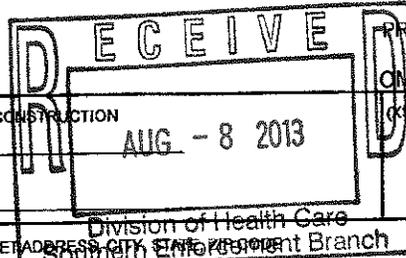


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 07/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/09/2013
NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTH CARE FACILITY		STREET ADDRESS, CITY AND STATE 62 MAUDE ROAD INEZ, KY 41224	

(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	F 000		
F 224 SS=D	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined the facility failed to ensure facility policies that had been developed to ensure residents were free from misappropriation of resident property were implemented for one of three sampled residents (Resident #2). Resident #2 expired on 03/17/13, at the hospital, and the facility failed to ensure Resident #2's personal property was returned to the next of kin or to notify the next of kin prior to the facility disposing of the property.</p> <p>The findings include: A review of the facility's policy titled, "Resident's Personal Effects Released," dated 01/09/03,</p>	F 224	<p>Martin County Health Care Facility does not believe and does not admit that any deficiencies exist. Martin County Health Care Facility reserves the right to contest survey findings through formal dispute resolutions, formal legal appeal proceedings, or any administrative legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds. Nor is meant to establish any standard of care, contact obligation or position, and Martin County Health Care Facility reserves all rights to raise all possible contentions and defenses in any type or civil or criminal claim, action, or proceeding. Nothing contained in this plan or correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privileged which Martin County Health Care Facility offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to our residents.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Beth Smith, Administrator* TITLE: *Administrator* (X6) DATE: *7-31-13*

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.

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

PRINTED: 07/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/09/2013
NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD INEZ, KY 41224	
(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 224	<p>Continued From page 1</p> <p>revealed it was the policy of the facility to protect the personal effects of a resident who had been transferred or discharged from the facility. The policy also revealed the personal effects of residents would be given to the next of kin unless the facility had been otherwise instructed by the resident or his/her representative. In addition, the policy indicated the resident's personal effects would be stored by the facility until the resident's representative picked up the items. The policy stated if the personal effects of residents who had been permanently discharged were not picked up within 14 days, the items would be disposed of by the facility. However, the policy did not include notification of the resident's representative prior to disposing of a resident's personal property.</p> <p>A review of the medical record for Resident #2 revealed the facility admitted the resident on 11/01/07 with diagnoses including Alzheimer's Dementia, Chronic Obstructive Pulmonary Disease, Seizure Disorder, and Congestive Heart Failure. Based on a review of a personal property inventory for Resident #2 dated 11/01/07, Resident #2 was admitted with his/her eyeglasses and no other personal property. Documentation in the nurse's notes dated 03/13/13, at 1:00 PM, revealed Resident #2 was transported to the hospital. In addition, a review of the social services notes dated 03/18/13 revealed Resident #2 expired at the hospital on 03/18/13.</p> <p>An interview conducted with Resident #2's family member on 07/09/13, at 1:20 PM, revealed personal items that belonged to Resident #2 while at the facility included two quilts, a Bible, a scrapbook, and clothing. Continued interview revealed that, following the resident's death, the</p>	F 224	<ol style="list-style-type: none"> 1) It is and was on the day of the survey the policy of MCHCF that the facility ensure that personal property be returned to the next of kin or to notify the next of kin prior to the facility disposing of the property when a resident is discharged. The facility staff searched throughout the facility for the personal belongings of resident #2. 2) All residents/responsible parties who have been discharged from the facility within the last 30 days have been contacted by the facilities social worker to confirm that their personal belongings were either returned or disposed of in a manner according to facilities policy. 3) Upon admission the Bookkeeper will give the responsible party a copy of the facilities policy "Residents Personal Effects Released", which details how long the facility will keep personal effects. The facility will keep a copy of the policy signed by the resident's representative as proof to their acknowledgement of the policy. The Social Worker will document in record who received resident's personal effects upon discharge and ensure personal belongings were returned/disposed of in accordance to facilities policy. 	7-31-13

