

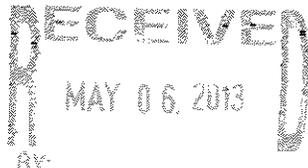
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/15/2013
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NAME OF PROVIDER OR SUPPLIER CARDINAL HILL REHABILITATION UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 VERSAILLES ROAD LEXINGTON, KY 40504
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F 000	INITIAL COMMENTS An Abbreviated Survey Investigating KY00019970 was initiated on 04/10/13 and concluded on 04/15/13. KY 00019970 was unsubstantiated with deficiencies cited.	F 000		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy it was determined the facility failed to ensure all alleged violations involving abuse were reported immediately to State Agencies in accordance to state law. Resident #1 reported an allegation of abuse to a Social Worker on 03/19/13; however, the facility failed to notify the Office of Inspector General (OIG) within twenty - four (24) hours after the incident was identified. The Office of Inspector General was not notified until 03/21/13, two (2) days after the allegation was made. The findings Include: Review of the facility's policy "Abuse Prohibition - Abuse, Neglect, and Misappropriation of Patient's Property", effective date 12/2005, revealed state agencies would be notified immediately by the	F 226	 Resident # 1 was discharged at the time this report was received. Revision of the Abuse and Neglect Policy to include reporting of any allegations of abuse and/or neglect to the Office of inspector General within 24 hours will be completed. Staff will receive education on abuse and neglect upon hire and annually thereafter. The Administrator will audit all resident medical records that involve allegations of abuse and/or neglect to ensure reporting was done within 24 hours. 	5/6/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 5/2/13
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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 226	<p>Continued From page 1 facility Administrator or his/her designee.</p> <p>Review of Resident #1's medical record revealed the resident was admitted to the facility, on 03/12/13, with diagnoses which included a Closed Fracture of the Lower Back. Review of the facility's assessment Form", dated 03/12/13, revealed the resident was alert and oriented.</p> <p>Review of the facility's investigative report, dated on 03/19/13 at 4:30 PM, revealed Resident #1 reported to the Social Worker that an aide had been very rough with him/her and forced him/her to use a bedpan against his/her wishes. Continued review of the investigative report revealed the Social Worker informed the Director of Nursing (DON) on 03/19/13 at approximately 4:45 PM and the Administrator on 03/20/13 regarding the allegation.</p> <p>Review of the facility's fax correspondence with the OIG revealed the initial report on the alleged abuse was sent on 03/21/13, two (2) days after the allegation.</p> <p>Interview, on 04/12/13 at 8:45 AM, with the Social Worker revealed she was notified by Resident #1 about an alleged abuse on 03/19/13 and again on 03/20/13. The Social Worker stated she had reported the alleged abuse event to the DON and the Administrator on 03/19/13. She further stated the Administrator wanted to get more information and did not report the alleged abuse event to OIG until 03/21/13, even though the facility's policy and State Regulations required alleged abuse events to be reported immediately.</p> <p>Interview, on 04/15/13 at 12:45 PM, with the</p>	F 226	

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F 226	Continued From page 2 Administrator revealed he was notified by the Social Worker about the alleged abuse event on 03/20/13; however, should have been notified on the day the resident had reported the allegation (03/19/13). The Administrator stated OIG surveyors were in the facility at the time the allegation was reported; however, OIG was not notified of the abuse allegation until 03/21/13. Further interview with the Administrator revealed the facility should have reported to the OIG immediately, meaning no later than twenty-four (24) hours after the facility was made aware of the alleged abuse event	F 226		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's Residents' Rights for Kentucky's Long-Term Care Residents' booklet it was determined the facility failed to provide care in a manner that maintained residents' dignity and respect in full recognition of his or her individuality for two (2) out of three (3) sampled residents and one (1) unsampled resident. Observations, on 04/12/13, of the Functional Status Board posted in the rooms of Residents #2, #3 and Unsampled Resident A revealed clinical information visible to other residents and visitors who entered their rooms.	F 241	F241 Resident #2, #3, and Resident A were discharged at the time this report was received. Clinical information will no longer be posted on the Functional Status Boards unless the resident/guardian have signed a specific consent giving permission to post information on the Function Status Board. Therapy staff diagnosis/education re: confidentiality. The DON will audit 10 Functional Status Boards each week x 1 month to ensure posted information is consistent with HIPAA requirements.	5/6/13

