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

PRINTED: 06/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C
	185065		05/15/2012
NAME OF PROVIDER OR SUPPLIER: CHRISTIAN CARE CENTER OF LANCASTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 308 WEST MAPLE AVENUE, LANCASTER, KY 40444	

RECEIVED JUL 3 2012 Division of Health Care Survey Enforcement Branch

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated standard survey (KY18353) was conducted on 05/14-15/12. The complaint was unsubstantiated; however, unrelated deficient practice was identified at "D" level.	F 000	• Corrective Action for Targeted Resident CNA's #4 and #5 were not working when originally reported on Saturday, 05/05/12 and did not work until Monday, 05/07/12, at 7 AM. CNA #4 was not on the clock and CNA #5 clocked in at 6:56 AM and was moved to a different unit on Monday morning, 5/7/12. This was prior to and until the DON met with both employees at 7:00 AM. The decision was made that no abuse had occurred, as supported by OIG. The Administrator completed an in-house abuse investigation on 5/7/12, when he became aware of the alleged incident. It was concluded that no abuse occurred, as supported by OIG. The Ombudsman and Physician were notified of the incident on 05/10/12 by the Administrator. The Social Service Director and DON requested to meet with the family at the facility on 05/07/12. The family did not respond nor came to the facility. Resident #1 was taken to the hospital on 05/09/12 by the family, unrelated to the unsubstantiated abuse allegations. The family stated the resident would not be returning to the facility.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance	F 225	• Identification of Other Residents All residents have the potential to be affected by not reporting to the proper agencies. On 6/13/12 the DON and Administrator thoroughly reviewed all current reported grievances/ concerns. It was determined that there were currently no other reports or allegations of abuse. On 6/13/12, the Administrator reviewed the Abuse Policy with the facility	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 7/2/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	Continued From page 1 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 interview, review of facility policy, and review of facility investigations, it was determined the facility failed to ensure an allegation of abuse was immediately reported to the state survey and certification agency, failed to have evidence that an allegation of abuse had been thoroughly investigated, and failed to ensure that further potential abuse was prevented while the facility's investigation was in progress for one of three sampled residents (Resident #1). On 05/05/12, the facility's Director of Nursing was made aware of an allegation of abuse, date unknown, that involved Resident #1. However, the facility did not report the allegation immediately to the stage agency or thoroughly investigate the allegation, and allowed the two nurse aides suspected to have been involved in the allegation of abuse to continue to work at the facility during the facility's investigation. The findings include: A review of the facility's Abuse Protocol policy (last revised date of October 2002) revealed the facility would attempt to identify and would investigate any reported allegations of abuse or neglect. Further review of the facility policy revealed that during the facility investigation, any individual suspected of resident abuse or neglect	F 225	Management Team with emphasis on initiation of immediate investigation of alleged abuse and reporting requirements to the appropriate state agencies of allegations of any form of abuse. Beginning on 06/11/12, an audit was conducted that consisted of speaking to all residents or families regarding the residents having any concerns of abuse allegations not being reported. This was conducted by the Administrator, DON, ADON, Maintenance Director, Dietary Supervisor, Social Services Director, Admissions Coordinator, Housekeeping / Laundry Supervisor, MDS Coordinators, BOM, HR Director and Activities Director. The audit will be completed by June 29, 2012. If any allegations of abuse result from this audit Christian Care of Lancaster will follow their abuse policy and procedures for investigating and reporting which includes removing any staff member from the facility of the alleged incident until a formal investigation has been completed and reported to the proper agencies. All residents have been assessed by licensed nursing staff for signs and symptoms of abuse during the resident's weekly skin assessments. No abusive bruising or markings noted on any residents. All skin abnormalities and bruising are reviewed by the Inter Disciplinary Team. The IDT consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS nurses, Dietary manager, Social Services director, Therapy manager, Housekeeping supervisor, HR director, Maintenance director, Activities director, Business	

