

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
(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 Survey to investigate #KY00022579 was initiated on 12/16/14 and concluded on 12/18/14. Complaint #KY00022579 was substantiated with deficiencies cited at a Scope and Severity of "G". On 12/07/14 at approximately 3:30 PM, Certified Nursing Assistant (CNA) #8 utilized a mechanical lift, without obtaining assistance of other staff, to transfer Resident #1 from the bed to the shower bed. During the procedure, Resident #1 slipped out of the sling and fell to the floor. Radiology (X-ray) results revealed the resident sustained a fracture of the left femur (thigh bone). Review of facility policy revealed two (2) staff was required to transfer a resident by a lifting device. In addition, review of the Comprehensive Care Plan for Resident #1 revealed special instructions for the use of a mechanical lift and three (3) staff for transfer to and from the bed. An acceptable Quality Assurance (QA) Plan, presented to the State Survey Agency on 12/18/14, alleged identification and correction of the deficient practice by the facility on 12/10/14, prior to the initiation of the Abbreviated Survey. The State Agency validated the deficient practice was corrected on 12/10/14 as alleged in the QA Plan; therefore it was determined to be past non-compliance at a Scope and Severity of a "G".	F 000			
F 282 SS=G	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of	F 282			

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

TITLE

(X6) DATE

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

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F 282

Continued From page 1 care.

F 282

This REQUIREMENT is not met as evidenced by:
Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure the care plan related to staff assistance required during transfers was followed for one (1) of six (6) sampled residents (Resident #1).

Resident #1 had a Comprehensive Care Plan which directed the resident be transferred by mechanical lift with three (3) person assist. However, on 12/07/14, Certified Nursing Assistant (CNA) #8 attempted to transfer the resident without requesting help from other staff. During the transfer procedure, Resident #1 fell from the sling to the floor, and sustained a fracture to the femoral shaft (thigh bone). (Refer to F323)

The facility's failure to ensure staff followed the Care Plan resulted in actual harm to Resident #1.

The facility's written Quality Assurance (QA) Plan was received on 12/18/14. Based on validation of the QA Plan, the State Survey Agency determined the deficient practice represented past non-compliance, as it was identified and corrected regarding implementation of the Care Plan related to required staff assistance for transfers, prior to initiation of the the investigation by the State Survey Agency.

The findings include:

Review of the policy titled, "Interdisciplinary Team Care Assessments", dated December 2010,

Past noncompliance: no plan of correction required.

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F 282	<p>Continued From page 2</p> <p>revealed each resident was to have a plan of care based on assessment findings and Physician's orders. Continued review revealed all disciplines involved in care management of the resident, including Nursing, were responsible for implementation of the Care Plan.</p> <p>Review of the clinical record revealed Resident #1 was admitted by the facility on 02/24/12 with diagnoses which included status post Cardiovascular Accident (stroke), Hypertension, Anxiety and Depression.</p> <p>Review of the Physician's order, dated 05/15/14, revealed Resident #1 was to be transferred by mechanical lift with the assist of two (2) staff for safety.</p> <p>Review of Resident #1's most recent Minimum Data Set (MDS) Assessment related to transfer needs, dated 12/04/14, revealed Resident #1 required "extensive assistance" and "two+ persons physical assist". For comparison, the Annual MDS Assessment dated 06/18/14 was reviewed and the facility's assessment findings related to the resident's transfer needs at that time were the same.</p> <p>Review of the Comprehensive Care Plan related to Resident #1's risk for a fall-related injury revealed an intervention, dated 10/01/14, for transfers per mechanical lift with, assist of three (3) staff.</p> <p>Review of the Incident Report, dated 12/07/14, revealed CNA #8 attempted to transfer Resident #1, using the mechanical lift but failing to request assistance from other staff. Continued review revealed Resident #1 slipped out of the sling</p>	F 282		
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F 282 Continued From page 3

while suspended in the air and fell to the floor. Further review of the Incident Report revealed interventions in place at the time of the fall included "transfer per Hoyer (mechanical) lift and assist of three staff members".

Continued review of the clinical record revealed Resident #1 was assessed by the Physician immediately after the fall on 12/07/14 and transferred to the Emergency Department (ED) for further evaluation, with no significant acute injury identified. However, on 12/09/14 Resident #1 was sent back to the ED and was diagnosed with a comminuted fracture of the left femoral shaft (thigh bone). According to Mosby's Medical Dictionary, Eighth Edition, a comminuted fracture is one in which "the bone is broken in several places or is shattered, creating numerous fragments".

Interview with CNA #1, on 12/17/14 at 3:22 PM, revealed she had cared for for Resident #1 and was familiar with his/her care needs. She stated the resident required a mechanical lift for transfers. She further stated a lift transfer always required two (2) person assist; however, Resident #1 required three (3) person assist.

Interview with CNA #2, on 12/17/14 at 3:35 PM, revealed all residents requiring a mechanical lift for transfers required two (2) person assist if the resident was able to hold on to the stabilization bar. She stated for residents unable to hold the bar, like Resident #1, three (3) person assist was required.

Telephone interview with Licensed Practical Nurse (LPN) #2, on 12/17/14 at 4:00 PM, revealed he was on duty and working at the time

F 282

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F 282 Continued From page 4

Resident #1 sustained the fall on 12/07/14, but did not witness the incident. He stated CNA #8 reported the resident fell from the lift during a transfer and CNA #8 indicated she was attempting to transfer the resident by herself.

Telephone interview with Registered Nurse (RN) #1, on 12/18/14 at 10:36 AM, revealed she was the weekend manager on duty 12/07/14 at approximately 3:45 PM when Resident #1 fell. She stated she interviewed CNA #8, who admitted she attempted to transfer the resident without requesting assistance, and she knew she should have asked for help before transferring the resident. Continued interview revealed she believed Resident #1 fell because of "human error" when CNA #8 failed to follow facility policy and the Care Plan.

A review of the facility's Investigation Memorandum/Summary of Event, dated 12/07/14, revealed CNA #8 reported she attempted to transfer Resident #1 without obtaining assistance from other staff. Continued review revealed CNA #8 stated Resident #1 was care planned as a three (3) person assist. Attempts to reach CNA by telephone were unsuccessful.

Interview with the Director of Nursing (DON) and the Administrator, on 12/17/14 at 4:15 PM, revealed based on the facility's investigation of Resident #1's fall, including a statement given by CNA #8, it was concluded the CNA transferred the resident without requesting assistance. Continued interview the CNA did not follow the Care Plan as was expected for all staff. Further interview revealed CNA #8 had been terminated by the facility.

