

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

PRINTED: 10/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2015
NAME OF PROVIDER OR SUPPLIER HAZARD HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 390 PARK AVENUE HAZARD, KY 41702		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>483.13(c)(1)(II)-(III), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	F 225 (SEE ATTACHED)	10-30-15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Charlotte C. Thomsberry RN, MSN

TITLE

Administrator

(X5) DATE

10/22/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility policy review, and review of the facility investigation, it was determined the facility failed to ensure an allegation of abuse was reported immediately to the administrator of the facility for one (1) of three (3) sampled residents (Resident #1). Review of a facility investigation revealed on 09/07/15 facility staff overheard State Registered Nurse Aide (SRNA) #1 verbally abuse Resident #1; however, the incident was not reported to facility administrative staff until the following day, 09/08/15.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Abuse Policy," revised December 2011, revealed all allegations involving mistreatment, neglect, or abuse would be reported immediately to the Director of Nursing (DON) and/or the Administrator of the facility and to other officials in accordance with state law, including the state survey and certification agency.</p> <p>Medical record review for Resident #1 revealed the facility admitted the resident on 06/06/14 with diagnoses including Muscle Weakness, Dementia, and Depression. Review of the quarterly Minimum Data Set (MDS) assessment, dated 08/28/15, revealed the facility assessed the</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>resident's Brief Interview for Mental Status (BIMS) score to be 11, indicating the resident was interviewable. Further review revealed the facility assessed the resident to be frequently incontinent of bowel and bladder and totally dependent on one for toileting</p> <p>Review of Resident #1's comprehensive care plan revealed the facility identified the resident was frequently incontinent, at high risk for falls, at risk for decline in mood state or behaviors, and required limited to total assistance with Activities of Daily Living (ADLs). Further review of the care plan revealed interventions to include assisting the resident with ADLs as necessary, removing the resident from situations that seem to be causing increased stress or anxiety, and changing the resident as soon as possible after an incontinence episode.</p> <p>Review of the facility's investigation, dated 09/08/15, recalendar on 09/07/15 SRNA #2 reported that he overheard Resident #1 ask SRNA #1 to put clean sheets on his/her bed. SRNA #1 allegedly replied to Resident #1, "I'm not putting sheets on your bed because all you do is piss and shit on them." In addition, during the facility's investigation, SRNAs #2, #3, and #4 reported that SRNA #1 told them that Resident #1 "pooped in the floor" and SRNA #1 made the resident pick the feces up off the floor.</p> <p>Interview with Resident #1 on 09/29/15 at 11:11 AM revealed "a couple of weeks ago" the resident had a bowel movement and feces got on the floor. Resident #1 stated a nurse aide came to the room to assist the resident and after discovering the feces on the floor, instructed the resident to pick the feces up, stating that she</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>"wasn't going to pick it up." The resident was unable to recall the SRNA's name.</p> <p>Interview with SRNA #2 on 09/29/15 at 1:11 PM revealed on the evening of 09/07/15 at approximately 8:30 PM the SRNA passed Resident #1's room and observed that the resident did not have sheets on his/her bed. The SRNA stated he overheard Resident #1 ask SRNA #1 to place new sheets on the bed. SRNA #1 told the resident she was not putting sheets on the resident's bed because the resident would "shlt and piss" on them. SRNA #2 stated he did not report the incident at that time. Further interview with SRNA #2 revealed at approximately 10:30 PM on 09/07/15, SRNA #1 stated Resident #1 had "shlt in the floor and I made her pick it up." The SRNA stated he had been instructed to report allegations of abuse immediately but failed to report the allegation until the following day, 09/08/15. The SRNA stated SRNA #1 was friends with the nurse on duty and he did not want to cause any problems.</p> <p>Interview with SRNA #4 on 09/29/15 at 4:02 PM confirmed that SRNA #1 stated Resident #1 had a bowel movement on the floor of the resident's room and SRNA #1 made the resident pick the feces up from the floor. Further interview revealed SRNA #1 stated, "It's not my job" to clean up feces. SRNA #4 stated he did not report the incident immediately to facility administration. The SRNA stated, "It should have been reported that evening. I'm new and thought we had 24 hours to report."</p> <p>Interview with the Assistant Director of Nursing (ADON) on 09/29/15 at 5:08 PM revealed the allegation was reported to her on 09/08/15 and</p>	F 225			

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F 225	Continued from page 4 the facility immediately began their investigation. SRNA #1 was suspended immediately pending investigation and later terminated. The ADON stated the incident should have been reported immediately. Interview with the Administrator on 09/29/15 at 5:20 PM revealed facility staff had been in-service regarding reporting abuse allegations and should have reported the incident immediately.	F 225			

**Hazard Health & Rehabilitation Center
Plan of Correction
9/29/15**

F 225

1. Immediately after SRNA # 2 reported the incident to the DON, an investigation was started and all involved staff was suspended pending investigation. An allegation of abuse was reported to DCBS, OIG, MD & RP. Resident # 1 has a BIMS of 11, she was asked if anyone has asked her to pick up her own bowel movement from the floor or refused to put clean sheets on her bed since this reported incident. She stated no.
2. All interviewable residents and staff were interviewed as to any allegations of abuse or neglect. All non-interviewable residents have had no injuries of unknown origin or changes in behavior. There were no further allegations of mistreatment, neglect or abuse, including injuries of unknown origin and misappropriation of residents' property.
3. All staff was re-in serviced by the ADON and Nursing Supervisors beginning on September 9, 2015 on the Facility's Abuse Policy. Emphasis was put on the immediate reporting of any allegations or suspicion of any type of abuse or neglect. The in-service was repeated until all staff was in serviced.
4. The CQI Committee Designee(s) will review all allegations and Investigative Summaries during our weekly meetings to ensure all allegations have been reported timely to the Administrator and other agencies according to State Regulations. This review will continue for a period of six months. Any irregularities will be corrected immediately and forwarded to the CQI Committee for further discussion and action.
5. Completion Date: October 30, 2015.