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F 225	Continued From page 2 would be placed on administrative leave without pay. In addition, according to policy, staff was required to immediately notify the "Cabinet, Office of Inspector General, and Division of Long Term Care" of any suspected event of abuse, neglect, or exploitation. Further review of the policy revealed the Administrator would immediately notify the appropriate "cabinet of Licensing and Regulation office" in accordance with specific state regulations and time frames. A review of the facility investigation revealed facility staff was made aware on 05/05/12, of an allegation of verbal abuse that involved facility staff and Resident #1. The facility's investigation revealed the Director of Nursing (DON) was notified by Licensed Practical Nurse (LPN) #1 on 05/05/12, that Resident #1 alleged two certified nurse aides (CNA #4 and another CNA, determined on 05/05/12 by LPN #1 and the DON to be CNA #5) had abused the resident. However, based on a review of documentation, the facility failed to initiate an investigation of the abuse at that time. Continued review of the facility's investigation revealed facility staff failed to interview Resident #1 about the allegation of abuse until 05/07/12, two days after the resident had reported the incident. Based on a review of the facility's investigation, no other residents were interviewed related to treatment received from facility staff. In addition, the facility's investigation revealed the two CNAs suspected to have been involved in the allegation of abuse (CNAs #4 and #5) continued to provide direct care to residents in the facility on 05/07/12, prior to the conclusion of the facility's investigation. Continued review revealed no other staff members in the facility were interviewed related to the allegation of	F 225	Office manager and Admission coordinator. Behaviors and change in behaviors are documented daily and reviewed by licensed nursing staff. Ombudsman is conducting an abuse inservice for the residents during resident council on June 20, 2012. • Systematic Changes All staff was in-serviced on the CCCL's Abuse Protocol policy on 05/24/12 by the Administrator. On 05/24/12, the Administrator also implemented to all administrative staff and charge nurses, an updated notification list of when to notify the Administrator regardless of the time of day or day of the week which included: ABUSE OR ABUSE ALLEGATIONS whether it be verbal, mental, physical, sexual, misappropriation of funds, etc. and any conflict or issue with family members. Allegations of abuse, substantiated or non-substantiated, will be promptly reported to the appropriate authorities: OIG, APS, Ombudsman, Physician, Responsible Party, Police (if necessary). • Monitoring Concerns are something discussed every morning, Monday through Friday during the facility's Stand-Up Meeting, which is coordinated by the Administrator. Concerns reported are reviewed and addressed on a daily basis. On weekends, charge nurses have been instructed to	

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F 225	Continued From page 3 abuse voiced by Resident #1. A review of the personnel records for CNAs #4 and # 5 revealed the facility had conducted the required criminal background checks prior to their employment at the facility and there were no findings reported. An interview with Licensed Practical Nurse (LPN) #1 on 05/14/12, at 4:20 PM, revealed Resident #1 had reported to her on 05/05/12, that during a shower earlier in the week facility staff (CNA #4 and another CNA, determined on 05/05/12 by LPN #1 and the DON to be CNA #5) had abused the resident. Resident #1 was unsure of the exact date of the incident. Further interview revealed LPN #1 had notified the DON by telephone on 05/05/12, of Resident #1's allegation. An interview with the DON on 05/14/12, at 4:40 PM, confirmed she had been notified by LPN #1 on 05/05/12, of Resident #1's allegation of verbal abuse. Further interview with the DON revealed "the two CNAs named in the allegation were not scheduled to work again until 05/07/12, so I waited until Monday to address the allegation of abuse." Continued interview with the DON revealed the two CNAs named in the allegation reported to work as scheduled on 05/07/12, and were given direct care assignments prior to the DON's arrival to the facility. However, according to the DON, the two CNAs were not assigned to provide direct care to Resident #1. The DON continued to state she obtained statements from the CNAs named in the allegation of abuse from Resident #1, "believed their story," and as a result did not "suspend" or remove the employees from	F 225	to these concerns are presented monthly to the PI committee to ensure closure/compliance of issues. As part of our on-going QIS process, all residents will be interviewed and assessed quarterly for any signs, symptoms, or allegations of abuse. The results of these interviews will be presented by the DON to the monthly PI committee for a period of 12 months, as long as 100% threshold is met. The Administrator or designee will immediately report to the required state agencies any allegation of abuse. The Administrator or designee will report ALL allegations of abuse to the proper agencies and thoroughly investigate. Any staff member alleged with an abuse allegation will be removed from the facility until a complete and thorough investigation has been completed by the Administrator and a determination of whether abuse has occurred or not. All allegations of abuse, substantiated or unsubstantiated, will also be reviewed monthly by the facility's PI Committee for review and recommendations to assure that proper reporting and investigating were completed. The Administrator will follow up to assure any problems are resolved and residents are protected. If there is an issue The Administrator or designee will report ALL allegations of abuse to the proper agencies and thoroughly investigate. Any staff member alleged with an abuse allegation will be removed from the facility until a complete	

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F 225	Continued From page 4 direct care during the investigation. The DON stated she did not notify the Facility Administrator until 05/07/12, of the allegation of abuse, and acknowledged the state agencies had not been contacted; the DON was "unsure of policy" and stated "I'd have to look at it." An interview with the Administrator on 05/14/12, at 3:55 PM, revealed he had not been notified of Resident #1's allegation of abuse until 05/07/12, by the DON. Further interview with the Administrator confirmed no other residents in the facility had been assessed or interviewed related to Resident #1's allegation of abuse from facility staff. The Facility Administrator also stated no other facility employees had been questioned related to the recent allegation of abuse. The Administrator stated he had not notified state agencies of the allegation, and there had not been any employee removed from direct care pending the facility's investigation. The Administrator acknowledged the facility should have conducted a "better" investigation related to Resident #1's allegation of abuse.	F 225	and thorough investigation has been completed by the Administrator and a determination of whether abuse has occurred or not. The Administrator will report any finding to the PI Committee. The PI Committee consists of the Administrator, DON, ADON, Medical Director, Consultant Pharmacist, Maintenance Director, Dietary Supervisor, Social Services Director, Admissions Coordinator, Housekeeping/Laundry Supervisor, MDS Coordinators, HR Director, and Activities Director. • Date of Completion 06/29/12	