

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

PRINTED: 07/01/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185177	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2014
NAME OF PROVIDER OR SUPPLIER GRAYSON MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 605 WILLIAM THOMASON BYWAY LEITCHFIELD, KY 42764	
(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 AMENDED: An Abbreviated Survey investigating Complaint #KY21746 was conducted on 05/25/14 through 06/06/14 to determine the facility's compliance with Federal requirements. Complaint #KY21746 was substantiated with deficiencies cited at the highest Scope and Severity of a "D".	F 000	PLAN OF CORRECTION GRAYSON MANOR NURSING HOME SURVEY COMPLETION DATE OF June 06, 2014	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225	F225 Resident #1 was reassessed on June 9, 2014 by Nursing Administration (RAI Nurse) and Director of Social Services for inappropriate behaviors to include but not limited to wandering, hitting, verbal behaviors, and sexual behaviors. Care plan was updated to address resident's current behaviors. On June 24, 2014 Social Services Director audited staff on all residents on the SNF/NF wing for inappropriate behaviors to include but not limited to wandering,	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *James B. Vance* TITLE *Administrator* (X5) DATE *July 11, 2014*

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	Continued From page 1 The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance 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. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, record review and review of the facility's policy and procedures it was determined the facility failed to investigate sexually inappropriate behavior of one (1) of (4) sampled residents (Resident #1) to ensure residents were safe. Resident #1 entered a female resident's room and was found sitting at the foot of the resident's bed undressed. Staff was instructed not to document the incident. The facility failed to conduct an investigation and implement interventions to protect the residents. The findings include: Review of the facility's Prevention and Reporting of Allegations of Resident Abuse, Neglect, Exploitation and Misappropriation of Resident Property, last revised 05/14/14, revealed the person(s) observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the charge nurse. The charge nurse or house supervisor should immediately notify the DON or his or her designee as well as the Social Services Director and the Administrator. Investigation starts immediately.	F 225	hitting, verbal behaviors, and sexual behaviors. Significant findings were addressed on individual interdisciplinary Care Plans. Social Services Director audited all residents on the SNF/NF wing for freedom from abuse. All staff was educated on June 23 rd & 24 th 2014 by the In-service Coordinator regarding staff reporting when residents showed behaviors that placed other residents at risk for abuse. In-service Coordinator also educated staff on inappropriate behavior to include but not limited to wandering, yelling, hitting and inappropriate sexual behavior. Those staff that does not comply with education training will be removed from the working schedule until this has been completed. This education included The Seven Components		

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NAME OF PROVIDER OR SUPPLIER GRAYSON MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 805 WILLIAM THOMASON BYWAY LEITCHFIELD, KY 42754		
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F 225	Continued From page 2 Record review revealed the facility admitted Resident #1 on 04/15/14, with diagnoses which included Alzheimer's Disease, Dementia, Unspecified, without Behavioral Disturbance and Essential Hypertension. Review of the Nursing Note, dated 04/05/14 at 3:30 AM, revealed Resident #1 was walking up and down the hallway, half dressed. The resident would become combative with staff when he/she was redirected to his/her room. Interview with Certified Nursing Assistant (CNA) #1, on 06/02/14 at 5:55 PM, revealed on 04/05/14 at approximately 1:30 AM, while making rounds she found Resident #1 sitting on a female resident's bed completely undressed. CNA #1 stated Resident #1 had been wandering throughout the night and became combative when redirected. She further stated Resident #1 had a history of making sexually inappropriate comments and suggestions toward female staff members, although she had never witnessed him/her exhibiting sexually inappropriate gestures towards any female residents. CNA #1 stated she reported the incident to Licensed Practical Nurse (LPN) #1. Interview with CNA #2, 06/03/14 at 9:10 AM, revealed on 04/05/14 at approximately 1:30 AM, CNA #1 requested help in getting Resident #1 out of Resident #2's room. Further interview revealed Resident #1 was in Resident #2's room sitting on the bed completely undressed. CNA #2 stated Resident #1 was difficult to redirect; however, LPN #1 and CNA #1 were able to get the resident back to his/her room without her having to intervene.	F 225	Of The Abuse Prevention Protocol , how to identify residents at risk, development of intervention strategies to prevent occurrence, monitoring for changes that would trigger abusive behavior, reassessment of the interventions on a regular basis and the importance of following the guidelines of investigation and reporting. The Quality Assurance Coordinator implemented an audit of Nurses Notes, Nurse Aide Documentation on Kiosk, Care Plans and Incident Reports to ensure staff is reporting incidents when residents have behaviors that place other residents at risk for abuse. Also the audit includes interview with staff as to their understanding of the Seven Components of the Abuse Prevention Protocol to emphasize the importance of reporting		

