

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

PRINTED: 11/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2012
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NAME OF PROVIDER OR SUPPLIER FLORENCE PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6975 BURLINGTON PIKE FLORENCE, KY 41042
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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#00019339 was initiated and concluded on 11/14/12. KY#00019339 was substantiated, with deficient practice cited at a Scope and Severity of a "D."

F 151 483.10(a)(1)&(2) RIGHT TO EXERCISE RIGHTS
SS=D - FREE OF REPRISAL

The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

This REQUIREMENT is not met as evidenced by:

Based on interview and review of the facility's policy, it was determined the facility failed to ensure residents had the opportunity to exercise their rights as citizens. The facility failed to ensure two (2) or four (4) sampled residents (Resident #1 and Resident #2) were afforded the opportunity to vote via absentee ballot.

The findings include:

Review of the facility's policy, "Resident Rights", revised November 2010, revealed that residents were entitled to exercise their rights and the facility "will make every effort to assist each resident in exercising his/her rights".

Review of a letter to the Boone County Clerk, dated 10/22/11, revealed sixteen (16) residents were identified as facility residents requesting

F 000 This plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Florence Park Care Center agrees with the citations noted in the pages of this Statement of Deficiencies. Florence Park Care Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.

F 151 Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. To remain in compliance with all Federal and State regulations, this facility has taken or will take the actions set forth in the following Plan of Correction.

F-151 Florence Park Care Center makes every effort to ensure that residents remain free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

1. Residents #1 and #2 were registered to vote and absentee ballots were requested by the facility. Absentee ballots for residents #1 and #2 were not received from the County Clerk's office. Social Services Director addressed the issue with both residents and assured them that systems were being implemented to ensure that this does not happen in the future. Social Services performed follow-up visits with residents #1 and #2 to ensure their psychosocial well-being. No concerns were voiced by residents #1 and or #2.

2. Social Services Director and Activity Director re-examined the list of residents who had expressed

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BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>David Hunt</i>	TITLE Administrator	(X6) DATE 12-7-12
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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 151 Continued From page 1
absentee ballots. Of the sixteen (16) residents, two (2) residents, Resident #1 and Resident #2, did not receive their absentee ballots on election day.

Interview with Resident #1, on 11/14/12 at 1:00 PM, revealed he/she registered to vote but did not receive his/her absentee ballot on election day, and did not realize until it was too late to vote that he/she had missed his/her opportunity. Resident #1 stated no staff member delivered an absentee ballot to him/her, and no staff member followed up with him/her to ensure he/she received an absentee ballot.

Interview with Resident #2, on 11/14/12 at 1:55 PM, revealed he/she registered to vote but did not receive his/her absentee ballot on election day. Resident #2 revealed he/she realized he/she had not received an absentee ballot, and approached staff the evening of election day at approximately 6:00 PM, but it was unfortunately too late to vote. Resident #2 stated staff did not deliver an absentee ballot, nor follow up with him/her to ensure an absentee ballot was received.

Interview with the Social Services Director (SSD), on 11/14/12 at 1:30 PM, revealed she and the Activities Director delivered absentee ballots to residents when they arrived in the mail on election day. The SSD revealed she was unaware that not all residents received their absentee ballots, and did not have a system to ensure that ballots arrived and were collected from residents who had registered to vote. The SSD was unaware of any existing facility practice or policy to ensure residents received the opportunity to vote.

F 151 an interest to vote via absentee ballot, 11/16/12 to ensure that no other residents had missed the opportunity to vote in the election. No additional residents were found to have missed the opportunity to vote.

3. Administrator educated the Social Service and Activity Directors, 11/14/12, on the residents rights ensuring that all residents if they so choose have the opportunity to exercise their right to vote. A policy was written, 11/14/12, to address to issue of the residents right to vote via absentee ballot. Activity Director and/or Social Service Director or designee will inform each resident of upcoming elections and dates and give each resident the opportunity to vote. The Activity Director and Social Services Director or designee will document on each resident who wishes to vote per absentee ballot, assist the

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			<p>resident to submit and application for an absentee ballot to the County Clerk and will check and document to ensure each resident, who wishes to vote, receives and completes an absentee ballot. The Activity Director and/or Social Service Director or designee will assist the resident to mail the absentee ballot to the County Clerk by the dates indicated by the County Clerk's office.</p> <p>4. A Quality Assurance study will be conducted during future election cycle to ensure that the residents registered to vote are given the opportunity.</p> <p>5. Completion Date: 11/17/2012</p>	