

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

PRINTED: 03/28/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/14/2014
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NAME OF PROVIDER OR SUPPLIER  OAKVIEW NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10456 US HWY 62 CALVERT CITY, KY 42029
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F 000	INITIAL COMMENTS	F 000	Oakview Nursing and Rehab does not believe and does not admit that any deficiencies existed, before, during, or after the survey. Oakview Nursing and Rehab reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings, or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Oakview Nursing and Rehab reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action, or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance, or self-critical examination privilege which Oakview Nursing and Rehab does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Oakview Nursing and Rehab, offers its responses, credible allegations of compliance as part of its ongoing efforts to provide quality of care to residents.	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure written policies and procedures were implemented that prohibited abuse of residents for one (1) of three (3) sampled residents (Resident #1). The facility failed to immediately investigate and protect residents after an allegation of abuse was reported.  The findings include:  Review of the facility's Abuse, Neglect, and Misappropriation policy/procedure, last revised 03/2013, revealed all allegations of abuse were to be reported immediately to the charge nurse. The charge nurse would immediately remove the suspected perpetrator from resident care areas,	F 226	1. On 2/21/14, an allegation of abuse was reported to the Director of Nursing by resident #1. After ensuring the resident #1 was safe, C.N.A #1 was immediately suspended pending investigation on 2/21/14 by the Director of Nursing. Resident #1 was assessed for injury and psychosocial harm by the Director of Nursing on 2/21/14. Resident #1's Physician was notified on 2/21/14 by the Director of Nursing. The Chaplain visited with Resident # 1 on 2/21/14. Resident #1's care plan was reviewed and updated by the Director of Nursing. LPN #1 was issued a disciplinary action by the Director of Nursing on 2/25/14 regarding allegation reporting. Education was done with LPN # 1 on 2/25/14 by the Director of Nursing regarding signs and symptoms of abuse and following policy on reporting of abuse allegations.	3/25/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Patricia M. Walsh</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/6/14</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1</p> <p>obtain the staff members witness statements, and immediately suspend the employee pending the outcome of the investigation. The charge nurse would immediately notify the Administrator, Director of Nursing (DON), and/or Abuse Coordinator as appropriate.</p> <p>Record review revealed the facility admitted Resident #1 on 10/29/09 with a diagnosis of Hemiplegia. Review of the Annual Minimum Data Set (MDS) assessment, dated 01/14/14, revealed the facility assessed Resident #1's cognition as cognitively intact with a Brief Interview of Mental Status (BIMS) score of "15".</p> <p>Interview with Resident #1, on 03/13/14 at 10:10 AM, revealed "a day or two" before he/she reported the incident, Certified Nurse Aide (CNA) #1 had been in his/her room getting the resident dressed for bed. The resident indicated CNA #1 was irritated with him/her and the CNA "hit" his/her left arm on the bedside table. He/she reported the incident after an aide had questioned the resident about the bruise on his/her left arm.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 03/13/14 at 1:30 PM, revealed CNA #2 reported an allegation to her involving Resident #1, on 02/19/14. She stated CNA #1 allegedly rolled the resident over, hitting his/her hand on the siderail. LPN #1 indicated that she was busy at the time, and asked CNA #2 to report the allegation to the DON. At that time, she did not think about the allegation as abuse, as "it was carelessness." She did not follow up to ensure the DON was aware of the incident.</p> <p>Interview with CNA #2, on 03/14/14 8:55 AM, revealed she noticed a bruise on Resident #1's</p>	F 226	<p>State, Adult Protective Services, and the Ombudsman were notified of Resident #1's allegation and the ongoing investigation on 2/21/14. Following completion of the investigation, CNA #1's employment was terminated on 2/26/14.</p> <p>2. Interviews were conducted immediately with residents on 2/21/14 by Staff Development Coordinator, Assistant Director of Nursing, and Unit Manager regarding abuse. No concerns were identified. On 2/21/14, Skin assessments were performed immediately on residents unable to be interviewed to identify any signs or symptoms of abuse by Director of Nursing, Unit Manager, Assistant Director of Nursing, and Staff Development Coordinator. No concerns were identified.</p> <p>3. In-services were initiated to re-educate staff by the Staff Development Coordinator on 2/21/14 and completed on 2/24/14 and will be ongoing at least every 6 months and as indicated regarding the policy for Abuse/Neglect, identifying signs and symptoms of abuse and reporting allegations.</p>	3/25/14

*Patricia S. Mah*

Administrator

4/6/14

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F 226	<p>Continued From page 2</p> <p>left hand. She revealed the resident informed her CNA #1 had "hit" the hand on the bedside table. She reported the incident at that time to LPN #1, who asked her to report it to the DON. CNA #2 indicated she did not work the next day; however, when she returned to work the resident indicated CNA #1 had been in his/her room after finding out the resident had reported the incident.</p> <p>Interview with CNA #1, on 03/14/14 at 9:15 AM, revealed he was informed by LPN #1 of an allegation that he had bruised Resident #1's left hand. He stated, on 02/20/14, he asked the resident about the bruise and the resident responded "I told them you did it."</p> <p>Interview with Resident #1, on 03/13/14 at 10:10 AM, verified CNA #1 had taken care of the resident after the report was made to CNA #2.</p> <p>Interview with the Director of Nursing (DON), on 03/14/14 at 10:00 AM, revealed CNA #2 reported the allegation to LPN #1, on 02/19/14. He expected LPN #1 to interview and assess the resident at that time. He revealed CNA #2 had approached him on 02/19/14, stating Resident #1 wanted to see him; however, he was busy and did not talk to the resident. He revealed there were no details of an allegation conveyed to him at that time. He revealed, on 02/21/14, CNA #2 asked him again to talk with Resident #1. He talked with the resident and started an investigation immediately after the allegation was made.</p> <p>Interview with the Administrator, on 03/14/14 1:20 PM, revealed he expected staff to follow the abuse policy related to reporting abuse; however, LPN #1 did not see the incident as an allegation of abuse.</p>	F 226	<p>Residents are interviewed at least quarterly with emphasis on any mistreatment or dignity concerns. Any issues that arise are handled in a serious and timely manner. Any concerns of abuse will be reported to state and federal agencies as required. Residents are encouraged to report any type of abuse or mistreatment during resident council as well as Chaplain, Social Services, and Activities visits. New employees are educated by HR during each orientation. Facility will continue to utilize an internal survey readiness tool to conduct interviews with residents or families. The Administrator and DON will review all interviews for any allegations of abuse or mistreatment and act upon them immediately according to State and Federal guidelines.</p> <p>4. All findings from the survey readiness tool, resident council minutes, and all education given to staff related to reporting of abuse will be discussed in the Quality Assurance meeting monthly for 3 months for recommendations and further follow up as indicated. A performance improvement plan and education will be initiated as indicated.</p>	3/25/14

*Ratueh S. McHale*

Administrator

4/6/14

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*Patricia D. McHale*

Administrator

4/6/14