

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

PRINTED: 10/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/29/2014
NAME OF PROVIDER OR SUPPLIER EDMONSON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210		
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F 241	<p>Continued From page 63</p> <p>08/13/14 at 11:11 AM, revealed she did not report the abuse that SRNA #3 had reported to her because she felt nothing would be done about it. LPN #2 stated LPN #1 had threatened the staff with making their lives a "living hell" if they told on him, therefore the abuse went unreported.</p> <p>3. Record review revealed the facility admitted Resident #4 on 11/11/10 with diagnoses which included Anxiety and Depression. Review of the Annual MDS Assessment, dated 05/25/14, revealed the facility assessed Resident #4's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable.</p> <p>Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she witnessed LPN #1 and SRNA #1 pinching Resident #4's breasts. LPN #2 stated she had witnessed videos of staff telling Resident #4 to cluck like a chicken. She stated she did not report the abuse because she felt intimidated because LPN #1 seemed to be able to do anything and get away with it. LPN #2 stated LPN #1 trained her on the job and told her he would make her life "hell".</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed RN #1 putting her gloved fingers in Resident #5's mouth; LPN #1 and SRNA #1 pinched Resident #4's breasts. She stated she received a video from RN #1's phone that showed RN #1 putting her gloved fingers in Resident #5's mouth and LPN #1 pinching the resident's breasts. She stated she did not report the abuse because she felt threatened by LPN #1 because he had told her and other staff members that he and SRNA #1 were untouchable and if anyone told on them he would make their lives a</p>	F 241	<ul style="list-style-type: none"> • Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. • Promise of confidentiality and no fear of retribution. • Employee competency assured using the Abuse Prevention post-test. • Post-test reviewed and validated by the Nurse Practice educator by 08/06/2014. • HIPAA Privacy law • The prohibition of cell phone usage in resident care areas, including video or photographs of residents. • Residents are to be treated with dignity and respect in full recognition of your individuality. <p>As of 08/06/2014 date, only nine (9) of one hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and will be educated face to face prior to returning or beginning work. Employees upon hire or not currently available during this timeframe will have education/ re-education noted above completed</p>		

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F 241	<p>Continued From page 64 living hell.</p> <p>4. Record review revealed the facility admitted Resident #5 on 08/04/09 with diagnoses which included Dementia, Delusional Disorder, Anxiety, Psychosis and Depression. Review of the Annual MDS Assessment, dated 07/08/13, revealed the facility assessed Resident #5's cognition as severely impaired and the resident was not able to complete the BIMS.</p> <p>Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she also witnessed LPN #1 and SRNA #1 pinching Resident #5's breasts. She stated LPN #1 jumped up and down straddling Resident #5 on the bed and pretended to vomit in his/her ear to make him/her scream, and RN #1 placed her gloved fingers in Resident #5's mouth to aggravate him/her. LPN #2 also stated she had witnessed videos that were made of the alleged abuse of Resident #5. She revealed she did not report the abuse because she felt intimidated because LPN #1 seemed to be able to do anything and get away with it. She further stated LPN #1 had trained her and told her he would make her life a living hell.</p> <p>Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he had witnessed LPN #1 and RN #1 put gloves on and place their fingers in Resident #5's mouth to make him/her mad. He revealed the resident would yell "quit it, stop/stop." Additional interview with LPN #5 revealed he should have reported the verbal abuse and mistreatment; however, he felt nothing would be done about it.</p> <p>5. Record review revealed the facility admitted Resident #6 on 03/13/12 with diagnoses which</p>	F 241	<p>prior to returning or beginning work by the Administrator, Nurse Practice Educator, Director of Nurses or the Assistant Director of Nurses.</p> <p>On August 25, 2014 center Administrator was jointly re-educated by Regional Vice President of Operations (via telephone) and Regional Manager of Clinical Operations (in person) regarding the centers Abuse Policy and Procedure to include conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one witness.</p> <p>4) The Center Administrator is responsible for the implementation of and adherence to facility policy and procedures. Center oversight is provided by the Administrator, Director of Nursing Services, Assistant Director of Nursing Services and the Charge Nurses on a daily basis.</p> <p>Beginning on August 2, 2014, upon notification of an alleged abuse/neglect the administrator will notify Regional Vice President of Operations, the Regional Manager of Clinical Operations or the Regional Clinical Educator to validate a</p>		

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F 241	<p>Continued From page 65</p> <p>Included Manic Depressive (Bipolar Disorder) and Mild Mental Retardation. Review of the Quarterly MDS Assessment, dated 06/01/14, revealed the facility assessed Resident #6's cognition as severely Impaired with a BIMS score of six (6) indicating the resident was not interviewable.</p> <p>Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he witnessed SRNA #1 and LPN #1 refuse to take Resident #6 to his/her room and when he asked why the resident could not go to his/her room he was told by LPN #1 that Resident #6 was only asking to be a "pain in the ass". Additional interview with LPN #5 revealed he should have reported the verbal abuse and mistreatment but felt nothing would be done about it.</p> <p>6. Record review revealed the facility admitted Resident #7 on 05/10/13 with diagnoses which included Depression and Psychotic Disorder. Review of the Quarterly MDS Assessment, dated 06/24/14, revealed the facility assessed Resident #7's cognition as severely impaired with a BIMS score of seven (7) indicating the resident was not interviewable.</p> <p>Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she witnessed LPN #1 using a reacher to pinch Resident #7's nose and when she entered the room LPN #1 stopped and left the room. She stated she did not report this incident because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it.</p> <p>7. Record review revealed the facility admitted Resident #8 on 05/30/07 with diagnoses which</p>	F 241	<p>thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This will occur for every allegation for three (3) months.</p> <p>On 8/3/14, Administrator and Director of Nursing assigned Department Managers and/or nurse supervisors across the three (3) shifts daily (includes Saturday and Sunday) times fourteen (14) days to observe staff/resident interaction and to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect will be called to the Administrator or Director of Nursing by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency if indicated.</p> <p>The audit tool utilized by the Shift Supervisor to observe staff/resident interaction was updated on 8/22/14 to include appropriate language, to monitor staff usage of cell phones, monitoring of staff providing residents privacy to ensure dignity, monitoring of bath temperatures and</p>		