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F 241	<p>Continued From page 3</p> <p>The findings include:</p> <p>Review of the facility's booklet for residents entitled "Resident's Rights for Kentucky's Long-Term Care Residents", revised date July 2011, revealed residents had the right to a dignified existence. In addition, the booklet stated the facility must promote care in a manner and in an environment that maintained or enhanced each residents dignity and respect in full recognition of each residents individuality.</p> <p>1. Review of Resident #2's medical record revealed the resident was admitted to the facility, on 02/27/13, with diagnoses which included Acute Pelvic Fracture and Chronic Vertigo.</p> <p>Observation, on 04/12/13 at 11:10 AM, of the Resident #2's room revealed a Functional Status Board posted on the wall. Written under Precautions was Pelvic Fracture and "Fall Risk - Has Vertigo". Under the Communication section of the board was written "Memory Book".</p> <p>2. Review of Resident 3's medical record revealed the resident was admitted by the facility on 04/05/13 with diagnoses which included Right Hip Replacement and Mood Disorder.</p> <p>Observation, on 04/12/13 at 11:15 AM, of Resident #3's room revealed a Functional Status Board posted on the wall. The following clinical information was written on the board: " Give (Resident #3's name) time to move - becomes anxious"; Hip Fracture; and "no hip abduction".</p> <p>3. Observation, on 04/12/13 at 11:20 AM, of</p>	F 241		

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F 241	<p>Continued From page 4</p> <p>Unsampled Resident A's room revealed a Functional Status Board posted which included the following clinical information: Right Hip Fracture.</p> <p>Interview, on 04/12/13 at 11:45 AM, with Licensed Practical Nurse (LPN) #5 revealed the functional status board had information on the resident's function status determined by therapy. She stated it would include information about their ability to ambulate, transfer, eat, dress, if the resident needed assistance or was independent and any safety culture guides. Further interview with the LPN revealed it was a dignity issue and not appropriate to display information visible to people about a resident's diagnosis of a Pelvic Fracture, or a resident was a fall risk due to Vertigo, or that a resident was anxious.</p> <p>Interview, on 04/12/13 at 1:30 PM, with LPN #1 revealed information put on the function board included the resident's weight bearing status, how many people to assist them with ambulation, if a resident was hard of hearing, was a fall risk, if they had a bed and chair alarm and if they were at risk for choking. She stated the resident's diagnosis should not be on the functional board because there was the potential for visitors to see the information about the resident. She further stated it was a dignity issue because visitors and family members could see the board in the room and the resident's may not want other people knowing.</p> <p>Interview, on 04/12/13 at 4:00 PM, with the Director of Nursing (DON) revealed the functional status boards were to determine how much assistance a resident needed. She further stated</p>	F 241		

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F 241	Continued From page 5 there was possibly some information that was a dignity issue and the facility would need to revisit their use. Interview, on 04/15/13 at 12:45 PM, with the Administrator revealed most of the information on the resident's functional status board was for therapy; however, visitors to the room had view of the information. He stated clinical information was a dignity issue if people other than staff had view of the information on the board.	F 241			
F 495 SS=D	483.75(e)(4) NURSE AIDE WORK < 4 MO - TRAINING/COMPETENCY A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual is a full-time employee in a State-approved training and competency evaluation program; has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or has been deemed or determined competent as provided in §§483.150(a) and (b). This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure non-permanent nurse aide staff, who had worked less than four months as a nurse aide in the skilled nursing rehab facility, had completed a training and competency evaluation program, or a competency program for two (2) of four aide employee files reviewed. Aide #2 and Aide #4, were not on the nurse aide registry and had not completed or were currently enrolled in a	F 495	F495 All SRNA's in the facility will be audited by Human Resources to ensure the employee is in good standing and listed on the Nurse Aide Registry. This process will continue going forward. The Human Resource Department will provide Central Scheduling with a list of qualified SRNAs to work on the Cardinal Hill Rehabilitation Unit. The DON will provide oversight for all staffing to ensure only qualified SRNA's are assigned to the unit. Human Resources will provide an updated list of SRNA's whenever a status change occurs. Human Resources will verify SRNA status on the Nurse Aide Registry annually on an ongoing basis. The DON will compare SRNA staffing against the approved list of SRNA's weekly x 2 months to ensure compliance. Aide # 2 and # 4 were removed from the staffing pattern.	5/6/13	