F 282

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F 282 Continued From page 5

F 282

The facility provided an acceptable QA Plan, which alleged correction of the deficient practice on 12/10/14. Review of the QA Plan revealed the facility implemented the following corrective actions:

1. An incident of potential neglect of Resident #1 was reported to the office of Inspector General on 12/08/14. The facility's investigation of the incident was initiated on 12/07/14 and included the following: Resident #1 was assessed by the Charge Nurse on 12/07/14 for signs of abuse or injury related to the fall; Resident #1 was assessed by the Physician on 12/07/14 and sent to the ED for further evaluation; Resident #1 was re-assessed on 12/09/14 with an identified change in status and sent to the ED; a statement was obtained from CNA #8 by the weekend supervisor on 12/07/14; CNA #8 was terminated by the facility on 12/11/14; CNA #8 performed a re-enactment of the incident for the supervisor to demonstrate the technique used on 12/07/14, and the supervisor duplicated the re-enactment for the Administrator and the Regional Nurse Consultant; the Social Services Director assessed the roommates of Resident #1, all who were non-verbal; the lift and the lift pad (sling) were taken out of use on 12/07/14 and the Plant Operations Director inspected both, and all other lifts in the facility, for mechanical defects on 12/08/14; the Plant Operations Director reviewed the routine lift inspection on 12/04/14 with no problems noted; competency records for CNA #8 were reviewed by the Staff Development Coordinator; and the Administrator reviewed the employee file for CNA #8 on 12/08/14 with no prior care concerns present.

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F 282	<p>Continued From page 6</p> <p>2. All residents with a BIMS >8 were interviewed for abuse/neglect or any care concerns on 12/08/14 and 12/09/14 by the Administrator, Director of Nursing (DON), Unit Managers and Social Services Director (SSD). On the same dates, residents with a BIMS <8 were physically assessed, including skin assessments, by the DON, Unit Managers and MDS nurses. All assessments, interviews and questionnaires were reviewed by the Administrator or Corporate Consultant on 12/09/14 for any indications of abuse/neglect.</p> <p>3. All personnel files were audited for any abuse concerns on 12/09/14 and all audit results were reviewed by the Corporate Consultant.</p> <p>4. All accident/incident reports from September 2014 to 12/09/14 were reviewed by the DON, Staff Development Coordinator (SDC) or Corporate Consultant on 12/09/14.</p> <p>5. All resident care plans and CNA care plans were reviewed and updated as needed, to include the use of mechanical lifts, bed mobility and transfers on 12/08/14 by the DON, Unit Managers and MDS nurses to ensure each accurately reflected current care needs.</p> <p>6. Environmental rounds of the facility were conducted by the Plant Operations Director or the Administrator on 12/09/14 to ensure an environment free of accident hazards existed.</p> <p>7. After re-education of the Administrator by the Corporate Consultant related to the facility's abuse policies, the Administrator provided re-education to all department heads on 12/08/14 during a QA meeting on the following policies:</p>	F 282		

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F 282 Continued From page 7

abuse, care plans, mechanical lifts, and accidents/incidents. Additionally, the procedure for conducting competencies related to proper lift techniques and ensuring an environment free of accident hazards was reviewed with the department heads, who were then assigned re-education of all staff which began on 12/08/14. All staff who were not re-educated by 12/09/14 were sent a certified letter explaining they would not be allowed to work until the training was completed. Training for all staff included a written post-test, with re-training provided until each employee achieved a 100% score on the test. All educational topics will be included in the orientation process for new employees.

8. On 12/08/14 and 12/09/14, all nursing staff were re-trained on proper use of the mechanical lift by the SDC, DON and Unit Managers. Successful return demonstration was required. Any nursing staff not educated by 12/09/14 was sent a certified letter and will not be allowed to work until the training was completed.

9. Beginning on 12/08/14, the DON, SDC, Unit Managers and Nursing Supervisor will observe care delivery for ten (10) different residents throughout the facility daily. In addition, ten (10) mechanical lift procedures will be observed daily. All results of these audits will be reported at the weekly QA meeting, where the determination of the frequency of continued audits will be made. Any concerns identified during the audits will be addressed immediately and reported to the Administrator.

10. Beginning 12/08/14, the Administrator, DON and SSD will review and discuss all new abuse/neglect investigations daily to ensure the

F 282

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F 282	<p>Continued From page 8</p> <p>resident is protected, the perpetrator is removed from the resident care area, reports to the State Survey Agency are timely, and a thorough investigation is completed. In addition, all alleged abuse/neglect/misappropriation incidents will be reported to the Corporate Consultant by the Administrator or the DON within twenty-four hours.</p> <p>11. Beginning 12/09/14, all resident care plan conferences will include discussion and education regarding any abuse or neglect concerns by the resident and/or their representative.</p> <p>12. Beginning 12/10/14, the following will be completed daily by the Administrator, DON, Unit Managers, and department heads: five (5) interviewable residents per shift will be interviewed specifically regarding abuse/neglect, proper assistance during transfers, and any care concerns; and for non-interviewable residents, five (5) skin assessments per shift will be conducted.</p> <p>13. Beginning 12/09/14, administrative oversight of the facility will be completed by a Corporate representative daily for ten (10) days, weekly for four (4) weeks, then monthly to ensure all audits are completed, concerns are properly reported and thorough investigations are completed whenever indicated.</p> <p>14. A QA meeting was held on 12/08/14 and will be held weekly for four (4) weeks beginning 12/12/14, then monthly for recommendations and follow-up regarding the stated QA plan. At that time the committee will determine at what frequency any ongoing audits will need to continue.</p>	F 282		

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F 282 Continued From page 9 F 282

The State Survey Agency validated the implementation of the facility's Action Plan as follows:

1. Review of the State Agency Intake Form revealed the initial report was received from the facility on 12/08/14. Review of the Incident Report, dated 12/07/14 and signed by the Charge Nurse, revealed Resident #1 was assessed immediately after the fall incident was reported. At that time, a physical assessment including neuro checks did not reveal any obvious injury or change in status from the resident's baseline. Review of the Physician's notes dated 12/07/14 revealed he also assessed the resident without identification of acute injury. Resident #1 was sent to the ED for further evaluation, and returned the same day with a diagnosis of Soft tissue Contusion.

Interview with the Charge Nurse (also referred to as the weekend manager), on 12/18/11 at 10:36 AM, revealed she immediately performed an assessment and ensured the resident was stable before initiating an investigation of the incident. She stated her investigative actions included the following: notification of the DON and participation in a conference call which included a Corporate representative; procurement of a statement regarding the incident from CNA #8, and observation of a re-enactment of the transfer and fall by CNA #8 with subsequent re-enactment by the Charge Nurse for the Administrator and Corporate Consultant; removal of CNA #8 from duty; inspection of the sling and determination the correct sling was used; removal of the the lift and the sling from service; and notification of the Administrator.