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F 241	<p>Continued From page 66</p> <p>Included Anxiety and Depression. Review of the Quarterly MDS Assessment, dated 06/28/14, revealed the facility assessed Resident #8's cognition as cognitively intact with a BIMS score of eleven (11) indicating the resident was interviewable.</p> <p>Interview with Resident #8, on 08/11/14 at 1:05 PM, revealed "Someone" on second (2nd) shift (a nurse) mistreated him/her and it was a man. He/She revealed the nurse said things to him/her (no specifics) and was rough with him/her at times. Resident #8 began to cry during the interview and stated, "I don't want to say anymore because 'he' has a lot of friends and sometimes they come in with him and are mean too." Further interview with Resident #8, on 08/12/14 at 2:35 PM, revealed he/she was afraid to go to bed at night after LPN #1 and the SRNA climbed through the window into his/her room. Additionally, he/she revealed after LPN #1 found out he had been reported he got really nice to him/her and prior to that he did not care how he treated him/her.</p> <p>Interview with Housekeeping Aide #3, on 08/13/14 at 2:30 PM, revealed Resident #8 told her she would be surprised at what went on at the facility on second (2nd) shift. Additionally, she revealed she had witnessed staff using cell phones, talking and texting in resident care areas. She stated she had not witnessed any abuse and would report it immediately to her Supervisor, the Charge Nurse, and the Administrator.</p> <p>8. Record review revealed the facility admitted Resident #9 on 04/19/10 with diagnoses which included Non-Alzheimer's Dementia and Depression. Review of the Quarterly MDS</p>	F 241	<p>to determine that any allegations are reported immediately. Concerns identified will be addressed upon discovery. These audits will be completed across all three (3) shifts for five (5) days per week times thirty (30) days then two (2) days a week across all three (3) shifts six times (6) months then as recommended by the monthly Quality Assurance Performance Improvement Committee.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks and then ten (10) per week for three (3) months than five (5) per week for three (3) months to determine staff understanding of the abuse policy, providing dignified care, reporting allegations to the Administrator immediately, and that allegations or statements are kept confidential with no fear of retribution for reporting. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance</p>	
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F 241	<p>Continued From page 67</p> <p>Assessment, dated 07/01/14, revealed the facility assessed Resident #9's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed SRNA #1 putting soap in Resident #9's mouth. She revealed she did not report the abuse because she felt threatened by LPN #1 because he told staff that he would make their lives hell if they told on him because he and SRNA #1 were untouchable.</p> <p>9. Record review revealed the facility admitted Resident #10 on 11/07/08 with diagnoses which included Unspecified Psychosis, Alzheimer's Disease, Depression, Anxiety and Episodic Mood Disorder. Resident #10 expired in the facility on 05/19/14.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed LPN #1 placing a fitted sheet on top of Resident #10 while he/she lay on a bare mattress. She stated she did not report the abuse because she felt threatened by LPN #1 because he told staff that he would make their lives hell if they told on him because he and SRNA #1 were "untouchable".</p> <p>10. Record review revealed the facility admitted Unsampled Resident A on 02/18/13 with diagnoses which included Senile Dementia, Unspecified Psychosis, Anxiety, and Depression. Review of the Quarterly MDS Assessment, dated 07/13/14, revealed the facility assessed Resident A's cognition as cognitively intact with a BIMS score of twelve (12) indicating the resident was interviewable.</p>	F 241	<p>Improvement Committee for further recommendations.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and ten (10) per week for three (3) months than five (5) per week for three (3) months to determine any issues with staff treatment regarding the residents dignified care or potential abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score of less than eight (8), and review of five (5) skin assessments weekly for four (4) weeks then two (2) per week for six (6) months to</p>		

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F 241	<p>Continued From page 68</p> <p>Interview with Unsampled Resident A, on 08/13/14 at 9:58 AM, revealed RN #1 and SRNA #1 lay on the bed with him/her and kissed his/her neck and he/she asked them to stop. Unsampled Resident A revealed the two (2) staff members (identified as RN #1 and SRNA #1) got to laughing and just fell on his/her bed and began to kiss his/her neck. He/She stated he/she did not like it and when he/she asked them to stop, they continued to laugh at him/her.</p> <p>11. Record review revealed the facility admitted Unsampled Resident B on 10/08/11 with diagnoses which included Hypertension, Generalized pain, Dementia, Muscle Weakness, Alzheimer's, Anxiety, and Bipolar Disorder. Review of the Quarterly MDS Assessment, dated 06/21/14, revealed the facility assessed Unsampled Resident B's cognition as severely impaired with a BIMS score of three (3) indicating the resident was not interviewable.</p> <p>Interview with SRNA #3, on 08/13/14 at 12:00 PM, revealed she worked at the facility for two (2) or three (3) days and was being trained by SRNA #1 and SRNA #8. She stated she witnessed abuse to Unsampled Resident B the first night she worked. She revealed SRNA #1 and SRNA #8 were giving a bath to Unsampled Resident B and asked her to stand by and watch because it was her first night working on the floor. SRNA #3 stated she witnessed SRNA #1 and SRNA #8 strip Unsampled Resident B totally leaving him/her uncovered. Further interview revealed they poured water on Unsampled Resident B's head and washed the resident's front side but not the backside. They did not rinse the soap off the resident. They turned the resident over and dried the bed leaving the resident crying and yelling</p>	F 241	<p>determine any issues with staff treatment with dignity or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Social Services Director, Director of Nursing or Assistant Director of Nursing will complete psychosocial assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents per week for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment with dignity or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Director of Nursing, Registered Nurse or Licensed Practical Charge nurses supervisors will review grievances, complaints and allegations daily (includes Saturday and Sunday) times fourteen (14) days then at least five (5) days</p>		

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F 241	<p>Continued From page 69</p> <p>he/she was cold. She stated SRNA #1 told Unsampld Resident B to "shut the 'F__k' up" because they didn't have "all night to get the bath done". She revealed she attempted to get to the resident to dry him/her off as she was yelling he/she was cold and SRNA #1 told her when she was trained she could give a bath the way she wanted. Additional interview with SRNA #3 revealed she did not report the alleged abuse to the Administrative because she felt she should follow the chain of command and report to the Charge Nurse on duty which she did.</p> <p>Interview with RN #4, on 08/13/14 at 2:40 PM, revealed she had witnessed employees using cell phones at times in resident care areas.</p> <p>Interview with SRNA #5, on 08/13/14 at 1:53 PM, revealed she had seen a couple of employees using cell phones in resident care areas.</p> <p>Interview with the Director of Nursing (DON) on 08/20/14 at 2:50 PM, revealed she expected staff to treat the residents and their co-workers with dignity and respect. Additionally, she revealed Resident #1's dignity was jeopardized related to LPN #1 not following the facility's policy related to dignity in regards to Resident #1 being made to go to bed at 6:00 PM against his/her will and refusing to allow him/her to have access to his/her computer when he/she wanted it. Further interview, on 08/15/14 at 11:50 AM, revealed staff should not have cell phones in resident care areas and should only use the phones on breaks.</p> <p>Interview with the Administrator, on 08/14/14 at 1:00 PM, revealed she would not expect staff to have cell phones in resident care areas and to use them only on breaks. Further interview, on</p>	F 241	<p>per week times thirty (30) days then as determined by the monthly Quality Assurance Performance Improvement Committee to determine that abuse allegations are reported timely, resident is protected from further potential abuse as per the Abuse Policy and that investigations are thoroughly completed. Also, to identify any concerns with being treated with dignity. Concerns identified will be addressed upon discovery.</p> <p>The QA committee consists of at least: Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director and the Medical Director.</p> <p>Completion date:</p>	09/12/14

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F 241	<p>Continued From page 70</p> <p>08/20/14 at 2:54 PM, revealed she expected staff to treat the residents as they would want to be treated themselves. She revealed she expected the staff to respect the residents' choices and provide privacy when needed or desired and to comply with resident preferences. Additionally, she revealed LPN #1 did not follow the policy and procedure related to Resident #1 in regards to respecting the resident's choice on when to go to bed and the use of his/her own computer.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> 1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1. 2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted. 4. Unsamped Resident A, Unsamped Resident B, and Unsamped Resident C were assessed 	F 241			

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F 241	<p>Continued From page 71</p> <p>and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified.</p> <p>5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and followed up on for corrections.</p> <p>6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified.</p> <p>7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements.</p> <p>8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice Educator by 08/06/14. HIPPA Privacy Law. The prohibition of cell phone usage in resident care areas, including video or photographs of residents.</p>	F 241			

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F 241	<p>Continued From page 72</p> <p>As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work.</p> <p>Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14.</p> <p>Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one</p>	F 241			

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F 241	<p>Continued From page 73 (1) witness.</p> <p>9. The Administrator's Job Description last revised 08/01/12 included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning 08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months.</p> <p>10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated.</p> <p>11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to</p>	F 241			

