

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

PRINTED: 01/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/26/2012
NAME OF PROVIDER OR SUPPLIER RIVERS EDGE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 BASS ROAD PROSPECT, KY 40059	

(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 An abbreviated survey investigating KY 19547 was initiated and concluded on 12/26/12. The Division of Health Care unsubstantiated the allegation of verbal abuse; however, a related deficiency was cited.	F 000	Plan of Correction Disclaimer for Rivers Edge Nursing and Rehabilitation Center 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) ten 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 of 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.	
F 226 SS=E	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 review of the facility's policy, it was determined the facility failed to follow their abuse policy during an investigation of an allegation of abuse for 1 (one) of 4 (four) sampled residents. The facility failed to suspend CNA #1 during the investigation of alleged abuse by Resident #1. The findings include: Review of the facility's policy regarding Abuse, Neglect, or Misappropriation of Resident Property Policy, revealed employees accused of being directly involved in allegations of abuse, neglect, or misappropriation of property will be suspended immediately from duty pending the outcome of the investigation. Review of the facility's investigation report	F 226	F 226 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES 1. No other incidents were identified for Resident #1 when Interim Administrator and Director of Nursing reviewed all incidents	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Interim Administrator* (X6) DATE: 1/16/13

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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revealed on 12/19/12 a report was received from an outside agency alleging CNA #1 verbally abused Resident #1 on 12/18/12 during a shower on 12/18/12. The facility initiated the investigation on 12/19/12 and a final report was sent to the Office of Inspector General on 12/21/12. The report revealed the facility did not substantiate the allegation due to lack of evidence.

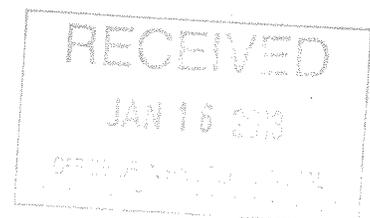
Interview with CNA #1, on 12/26/12 at 2:38 PM, revealed she was the one that gave Resident #1 a shower on 12/18/12. She stated as far as she could remember, there was nothing unusual about the shower. She reported it was either the next day or the day after that, when the Director of Nursing (DON) asked to speak to her. The DON informed her an allegation had been made against her by Resident #1 and involved verbal abuse during a shower. CNA #1 denied the allegation and gave her statement to the DON. After giving her statement, she returned to work to finish the rest of the showers for the day.

Interview with the Director of Nursing (DON), on 12/26/12 at 3:30 PM, revealed she was the one who took the lead on the investigation involving Resident #1 and CNA #1. She stated the allegation was made to a representative of a community agency and not to facility staff. CNA #1 was not named in the allegation; however, the facility determined she was the one who gave Resident #1 a shower on the day the allegation was made. The DON reported Resident #1 had a history of being resistive to care and was being followed by psychiatric services for her behaviors. She stated she interviewed Resident #1 and her story was inconsistent. The DON also reported she interviewed other residents who had no

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reports for prior 30 days of incident to ensure the facility Abuse, Neglect, or Misappropriation of Resident Property Policy was followed appropriately.

- No other incidents were identified for any current residents when Interim Administrator and Director of Nursing reviewed all incidents reports for prior 30 days of incident to ensure the facility Abuse, Neglect, or Misappropriation of Resident Property Policy was followed appropriately.
- Interim Administrator verbally re-educated by Regional Vice President on 12/26/12 to follow all aspects of Abuse, Neglect, or Misappropriation of Resident Property Policy, including the suspension of any employee identified in a resident allegation. Director of Nursing was re-educated on 12/26/12 by Interim Administrator to facility Abuse, Neglect, or Misappropriation of Resident Property Policy. Director of Nursing voiced understanding and answered questions appropriately. Director of Nursing re-educated Staff Facilitator (Staff Development Coordinator) on 12/26/12 of the facility Abuse, Neglect, or



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F 226

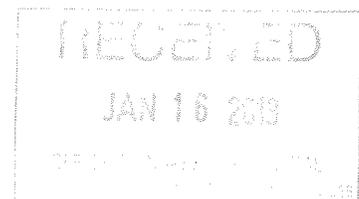
Continued From page 2
concerns with the care provided by CNA #1. The DON also interviewed CNA #1, who denied abusing any resident. She stated CNA #1 was allowed to return to work, after the interview on 12/19/12, to finish giving showers for the day. The DON stated the abuse policy was not followed, when they did not suspend CNA #1 during the investigation, but she did not feel any other residents were put at risk.

Interview with the Administrator and DON, on 12/26/12 at 4:40 PM, revealed the facility started the investigation as soon as the allegation of abuse was submitted by the local community agency. She stated she did not believe CNA #1 did anything wrong so they did not suspend her. She stated she and the DON had a gut feeling that no abuse occurred and their gut feelings are most often correct. The DON stated she did not believe the allegations by Resident #1 due to the history and behaviors exhibited by Resident #1. She stated everything happened so fast, the allegation was reported on 12/19/12 and the investigation was started that day and concluded the next day. The final report was submitted on 12/21/12. The DON stated the facility's abuse policy stated an employee should be suspended pending the outcome of the abuse investigation. She stated the purpose of that was to protect the residents during investigations. When asked how the facility protected Resident #1 during this investigation the Administrator was silent and then stated she would not give the surveyor anything to quote her on.

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Misappropriation of Resident Property Policy with emphasis on any employee who is identified through any resident allegation will be suspended pending the outcome of the investigation. Staff Facilitator (Staff Development Coordinator) voiced understanding and answered questions appropriately. Staff Facilitator (Staff Development Coordinator) in-serviced all employees regarding the facility Abuse, Neglect or Misappropriation of Resident Property Policy with emphasis on any employee who is identified through any resident allegation will be suspended pending the outcome of the investigation. All staff in-servicing was initiated on 12/27/12 and was completed on 1/4/13. During in-service training, employees were asked questions regarding the Abuse, Neglect or Misappropriation of Resident Property Policy and staff responded correctly and voiced understanding.

Interim Administrator developed Investigation Checklist tool to be used in conjunction with any facility investigation, including resident #1, that is identified through the Abuse, Neglect or Misappropriation of Resident Property Policy. Upon completion, the form will be signed by the
continued on attached page 4



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**Director of Nursing,
Administrator and Regional Vice
President for Rivers Edge Nursing
and Rehab Center.**

4. **Interim Administrator and Director of Nursing will ensure that any future investigation resulting from resident allegation as addressed in facility Abuse, Neglect, or Misappropriation of Resident Property Policy will be completed within the requirements of the policy and will result in any employee identified to be suspended pending outcome of investigation. Interim Administrator developed Monthly Audit tool for Quality Assurance purposes to be completed by Administrator monthly to ensure Investigation Checklist was completed for each investigation initiated by the facility identified, to include resident #1, through the Abuse, Neglect or Misappropriation of Resident Property Policy. Monthly Audit Tool will be signed by Administrator and Regional Vice President. Monthly Audit tool will be discussed monthly in Quality Improvement meetings. Any discrepancies will be addressed immediately and reported to Regional Vice President. Investigation Checklist and Monthly Audit tools will be utilized and reported to Quality Improvement Committee for six (6) months.**

5. **Completion Date: 1/11/2013**