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F 282	<p>Continued From page 10</p> <p>Review of the QA Binder revealed the three (3) roommates of Resident #1 were non-verbal and unable to be interviewed. Continued review revealed Cornell Scale to Measure Depression assessments were completed by the SSD on 12/08/14.</p> <p>Interview with the South Unit Manager, on 12/16/14 at 3:35 PM, revealed she was well-acquainted with Resident #1. She stated she assessed the resident daily after the fall. On 12/09/14, she noted the resident had increased mobility in the left hip which was normally contracted, and feared something was "out of place". Based on her assessment, she obtained orders for X-rays and transfer of the resident to the hospital, where it was determined Resident 31 did have a femur fracture.</p> <p>Review of the Stakeholder Termination Notice revealed the facility informed CNA #8 of termination from employment by telephone on 12/11/14. Continued review revealed the reason for termination was "violation of company policy". The Termination Notice was signed by CNA #8 on 12/12/14.</p> <p>Review of the Logbook for lift inspections, revealed a routine inspection of all facility lifts was conducted by the Plant Operations Director on 12/04/14 with no concerns noted. All lifts were again inspected on 12/08/14 with no problems identified.</p> <p>A review of training records revealed CNA #8 received education on 10/01/14 related to the use of mechanical lifts and interpretation of symbols used on the nurse aide care plan indicating how</p>	F 282		