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F 241	<p>Continued From page 74</p> <p>determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting.</p> <p>13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately.</p> <p>14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin</p>	F 241			

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F 241	<p>Continued From page 75</p> <p>assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse.</p> <p>15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse.</p> <p>16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee.</p> <p>17. Posters were placed throughout the facility and break room on 08/22/14 which included "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values".</p> <p>18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed.</p> <p>19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations.</p>	F 241			

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F 241	<p>Continued From page 76</p> <p>**The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows:</p> <ol style="list-style-type: none"> LPN #1 was terminated, RN #1 and SRNA #1 remained suspended. Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified. Review of assessments and interviews, dated 08/03/14, revealed Unsampled Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by 	F 241			

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F 241	<p>Continued From page 77</p> <p>the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified followed up on.</p> <p>6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified.</p> <p>7. Review of Education Documentation, dated 08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP).</p> <p>8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all center and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents.</p> <p>Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care.</p> <p>Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement</p>	F 241			

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F 241	<p>Continued From page 78</p> <p>Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator.</p> <p>Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness</p> <p>Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at 2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been inserviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity.</p> <p>9. Review of the Administrator's Job Description, revealed the Administrator was responsible for</p>	F 241			

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F 241	<p>Continued From page 79</p> <p>the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on 08/02/14.</p> <p>10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing.</p> <p>11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing</p> <p>12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all allegations or statements are kept confidential with no fear of retribution for reporting. No concerns were identified. PI tools ongoing.</p> <p>13. Review of resident interviews revealed the Administrator, Social Service Director, Admission</p>	F 241			

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F 241	<p>Continued From page 80</p> <p>Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing.</p> <p>14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months.</p> <p>15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing.</p> <p>16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14.</p> <p>17. Observation revealed posters for "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values" were on the walls throughout the facility and in the breakroom.</p> <p>18. Review of Ad-Hoc meeting minutes dated</p>	F 241			

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F 241	Continued From page 81 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend.	F 241			
F 282 SS=L	19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held and they reviewed all plans of compliance regarding the outstanding citations. 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to ensure services provided or arranged by the facility were provided by qualified persons in accordance with each resident's written plan of care. The facility failed to ensure care plan interventions were being followed related to psychosocial well being, physical, mental, and emotional status for nine (9) of ten (10) sampled residents (Resident #1, Resident #2, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, and Resident #10; and, two (2) of three (3) unsampled residents (Unsampled Resident A and B).	F 282	1) Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1 & Registered Nurse (RN) #1 were not working and not scheduled to work on 8/2/14. Staff at the center was instructed by the Administrator not to call anyone in to work without administrator notification. These three (3) employees were suspended on 8/3/14 by the Administrator and Nurse Practice Educator. LPN #1 was terminated on 08/14/2014, and SRNA #1 along with RN #1 was terminated on 09/03/2014 by the Administrator. Residents #4 and #5 were assessed by the Director of Nursing, Assistant Director of Nursing or a Licensed Practical nurse on 08/03/2014. Neither of these residents was found to have s/s of bruising, tearfulness or other s/s of emotional harm.		

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F 282	<p>Continued From page 82</p> <p>Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1, and Registered Nurse (RN) #1 were alleged to have abused Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, and Resident #10. In addition, it was alleged RN #1 and SRNA #1 abused Unsampled Resident A and Resident B. The residents were care planned to ensure their psychosocial, physical, mental, and emotional well being; however, it was determined staff's abusive behaviors toward the residents failed to ensure these needs were met in accordance with the care plans.</p> <p>The facility's failure to implement the care plan has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 08/14/14 and determined to exist on 08/02/14. The facility was notified of the Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a "F" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled, "Care Plans", last revised 01/02/14, revealed "A comprehensive, individualized care plan will be developed by the interdisciplinary team for each patient. The care plan will include measurable objectives to meet patient needs and goals as</p>	F 282	<p>Residents #4 and #5 were independently re-assessed again by a Licensed Practical nurse and the Social Services Director on 08/03/2014 with no concerns identified.</p> <p>Residents #1, #2, #6, #7, #8 and #9 were also assessed by a Registered Nurse or a Licensed Practical nurse on 8/3/2014. None of these residents were found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p> <p>Resident #10 no longer resides in facility prior to 08/02/2014.</p> <p>Resident A has a BIM score of twelve (12). He/she was interviewed on 08/03/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by this resident.</p> <p>Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Resident B has a BIM score of three</p>		

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F 282	<p>Continued From page 83 identified by the assessment process. The purpose was to provide necessary care and services to attain or maintain the patient's highest practicable physical, mental, and psychosocial well being. The comprehensive care plan is communicated to appropriate staff."</p> <p>1. Record review revealed the facility admitted Resident #1 on 04/16/07 with diagnoses which included Cerebral Palsy, Convulsions, Contractures of joints, Depression, and Hypertension. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 06/29/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview Mental Status (BIMS) score of nine (9) indicating the resident was interviewable.</p> <p>Review of the Comprehensive Care Plan, last revised 11/11/13, revealed Resident #1 was at risk for psychosocial distress about his/her own well being and/or social relationships related to decreased ability to express complaints or distrust in others related to impaired cognition. The care plan interventions included to allow the resident to make decisions independently, and offer support/reassurance for disappointments and/or frustrations.</p> <p>Review of the facility's investigation, dated 08/03/14, revealed SRNA #9 alleged LPN #1 would make Resident #1 go to bed at approximately 6.00 PM every night; would deny the resident the use of his/her computer, as well as told the resident to shut his/her mouth when he/she asked for the computer.</p> <p>Interview with SRNA #9, on 08/15/14 at 11:10 AM, revealed LPN #1 would tell her and other SRNAs</p>	F 282	<p>(3). He/she had a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and he/she was assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for this resident. Interviews with staff and residents on 08/03/14 revealed no allegations involving this resident. Resident B has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Audits were completed on 8/14/14 and 8/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</p> <p>2) Census on August 3, 2014 was seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7), by the Director of Social Services or the Admission Director, beginning on 08/03/2014 and completing on 08/05/2014 to determine if the</p>		

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F 282	<p>Continued From page 84</p> <p>on duty to place Resident #1 outside his/her room door after dinner and put him/her to bed at 6:00 PM and would not allow the resident to use his/her computer.</p> <p>Interview with the Administrator, on 08/15/14 at 10:55 AM, revealed she had spoken with LPN #1 in regards to Resident #1's preferences on bed times and computer use. She revealed she suggested to LPN #1 Resident #1 be put to bed at 8:00 PM on school nights and at 8:30 PM to 9:00 PM on the other nights and to always allow him/her the use of the computer.</p> <p>2. Record review revealed the facility admitted Resident #2 on 09/16/10 with diagnoses which included Alzheimer's Disease, Paranoid Schizophrenia, Anxiety, Obsessive Compulsive Disorder, Psychosis, and Depression.</p> <p>Review of a Quarterly Minimum Data Set (MDS) Assessment, dated 05/12/14, revealed the facility assessed Resident #2's cognition as severely impaired with a Brief Interview of Mental Status score of two (2). Resident #2 had behaviors of becoming agitated at times.</p> <p>Review of the Comprehensive Care Plan, last revised 05/17/14, revealed the resident exhibited psychosocial distress about his/her own well being and/or social relationships related to the decreased ability to express complaints or distrust in others. The care plan interventions included to approach the resident in a calm, friendly manner and provide consistent daily routine and caregivers as possible to decrease distress.</p> <p>Review of the facility's investigation, dated</p>	F 282	<p>resident has experienced or witnessed any abuse in the center. No other issues were identified by these residents.</p> <p>Census on August 3, 2014 was Seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7). Forty two (42) residents with a BIMS score less than twelve (12) received a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and were assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for these residents.</p> <p>3) The Director of Nurses and Administrator were-re-educated 8/3/14 by the Regional Vice President of Operations regarding Abuse Policy and reporting requirements.</p> <p>Nurse Practice Educator, Administrator, Administrative Assistant, Director of Marketing & Admissions, Social Services Director, Therapy Program manager, Environmental Services Supervisor, Nutritional Services Director.</p>		

