

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

PRINTED: 01/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2012
NAME OF PROVIDER OR SUPPLIER LAKE WAY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2607 MAIN STREET HWY 641 SOUTH BENTON, KY 42025		
(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	<u>RESPONSE PREFACE</u>		
F 203 SS=D	<p>An abbreviated survey (KY #17731 and KY #17732) was conducted on 01/10/12 to 01/11/12 to determine the facility's compliance with Federal requirements. KY #17731 and KY #17732 were substantiated with deficiencies cited at the highest scope and severity of a "D."</p> <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p>	F 203	<p>Lake Way acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care of the residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Lake Way's response the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Lake Way reserves the right to submit documentation to refute any of the stated deficiencies of this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or any administrative or legal proceeding.</p> <p>Residents #1 (discharged 11/04/2011) and Resident #7 (discharged 12/11/11) no longer residents of the facility.</p>		

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

Helen Burt

TITLE

Administrator

(X6) DATE

4/13/12

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 203	<p>Continued From page 1</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to notify a family member or legal representative of a resident's transfer or discharge and the reasons for the move in writing for two residents (#1 and #7), in the selected sample of four residents.</p> <p>The findings include:</p> <p>A review of the facility's policy/procedure, "Transfer and Discharge," dated 02/09, revealed "notify the family or legal representative in writing of a transfer or discharge and the reasons for the</p>	F 203	<p>Audit was conducted by the Accounts Receivable on January 11, 2012 to identify any resident scheduled for discharge within the next 60 days to ensure proper notice of transfer and discharge is given. All residents discharged in past 30 days were reviewed by Administrator (January 11, 2012) to ensure notice of transfer and discharge was provided. Licensed nurses reeducated on 1/12/2012 by Administrator and Accounts Receivable regarding requirements to provide notice of transfer and discharge. Any licensed nurse that has not been reinserviced by 2/2/2012 will not be permitted to work until they have received training on the requirement to provide notice of transfer or discharge.</p> <p>Accounts Receivable will review all discharges for the next 90 days to ensure proper notice of transfer or discharge was given prior to discharge. Audits will be forwarded to the QA Committee for review and further recommendations.</p>	02/06/12	

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F 203	Continued From page 2 move in a language and manner they understood." An interview with the Director of Nursing (DON), on 01/11/12 at 5:50 PM, revealed she expected the policy/procedure to be followed. A closed record review revealed Resident #1 was re-admitted to the facility on 05/31/11 and discharged to another facility on 11/04/11. There was no evidence of a discharge notice in the resident's record. A closed record review revealed Resident #7 was admitted to the facility on 11/28/11 and discharged to an acute care hospital on 12/11/11. There was no evidence of a discharge notice in the resident's record. An interview with Accounts Receivable, on 01/11/12 at 5:30 PM, revealed she was responsible for issuing transfer/discharge notices. She revealed, typically, if a resident was transferred to the hospital with a bed hold, a copy of the notice of transfer/discharge was mailed to the family. She revealed a notice was not sent to the family of Resident #1, as it was a transfer to another long-term care facility. She revealed she did not send a notice to the family of Resident #7, as the resident's spouse did not want a bed hold. She revealed a transfer/discharge notice was only sent if the family requested a bed hold. An interview with the Administrator, on 01/11/12 at 6:20 PM, revealed she informed the family of Resident #1, by phone, regarding the required transfer/discharge criteria; however, it was not sent in writing. She revealed she expected the facility's policy/procedure to be followed.	F 203			
F 226	483.13(c) DEVELOP/IMPLMENT	F 226			

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F 226 SS=D	Continued From page 3 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/procedure, it was determined the facility failed to implement written policies and procedures that prohibit abuse of residents for two residents (#2 and #3), in the selected sample of four residents. On 10/20/11, Resident #3 was inappropriately touched by Resident #1. During the conduction of the investigation, it was determined Resident #1 also touched Resident #2 inappropriately on 10/18/11, but it was not reported until 10/20/11. The findings include: A review of the facility's policy/procedure, "Resident to Resident Abuse," undated, revealed "incidents of sexual behavior by one resident toward another resident must be reported immediately to the supervisor and the resident protected from harm. The supervisor and/or employee must report the inappropriate behavior to the Administrator." A closed record review revealed Resident #1 was re-admitted to the facility on 05/31/11 with a discharge date of 11/04/11. Diagnoses included Alzheimer's Psychosis, Dementia, Anxiety and Depression. A review of the quarterly Minimum	F 226	1. Resident #1 is no longer in the facility; Residents #2 and 3 were observed by the Unit Nurses, DON, and Administrative Nurses for interactions with other residents for any potential situations to include inappropriate touching by another resident with follow-up action taken immediately as deemed appropriate for potential issue. 2. 100% Audit of Care Plans and Behavior Observation Profiles completed on 10/20/2011 and 1/13/2012. All interviewable residents were interviewed for any fears of others, or inappropriate touching by other residents completed by SSW on 10/20/2011. Staff were interviewed to see if they had witnessed any other inappropriate sexual behaviors by any residents by ADON on 10/20 and 10/21/2011.		