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F 282	<p>Continued From page 11</p> <p>residents were to be transferred. Continued review revealed CNA #8 satisfactorily demonstrated proper use of the mechanical on 10/10/14. Review of the personnel file for CNA #8 revealed no documented evidence of any prior discipline related to resident care activities. Interview with the Administrator, on 12/17/14 at 4:15 PM, revealed she had reviewed CNA #8's personnel file and there were no previous concerns related to resident care performance. She stated CNA #8 was suspended immediately after the fall incident and did not return to work before termination by the facility.</p> <p>2. Review of the facility's QA Plan Binder revealed all residents with a BIMS >8 were interviewed on 12/08/14 and 12/09/14. Questionnaires included specific questions regarding how each resident felt about the care they received and if they had any concerns related to abuse or neglect. Resident responses were documented by the interviewer. Continued review of the Binder revealed all non-interviewable residents received a skin assessment on the same dates, with no concerns identified.</p> <p>3. Review of the QA Plan Binder revealed 100% of employee files were audited on 12/08/14 by the Business Office Manager and the Human Resources Director for the following: OIG Exclusion check, National Sex Offender Registry check, Kentucky State Sex Offender Registry check, First Advantage National Background check, Kentucky Adult Caregiver Misconduct Registry check and License Validation. In addition, each file was reviewed for any past disciplinary action regarding abuse. No missing documentation or disciplinary actions of concern were identified. A review of five employee files by</p>	F 282		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
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F 282	<p>Continued From page 12</p> <p>the State Survey Agency, including that of CNA #8, revealed no concerns.</p> <p>4. Interview with the DON and the Administrator on 12/17/14 at 4:15 PM, the SDC on 12/18/14 at 10:15 AM, and the Regional Nurse Consultant on 12/18/14 at 11:00 AM, revealed all accident/incident reports from September 2014 to the present had been reviewed for any possible concerns related to abuse or neglect and to ensure a thorough investigation was completed each time, with no concerns identified.</p> <p>5. Interview with the DON on 12/17/14 at 4:15 PM, MDS Nurse #1 on 12/17/14 at 1:50 PM, Unit Manager (UM) #1 on 12/18/14 at 10:19 AM and UM #2 on 12/18/14 at 10:23 AM, revealed all Comprehensive Care Plans and all CNA care plans were reviewed on 12/08/14 for accuracy related to mechanical lifts, bed mobility and transfers. A review of Comprehensive Care Plans and CNA care plans for six (6) sampled residents, including Resident #1, revealed each resident was care planned for mobility and transfers, and interventions were consistent with assessed needs and Physician orders.</p> <p>6. Review of the QA binder revealed the Plant Operations Director performed a facility-wide environmental round on 12/09/14 to ensure the environment was safe and clean and no accident hazards existed. Interview with the Administrator, on 12/17/14 at 4:15 PM, revealed no concerns were identified during the rounds.</p> <p>A walking tour of the facility, on 12/16/14 at 9:20 AM, revealed no accident hazards were noted in resident rooms, bathrooms, hallways or common areas. No spills or rubbish were observed on the</p>	F 282		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 282	<p>Continued From page 13</p> <p>floors, and hallways were clear of obstacles. Call bells were noted to be accessible and staff response timely.</p> <p>7. Review of education records, and interview with the Administrator and the Regional Nurse Consultant (RNC), on 12/18/14 at 11:00 AM, revealed the RNC re-educated the Administrator on the facility's abuse policy on 12/08/14. Subsequently, during a QA meeting on the same day, the Administrator provided education to all department heads related to facility policy related to mechanical lifts, reviewing and revising care plans, management of accidents/incidents and abuse. In addition, discussion included monitoring the environment for potential hazards. Following the QA meeting, department heads were each responsible for training their staff related to abuse. Training for nursing staff related to proper transfer and mechanical lift techniques and care plans was assigned to nursing leaders, including the DON, UMs, SDC and MDS Nurses. All staff was required to be trained prior to continuing to work and inservices were initiated immediately with all staff on duty. As additional staff members arrived, they were educated prior to beginning their duties. Other staff was educated by phone with instructions for mandatory completion of written post-tests and return demonstration of proper mechanical lift procedures prior to working.</p> <p>A review of the QA binder revealed receipts for certified letters sent to any staff who had not completed the education by 12/09/14. Review of the certified letter revealed staff was informed not to clock in prior to seeing the Administrator, DON, SDC, or UM and signing off on the education. Review of the facility's tracking records revealed</p>	F 282		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 282	<p>Continued From page 14</p> <p>all but three (3) staff members had been educated and would not be allowed to work until the training was completed.</p> <p>Interview with the DON and the Administrator, on 12/17/14 at 4:15 PM, revealed each employee was required to score 100% on the written post-tests. On-the-spot retraining was provided for a score of less 100%, and repeated as often as necessary until a 100% score was achieved. Further review of the QA Binder revealed completed written post-tests, with a 100% score, were present for each staff member.</p> <p>8. Interviews with UM #1 on 12/18/14 at 10:19 AM, UM #2 on 12/18/14 at 10:23 AM, CNA #5 on 12/18/14 at 10:30 AM, RN #2 on 12/16/14 at 3:25 PM, LPN #3 on 12/16/14 at 3:32 PM, CNAs #6 and #7 on 12/16/14 at 2:25 PM, CNA #1 on 12/17/14 at 3:22 PM, CNA #2 on 12/17/14 at 3:30 PM, LPN #1 on 12/18/14 at 10:30 AM, RN #1 on 12/18/14 at 10:36 AM, CNA #3 on 12/17/14 at 3:45 PM, and CNA #4 on 12/16/14 at 1:36 PM, revealed all had received mandatory inservice training on abuse, following the care plan and proper use of the mechanical lift, including successful return demonstration.</p> <p>Interview with the SDC, on 12/18/14 at 10:15 AM, revealed she and the Administrator monitored the training and competency check-offs. She stated training related to the mechanical lift included the controls, the emergency release, and selecting the proper lift pad (sling), as well as the actual transfer procedure. She further stated staff was required to correctly perform return demonstration by actually transferring the SDC or each other. In addition, she reported all educational topics were included in the new hire</p>	F 282		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 282	<p>Continued From page 15</p> <p>orientation process and current and future employees were required to complete written post-tests with 100% accuracy.</p> <p>Interview with Resident #3, on 12/16/14 at 10:30 AM, revealed she required transfer by mechanical lift. She stated two (2) staff always worked together during a transfer. She denied feeling afraid when placed on the lift or while suspended between the bed and the chair.</p> <p>Observation of the transfer of Resident #4 from the chair to the bed, on 12/16/14 at 2:20 PM, and the transfer of Resident #5 from the bed to the chair, on 12/17/14 at 9:42 AM, revealed two (2) staff worked together during each procedure. On both occasions, one staff member kept a steadying hand on the resident and sling while suspended. Residents did not exhibit fear during the procedure. No concerns were noted.</p> <p>9. Interview with the DON and the Administrator, on 12/17/14 at 4:15 PM, revealed the UMs, SDC, DON and the MDS Nurses began observing care delivery daily on 12/08/14 and ongoing. Tasks observed included oral care, perineal care, catheter care, shower, toileting and skin care. In addition, ten (10) mechanical lift transfers were observed daily to ensure proper technique and staff assistance were utilized.</p> <p>Interview with the SDC, on 12/18/14 at 10:15 AM, revealed she performed spot checks daily to observe for continued proper techniques using the lift and providing care to the residents.</p> <p>Interview with UM #1, on 12/18/14 at 10:19 AM, revealed her audit responsibilities included Activities of Daily Living (ADL) care and transfers</p>	F 282		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 282	<p>Continued From page 16</p> <p>by mechanical lift. She stated five (5) transfers were observed on each unit daily, and the observations were made on all shifts in an attempt to see as many staff members as possible.</p> <p>Interviews with CNA #3 on 12/17/14 at 3:45 PM, CNA #1 on 12/17/14 at 3:22 PM, and CNA #2 on 12/17/14 at 3:30 PM, revealed the UMs frequently observed staff perform transfers to ensure proper technique and adequate assistance was provided. CNA #3 stated the nurses were always willing to help with transfers in order to provide the residents' required assistance.</p> <p>Interview with the Administrator and the RNC, on 12/18/14 at 11:00 AM, revealed all audits were discussed daily at the clinical meetings, and were reviewed in weekly formal QA meeting. Both stated they had been very closely involved with monitoring the facility's audits and reviewing the results to ensure the care plans were followed and any new concerns were addressed immediately.</p> <p>10. Review of facility investigations revealed two (2) allegations of abuse occurred after Resident #1's fall on 12/07/14, involving Resident #2 and Resident #6. Facility reports to the State Survey Agency were timely, the alleged perpetrators were removed from the care area immediately and the investigations were thorough and included assessments and interviews of other residents, staff interviews and abuse re-education to staff. The investigation for Resident #2 was completed; however, the investigation involving Resident #6 was ongoing.</p> <p>Interview with the Administrator and the RNC, on</p>	F 282		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 282	<p>Continued From page 17</p> <p>12/18/14 at 11:00 AM, revealed the Administrator was informed immediately when the allegations were made with a report to the Regional Consultant within twenty-four hours. Both stated they monitored the investigations daily to ensure the facility's policy was followed.</p> <p>11. Review of the QA Binder revealed documented evidence abuse/neglect concerns by residents and/or their representatives was incorporated into the scheduled care plan conferences. On 12/10/14, nine (9) conferences were conducted. Four (4) included in-person interviews with residents' representatives who attended the meetings. No concerns were expressed. For five (5) conferences with no representatives present, documentation revealed phone calls were made to the representatives and voice messages were left.</p> <p>12. Review of the QA Binder revealed a minimum of five (5) resident interviews were conducted daily, and included questions regarding abuse/neglect, proper assistance during transfers and any care concerns. For non-interviewable residents, a minimum of five (5) skin assessments per shift were documented.</p> <p>13. Interview with the RNC, on 12/18/14 at 11:00 AM, revealed she had been present in the facility daily since 12/09/14. She stated she had met with the entire management team on 12/09/14 and had been very involved with the facility's QA Plan development and implementation. She stated she wanted to "see everything for myself". She further stated she would continue to provide oversight weekly for four (4) weeks and then monthly. She stated she specifically would ensure audits were conducted, results were</p>	F 282		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 282	<p>Continued From page 18</p> <p>reviewed and any allegations were properly reported and thorough investigated.</p> <p>14. Review of the Administrative Compliance form revealed it was initiated on 12/09/14 and was signed by the Administrator and the RNC. Continued review revealed both parties initialed their oversight daily of the facility's QA plan for the following daily corrective actions: resident interviews; resident skin checks; staff questionnaires; care plan conferences related to integration of abuse concerns; care delivery monitoring; grievance logbook review; and a review of reported accident/incidents.</p> <p>Interview with the Administrator and the DON, on 12/17/14 at 4:15 PM, revealed in addition to formal QA meetings, they and the Regional Consultant met daily to discuss the QA plan, audit results and any allegations of abuse or neglect.</p> <p>Interview with the Administrator and the RNC, on 12/18/14 at 11:00 AM, revealed a QA meeting was held on 12/08/14 where the formal QA plan was developed. The first weekly meeting took place on 12/12/14 and would continue for at least four (4) weeks, at which time the committee would re-evaluate the plan and determine what audits needed to be continued and at what frequency.</p>	F 282		
F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p>	F 323		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
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F 323	<p>Continued From page 19</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure one (1) of six (6) sampled residents (Resident #1) received adequate supervision to prevent a fall during a transfer by mechanical lift when one (1) staff member attempted the transfer without obtaining assistance from additional staff as directed by the facility's policy and the resident's Comprehensive Care Plan.</p> <p>On 12/07/14, at approximately 3:30 PM, Certified Nursing Assistant (CNA) #8 independently attempted to transfer Resident #1 from the bed to the shower bed utilizing a mechanical lift. Review of the facility's investigation findings revealed Resident #1 slipped out of the sling used to hold the resident during the transfer and fell to the floor. Review of the clinical record revealed Resident #1 sustained a comminuted fracture of the left femoral shaft (thigh bone). According to Mosby's Medical Dictionary, Eighth Edition, a comminuted fracture is one in which "the bone is broken in several places or is shattered, creating numerous fragments". For Resident #1, the fracture was determined to be inoperable; however, the resident was admitted to the hospital for pain management.</p> <p>Review of the facility's policy revealed two (2) staff was required to transfer a resident by a lifting device. In addition, review of the Comprehensive Care Plan for Resident #1</p>	F 323	Past noncompliance: no plan of correction required.	

