

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

PRINTED: 01/07/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2013
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NAME OF PROVIDER OR SUPPLIER BOWLING GREEN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1561 NEWTON AVE. BOWLING GREEN, KY 42404
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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 000	INITIAL COMMENTS An abbreviated survey investigating KY#21104 was conducted on 12/16/13 through 12/18/13 to determine the facility's compliance with Federal requirements. KY#21104 was unsubstantiated with a related deficiency.	F 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements. 1. No residents involved and a report was filed. A report of possible misappropriation was made to the Office of Inspector General and Adult Protective Services as well as Elder Abuse on 12/17/2013 by the Administrator. The employee in question was suspended on	
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 facility policy and procedure review it was determined the facility failed to implement written policies and procedures related to the reporting alleged allegations of misappropriation of property. The facility was notified by an anonymous caller that Licensed Practical Nurse (LPN) #1 was taking narcotic medications from residents and the facility failed to report to the appropriate State agencies. The findings include: Review of the facility's Abuse and Neglect Policy, no date, revealed any person who suspects that abuse, neglect, or misappropriation of property may have occurred will immediately report the alleged violation to the facility administration and any necessary advocacy agency and the facility administration will immediately notify the	F 226		

1-23-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Terry Wells</i>	TITLE <i>Administrator</i>	(X8) DATE 1/15/14
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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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NAME OF PROVIDER OR SUPPLIER BOWLING GREEN NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1561 NEWTON AVE. BOWLING GREEN, KY 42104		
(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 226	Continued From page 1 appropriate state agencies. The facility administration will initiate the investigation process by interviewing all staff and residents having knowledge of the allegation. Interview with the Assistant Director of Nursing (ADON), on 12/17/13 at 10:30 PM, revealed she received a call from a male anonymous caller on 12/12/13 or 12/13/13 who stated LPN #1 was taking narcotic medication from another facility. The ADON revealed she knew the LPN and knew that a friend of the LPN was having problems with her x-boyfriend and she thought it was him calling trying to get the LPN in trouble. She stated she looked at the narcotics on the medication cart and all the narcotics were accounted for. She revealed there had been no complaints from residents that they had not received their medication. The ADON revealed she did not report the allegation to the Director of Nursing (DON) or the Administrator or any state agency. Interview with the DON and Administrator, on 12/17/13 at 2:00 PM, revealed the ADON had not made them aware of the allegation so they did not report the alleged allegation of misappropriation of medication and did not conduct an investigation to determine if the allegation was true or not.	F 226	12/17/2013 pending investigation. A through investigation was conducted with no substantiated abuse, neglect or misappropriation. 2. All residents that have a BIMs score of 8 or greater will be interviewed concerning abuse, misappropriation of property and neglect by the Social Services. This will be completed by 1/23/2014. Any reportable abuse, neglect, or misappropriation of property will be reported and investigated. We will look at all grievances for the past 30 days for unreported allegations of abuse, neglect or misappropriation, any noted allegations of abuse or neglect or misappropriation will be immediately reported and investigated. The Assistant Director of Nursing completed a skin assessment on all residents on 1-14-2014 to identify any indication of abuse or neglect, with no concerns identified. 3. All facility staff will be re-educated by the Administrator, Director of	1-23-14	