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F 282	<p>Continued From page 85</p> <p>08/03/14, revealed SRNA alleged LPN #1 scooped the resident off the commode after he/she refused to go to bed and took him/her to the bed, holding him/her like a baby, dropped him/her on the bed (naked). LPN #1 fell on the bed and the resident landed on top of him. He told the SRNAs in the room to get that "Bitch" off of him.</p> <p>Interview with SRNA #3, on 08/13/14 at 12:00 PM, revealed she witnessed SRNA #1 and SRNA #8 with Resident #2 on the commode and the resident was resisting care not wanting to go to bed. She stated the when the SRNAs called LPN #1 to assist, he scooped Resident #2 off the commode, pinched his/her breasts, walked to the bed and dropped the resident from face height down onto the bed with the resident completely naked. She stated the LPN fell to the bed with the resident landing on top of him. She stated the LPN proceeded to tell Resident #2 he/she was going to bed and if he/she didn't he was going to call his/her son and he/she would not like how he talked to him.</p> <p>3. Record review revealed the facility admitted Resident #4 on 11/11/10 with diagnoses which included Diabetes Mellitus II, Cervical Spondylosis without Myelopathy, Anxiety, Depression, Polyneuropathy. Review of the Annual MDS Assessment, dated 05/25/14, revealed the facility assessed Resident #4's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable.</p> <p>Review of the Comprehensive Care Plan, last revised 05/28/14, revealed Resident #4 had a history of anxiety, feelings of sadness,</p>	F 282	<p>Registered Nurse or Licensed Practical Nurse has provided 100% re-education beginning on 08/03/2014 and ending on 08/06/2014. This re-education included all center & contract employees regarding an effective system that ensures each resident remains free of abuse:</p> <ul style="list-style-type: none"> • Center Abuse Policy including need to protect the resident from potential risk at the time and during the investigation. • Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. • Promise of confidentiality and no fear of retribution. • Employee competency assured using the Abuse Prevention post-test. • Post-test reviewed and validated by the Nurse Practice educator by 08/06/2014. • HIPAA Privacy law • The prohibition of cell phone usage in resident care areas, including video or photographs of residents. <p>As of 08/06/2014 date, only nine (9) of one hundred six (106) employees were not available for</p>	

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F 282	<p>Continued From page 86</p> <p>uneasiness, and depression characterized by ineffective coping, low self esteem, tearfulness, motor agitation, and withdrawal from care/activities related to adjustment disorder. Additional review revealed Resident #4 exhibited behaviors of agitation at times related to impaired cognition. The interventions included to approach the resident in a calm, friendly manner and observe for changes in mood and behaviors.</p> <p>Review of the facility's investigation, dated 08/03/14, revealed LPN #2 alleged SRNA #1 and LPN #1 pinched Resident #4's nose and breast and this was allegedly recorded on SRNA #1's cell phone.</p> <p>Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she witnessed LPN #1 and SRNA #1 pinching Resident #4's nose and breast. LPN #2 stated she had witnessed videos of staff telling Resident #4 to cluck like a chicken.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed RN #1 putting her gloved fingers in Resident #4's mouth and LPN #1 and SRNA #1 pinch Resident #4's breast. Additional interview with SRNA #4 revealed the allegations of abuse were not reported to the Administrative Staff due to LPN #1 threatening if anyone told on him he would make their lives a living hell.</p> <p>4. Record review revealed the facility admitted Resident #5 on 08/04/09 with diagnoses which included Dementia, Delusional Disorder, Anxiety, Psychosis, Depression, and Diabetes Mellitus Type II. Review of the Annual MDS Assessment, dated 07/08/13, revealed the facility assessed Resident #5's cognition as severely impaired and</p>	F 282	<p>immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and will be educated face to face prior to returning or beginning work. Employees upon hire or not currently available during this timeframe will have education/ re-education noted above completed prior to returning or beginning work by the Administrator, Nurse Practice Educator, Director of Nurses or the Assistant Director of Nurses.</p> <p>Director of Nursing Services, Assistant Director of Nursing Services, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator has provided 100% re-education beginning on 08/22/2014 and ending on 8/22/14. This re-education included the policy & procedure for following the residents' care plan.</p> <p>As of 4:00 p.m. CST on 8/22/14, seventy six (76) of one hundred nine (109) employees had completed the re-education and post-testing</p>		

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F 282	<p>Continued From page 87 the resident was unable to complete the BIMS.</p> <p>Review of the Comprehensive Care Plan, last revised 06/10/14, revealed Resident #5 exhibited behaviors of resisting care and treatments by screaming and swinging at staff during a bath or incontinent care. He/She was also care planned for being at risk for psychosocial distress about his/her own well being and/or social relationships related to decreased ability to express complaints or distrust in others. The care plan interventions included to approach the resident in a calm, friendly manner, observe for changes in mood and behaviors, provide consistent care givers and daily routines as possible to decrease distress, and to identify behavior triggers and reduce exposure to triggers.</p> <p>Review of the facility's investigation, dated 08/03/14, revealed LPN #2 alleged LPN #1 and SRNA #1 pinched Resident #5's nose and breasts; LPN #1 jumped up and down on the resident's bed, then straddled the resident and placed his mouth at the resident's ear and acted like he was vomiting; and, LPN #1 threw cold water on the resident.</p> <p>Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she witnessed LPN #1 and SRNA #1 pinching Resident #5's breasts. She stated LPN #1 jumped up and down straddling Resident #5 on the bed and pretended to vomit in his/her ear to make the resident scream. She further stated RN #1 placed her gloved fingers in Resident #5's mouth to aggravate him/her. LPN #2 also stated she had witnessed videos of the alleged abuse on Resident #5.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08</p>	F 282	<p>regarding resident care plans. Post tests were reviewed and approved by the R.N. Clinical Case Manager on 8/22/14 for these noted employees.</p> <p>Employees upon hire or not currently available during this timeframe will have education/ re-education noted above completed prior to returning or beginning work by the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Environmental Services Manager or the Payroll Coordinator.</p> <p>4) The Center Administrator is responsible for the implementation of and adherence to facility policy and procedures. Center oversight is provided by the Administrator, Director of Nursing Services, Assistant Director of Nursing Services and the Charge Nurses on a daily basis.</p> <p>Beginning on August 2, 2014, upon notification of an alleged abuse / neglect the administrator will notify Regional Vice President of</p>	