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2014
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NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330
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(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
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F 323 Continued From page 20
revealed special instructions for the use of a mechanical lift and three (3) staff for transfer to and from the bed.

The facility's failure to ensure its policy and the Comprehensive Care Plan were followed resulted in actual harm to Resident #1.

The facility's Quality Assurance (QA) Plan was received on 12/18/14. Based on validation of the QA Plan, the State Survey Agency determined the deficient practice represented past non-compliance, as it was identified and corrected related to implementation of the facility's policies regarding use of the mechanical lift and implementation of the Comprehensive Care Plan, prior to initiation of the investigation by the State Survey Agency.

The findings include:

Review of the facility's policy titled "Lifting Machine, Using a Portable", revised 01/2014, revealed the resident's care plan should be reviewed for any special needs prior to transferring the resident. Continued review revealed two (2) staff was required to perform the procedure.

Review of the clinical record revealed Resident #1 was admitted by the facility on 02/24/12 with diagnoses which included status post Cardiovascular Accident (stroke), Hypertension, Anxiety and Depression.

Review of the Annual Minimum Data Set (MDS) Assessment related to transfer needs, dated 06/18/14, revealed Resident #1 was assessed to require "extensive assistance" and "two+ persons

F 323

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2014
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NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330
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F 323 Continued From page 21

physical assist". Review of the Quarterly MDS Assessment, dated 12/04/14, revealed the facility continued to assess Resident #1 to require extensive assistance of two or more persons for transfers. Continued review of the MDS assessments related to cognition revealed Resident #1 was unable to complete the Brief Interview for Mental Status and could not be scored; however, the resident was assessed to have both short-term and long-term memory problems and was severely impaired for decision-making ability. Further review of the MDS assessments regarding speech revealed Resident #1 had unclear speech and was rarely or never understood. Therefore, Resident #1 was non-interviewable.

Review of the Comprehensive Care Plan related to falls revealed an intervention, dated 10/01/14, for Resident #1 to be transferred by mechanical lift with assist of three (3) staff. Continued review revealed the resident was dependent for all needs.

Review of the Incident Report, dated 12/07/14, revealed CNA #8 attempted by herself to transfer Resident #1 from his/her bed to the shower bed when the resident slipped out of the sling and fell to the floor. Continued review revealed interventions in place at the time of the fall included "transfer per Hoyer lift and assist of three staff members". Further review of the Incident Report revealed Resident #1 was assessed by the Physician and sent out to the Emergency Department (ED) for an evaluation.

Review of the Physician's note, dated 12/07/14, revealed he examined Resident #1 immediately after the fall and did not identify significant acute

F 323

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2014
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NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330
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F 323 Continued From page 22
injury. Continued review revealed Resident #1 was sent to the ED and returned to the facility the same day with a diagnosis of Soft Tissue Contusion (bruise).

Review of the Nurses Notes, dated 12/09/14, revealed the Unit Manager (UM) for the South Hall where Resident #1 resided documented she assessed the resident to have continued bruising but a noted increase in mobility with a decreased contracture on the left lower extremity. Continued review revealed the UM notified the Nurse Practitioner (NP) and received an order for X-rays of the left knee, left hip and pelvis. Further review revealed upon receipt of the X-ray results, an order was obtained to send Resident #1 to the ED to be evaluated for a possible left hip fracture.

Interview with the UM, on 12/16/14 at 3:35 PM, revealed she was very familiar with and had assessed Resident #1 frequently between the fall on 12/07/14 and the transfer to the hospital on 12/09/14. She stated although bruising was evident throughout the period, a significant change was noted on 12/09/14 when the UM's assessment revealed an "increase in mobility" in the left thigh, as if "something was out of place". Continued interview revealed the UM notified the NP and received orders for X-rays and subsequent transfer to the ED.

Review of the hospital discharge summary, dated 12/15/14, revealed Resident #1 sustained a comminuted fracture of the left femoral shaft. Continued review revealed the resident was admitted to the hospital to "establish pain control and ensure that operative stabilization of the fractures was considered and ruled out". In addition, while hospitalized, Resident #1 was