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F 225	Continued From page 3 Interview with CNA #3, on 05/29/14 at 3:10 PM, revealed Resident #1 had a history of wandering into female residents' rooms and making sexual inappropriate comments toward female staff. Further interview revealed Resident #1 has exhibited these behaviors since January 2014. CNA #3 stated, "We have been instructed by some of the nurses and the Social Worker not to chart these behaviors because it would cause a lot of paperwork". Interview with Licensed Practical Nurse (LPN) #1, on 05/30/14 at 11:14 AM, revealed Resident #1 was wandering in the hallway throughout the night on 04/05/14. Further interview revealed around 2:00 AM, Resident #1 wandered into a female resident's (Resident #2) room and was sitting on the foot of the resident's bed completely undressed. LPN #1 stated she called the Director of Nursing (DON) and was informed by the DON to call Resident #1's Primary Care Physician and the facility's Social Service Worker (SSW). The LPN stated the DON asked her if any documentation of the incident was put into Resident #1's Medical Record. LPN #1 revealed the DON instructed her to document the resident was wandering following female staff, was difficult to redirect, combative at times and not to document he/she was found in the female resident's room undressed sitting on the bed. LPN #1 stated she called the SSW at approximately 3:00 AM on 04/05/14 to inform her of Resident #1 being found completely undressed sitting on Resident #2's bed. Interview with the Social Service Worker, on 06/02/14 at 3:35 PM, revealed Resident #1 had a history of wandering, combative behaviors,	F 225	immediately as well as thorough investigation and prevention of further potential abuse while the investigation is in progress. This audit will be done by the QA Coordinator once a week for 8 weeks of 100 % compliance, then monthly until 100 % compliance is maintained for 3 months. Then the audit will be continued every three months as long as 100 % compliance is maintained. This audit will be conducted as part of the Facility's Quality Assurance Program.	6/25/2014	

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F 225	Continued From page 4 following female staff around, and making sexually inappropriate comments to female staff. Further interview with the Social Service Worker (SSW), on 06/04/14 at 2:30 PM, revealed staff noticed an increase in Resident #1 socially inappropriate behaviors starting around the first of the year. The SSW stated, "That's when I made arrangements for him to go to a behavioral health facility for evaluation." Interview with the DON, on 06/03/14 at 9:40 AM, revealed she was called by LPN #1 on 04/05/14, in the early AM regarding Resident #1 being combative, not easily redirected, wanting to follow staff around. The DON stated, "I was never informed Resident #1 was naked or sitting on another resident's bed until the investigation was initiated on 05/23/14". The DON stated she instructed LPN #1 to call Resident #1's physician and the SSW. The DON stated, "Staff usually call me and the Social Service Worker when residents act out, that's why I had LPN #1 to call the SSW." Interview with the Administrator, on 06/03/14 at 11:00 AM, revealed Resident #1 was sent to a behavioral health facility for evaluation on 04/05/14 because of following female staff around and the resident was difficult to redirect. Further interview revealed the Administrator was aware of the resident's flirtatious behaviors and denies being aware of Resident #1 exhibiting any sexually inappropriate actions.	F 225			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's	F 279	F 279 On June 9, 2014 Resident #1's Interdisciplinary Care Plan and		

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F 279	<p>Continued From page 5 comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to develop a care plan for one (1) of four sampled (4) residents (Resident #1) related to the specific resident behaviors of making sexually inappropriate remarks and gestures toward staff and unrobing; and the facility failed to care plan the resident's undressing and sitting at the foot of a female resident's bed.</p> <p>The findings include:</p> <p>Review of the facility's Behavior Management Policy, last revised 02/12/12, revealed Behavior Management is an individualized plan of care for a specific resident with specific mood/behavior issues. This plan of care is included in the</p>	F 279	<p>Nurse Aide Care Plan was immediately reviewed by Social Service Director and Resident #1's RAI Nurse. Resident #1's care plans were updated to address any inappropriate behaviors to include but not limited to wandering, verbal behaviors, sexual behaviors, and combativeness.</p> <p>On June 9, 2014 Social Services and Nursing Administration reviewed all Interdisciplinary Care Plans and Nurse Aide Care Plans for residents on the SNF/NF wing. Ensuring that all residents received a care plan that addressed at risk for socially inappropriate behaviors including but not limited to wandering, verbal behaviors, sexual behaviors, and combativeness.</p> <p>On June 9, 2014 the Director of Nursing educated the RAI nurses in guidelines for developing care</p>		