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F 282	<p>Continued From page 88</p> <p>AM, revealed she witnessed LPN #1 and SRNA #1 pinch Resident #5's breast. SRNA #4 stated she received a video from RN #1's phone that showed RN #1 putting gloved fingers in Resident #5's mouth and LPN #1 pinching the resident's breasts.</p> <p>Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he had witnessed LPN #1 and RN #1 put gloves on and place their fingers in Resident #5's mouth to make him/her mad. He stated the resident would yell "quit it, stop, stop."</p> <p>5. Record review revealed the facility admitted Resident #6 on 03/13/12 with diagnoses which included Parkinson's Disease, Manic Depressive (Bipolar Disorder), Chronic Obstructive Pulmonary Disease, and Mild Mental Retardation. Review of the Quarterly MDS Assessment, dated 06/01/14, revealed the facility assessed Resident #6's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable.</p> <p>Review of the Comprehensive Care Plan, last revised 06/03/14, revealed Resident #6 had a history of distressed mood symptoms related to Bipolar Disease with behaviors. The care plan interventions included to assess the resident's response to a new situation, document incidents of anxiousness and tearfulness on the Behavior Flow Sheet, observe for changes in mood (absence of emotion in the resident's actions and facial expressions), behavior, and overall functioning.</p> <p>Review of the facility's investigation, dated 08/02/14, revealed LPN #5 alleged LPN #1 denied Resident #6 the opportunity to go to</p>	F 282	<p>Operations, the Regional Manager of Clinical Operations or the Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This will occur for every allegation for three (3) months.</p> <p>On 8/3/14, Administrator and Director of Nursing assigned Department Managers and/or nurse supervisors across the three (3) shifts daily (includes Saturday and Sunday) times fourteen (14) days to observe staff/resident interaction and to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect will be called to the Administrator or Director of Nursing by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency if indicated.</p> <p>The audit tool utilized by the Shift Supervisor to observe staff/resident interaction was updated on 8/22/14 to include appropriate language, to monitor staff usage of cell phones, <u>monitoring of staff providing</u></p>	

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F 282	<p>Continued From page 89</p> <p>his/her room when he/she wanted and called the resident "a pain in the ass" for asking.</p> <p>Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he witnessed SRNA #1 and LPN #1 refuse to take Resident #6 to his/her room and when he asked why the resident could not go to his/her room he was told by LPN #1 that Resident #6 was only asking to be a "pain in the ass". He stated another SRNA took the resident to his/her room and the resident was satisfied because that was all he/she wanted. Additional Interview with LPN #5 revealed he should have reported the mistreatment but felt nothing would be done about it.</p> <p>6. Record review revealed the facility admitted Resident #7 on 05/10/13 with diagnoses which included Parkinson's, Malnutrition, Depression and Psychotic Disorder. Review of the Quarterly MDS Assessment, dated 06/24/14, revealed the facility assessed Resident #7's cognition as severely impaired with a BIMS score of seven (7) indicating the resident was not interviewable.</p> <p>Review of the Comprehensive Care Plan, last revised 05/19/14, revealed Resident #7 exhibited distressed mood symptoms related to depression. The care plan Interventions included to observe for changes in mood (absence of emotion in the resident's actions and facial expressions), behavior, and overall functioning. Observe for signs and/or symptoms of anxiety or depression.</p> <p>Review of the facility's investigation, dated 08/02/14, revealed LPN #8 alleged LPN #1 pinched the residents nose with a reacher (metal grab assist bar).</p>	F 282	<p>residents privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. Concerns identified will be addressed upon discovery. These audits will be completed across all three (3) shifts for five (5) days per week times thirty (30) days then two (2) days a week across all three (3) shifts six times (6) months then as recommended by the monthly Quality Assurance Performance Improvement Committee.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks and then ten (10) per week for three (3) months then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately, and that allegations or statements are kept confidential with no fear of retribution for reporting. Concerns identified will be addressed upon discovery. The Administrator will</p>	

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F 282	<p>Continued From page 90</p> <p>Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she witnessed LPN #1 using a reacher to pinch Resident #7's nose and when she entered the room LPN #1 stopped and left the room. Additional interview revealed she did not report this incident because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it.</p> <p>7. Record review revealed the facility admitted Resident #8 on 05/30/07 with diagnoses which included Anxiety, Depression and Other Chronic Pain. Review of the Quarterly MDS Assessment, dated 06/28/14, revealed the facility assessed Resident #8's cognition as cognitively intact with a BIMS score of eleven (11) indicating the resident was interviewable.</p> <p>Review of the Comprehensive Care Plan, last revised 06/27/14, revealed Resident #8 exhibited psychosocial distress about his/her own well being as evidenced by conflicted relationships with delusions of people out to get him/her. Additionally, Resident #8 exhibited anger related to having the desire to return home. The care plan Interventions included to observe for changes in mood (absence of emotion in the resident's actions and facial expressions), behavior, and overall functioning, provide a daily structured routine to build trust and familiarity, and to approach the resident in a calm, friendly manner.</p> <p>Review of the facility investigation, dated 08/02/14, revealed SRNA #4 alleged the resident was afraid of LPN #1 and SRNA #1 because they were mean to him/her.</p>	F 282	<p>report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and ten (10) per week for three (3) months than five (5) per week for three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score of less than eight (8), and review of five (5) skin assessments weekly for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff</p>	

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F 282	<p>Continued From page 91</p> <p>Interview with Resident #8, on 08/11/14 at 1:05 PM, revealed "Someone" on second (2nd) shift (a nurse) mistreated him/her and it was a man. He/She revealed the nurse said things to him/her (no specifics) and was rough with him/her at times. Resident #5 began to cry during the interview and stated, "I don't want to say anymore because "He" has a lot of friends and sometimes they come in with him and are mean too." Further interview with Resident #8, on 08/12/14 at 2:35 PM, revealed he/she was afraid to go to bed at night after LPN #1 and the SRNA climbed through the window into his/her room. Additionally, he/she revealed after LPN #1 found out he had been reported he got really nice to him/her and prior to that he did not care how he treated him/her.</p> <p>8. Record review revealed the facility admitted Resident #9 on 04/19/10 with diagnoses which included Non-Alzheimer's Dementia, Parkinson's Disease, Depression, Adult Failure to Thrive, Pain, and Insomnia. Review of the Quarterly MDS Assessment, dated 07/01/14, revealed the facility assessed Resident #9's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable.</p> <p>Review of the Comprehensive Care Plan, last revised 08/11/14, revealed Resident #9 exhibited psychosocial distress about his/her own well being and/or social relationships related to decreased ability to express complaints or distrust in others, inability to express emotion and share information, and nervousness when asked specific questions related to difficulty expressing words he/she wanted to use. The care plan interventions included for staff to repeat information as needed for understanding, ask</p>	F 282	<p>treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Social Services Director, Director of Nursing or Assistant Director of Nursing will complete psychosocial assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents per week for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Director of Nursing, Registered Nurse or Licensed Practical Charge nurses supervisors will review grievances, complaints and allegations daily (includes Saturday and Sunday) times fourteen (14) days then at least five (5) days per week times thirty (30) days then as determined by the monthly Quality Assurance Performance</p>		