F 323

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2014
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NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330
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F 323	<p>Continued From page 23</p> <p>treated for Clostridium difficile diarrhea and hospital-acquired pneumonia.</p> <p>Telephone interview with Licensed Practical Nurse (LPN) #2, on 12/17/14 at 4:00 PM, revealed he was working at the time Resident #1 sustained the fall on 12/07/14 but was not in the room when it happened. He stated CNA #8 reported the resident fell from the lift during a transfer. He further stated CNA #8 indicated she was attempting to transfer the resident by herself.</p> <p>Telephone interview with Registered Nurse (RN) #1, on 12/18/14 at 10:36 AM, revealed she was the weekend manager on duty 12/07/14 when Resident #1 fell. She stated she was notified of the fall at about 3:45 PM on 12/07/14. She further stated she immediately went to the resident's room and conducted a head-to-toe assessment. Continued interview revealed the Physician was present in the building and he also examined the resident after the fall. Further interview revealed the fall occurred due to "human error" when CNA #8 failed to follow facility policy. RN #1 explained CNA #8 admitted she attempted to transfer the resident without requesting assistance and she knew she should have called for help. RN #1 stated after obtaining a statement from CNA #8, she did a re-enactment of the incident and determined "all that was wrong was the CNA was alone".</p> <p>Interview with CNA #1, on 12/17/14 at 3:22 PM, revealed she was familiar with Resident #1. She stated the resident required a mechanical lift for transfers. She further stated a lift transfer always required two (2) person assist; however, Resident #1 required three (3) person assist.</p>	F 323		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
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F 323	<p>Continued From page 24</p> <p>Interview with CNA #2, on 12/17/14 at 3:35 PM, revealed all mechanical lift transfers required two (2) person assist if the resident was able to hold on to the stabilization bar. She stated for residents unable to hold the bar, like Resident #1, three (3) person assist was required.</p> <p>A review of the facility's Investigation Memorandum/Summary of Event, dated 12/07/14, revealed CNA #8 reported she attempted to transfer Resident #1 without obtaining assistance from other staff. Continued review revealed CNA #8 reported Resident #1 was care planned as a three (3) person assist and. The CNA also acknowledged she received lift training in October 2014. Attempts to reach CNA by telephone were unsuccessful.</p> <p>Interview with the Director of Nursing (DON) and the Administrator, on 12/17/14 at 4:15 PM, revealed based on the facility's investigation of Resident #1's fall, including a statement given by CNA #8, it was concluded the CNA transferred the resident without requesting assistance. Continued interview revealed CNA #8 was trained on proper performance of lift procedures on 10/01/14 and knew the facility's policy but failed to follow it. Further interview revealed CNA #8 had been terminated by the facility.</p> <p>The facility provided an acceptable QA Plan, which alleged correction of the deficient practice on 12/10/14. Review of the QA Plan revealed the facility implemented the following corrective actions:</p> <p>1. An incident of potential neglect of Resident #1 was reported to the office of Inspector General on 12/08/14. The facility's investigation of the</p>	F 323		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 323	Continued From page 25 incident was initiated on 12/07/14 and included the following: Resident #1 was assessed by the Charge Nurse on 12/07/14 for signs of abuse or injury related to the fall; Resident #1 was assessed by the Physician on 12/07/14 and sent to the ED for further evaluation; Resident #1 was re-assessed on 12/09/14 with an identified change in status and sent to the ED; a statement was obtained from CNA #8 by the weekend supervisor on 12/07/14; CNA #8 was terminated by the facility on 12/11/14; CNA #8 performed a re-enactment of the incident for the supervisor to demonstrate the technique used on 12/07/14, and the supervisor duplicated the re-enactment for the Administrator and the Regional Nurse Consultant; the Social Services Director assessed the roommates of Resident #1, all who were non-verbal; the lift and the lift pad (sling) were taken out of use on 12/07/14 and the Plant Operations Director inspected both, and all other lifts in the facility, for mechanical defects on 12/08/14; the Plant Operations Director reviewed the routine lift inspection on 12/04/14 with no problems noted; competency records for CNA #8 were reviewed by the Staff Development Coordinator; and the Administrator reviewed the employee file for CNA #8 on 12/08/14 with no prior care concerns present. 2. All residents with a BIMS >8 were interviewed for abuse/neglect or any care concerns on 12/08/14 and 12/09/14 by the Administrator, Director of Nursing (DON), Unit Managers and Social Services Director (SSD). On the same dates, residents with a BIMS <8 were physically assessed, including skin assessments, by the DON, Unit Managers and MDS nurses. All assessments, interviews and questionnaires were reviewed by the Administrator or Corporate	F 323			

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 323	<p>Continued From page 26</p> <p>Consultant on 12/09/14 for any indications of abuse/neglect.</p> <p>3. All personnel files were audited for any abuse concerns on 12/09/14 and all audit results were reviewed by the Corporate Consultant.</p> <p>4. All accident/incident reports from September 2014 to 12/09/14 were reviewed by the DON, Staff Development Coordinator (SDC) or Corporate Consultant on 12/09/14.</p> <p>5. All resident care plans and CNA care plans were reviewed and updated as needed, to include the use of mechanical lifts, bed mobility and transfers on 12/08/14 by the DON, Unit Managers and MDS nurses to ensure each accurately reflected current care needs.</p> <p>6. Environmental rounds of the facility were conducted by the Plant Operations Director or the Administrator on 12/09/14 to ensure an environment free of accident hazards existed.</p> <p>7. After re-education of the Administrator by the Corporate Consultant related to the facility's abuse policies, the Administrator provided re-education to all department heads on 12/08/14 during a QA meeting on the following policies: abuse, care plans, mechanical lifts, and accidents/incidents. Additionally, the procedure for conducting competencies related to proper lift techniques and ensuring an environment free of accident hazards was reviewed with the department heads, who were then assigned re-education of all staff which began on 12/08/14. All staff who were not re-educated by 12/09/14 were sent a certified letter explaining they would not be allowed to work until the training was</p>	F 323		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
(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)	
F 323	<p>Continued From page 27</p> <p>completed. Training for all staff included a written post-test, with re-training provided until each employee achieved a 100% score on the test. All educational topics will be included in the orientation process for new employees.</p> <p>8. On 12/08/14 and 12/09/14, all nursing staff were re-trained on proper use of the mechanical lift by the SDC, DON and Unit Managers. Successful return demonstration was required. Any nursing staff not educated by 12/09/14 was sent a certified letter and will not be allowed to work until the training was completed.</p> <p>9. Beginning on 12/08/14, the DON, SDC, Unit Managers and Nursing Supervisor will observe care delivery for ten (10) different residents throughout the facility daily. In addition, ten (10) mechanical lift procedures will be observed daily. All results of these audits will be reported at the weekly QA meeting, where the determination of the frequency of continued audits will be made. Any concerns identified during the audits will be addressed immediately and reported to the Administrator.</p> <p>10. Beginning 12/08/14, the Administrator, DON and SSD will review and discuss all new abuse/neglect investigations daily to ensure the resident is protected, the perpetrator is removed from the resident care area, reports to the State Survey Agency are timely, and a thorough investigation is completed. In addition, all alleged abuse/neglect/misappropriation incidents will be reported to the Corporate Consultant by the Administrator or the DON within twenty-four hours.</p> <p>11. Beginning 12/09/14, all resident care plan</p>	F 323		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
(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 323	Continued From page 28 conferences will include discussion and education regarding any abuse or neglect concerns by the resident and/or their representative. 12. Beginning 12/10/14, the following will be completed daily by the Administrator, DON, Unit Managers, and department heads: five (5) interviewable residents per shift will be interviewed specifically regarding abuse/neglect, proper assistance during transfers, and any care concerns; and for non-interviewable residents, five (5) skin assessments per shift will be conducted. 13. Beginning 12/09/14, administrative oversight of the facility will be completed by a Corporate representative daily for ten (10) days, weekly for four (4) weeks, then monthly to ensure all audits are completed, concerns are properly reported and thorough investigations are completed whenever indicated. 14. A QA meeting was held on 12/08/14 and will be held weekly for four (4) weeks beginning 12/12/14, then monthly for recommendations and follow-up regarding the stated QA plan. At that time the committee will determine at what frequency any ongoing audits will need to continue. The State Survey Agency validated the implementation of the facility's Action Plan as follows: 1. Review of the State Agency Intake Form revealed the initial report was received from the facility on 12/08/14. Review of the Incident Report, dated 12/07/14 and signed by the Charge Nurse, revealed Resident #1 was assessed	F 323			

