

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

PRINTED: 04/13/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185278 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/11/2012 |
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| NAME OF PROVIDER OR SUPPLIER MEADOWVIEW HEALTH AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 9701 WHIPPS MILL RD. LOUISVILLE, KY 40223 |
|---|---|

| (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 KY18150 was initiated and concluded on 04/11/12. The Division of Health Care unsubstantiated the incident due to lack of sufficient evidence; however, a deficiency related to reporting was cited.

F 000

DCBS was called on 4/11/2012, Report # 798093.

F 226
SS=D

483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES

F 226

Administrator & D.O.N reviewed the policy related to abuse prohibition on 4-11-12.

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

Administrator & D.O.N reviewed all reports of suspected abuse to ensure all appropriate parties were notified per our facility policy on 4-12-12.

4-13-2012

This REQUIREMENT is not met as evidenced by:
Based on interview, record review and facility policy review, it was determined the facility failed to follow their policy on Abuse Prohibition on one (1) of four (4) sampled residents. The facility failed to report an allegation of staff to resident abuse concerning Resident #1 to the State Agency Department of Community Based Services (DCBS).

Administrator reviewed the self reporting incident form and added an acknowledgement of reporting to DCBS. D.O.N reviewed this updated form with administrator on 4-12-12. Administrative staff were educated on the new form and the policy on abuse prohibition by administrator on 4-12-12.

The findings include:

Review of the facility's policy regarding Abuse Prohibition, revealed any incident of abuse or suspected abuse is to be reported to the Department of Community Based Services immediately (via phone or fax).

All self reported incidents will be Reviewed by administrator within 24 hours of report being initiated by the facility.

Review of the abuse investigation, dated 04/11/12, revealed RN #2 observed RN #1 slapping Resident #1 on the arm.

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|---|----------------------------|----------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>XV...</i> | TITLE X ADMINISTRATOR X | (X6) DATE 4-25-12 |
|---|----------------------------|----------------------|

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 226 | <p>Continued From page 1</p> <p>Interview with RN #2, on 04/11/12 at 2:05 PM, revealed on 04/07/12 she witnessed RN #1 slap Resident #1 on the forearm. She stated that at approximately 5:45 PM on 04/07/12 she witnessed RN #1 assisting Resident #1. Resident #1 started hitting RN #1 on the shoulder. She then heard RN #1 say "Don't do that." and as she was speaking she slapped Resident #1 on the right forearm. She stated she immediately reported the incident to the house supervisor. RN #2 stated RN #1 was removed from the unit and was sent home.</p> <p>Interview with the Weekend Supervisor (WS), on 04/11/12 at 2:51 PM, revealed when she was notified of the alleged abuse, she had RN #1 go to the conference room to write her account of the allegation. The Weekend Supervisor stated she called the Director of Nursing and together they reviewed the facility abuse policy. After RN #1 wrote her account of the alleged incident, she was sent home pending the results of the investigation.</p> <p>Interview with the Director of Nursing (DON), on 04/11/12 at 3:40 PM, revealed she did not notify the Department of Community Based Services (DCBS) about the allegation of staff to resident abuse as required. She stated she called the corporate consultant and reviewed the steps she had taken to investigate the allegation and thought she had done everything she should. When asked about reporting the incident to DCBS per policy, she revealed she saw that in the policy but did not know who that was. She thought she had done everything required of her.</p> | F 226 | <p>Daily morning meeting, which is attended by the administrator and D.O.N will include review of all self reported reports to ensure DCBS & OIG were notified in accordance with required reporting time frame.</p> <p>When a self reportable instance occurs it is reported to our corporate consultant within 24 hours. Consultant will review report which includes acknowledgment that DCBS was notified.</p> <p>All self reported incidents will be reviewed by QA committee for sustained compliance.</p> | |