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F 282	<p>Continued From page 92</p> <p>resident questions that required yes or no response, and observe for changes in mood and/or behaviors.</p> <p>Review of the facility's investigation, dated 08/02/14, revealed SRNA #4 alleged SRNA #1 put soap in Resident #9's mouth.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed SRNA #1 putting soap in Resident #9's mouth. She revealed the allegations of abuse were not reported to the Administrative Staff due to LPN #1 threatening if anyone told on him he would make their lives a living hell.</p> <p>9. Record review revealed the facility admitted Resident #10 on 11/07/08 with diagnoses which included Unspecified Psychosis, Alzheimer's Disease, Depression, Anxiety, Episodic Mood Disorder, and Adult Failure to Thrive. Review of the Quarterly MDS Assessment, dated 03/14/14, revealed the facility assessed Resident #10's cognition as severely impaired with a BIMS score of three (3) which indicated the resident was not interviewable.</p> <p>Review of the Comprehensive Care Plan, last revised 03/12/14, revealed Resident #10 had a history of possible depression with displays of a sad facial expression and reports of feeling depressed. The care plan interventions included to assess for physical needs that may alleviate signs of depression, convey acceptance of the resident and provide repeated honest appraisals of resident's strengths to the resident.</p> <p>Review of the facility's investigation, dated 08/02/14, revealed SRNA #4 alleged LPN #1</p>	F 282	<p>Improvement Committee to determine that abuse allegations are reported timely., resident is protected from further potential abuse as per the Abuse Policy and that investigations are thoroughly completed. Concerns identified will be addressed upon discovery.</p> <p>The QA committee consists of at least: Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director and the Medical Director.</p> <p>Completion Date</p>	09/12/14	

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F 282	<p>Continued From page 93</p> <p>placed Resident #10 on a bare mattress and placed a fitted sheet on top of him/her.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed LPN #1 placing a fitted sheet on top of Resident #10 while he/she lay on a bare mattress.</p> <p>10. Record review revealed the facility admitted Unsamped Resident A on 02/18/13 with diagnoses which included Senile Dementia, Unspecified Psychosis, Anxiety, Impulse Control Disorder and Depression. Review of the Quarterly MDS Assessment, dated 07/13/14, revealed the facility assessed Unsamped Resident A's cognition as cognitively intact with a BIMS score of twelve (12) indicating the resident was interviewable.</p> <p>Review of the Comprehensive Care Plan, revised 07/01/14, revealed Unsamped Resident A had a history of feelings of sadness, anxiety, uneasiness, and depression characterized by tearfulness. Additional history included behaviors of agitation and delusions by being verbally aggressive with staff (cursing and threats) when redirection was attempted. Unsamped Resident A also exhibited paranoid/suspicious behavior of telling staff they've brought his/her spouse there just to die (thinking another person was his/her spouse). The care plan interventions included to observe and report any changes in mental status, provide emotional support as needed upon tearfulness, praise and/or reward the resident for acceptable behaviors, and document any changes in mood and/or behaviors.</p> <p>Review of the facility's investigation, dated 08/02/14, revealed Unsamped Resident A</p>	F 282			

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F 282	<p>Continued From page 94</p> <p>alleged RN #1 and SRNA #1 laid in the resident's bed and kissed him/her on the neck against the resident's will on more than one occasion. He/She revealed RN #1 and SRNA #1 would start to laugh and fall down on the bed with him/her.</p> <p>Interview with Unsampled Resident A, on 08/13/14 at 9:58 AM, revealed RN #1 and SRNA #1 laid on the bed with him/her and kissed his/her neck and he/she asked them to stop. Unsampled Resident A stated the two (2) staff members were laughing and fell on his/her bed and began to kiss his/her neck. He/She revealed when he/she asked them to stop, they continued to laugh at him/her. He/she stated this had occurred two (2) or three (3) times in the past but he/she had never reported it to anyone.</p> <p>11. Record review revealed the facility admitted Unsampled Resident B on 10/08/11 with diagnoses which included Hypertension, Generalized pain, Dementia, Muscle Weakness, Alzheimer's, Anxiety, and Bipolar Disorder. Review of the Quarterly MDS Assessment, dated 06/21/14, revealed the facility assessed Unsampled Resident B's cognition as severely impaired with a BIMS score of three (3) indicating the resident was not interviewable.</p> <p>Review of the Comprehensive Care Plan, last revised 07/02/14, revealed Unsampled Resident #B had a history of exhibiting behaviors of anxiety and depression expressed by crying and refusal of care. The care plan interventions included to document behaviors and interventions, encourage the resident to voice concerns and fears, give the resident a task or item in an attempt to distract him/her, and praise/reward the resident for demonstrating consistent</p>	F 282			

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F 282	<p>Continued From page 95 desired/acceptable behaviors.</p> <p>Review of the facility's investigation, dated 08/02/14, revealed SRNA #3 alleged SRNA #1 and SRNA #8 gave Unsamped Resident B a cold bed bath then SRNA #1 told the resident "to shut the F__k up" because they did not have all night to get the bath done" when the resident complained of being cold.</p> <p>Interview with SRNA #3, on 08/13/14 at 12:00 PM, revealed she worked at the facility for two (2) or three (3) days and was being trained by SRNA #1 and SRNA #8. She stated she witnessed abuse to Unsamped Resident B the first night she worked. SRNA #3 stated she witnessed SRNA #1 and SRNA #8 strip Unsamped Resident B totally leaving him/her uncovered. Further interview revealed they poured water on Unsamped Resident B's head and washed the resident's front side but not the backside. They did not rinse the soap off the resident. They turned the resident over and dried the bed leaving the resident crying and yelling he/she was cold. She stated SRNA #1 told Unsamped Resident B to "shut the 'F__k' up" because they didn't have "all night to get the bath done". She revealed she attempted to get to the resident to dry him/her off as she was yelling he/she was cold and SRNA #1 told her when she was trained she could give a bath the way she wanted.</p> <p>Interview with LPN #4, on 08/15/14 at 11:09 AM, revealed she tried to make sure all interventions on the care plans were being implemented by staff. She stated it was her nursing responsibility to ensure the care plan interventions were being followed.</p>	F 282			

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F 282	<p>Continued From page 96</p> <p>Interview with RN #5, on 08/15/14 at 11:20 AM, revealed her responsibilities related to care plan interventions was to ensure the interventions were being followed.</p> <p>Interview with LPN #7, on 08/15/14 at 11:50 AM, revealed he followed the care plan to ensure resident care was received.</p> <p>Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she looked at the care plan prior to providing resident care.</p> <p>Interview with LPN #10, on 08/15/14 at 12:37 PM, revealed she ensured the care plans were followed to ensure the residents were receiving the proper care. She stated she made rounds to ensure staff was providing care according to the care plan.</p> <p>Interview with the Administrator, on 08/14/14 at 1:00 PM, revealed she expected staff to follow care plan interventions.</p> <p>Interview with the Director of Nursing (DON), on 08/15/14 at 11:50 AM, revealed she expected staff to follow care plan interventions and if the intervention was not effective then staff should contact the Advanced Registered Nurse Practitioner (ARNP) and/or the Physician for a different intervention.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1.</p>	F 282			

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F 282	<p>Continued From page 97</p> <p>2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</p> <p>3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted.</p> <p>4. Unsampled Resident A, Unsampled Resident B, and Unsampled Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified.</p> <p>5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and addressed.</p> <p>6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified.</p> <p>7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements.</p>	F 282			

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F 282	<p>Continued From page 98</p> <p>8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice Educator by 08/06/14. HIPPA Privacy Law. The prohibition of cell phone usage in resident care areas, including video or photographs of residents.</p> <p>As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work.</p> <p>Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests</p>	F 282		

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F 282	<p>Continued From page 99</p> <p>completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14.</p> <p>Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness.</p> <p>9. The Administrator's Job Description last revised 08/01/12 included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning 08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months.</p>	F 282			

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F 282	Continued From page 100 10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated. 11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee. 12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the	F 282			

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F 282	<p>Continued From page 101</p> <p>Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting.</p> <p>13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately.</p> <p>14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse.</p> <p>15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse.</p> <p>16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a</p>	F 282			