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 323	<p>Continued From page 29</p> <p>immediately after the fall incident was reported. At that time, a physical assessment including neuro checks did not reveal any obvious injury or change in status from the resident's baseline. Review of the Physician's notes dated 12/07/14 revealed he also assessed the resident without identification of acute injury. Resident #1 was sent to the ED for further evaluation, and returned the same day with a diagnosis of Soft tissue Contusion.</p> <p>Interview with the Charge Nurse (also referred to as the weekend manager), on 12/18/11 at 10:36 AM, revealed she immediately performed an assessment and ensured the resident was stable before initiating an investigation of the incident. She stated her investigative actions included the following: notification of the DON and participation in a conference call which included a Corporate representative; procurement of a statement regarding the incident from CNA #8, and observation of a re-enactment of the transfer and fall by CNA #8 with subsequent re-enactment by the Charge Nurse for the Administrator and Corporate Consultant; removal of CNA #8 from duty; inspection of the sling and determination the correct sling was used; removal of the the lift and the sling from service; and notification of the Administrator.</p> <p>Review of the QA Binder revealed the three (3) roommates of Resident #1 were non-verbal and unable to be interviewed. Continued review revealed Cornell Scale to Measure Depression assessments were completed by the SSD on 12/08/14.</p> <p>Interview with the South Unit Manager, on 12/16/14 at 3:35 PM, revealed she was</p>	F 323		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 323	<p>Continued From page 30</p> <p>well-acquainted with Resident #1. She stated she assessed the resident daily after the fall. On 12/09/14, she noted the resident had increased mobility in the left hip which was normally contracted, and feared something was "out of place". Based on her assessment, she obtained orders for X-rays and transfer of the resident to the hospital, where it was determined Resident 31 did have a femur fracture.</p> <p>Review of the Stakeholder Termination Notice revealed the facility informed CNA #8 of termination from employment by telephone on 12/11/14. Continued review revealed the reason for termination was "violation of company policy". The Termination Notice was signed by CNA #8 on 12/12/14.</p> <p>Review of the Logbook for lift inspections, revealed a routine inspection of all facility lifts was conducted by the Plant Operations Director on 12/04/14 with no concerns noted. All lifts were again inspected on 12/08/14 with no problems identified.</p> <p>A review of training records revealed CNA #8 received education on 10/01/14 related to the use of mechanical lifts and interpretation of symbols used on the nurse aide care plan indicating how residents were to be transferred. Continued review revealed CNA #8 satisfactorily demonstrated proper use of the mechanical on 10/10/14. Review of the personnel file for CNA #8 revealed no documented evidence of any prior discipline related to resident care activities. Interview with the Administrator, on 12/17/14 at 4:15 PM, revealed she had reviewed CNA #8's personnel file and there were no previous concerns related to resident care performance.</p>	F 323		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
NAME OF PROVIDER OR SUPPLIER HARRODSBURG HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
(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 323	Continued From page 31 She stated CNA #8 was suspended immediately after the fall incident and did not return to work before termination by the facility. 2. Review of the facility's QA Plan Binder revealed all residents with a BIMS >8 were interviewed on 12/08/14 and 12/09/14. Questionnaires included specific questions regarding how each resident felt about the care they received and if they had any concerns related to abuse or neglect. Resident responses were documented by the interviewer. Continued review of the Binder revealed all non-interviewable residents received a skin assessment on the same dates, with no concerns identified. 3. Review of the QA Plan Binder revealed 100% of employee files were audited on 12/08/14 by the Business Office Manager and the Human Resources Director for the following: OIG Exclusion check, National Sex Offender Registry check, Kentucky State Sex Offender Registry check, First Advantage National Background check, Kentucky Adult Caregiver Misconduct Registry check and License Validation. In addition, each file was reviewed for any past disciplinary action regarding abuse. No missing documentation or disciplinary actions of concern were identified. A review of five employee files by the State Survey Agency, including that of CNA #8, revealed no concerns. 4. Interview with the DON and the Administrator on 12/17/14 at 4:15 PM, the SDC on 12/18/14 at 10:15 AM, and the Regional Nurse Consultant on 12/18/14 at 11:00 AM, revealed all accident/incident reports from September 2014 to the present had been reviewed for any possible concerns related to abuse or neglect and to	F 323			

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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(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 323	<p>Continued From page 32</p> <p>ensure a thorough investigation was completed each time, with no concerns identified.</p> <p>5. Interview with the DON on 12/17/14 at 4:15 PM, MDS Nurse #1 on 12/17/14 at 1:50 PM, Unit Manager (UM) #1 on 12/18/14 at 10:19 AM and UM #2 on 12/18/14 at 10:23 AM, revealed all Comprehensive Care Plans and all CNA care plans were reviewed on 12/08/14 for accuracy related to mechanical lifts, bed mobility and transfers. A review of Comprehensive Care Plans and CNA care plans for six (6) sampled residents, including Resident #1, revealed each resident was care planned for mobility and transfers, and interventions were consistent with assessed needs and Physician orders.</p> <p>6. Review of the QA binder revealed the Plant Operations Director performed a facility-wide environmental round on 12/09/14 to ensure the environment was safe and clean and no accident hazards existed. Interview with the Administrator, on 12/17/14 at 4:15 PM, revealed no concerns were identified during the rounds.</p> <p>A walking tour of the facility, on 12/16/14 at 9:20 AM, revealed no accident hazards were noted in resident rooms, bathrooms, hallways or common areas. No spills or rubbish were observed on the floors, and hallways were clear of obstacles. Call bells were noted to be accessible and staff response timely.</p> <p>7. Review of education records, and interview with the Administrator and the Regional Nurse Consultant (RNC), on 12/18/14 at 11:00 AM, revealed the RNC re-educated the Administrator on the facility's abuse policy on 12/08/14. Subsequently, during a QA meeting on the same</p>	F 323		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 323	<p>Continued From page 33</p> <p>day, the Administrator provided education to all department heads related to facility policy related to mechanical lifts, reviewing and revising care plans, management of accidents/incidents and abuse. In addition, discussion included monitoring the environment for potential hazards. Following the QA meeting, department heads were each responsible for training their staff related to abuse. Training for nursing staff related to proper transfer and mechanical lift techniques and care plans was assigned to nursing leaders, including the DON, UMs, SDC and MDS Nurses. All staff was required to be trained prior to continuing to work and inservices were initiated immediately with all staff on duty. As additional staff members arrived, they were educated prior to beginning their duties. Other staff was educated by phone with instructions for mandatory completion of written post-tests and return demonstration of proper mechanical lift procedures prior to working.</p> <p>A review of the QA binder revealed receipts for certified letters sent to any staff who had not completed the education by 12/09/14. Review of the certified letter revealed staff was informed not to clock in prior to seeing the Administrator, DON, SDC, or UM and signing off on the education. Review of the facility's tracking records revealed all but three (3) staff members had been educated and would not be allowed to work until the training was completed.</p> <p>Interview with the DON and the Administrator, on 12/17/14 at 4:15 PM, revealed each employee was required to score 100% on the written post-tests. On-the-spot retraining was provided for a score of less 100%, and repeated as often as necessary until a 100% score was achieved.</p>	F 323		