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F 226	<p>Continued From page 4</p> <p>Data Set (MDS), dated 10/18/11, revealed the facility identified the resident to be severely cognitively impaired. A review of the Comprehensive Care Plan, initiated 08/02/11, revealed the resident exhibited sexual behavior, verbal or physical, such as inappropriate remarks or actions.</p> <p>A record review revealed Resident #3 was admitted to the facility on 07/19/10 with diagnosis to include Senile Dementia. A review of the quarterly MDS, dated 11/23/11, revealed the facility identified the resident to be severely cognitively impaired.</p> <p>An interview with State Registered Nurse Aide (SRNA) #10, on 01/11/12 at 4:25 PM, revealed she heard Resident #3 yelling out for help, on 10/20/11. The resident was near the nurse's desk, and Resident #1 was "groping" his/her right breast. She revealed the residents were separated and the incident was immediately reported to her supervisor.</p> <p>An interview with the Director of Nursing (DON), on 01/11/12 at 5:50 PM, revealed during the investigation of the incident above, it was brought to her attention that Resident #1 was previously sexually inappropriate with Resident #2 on 10/18/11.</p> <p>A record review revealed Resident #2 was admitted to the facility on 05/05/08 with diagnoses to include Dementia with Behavioral Disturbances, Alzheimer's Disease, Psychotic Disorder with Hallucinations, Anxiety and Depressive Disorder. A review of the quarterly MDS, dated 12/26/11, revealed the facility</p>	F 226	<p>3. Inservice initiated 10/25/2011 (per DON); 1/12/2012 and 1/19/2012 (per Administrator) regarding dealing with inappropriate behaviors and reporting policy procedures for abuse. All staff have received this inservice. All new hires will be trained by the SDC on dealing with inappropriate behaviors and reporting abuse, during orientation.</p> <p>4. The DON and Administrative nurses will monitor residents to include inappropriate touching weekly X4, then monthly utilizing the Behavior Observation Profiles, 24 Hour Report, and 72 hour Progress Note reviews. Immediate action will be taken for any potential inappropriate behaviors upon identification by DON and Administrative Nurses. The Administrator will be notified of these behaviors for review and additional follow-up actions as necessary. The results of</p>		

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F 226	<p>Continued From page 5</p> <p>identified the resident to be severely cognitively impaired.</p> <p>An interview with SRNA #1, on 01/10/12 at 3:45 PM, revealed she witnessed, on 10/18/11, Resident #1 having his/her arms wrapped around Resident #2 with his/her hands down the back of the resident's pants. She revealed Resident #2 was playing with the buttons on Resident #1's shirt. She revealed the residents were separated and SRNA #2 reported the incident to Registered Nurse (RN) #1 at that time. SRNA #1 revealed she was unsure if RN #1 did anything after the incident was reported, but SRNA #1 was "afraid to get written up" if she went over the charge nurse's head.</p> <p>An interview with SRNA #2, on 01/10/12 at 4:25 PM, revealed she also witnessed the incident between Resident #1 and Resident #2, on 10/18/11. She revealed RN #1 was notified twice regarding the incident between the residents. SRNA #2 revealed over the next couple of days, she realized nobody questioned her about the incident, and on 10/20/11, she decided to report the incident to the DON.</p> <p>An interview with RN #1, on 01/11/12 at 10:45 AM, revealed she did not recall being made aware of the incident, between Residents #1 and #2, that occurred on 10/18/11. No further information was provided.</p> <p>An interview with the DON and the Administrator, on 01/11/12 at 5:50 PM and 6:20 PM, respectively, revealed they expected the staff to follow the chain of command. If the charge nurse did not respond appropriately to an allegation, the</p>	F 226	<p>these audits will be forwarded to the Executive QI Committee for review quarterly for follow-up as deemed appropriate and to determine the frequency and/or need for continued QI monitoring as necessary.</p>	02/06/12	

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F 226	Continued From page 6 staff member should notify the DON.	F 226			