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F 282	<p>Continued From page 102</p> <p>week times thirty (30) days then as determined by monthly Quality Assurance Committee.</p> <p>17. Posters were placed throughout the facility and break room on 08/22/14 which included "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values".</p> <p>18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed.</p> <p>19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations.</p> <p>**The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows:</p> <ol style="list-style-type: none"> 1. LPN #1 was terminated, RN #1 and SRNA #1 remained suspended. 2. Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood 	F 282			

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F 282	<p>Continued From page 103</p> <p>and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified.</p> <p>4. Review of assessments and interviews, dated 08/03/14, revealed Unsampled Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified.</p> <p>5. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified followed up on.</p> <p>6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified.</p> <p>7. Review of Education Documentation, dated 08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP).</p> <p>8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all center and contract employees received</p>	F 282		
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F 282	<p>Continued From page 104</p> <p>re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents.</p> <p>Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care.</p> <p>Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator.</p> <p>Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness.</p> <p>Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at</p>	F 282			

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F 282	<p>Continued From page 105</p> <p>2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:18 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been inserviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity.</p> <p>9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on 08/02/14.</p> <p>10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing.</p> <p>11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath</p>	F 282			

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F 282	<p>Continued From page 106</p> <p>temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing</p> <p>12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all allegations or statements are kept confidential with no fear of retribution for reporting. No concerns were identified. PI tools ongoing.</p> <p>13. Review of resident interviews revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing.</p> <p>14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months.</p>	F 282			

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F 282	Continued From page 107 15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing. 16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14. 17. Observation revealed posters for "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values" were on the walls throughout the facility and in the breakroom. 18. Review of Ad-Hoc meeting minutes dated 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. 19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held and they reviewed all plans of compliance regarding the outstanding citations.	F 282			
F 490 SS=L	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and	F 490			

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F 490	<p>Continued From page 108</p> <p>efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of the facility's policy and procedure, review of the Administrator's job description it was determined the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility failed to protect the residents from abuse from Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1, and Registered Nurse (RN) #1. (Refer to F223; F225; F226; F241; and, F282).</p> <p>The facility's failure to be administered in a manner that enable it to use its resources effectively and efficiently to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 08/14/14 and determined to exist on 08/02/14. The facility was notified of the Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a "F" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic</p>	F 490	<p>1.) The Nursing Home Administrator (NHA) is aware of the ultimate responsibility for the operation of the facility and does understand that he/she possesses the authority to manage the facility and make needed changes to facility systems.</p> <p>The allegation of abuse regarding Resident #4 and #5 was reported to the Administrator on 8/2/14 by the Director of Marketing from an anonymous source. Initial report to Office of Inspector General and Police Department was completed by Administrator on 08/03/2014.</p> <p>Residents' #6 and #7 allegation of abuse was reported to the Administrator on 08/03/2014 by a Licensed Practical Nurse and a Registered Nurse. Initial report to the Office of Inspector General was completed on 08/04/2014 by the Administrator.</p> <p>Resident's #1, #2, #8, #9 and #10 allegation of abuse was reported to the Administrator on 08/05/2014 by Director of Social Services, Licensed Practical Nurse and Certified Nursing Assistant.</p> <p>Initial report to the Office of</p>		

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F 490	Continued From page 109 changes. The findings include: Review of the facility's policy and procedure, titled "Abuse Prohibition", dated 07/01/13, revealed, "The Administrator, or designee, was responsible for operationalizing policies and procedures that prohibit abuse, neglect, involuntary seclusion, injuries of unknown origin, and misappropriation of property for patients". Review of the Administrators Job Description, dated 08/21/01, revealed the Administrator was responsible for the day to day functions in accordance with current Federal and State regulations, local standards and Corporate Policies as well as to maintain a friendly, respectful, helpful attitude toward residents, families, staff, corporate staff, volunteers, and visitors. Interviews with LPN #4 on 08/11/14 at 2:42 PM, LPN #2 on 08/13/14 at 11:11 AM, LPN #5 on 08/12/14 at 10:53 AM; SRNA #2 on 08/11/14 at 2:50 PM, SRNA #4 on 08/13/14 at 10:08 AM, and SRNA #9 on 08/15/14 at 11:10 AM, revealed they did not feel comfortable reporting concerns to the Administrator related to LPN #1 because the Administrator knew of LPN #1's mistreatment of Resident #1 and did not enforce the rules of mistreatment of a resident with him. Staff reported they did not report allegations because of the fear of retaliation from the alleged perpetrators and Administrative staff and did not feel it would do any good to report. Interview with the Administrator, on 08/14/14 at 1:00 PM, revealed LPN #1 was terminated on	F 490	Inspector General was completed on 08/06/2014 by the Administrator. The Office of Inspector General identified allegations of abuse regarding un-sampled Residents A and B during their investigation. Resident A has a BIMS score of 12 and is interviewable. He/she was interviewed on 08/03/2014 by Social Services Director and voiced no concerns. Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted. Resident B has a BIMS score of 3, being non-interviewable. Skin assessment completed on 08/03/2014 with no concerns. Interviews with staff and residents on 08/03/14 revealed no allegations regarding Resident B. Resident B have had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted. Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1 & Registered Nurse		

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F 490	<p>Continued From page 110</p> <p>08/14/14 after a suspension from work which occurred on 08/03/14 and was not allowed to return to work because he was accused of violating a resident's rights by not allowing Resident #1 to choose his/her bedtime and he denied the resident of the use of his/her personal computer.</p> <p>Additional interview with the Administrator, on 08/14/14 at 1:00 PM, revealed SRNA #1 and RN #1 was suspended on 08/03/14 and RN #1 was allowed to return to work on 08/14/14 and SRNA #1 was allowed to return to work on 08/15/14. (At which time the facility had an ongoing Immediate Jeopardy related to abuse; RN #1 and SRNA #1 had been identified as two (2) of the three (3) alleged perpetrators involved.) The Administrator stated she could substantiate abuse because there was no physical evidence of abuse of any residents which was determined through skin assessments on Residents #1 though #10 and Residents A, B, and C. However, staff including SRNA #3, SRNA #4, LPN #4, LPN #5 and LPN #8 stated they witnessed the alleged abusive behaviors toward the residents.</p> <p>Further interview on 08/20/14 at 1:00 PM, revealed she would expect staff to come to her with concerns and they should not have fear of retaliation. She revealed she had always encouraged staff to come to her and she felt the only reason they may not have was related to one incident when the Director of Nursing counseled LPN #1 and he left the office and returned to the floor to work telling staff "Oh they didn't do anything to me". She stated she inserviced staff on the importance of reporting any suspected abuse/neglect immediately.</p>	F 490	<p>(RN) #1 was not working and not scheduled to work on 8/2/14. Staff at the center was instructed by the Administrator not to call anyone in to work without administrator notification. These three (3) employees were suspended on 8/3/14 by the Administrator and Nurse Practice Educator. LPN #1 was terminated on 08/14/2014, and SRNA #1 along with RN #1 was terminated on 09/03/2014 by the Administrator.</p> <p>Residents #4 and #5 were assessed by the Director of Nursing, Assistant Director of Nursing or a Licensed Practical nurse on 08/03/2014. Neither of these residents was found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p> <p>Residents #4 and #5 were independently re-assessed again by a Licensed Practical nurse and the Social Services Director on 08/03/2014 with no concerns identified.</p> <p>Residents #1, #2, #6, #7, #8 and #9 were also assessed by a Registered Nurse or a Licensed Practical nurse on 8/3/2014. None of these residents were found to have s/s of</p>		