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F 495	<p>Continued From page 6</p> <p>State-approved training and competency program.</p> <p>The findings include:</p> <p>1. Review of employee files revealed Aide #2 had been hired by the facility on 01/28/08 as a sitter for home care and was currently assigned to the nursing assistant float pool.</p> <p>Interview, on 04/12/13 at 4:30 PM, with the Human Resource Specialist revealed Aide #2 was originally hired as a home health agency sitter and had started working in the skilled nursing unit as a float aide on 01/09/13.</p> <p>2. Review of the employee files revealed Aide #4 was hired by the facility on 05/07/01. The aide was assigned to the facility's aide float pool.</p> <p>Review of float pool nurse assignments from 10/15/12 thru 04/15/13 revealed Aide #4 floated to the skilled nursing unit to work as an aide periodically starting 11/06/12.</p> <p>Interview, on 04/12/13 at 4:50 PM and 04/15/13 at 2:15 PM, with the Director of Human Resources (DHR) revealed Aide #2 and Aide #4 were not certified as a nurse aide; however, they did float over to the skilled nursing unit from other areas of the facility and worked as an aide. He stated regulations required aides to be certified to work on the skilled nursing facility side. The DHR further stated he didn't know how they determined who to pull to work in the skilled nursing facility, but they should have looked to see whoever was pulled was certified.</p>	F 495		

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F 496	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure all nurse aide staff, who worked over in the skilled nursing unit, received registry verification that the individual had met competency evaluation requirements before allowing the individuals to serve as a nurse aide as evidenced by two (2) of four (4) aide employee files reviewed (Aide #2 and Aide #4) had never been registered with the Kentucky Nurse Aide Registry.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of employee files revealed Aide #2 had been hired by the facility on 01/28/08 as a sitter for home care and was currently assigned to the nursing assistant float pool. <p>Interview, on 04/12/13 at 4:30 PM, with the Human Resource Specialist revealed Aide #2 was originally hired as a home health agency sitter and had started working in the skilled nursing unit as a float aide on 01/09/13; however, staff who work over in the skilled nursing facility as an aide should be a certified nursing assistant.</p> <ol style="list-style-type: none"> 2. Review of the employee files revealed Aide #4 was hired by the facility on 05/07/01. The aide was assigned to the facility's aide float pool. <p>Review of float pool nurse assignments, from 10/15/12 thru 04/15/13, revealed Aide #4 floated to the skilled nursing unit to work as an aide periodically starting 11/06/12.</p>	F 496	

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F 496	Continued From page 9 Interview, on 04/12/13 at 4:50 PM and 04/15/13 at 2:15 PM, with the Director of Human Resources (DHR) revealed Aide #2 and Aide #4 were not certified as a nurse aide; however, they did float over to the skilled nursing unit from other areas of the facility and worked as an aide. He stated regulations required aides to be certified to work on the skilled nursing facility side. He further stated two (2) years ago they began to only hire certified aides for all areas of the facility, but the aides were hired before and were not required to be certified. The DHR stated the aides were apart of the float pool and Human Resources was not involved in determining who was pulled to the skilled nursing facility. The DHR further stated he didn't know how they determined who to pull to work in the skilled nursing facility, but they should have looked to see whoever was pulled was certified. Interview, on 04/15/13 at 12:45 PM, with the Administrator revealed all aides who worked on the skilled nursing unit should be certified and it appeared some of the float pool aides who had worked on the unit were not certified.	F 496		