

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/26/2012
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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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(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	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey was initiated on 01/24/12 and concluded on 01/25/12 investigating KY#00017660. KY#00017660 was unsubstantiated with unrelated deficiencies cited.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</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 review of facility's policy, it was determined the facility failed to implement operational policies and procedures for identification, investigating, and reporting abuse for one (1) of three (3) sampled residents, Resident #4.</p> <p>The findings include: Review of the facilities policy, titled Resident Advocacy Protocols, not dated, revealed the facility will thoroughly investigate all allegations and take appropriate actions, and the investigation will be prompt, comprehensive, and responsive to the situation. Further review revealed interviews and written statements from individuals, whether residents, visitors, or staff, who may have first hand knowledge of the incident would be obtained. Further review revealed the facility will report all allegations and substantiated occurrences of abuse, neglect, or misappropriation of resident property to the state</p>	F 000 F 226	<p>To the best of my knowledge and belief, as an agent of Carter Nursing and Rehabilitation 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 provisions of Federal and State Law.</p> <p>It is the policy of Carter Nursing and Rehabilitation Center to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>On February 13, 2012 an investigation was initiated by the director of nursing regarding resident #1's missing bag of jewelry. The Office of Inspector General was aware on January 25, 2012. APS and the local law enforcement were both</p>	2/29/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Samuel R. Wright II</i>	TITLE Administrator
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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 those 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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NAME OF PROVIDER OR SUPPLIER CARTER NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY 41143
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F 226	<p>Continued From page 1</p> <p>agency and to all other agencies as required by law.</p> <p>Record review revealed the facility admitted Resident #4 on 09/29/06 with diagnosis which included Depressive Disorder and Congestive Heart Failure. Review of the Minimum Data Set (MDS) Assessment revealed on 09/09/11 and on 10/31/11, the resident had a Brief Interview Mental Status (BIMS) score of fourteen (14), which meant the resident was cognitively intact.</p> <p>Record review of the Resident Council Minutes revealed on 07/05/11, Resident #4 reported he/she had a bag of jewelry missing.</p> <p>Interview with Resident #4, on 01/25/12 at 3:00 PM, revealed the resident had a bag of jewelry he/she kept in the second drawer of his/her nightstand. Further interview revealed the resident did not lock the bag of jewelry in the closet because the locks were not easy to use and the key was too hard to turn. He/she further stated the Social Service Director (SSD) came to speak to her about the missing bag of jewelry, asking him/her when the last time he/she had seen it and talked to him/her about not keeping valuables at the facility and if he/she wanted to keep them there they should lock them up. Further interview revealed the resident did not feel like the facility did a thorough investigation and felt someone had taken the bag of jewelry.</p> <p>Record review revealed there was no documented evidence the facility thoroughly investigated the missing jewelry and no documented evidence staff was interviewed as to their knowledge of the jewelry.</p>	F 226	<p>notified on February 10, 2012 by the director of nursing.</p> <p>The director of nursing finalized the investigation on February 15, 2012 and a 5 day follow-up was submitted. The bag of costume jewelry could not be located. The director of nursing met with resident #1 on February 15, 2012 and informed her of the investigation findings. The director of nursing encouraged the resident to use a lock box for safekeeping of personal effects and resident refused. Resident was encouraged by the director of nursing to place any valuables in safekeeping in the front office safe.</p> <p>By February 17, 2012 all incident reports for the last 60 days will be reviewed by the CQI Director to determine that reporting has occurred as per facility protocols. By February 17, 2012 resident Council minutes will be reviewed by the administrator for the last 60 days to determine that reporting has occurred per facility protocols. Additionally, by February 17, 2012, the resident concern/complaint/grievance log will be reviewed by the administrator to determine that reporting occurred per facility protocols. Any issue determined to be reportable based on the facility protocols will be reported to the</p>	

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OMB NO. 0938-0391

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F 226	<p>Continued From page 2</p> <p>Interview with the SSD, on 01/25/12 at 4:30 PM, revealed when an item was reported as missing she would fill out a missing items list and have staff search all areas for the missing item. She stated she interviewed the resident and the resident's roommate about the missing item, as well as anyone else who might know the whereabouts of the missing item. She further stated if the item was not found she would then go back to the resident and inform them the item had not been located and instruct them on not keeping valuables at the facility and if they wished to keep their valuables at the facility, to keep them locked up in the lock box's that were provided. She further stated residents who were confused misplace things or forget were they placed something; therefore, she is unable to determine someone stole the item. Further interview revealed if she was unable to determine someone stole an item then it was not misappropriation. Continued interview revealed she knew Resident #4 had a bag of jeweler but was unable to determine what happened to the jewelry; therefore, she did not consider it misappropriation and did not report to the appropriate state agencies. She further stated she did not have written interviews related to the missing bag of jewelry because she could not prove it was stolen therefore did not investigate the missing bag of jewelry as misappropriation.</p> <p>Interview with the Director of Nursing (DON), on 01/25/12 at 5:00 PM, revealed when an item was reported missing the SSD started the Missing Items Report and instructed staff to search the areas which were marked on the sheet. She further stated interviews with staff had revealed</p>	F 226	<p>appropriate agencies including OIG, APS, and local law enforcement by February 24, 2012.</p> <p>On February 10, 2012 the administrator, director of nursing, and regional CQI Director reviewed and revised the facility lost item protocol.</p> <p>All facility staff was re-educated by the staff development coordinator regarding the facility request/concern process, resident rights and misappropriation of resident property/funds, and the updated lost and found protocol. This was completed thru February 29, 2012.</p> <p>Weekly in the facility Focus Meeting, a sub-committee of the monthly Quality Assurance Committee (CQI), the request/concern log and the lost item communication forms and incident reports will be reviewed to ensure there are no reportable incidents. Results of these reviews will be forwarded to the facility Continuous Quality Improvement Committee (CQI) for further monitoring and continued follow-up.</p>	

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F 226	Continued From page 3 Resident #4 had a bag of jewelry. Further interview revealed the bag of jewelry was never found and the SSD spoke with Resident #4 about keeping valuables locked up or to send them home with family. She further stated that since the bag of jewelry was not found after staff had searched the facility, it should have been investigated as misappropriation and a more thorough investigation completed, and per the facility's policy reported to the proper state agencies.	F 226		