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

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 323	<p>Continued From page 34</p> <p>Further review of the QA Binder revealed completed written post-tests, with a 100% score, were present for each staff member.</p> <p>8. Interviews with UM #1 on 12/18/14 at 10:19 AM, UM #2 on 12/18/14 at 10:23 AM, CNA #5 on 12/18/14 at 10:30 AM, RN #2 on 12/16/14 at 3:25 PM, LPN #3 on 12/16/14 at 3:32 PM, CNAs #6 and #7 on 12/16/14 at 2:25 PM, CNA #1 on 12/17/14 at 3:22 PM, CNA #2 on 12/17/14 at 3:30 PM, LPN #1 on 12/18/14 at 10:30 AM, RN #1 on 12/18/14 at 10:36 AM, CNA #3 on 12/17/14 at 3:45 PM, and CNA #4 on 12/16/14 at 1:36 PM, revealed all had received mandatory inservice training on abuse, following the care plan and proper use of the mechanical lift, including successful return demonstration.</p> <p>Interview with the SDC, on 12/18/14 at 10:15 AM, revealed she and the Administrator monitored the training and competency check-offs. She stated training related to the mechanical lift included the controls, the emergency release, and selecting the proper lift pad (sling), as well as the actual transfer procedure. She further stated staff was required to correctly perform return demonstration by actually transferring the SDC or each other. In addition, she reported all educational topics were included in the new hire orientation process and current and future employees were required to complete written post-tests with 100% accuracy.</p> <p>Interview with Resident #3, on 12/16/14 at 10:30 AM, revealed she required transfer by mechanical lift. She stated two (2) staff always worked together during a transfer. She denied feeling afraid when placed on the lift or while suspended between the bed and the chair.</p>	F 323		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2014
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F 323 Continued From page 35

F 323

Observation of the transfer of Resident #4 from the chair to the bed, on 12/16/14 at 2:20 PM, and the transfer of Resident #5 from the bed to the chair, on 12/17/14 at 9:42 AM, revealed two (2) staff worked together during each procedure. On both occasions, one staff member kept a steadying hand on the resident and sling while suspended. Residents did not exhibit fear during the procedure. No concerns were noted.

9. Interview with the DON and the Administrator, on 12/17/14 at 4:15 PM, revealed the UMs, SDC, DON and the MDS Nurses began observing care delivery daily on 12/08/14 and ongoing. Tasks observed included oral care, perineal care, catheter care, shower, toileting and skin care. In addition, ten (10) mechanical lift transfers were observed daily to ensure proper technique and staff assistance were utilized.

Interview with the SDC, on 12/18/14 at 10:15 AM, revealed she performed spot checks daily to observe for continued proper techniques using the lift and providing care to the residents.

Interview with UM #1, on 12/18/14 at 10:19 AM, revealed her audit responsibilities included Activities of Daily Living (ADL) care and transfers by mechanical lift. She stated five (5) transfers were observed on each unit daily, and the observations were made on all shifts in an attempt to see as many staff members as possible.

Interviews with CNA #3 on 12/17/14 at 3:45 PM, CNA #1 on 12/17/14 at 3:22 PM, and CNA #2 on 12/17/14 at 3:30 PM, revealed the UMs frequently observed staff perform transfers to ensure proper

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F 323 Continued From page 36

technique and adequate assistance was provided. CNA #3 stated the nurses were always willing to help with transfers in order to provide the residents' required assistance.

Interview with the Administrator and the RNC, on 12/18/14 at 11:00 AM, revealed all audits were discussed daily at the clinical meetings, and were reviewed in weekly formal QA meeting. Both stated they had been very closely involved with monitoring the facility's audits and reviewing the results to ensure the care plans were followed and any new concerns were addressed immediately.

10. Review of facility investigations revealed two (2) allegations of abuse occurred after Resident #1's fall on 12/07/14, involving Resident #2 and Resident #6. Facility reports to the State Survey Agency were timely, the alleged perpetrators were removed from the care area immediately and the investigations were thorough and included assessments and interviews of other residents, staff interviews and abuse re-education to staff. The investigation for Resident #2 was completed; however, the investigation involving Resident #6 was ongoing.

Interview with the Administrator and the RNC, on 12/18/14 at 11:00 AM, revealed the Administrator was informed immediately when the allegations were made with a report to the Regional Consultant within twenty-four hours. Both stated they monitored the investigations daily to ensure the facility's policy was followed.

11. Review of the QA Binder revealed documented evidence abuse/neglect concerns by residents and/or their representatives was

F 323

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 323	<p>Continued From page 37</p> <p>incorporated into the scheduled care plan conferences. On 12/10/14, nine (9) conferences were conducted. Four (4) included in-person interviews with residents' representatives who attended the meetings. No concerns were expressed. For five (5) conferences with no representatives present, documentation revealed phone calls were made to the representatives and voice messages were left.</p> <p>12. Review of the QA Binder revealed a minimum of five (5) resident interviews were conducted daily, and included questions regarding abuse/neglect, proper assistance during transfers and any care concerns. For non-interviewable residents, a minimum of five (5) skin assessments per shift were documented.</p> <p>13. Interview with the RNC, on 12/18/14 at 11:00 AM, revealed she had been present in the facility daily since 12/09/14. She stated she had met with the entire management team on 12/09/14 and had been very involved with the facility's QA Plan development and implementation. She stated she wanted to "see everything for myself". She further stated she would continue to provide oversight weekly for four (4) weeks and then monthly. She stated she specifically would ensure audits were conducted, results were reviewed and any allegations were properly reported and thorough investigated.</p> <p>14. Review of the Administrative Compliance form revealed it was initiated on 12/09/14 and was signed by the Administrator and the RNC. Continued review revealed both parties initialed their oversight daily of the facility's QA plan for the following daily corrective actions: resident interviews; resident skin checks; staff</p>	F 323		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 323	<p>Continued From page 38</p> <p>questionnaires; care plan conferences related to integration of abuse concerns; care delivery monitoring; grievance logbook review; and a review of reported accident/incidents.</p> <p>Interview with the Administrator and the DON, on 12/17/14 at 4:15 PM, revealed in addition to formal QA meetings, they and the Regional Consultant met daily to discuss the QA plan, audit results and any allegations of abuse or neglect.</p> <p>Interview with the Administrator and the RNC, on 12/18/14 at 11:00 AM, revealed a QA meeting was held on 12/08/14 where the formal QA plan was developed. The first weekly meeting took place on 12/12/14 and would continue for at least four (4) weeks, at which time the committee would re-evaluate the plan and determine what audits needed to be continued and at what frequency.</p>	F 323		