people who knew the better, so she did not talk to any other employees. Further interview with the Unit Manager, on 05/21/14 at 12:17 PM, revealed she was aware there were a few residents considered interviewable, but all the residents on the Marmion Unit had some memory issues, and she just focused on Resident #1. The Unit Manager revealed she just didn't think to talk to other residents or to assess them to ensure there were no signs of potential abuse.</p> <p>Interview with the CCO, on 05/21/14 at 2:24 PM,</p>	F 226	<p>abuse; or a resident advocate reports a resident has been abused or neglected . To identify possible situations needing investigation, the following will be monitored by all employees and especially by Department Directors, Department Managers, Nursing Administration, Nursing Supervisors: any suspicious bruising or injury of unknown cause; all injuries or unanticipated death; complaints of missing, lent or unreturned money or belongings, or exploitation; patterns of suspicion regarding an employee or resident, or requests that a certain employee not care for a resident. Review of Occurrence Reports, Improving Organizational Performance Forms, Resident Survey Forms, and the 24-hour reports are other means used to monitor activity for compliance with our policy and procedure.</p> <p>Monitoring will include follow up of facility gossip or hearsay, interviews of employees and talking with interviewable residents. Non interviewable- possibly affected residents are to be assessed and findings (or lack of) recorded.</p> <p>All investigations will be reviewed as a team by the Department Head, Corporate Compliance Officer and Administrator (or CEO). A report will be made of each reportable incident, associated data attached with recommendations. The Corporate Compliance Officer will review</p>		



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F 226	<p>Continued From page 10</p> <p>revealed the investigation process differed depending on the allegation. The CCO revealed if the allegation was physical abuse or misappropriation of property, other residents would be interviewed or if they could not be interviewed, assessments would be done to ensure there were no suspicious marks. However, the CCO revealed it had never been done in a sexual abuse allegation, stating they only focused on the alleged victim. The CCO revealed she really did not know why other residents were not interviewed or assessed, other then they just never thought it could happen to anyone else. The CCO revealed she did ask the Marmion Unit Manager if the staff were interviewed, and assumed she understood it to mean everyone was interviewed.</p> <p>Review of the alleged perpetrator's written statement, dated 05/13/14, revealed he was also working on the Clingman Unit, in addition to the Marmion Unit the day of the reported allegation.</p> <p>Interview with the Clingman Unit Manager, on 05/21/14 at 12:22 PM, revealed she was not aware the alleged perpetrator worked the Clingman Unit until 05/20/14. The Clingman Unit Manager revealed none of the residents were interviewed and no staff members were interviewed until 05/21/14 after they had already been interviewed by the State Surveyor.</p> <p>Interview with the Administrator, on 05/21/14 at 1:00 PM, revealed she did translate the alleged perpetrators written statement and read that he had worked on the Clingman Unit, but she did not realize at that time that other residents could have been at risk and did not notify the Clingman Unit Manager. The Administrator revealed only</p>	F 226	<p>the findings when the potential issue is investigated. Each occurrence's recommendations will be followed up by the QAPI team for possible systems improvement and maintenance and reflected in the meeting minutes.</p> <p>Annual training and New Hire Orientation will continue to include education on abuse types and what to do if suspect behavior is noted. Monitoring by all staff will be included.</p> <p>All investigations will also be reported by the Corporate Compliance Officer to the CEO.</p> <p><b>Corrective Action Completion Date: 6/10/2014</b></p>		



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F 226	Continued From page 11 RN #1 and LPN #2 were interviewed. The Administrator revealed the alleged perpetrator had never done anything unusual or inappropriate, and she had never sensed anything was wrong. However, the Administrator revealed in hindsight the facility should have interviewed all the staff that were there the day of the allegation.	F 226			