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

PRINTED: 07/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2013
NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD INEZ, KY 41224		
(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 224	<p>Continued From page 2</p> <p>family member's sibling had been told by the facility that they would store the resident's personal property until the family returned to pick up the items, and had not been given a timeframe. The family member stated his/her sibling had been having medical issues and had been unable to return to the facility to pick up the items until 06/24/13. At that time, according to the family member, his/her sibling was told by the facility they were unable to locate Resident #2's belongings and that the facility had disposed of Resident #2's personal belongings. Resident #2's family member stated the facility failed to notify him/her, or his/her siblings, that the facility planned to dispose of Resident #2's personal property prior to disposing of the items. The family member stated at the time of the interview his/her sibling was in the hospital, therefore an interview with the family member's sibling was not attempted.</p> <p>An interview conducted with the Housekeeping Supervisor on 07/09/13, at 3:20 PM, revealed when a resident expired the housekeeping staff would pack the resident's personal property in boxes, label the boxes with the resident's name, and then place the boxes in a room across from the nurses' station for storage. According to the Housekeeping Supervisor, the personal property would be kept in the storage room for "a few days" and then would be placed in the outside storage building. The Housekeeping Supervisor stated if the family did not come to the facility to collect the resident's personal items within a few days, the Social Worker (SW) would notify the family to pick up the personal items. The Housekeeping Supervisor stated she had placed Resident #2's personal belongings in the storage</p>	F 224	4) As part of the facilities Quality Assurance Program the social worker will conduct an audit monthly to ensure that all admissions have been made aware of the "Residents Personal Effects Policy" and that discharged residents personal effects are taken care of according to policy. These findings will be given to the Quality Assurance Team to ensure compliance with the policy. After one year of established compliance the audits will be conducted quarterly.		

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

PRINTED: 07/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2013
NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD INEZ, KY 41224		
(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 224	<p>Continued From page 3</p> <p>room following the resident's death, and then had taken the belongings to the outside storage building on 03/28/13. According to the Housekeeping Supervisor, "after a few weeks" she disposed of Resident #2's personal belongings (toiletries, puzzles, unmatched socks, and a television) in the trash and placed Resident #2's clothing in a closet to be used for residents who are in need of clothing. The Housekeeping Supervisor stated she placed Resident #2's Bible on a table in the activity room. However, the Housekeeping Supervisor stated she had not observed any pictures, scrapbook, or quilts in the resident's personal property, and was unaware if the SW had gotten in contact with the family prior to the disposal of the resident's personal property.</p> <p>An interview conducted with Housekeeper #1 on 07/09/13, at 4:20 PM, revealed she had assisted Housekeeper #2 with packing up Resident #2's personal property after the resident expired. Housekeeper #1 stated they placed the resident's personal belongings in boxes, labeled the boxes with the resident's name, and left the boxes on the resident's bed because they thought the family was coming to pick up the items. Housekeeper #1 stated the items remained on the bed for "at least a week," and then were placed in the storage room in the facility by the Housekeeping Supervisor. Housekeeper #1 did not recall a Bible, quilts, or any pictures in Resident #2's belongings. However, she did recall a book the resident had written songs in, as well as blankets and clothing in the resident's belongings.</p> <p>An interview conducted with Housekeeper #2 on 07/09/13, at 4:30 PM, confirmed she and</p>	F 224			

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

PRINTED: 07/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2013
NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD INEZ, KY 41224		
(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 224	<p>Continued From page 4</p> <p>Housekeeper #1 had packed Resident #2's personal property into boxes. Housekeeper #2 stated after they packed the items into the boxes, the boxes were labeled with the resident's name and placed back on the resident's bed because they thought the resident's family would return to the facility for the items. According to Housekeeper #2, the resident's items remained on the bed for "a week or two." Housekeeper #2 stated she recalled a scrapbook that Resident #1 had written songs in, a Bible, and pictures in the resident's belongings, but did not recall any quilts.</p> <p>An interview conducted with SW #1 on 07/09/13 at 4:45 PM revealed it was the facility's policy to store a resident's personal property for no longer than 14 days after the resident had been discharged or expired, and then dispose of the items. The SW stated Resident #2's family member came in "a day or two" after the resident expired to pick up the resident's glasses and stated he/she would return for "the rest" of the resident's personal property. However, according to the Social Worker, the family member never contacted the facility again regarding the resident's personal property. The SW stated she attempted unsuccessfully to call the family member once (unsure of the date), and had not tried again prior to the Housekeeping Supervisor disposing of Resident #2's personal property.</p> <p>An interview conducted with the Administrator on 07/09/13, at 5:15 PM, revealed she became aware on 06/24/13 that Resident #2's belongings had been disposed of when the resident's family members came to the facility to collect them. At that time, according to the Administrator, she learned from staff that Resident #2's personal</p>	F 224			

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

PRINTED: 07/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/09/2013
NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 62 MAUDE ROAD INEZ, KY 41224		
(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 224	Continued From page 5 property had remained on the resident's bed for one to two weeks before staff had taken them to the outside storage building. The Administrator acknowledged there was no documentation that the facility had contacted/notified Resident #2's family members prior to the disposal of the resident's personal property. According to the Administrator, the facility does not inform residents and/or their family members at the time of admission of the facility's policy to store the resident's personal belongings for 14 days after a resident had been discharged or expired. The Administrator stated the facility had a system in place to monitor for the misappropriation of residents' personal property through the Quality Assurance program, and had not identified any concerns related to Resident #2's personal property.	F 224			