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F 279	<p>Continued From page 6</p> <p>Interdisciplinary Care Plan that is initiated upon admission/readmission and reviewed/revise at least quarterly and with any identified change of condition of the resident.</p> <p>Record review revealed the facility admitted Resident #1 on 04/15/14 with diagnoses which included Alzheimer's Disease, Dementia, Unspecified, without Behavioral Disturbance and Essential Hypertension. The Brief Interview for Mental Status (BIMS) indicated the resident is rarely/never understood therefore a score was not obtained. Resident #1's cognitive skills for daily decision making indicated modified independence-some difficulty in new situations only.</p> <p>Review of the Comprehensive Care Plan, dated 02/20/14, revealed the resident was at risk for combative or socially inappropriate behaviors but the care plan did not address the resident's sexually inappropriate behaviors with staff and other residents.</p> <p>Interview, on 06/04/14 at 2:55 PM, with the Minimum Data Set (MDS) Nurse revealed the Social Services Worker (SSW) or Nurses were responsible for adding any behavioral problems or interventions to the resident's care plan. Further interview revealed the MDS Nurse was unaware of Resident #1 having any behavioral issues of removing his/her clothing or exhibiting any inappropriate behaviors</p> <p>Review of the Nurse's Notes, dated 04/05/14 at 3:30 AM, revealed Resident #1 was walking up and down the hallway, half dressed, and became combative with staff when he/she was redirected to his/her room.</p>	F 279	<p>plans to address specific inappropriate behavior to include but not limited to wandering, yelling, hitting and inappropriate sexual behavior. All staff were educated on June 23rd & 24th 2014 by the in-service Coordinator regarding inappropriate behavior to include but not limited to wandering, yelling, hitting and inappropriate sexual behavior. Those staff that does not comply with education training will be removed from the working schedule until this has been completed. This education included how to identify residents at risk, development of Intervention strategies to prevent occurrence, monitoring for changes that would trigger abusive behavior and reassessment of the interventions on a regular basis.</p>		

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F 279	<p>Continued From page 7</p> <p>Interview with Certified Nursing Assistant (CNA) #1, on 06/02/14 at 5:55 PM, revealed on 04/05/14 at approximately 1:30 AM, while making rounds she found Resident #1 sitting on a female resident's bed completely undressed. CNA #1 stated Resident #1 had been wandering throughout the night and became combative when redirected. She further stated Resident #1 had a history of making sexually inappropriate comments and suggestions toward female staff members although she had never witnessed him/her exhibiting sexually inappropriate gestures towards any female residents. CNA #1 stated she reported the incident to Licensed Practical Nurse (LPN) #1.</p> <p>Interview, on 05/29/14 at 2:15 PM, with Certified Nursing Assistant (CNA) #4 revealed Resident #1 approached her two (2) to three (3) weeks ago requesting sex.</p> <p>Interview on 05/30/14 at 1:20 PM with CNA #5 revealed Resident #1 attempted to grab her crotch and attempted to kiss her.</p> <p>Interview on 06/04/14 at 3:20 PM with CNA #7 revealed Resident #1 makes "perverted" comments to staff and has suggested female staff get in bed with him/her. She stated, "Resident #1 wanders during the evening and night, and it's hard to keep him/her in one area, sometimes we have to close the doors to keep (him/her) in our unit".</p> <p>Interview, on 06/04/14 at 4:10 PM with CNA # 9, revealed Resident #1 wandered and takes off his/her clothing. Further interview revealed she had witnessed Resident #1 wander in female</p>	F 279	<p>The Quality Assurance Coordinator implemented an audit on monitoring care plans to make sure specific behavior to include but not limited to wandering, yelling, hitting and inappropriate sexual behavior are addressed as well as monitoring & reassessment of the interventions on a regular basis. The Quality Assurance Coordinator will conduct this audit. It will be conducted weekly times four weeks then monthly times 3 months then quarterly maintaining 100 % compliance. This audit will be conducted as part of the Facility's Quality Assurance Program.</p>	6/25/2014	

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F 279	Continued From page 8 residents' rooms. CNA #9 further revealed she has witnessed Resident #1 exhibit sexual inappropriate actions of touching and feeling on female staff members. CNA #9 stated, "I reported these behaviors to the nurse, Social Services Worker, and charted the behaviors ... under residents' behaviors". Interview with the Social Service Worker (SSW) on 06/02/14 at 3:35 PM revealed Resident #1 has a history of wandering, combative behaviors, following female staff around, and making sexually inappropriate comments to female staff. Further interview revealed the SSW identified Resident #1's behaviors as inappropriate and she failed to develop a care plan to address the resident's inappropriate behaviors with staff. Additionally, she failed to develop a care plan related to the resident's behavior of disrobing and entering other resident's rooms. Further interview with facility's SSW on 06/04/14 at 2:30 PM revealed staff noticed an increase in Resident #1 socially inappropriate behaviors starting around the first of the year.	F 279			