

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

PRINTED: 09/13/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/30/2012
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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 260 MCDAVID BLVD GRAYSON, KY 41143
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F 000  F 225 SS=D	<p><b>INITIAL COMMENTS</b></p> <p>An Abbreviated Survey investigating KY#00018969 was initiated and concluded on 08/30/12. KY#00018969 was substantiated with related deficient practice identified.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) <b>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</b></p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	F 000  F 225	<p>To the best of my knowledge and belief, as an agent of Carter Nursing &amp; Rehab Center, the following plan of correction constitutes a written allegation of substantial compliance with federal Medicare and Medicaid requirements.</p> <p>Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State law.</p> <p>The Director of Nursing reported the missing necklace to Office of Inspector General, Adult Protective Services and the local law enforcement on 9/21/2012. The Administrator completed an investigation into the missing necklace 4/24-26/2012. This information was made available to the surveyor during the survey process. The necklace could not be located. This information and any other information uncovered will be faxed by the DON to the OIG no later than 9/28/2012.</p>	10/6/2012

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Louise Lowe</i>	TITLE <i>Regional CQI Director</i>	(X6) DATE <i>9/21/12</i>
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Deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued am participation.

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F 225	<p>Continued From page 1 with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's policy and review of the facility's Complain/Concern/Grievance/Request Form, it was determined the facility failed to report an allegation of misappropriation to the State survey and certification agency for one (1) of three (3) sampled residents (Resident #3). Additionally, the facility failed to provide evidence the violation was thoroughly investigated. Resident #3 reported a lost necklace to the facility on 04/23/12 which was not reported to the State agency and not thoroughly investigated.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled "Abuse Prevention Program", not dated, revealed all allegations of abuse, neglect or misappropriation would be reported to the Administrator, thoroughly investigated, and that the Administrator would be responsible for immediately notifying the state licensing agency.</p> <p>Review of Resident #3's medical record revealed the facility admitted Resident #3 on 06/17/11 with diagnoses which included Late Effect Hemiplegia, Anxiety, and Depressive Disorder. The facility assessed Resident #3, in a Quarterly Minimum</p>	F 225	<p>The complaint log will be reviewed on 9/21-24/12 by the DON and the Regional Continuous Quality Improvement Nurse (CQI Director) to determine that any instance of alleged abuse, neglect, mistreatment or misappropriation of resident property has been reported as outlined in the facility policy and as directed by Federal Requirements in F225. Any area of concern identified on the grievance log will be reported to the proper authorities as soon as it is identified.</p> <p>Each oriented resident will be interviewed by the DON, the Social Services Director, the Assistant Director of Nursing, the Medical Records Director, the RN Supervisor, or the Activity Director no later than September 28, 2012. These interviews will be utilized to determine if there are outstanding issues that need to be investigated by facility staff and reported to appropriate outside agencies as directed by the facility Resident Advocacy Protocols.</p> <p>All staff will receive additional education regarding the importance of reporting allegations of abuse, neglect, mistreatment, or misappropriation of resident property to their Supervisor, who</p>	
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F 225	<p>Continued From page 2.</p> <p>Data Set (MDS), dated 08/27/12, with no cognitive impairment.</p> <p>Interview with Resident #3, on 08/30/12 at 11:30 AM, revealed he/she reported a missing necklace to the Social Services Director "months back," which was never recovered.</p> <p>Interview with the Social Services Director, on 08/30/12 at 11:05 AM, revealed items reported missing were searched for by facility staff, and a Complaint/Concern/Grievance/Request Form was completed by the Administrator. The Social Services Director went on to reveal that if a missing item was valued at fifty (50) dollars or less, the facility investigated the loss, but did not make a formal report. If an item was valued at more than fifty (50) dollars, a report was made to the local police as well as the state survey and certification agency.</p> <p>Review of the Complaint/Concern/Grievance/Request Form, dated 04/23/12, confirmed the Administrator was aware of the loss of Resident #3's necklace and initiated an investigation. There was no indication on the form what the value of Resident #3's necklace was, nor was there evidence the Administrator reported to the State agency or that other residents were interviewed during the course of the investigation.</p> <p>Interview with the Director of Nursing (DON), on 08/30/12 at 2:00 PM, revealed the policy of not reporting the loss of items valued at fifty (50) dollars or less was an unwritten policy. Further, the DON acknowledged there was no record of the value of Resident #3's necklace.</p>	F 225	<p>will immediately notify the Administrator. This education will be completed by the Staff Development Coordinator no later than October 5, 2012.</p> <p>The DON and Social Services Director received one-on-one education by the CQI Director on 9/21/2012 regarding the reporting policies of the facility and the importance of notifying outside agencies as directed in the Resident Advocacy Protocols.</p> <p>Resident grievances are reviewed each day in Morning Report. Each grievance is reviewed weekly in the facility Focus Meeting to determine that any notification required has occurred as directed by facility policies. Additionally, the DON will submit the grievance log to the Regional CQI Director on a weekly basis for three months in order to ensure that notification and investigation has occurred as outlined in the facility Resident Advocacy Protocols and as directed by Federal Requirements. The results will also be forwarded to the monthly CQI meeting for further monitoring and continued compliance.</p>	
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