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F 490	Continued From page 111 **The facility implemented the following actions to remove the Immediate Jeopardy: 1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1. 2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted. 4. Unsampled Resident A, Unsampled Resident B, and Unsampled Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified. 5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and addressed. 6. Skin assessments of forty-two (42) residents	F 490	bruising, tearfulness or other s/s of emotional harm. Resident #10 no longer resides in facility prior to 08/02/2014. Resident A has a BIM score of twelve (12). He/she was interviewed on 08/03/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by this resident. Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted. Resident B has a BIM score of three (3). He/she had a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and he/she was assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for this resident. Interviews with staff and residents on 08/03/14 revealed no allegations		

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F 490	<p>Continued From page 112 with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified.</p> <p>7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements.</p> <p>8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice Educator by 08/06/14. HIPPA Privacy Law. The prohibition of cell phone usage in resident care areas, including video or photographs of residents.</p> <p>As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to</p>	F 490	<p>involving this resident. Resident B has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Audits were completed on 8/14/14 and 8/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</p> <p>2) The residents of the facility have the potential to be affected. Census on August 3, 2014 was seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7), by the Director of Social Services or the Admission Director, beginning on 08/03/2014 and completing on 08/05/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by these residents.</p> <p>Census on August 3, 2014 was Seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7). Forty two (42) residents with a BIMS score less</p>		

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NAME OF PROVIDER OR SUPPLIER EDMONSON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210	
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F 490	<p>Continued From page 113 receive the training prior to returning to work.</p> <p>Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14.</p> <p>Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness.</p> <p>9. The Administrator's Job Description last revised 08/01/12 included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning</p>	F 490	<p>than twelve (12) received a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and were assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for these residents.</p> <p>3) The Director of Nurses and Administrator were re-educated 8/3/14 by the Regional Vice President of Operations regarding Abuse Policy and reporting requirements.</p> <p>Nurse Practice Educator, Administrator, Administrative Assistant, Director of Marketing & Admissions, Social Services Director, Therapy Program manager, Environmental Services Supervisor, Nutritional Services Director, Registered Nurse or Licensed Practical Nurse has provided 100% re-education beginning on 08/03/2014 and ending on 08/06/2014. This re-education included all center & contract employees regarding an effective system that ensures each resident remains free of abuse:</p>	

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F 490	<p>Continued From page 114</p> <p>08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months.</p> <p>10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated.</p> <p>11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>12. The Administrator, Social Service Director,</p>	F 490	<ul style="list-style-type: none"> Center Abuse Policy including need to protect the resident from potential risk at the time and during the investigation. Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice educator by 08/06/2014. HIPAA Privacy law The prohibition of cell phone usage in resident care areas, including video or photographs of residents. <p>As of 08/06/2014 date, only nine (9) of one hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and will be educated face to face prior to returning or beginning work. Employees upon hire or not currently available during this timeframe will have education/ re-education noted above completed</p>		

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F 490	<p>Continued From page 115</p> <p>Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting.</p> <p>13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately.</p> <p>14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse.</p> <p>15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for</p>	F 490	<p>prior to returning or beginning work by the Administrator, Nurse Practice Educator, Director of Nurses or the Assistant Director of Nurses.</p> <p>On August 25, 2014 center Administrator was jointly re-educated by Regional Vice President of Operations (via telephone) and Regional Manager of Clinical Operations (in person) regarding the centers Abuse Policy and Procedure to include conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one witness.</p> <p>4) The Center Administrator is responsible for the implementation of and adherence to facility policy and procedures. Center oversight is provided by the Administrator, Director of Nursing Services, Assistant Director of Nursing Services and the Charge Nurses on a daily basis.</p> <p>Beginning on August 2, 2014, upon notification of an alleged abuse / neglect the administrator will notify Regional Vice President of Operations, the Regional Manager of Clinical Operations or the Regional Clinical Educator to validate a</p>		

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F 490	Continued From page 116 six (6) months to determine any issues with staff treatment or abuse. 16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee. 17. Posters were placed throughout the facility and break room on 08/22/14 which included "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values". 18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed. 19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations. **The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows: 1. LPN #1 was terminated, RN #1 and SRNA #1 remained suspended. 2. Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on	F 490	thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This will occur for every allegation for three (3) months. On 8/3/14, Administrator and Director of Nursing assigned Department Managers and/or nurse supervisors across the three (3) shifts daily (includes Saturday and Sunday) times fourteen (14) days to observe staff/resident interaction and to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect will be called to the Administrator or Director of Nursing by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency if indicated. The audit tool utilized by the Shift Supervisor to observe staff/resident interaction was updated on 8/22/14 to include appropriate language, to monitor staff usage of cell phones, monitoring of staff providing residents privacy, monitoring of bath temperatures and to determine that any allegations are reported		

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F 490	<p>Continued From page 117</p> <p>grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</p> <p>3. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified.</p> <p>4. Review of assessments and interviews, dated 08/03/14, revealed Unsampled Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified.</p> <p>5. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified followed up on.</p> <p>6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified.</p> <p>7. Review of Education Documentation, dated</p>	F 490	<p>immediately. Concerns identified will be addressed upon discovery. These audits will be completed across all three (3) shifts for five (5) days per week times thirty (30) days then two (2) days a week across all three (3) shifts six times (6) months then as recommended by the monthly Quality Assurance Performance Improvement Committee.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks and then ten (10) per week for three (3) months than five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately, and that allegations or statements are kept confidential with no fear of retribution for reporting. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p>		

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F 490	<p>Continued From page 118</p> <p>08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP).</p> <p>8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all center and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents.</p> <p>Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care.</p> <p>Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator.</p> <p>Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy &</p>	F 490	<p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and ten (10) per week for three (3) months then five (5) per week for three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score of less than eight (8), and review of five (5) skin assessments weekly for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will</p>		

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F 490	<p>Continued From page 119</p> <p>Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness</p> <p>Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at 2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been inserviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity.</p> <p>9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on 08/02/14.</p> <p>10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed</p>	F 490	<p>report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Social Services Director, Director of Nursing or Assistant Director of Nursing will complete psychosocial assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents per week for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Director of Nursing, Registered Nurse or Licensed Practical Charge nurses supervisors will review grievances, complaints and allegations daily (includes Saturday and Sunday) times fourteen (14) days then at least five (5) days per week times thirty (30) days then as determined by the monthly Quality Assurance Performance Improvement Committee to determine that abuse allegations are reported timely and resident is</p>		

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F 490	Continued From page 120 Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing. 11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing 12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all allegations or statements are kept confidential with no fear of retribution for reporting. No concerns were identified. PI tools ongoing. 13. Review of resident interviews revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing. 14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social	F 490	protected from further potential abuse as per the Abuse Policy and that investigations are thoroughly completed. Concerns identified will be addressed upon discovery. The QA committee consists of at least: Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director and the Medical Director. Completion Date	09/12/14	

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NAME OF PROVIDER OR SUPPLIER EDMONSON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210		
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F 490	<p>Continued From page 121</p> <p>Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months.</p> <p>15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing.</p> <p>16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14.</p> <p>17. Observation revealed posters for "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values" were on the walls throughout the facility and in the breakroom.</p> <p>18. Review of Ad-Hoc meeting minutes dated 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend.</p> <p>19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director</p>	F 490			

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

PRINTED: 10/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/29/2014
NAME OF PROVIDER OR SUPPLIER EDMONSON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210		
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F 490	Continued From page 122 was held and they reviewed all plans of compliance regarding the outstanding citations.	F 490			