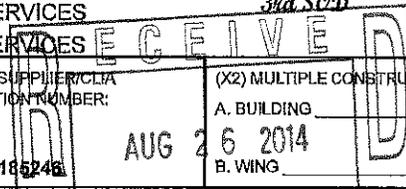


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

3rd SDD



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/27/2014
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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY21768) was initiated on 06/12/14 and concluded on 06/27/14. The complaint was substantiated and Immediate Jeopardy was identified on 06/13/14, and was determined to exist on 05/26/14, at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and F226), and 483.75 Administration (F490) at a scope and severity of "J," with Substandard Quality of Care at 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and F226). The facility was notified of the Immediate Jeopardy on 06/13/14. Additional deficient practice was identified at F151 and F514 at "D" level.</p> <p>On 05/26/14, Medication Aide (MA) #1 administered a rectal suppository to Resident #1 after the resident had verbally refused the suppository. MA #1 failed to honor Resident #1's right to refuse the treatment and proceeded to insert the suppository. Resident #1 stated in interview on 06/12/14 at 9:50 AM, that he/she physically positioned his/her hand over the rectal area in an attempt to block MA #1 from inserting the suppository. However, MA #1 pushed Resident #1's hand out of the way and inserted the suppository against Resident #1's will. Although the facility terminated the employment of MA #1, the facility unsubstantiated the allegation of abuse despite MA #1 having a history of "performance issues" and having knowledge that Resident #2 had reported MA #1 for being "rough" with him/her on a previous occasion.</p> <p>On 06/02/14, Resident #2 reported to his/her</p>	F 000	<p>SHC of Rockcastle takes all allegations of abuse very seriously. It has a robust policy upon which all staff have been educated, and will continue to be re-educated, as needed from time to time and on a regular basis to continually validate staff understanding of same. Rockcastle staff understands that it must serve as an abuse advocate at all times for each and every resident we serve, and when abuse of any kind (e.g., physical or verbal abuse or neglect, or misappropriation of resident property) is suspected, heard, seen, or alleged by any staff member, resident, or family member, (i) to immediately protect the resident by ensuring the resident's safety (this will include the removal of the alleged perpetrator from all care areas and if an employee, suspending him/her), and (ii) to immediately take appropriate reporting action upon seeing the abusive conduct or hearing the abuse allegation. All suspicions and allegations of abuse will be reported to OIG, APS and Ombudsmen immediately, as well as other authorities as required by state law and/or as appropriate. The facility will also initiate a thorough investigation and impose appropriate discipline, as warranted.</p> <p>As outlined further below, recent training to all staff on Rockcastle's abuse policy and procedure was performed and included examples of items that are state reportable: (i) any report of staff, family, or other persons being physically or verbally mean, rough, or threatening towards a resident, as well as any other statements of any kind indicating or describing such conduct -- regardless of whether such conduct maybe re-defined, interpreted, or clarified by a resident as not meant to be intentional or abusive, injuries of unknown origin, withholding or taking of resident belongings, (ii) resident to resident altercations (verbal or physical), (iii) misappropriation, and/or (iv) any other resident exploitation of any kind. It also made clear that allegations of abuse are NOT to be handled, reported, or processed through the facility's grievance system ever; all must be processed and reported to the state as outlined above. Finally, all department heads will be trained on how to conduct a thorough investigation and substantiate abuse, where warranted.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 8-26-14
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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 000	Continued From page 1 family member via telephone that Certified Nurse Aide (CNA) #1 had refused to assist him/her to the toilet on 06/02/14 and had instructed the resident to "pee in the bed." Resident #2's family member contacted the facility on 06/02/14 and requested staff to assist Resident #2 to the toilet. Subsequently, on returning to assist Resident #2 to the toilet CNA #1 stated to Resident #2, "You better not call [family member] on me again." The Administrator and Director of Nursing (DON) both spoke with Resident #2 about the allegation on 06/04/14, but failed to interview Resident #2's roommate, who witnessed CNA #1 telling Resident #2 to void in the bed. The facility also failed to contact Resident #2's family member regarding calling the facility to request assistance for Resident #2 and failed to ensure residents were protected from further potential abuse during the course of the facility's investigation. A partial extended survey was conducted on 06/26-27/14. An acceptable Allegation of Compliance was received on 06/25/14, which alleged removal of the Immediate Jeopardy on 06/25/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14 as alleged, which lowered the scope and severity to "D" at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and F226), and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.	F 000			
F 151 SS=D	483.10(a)(1)&(2) RIGHT TO EXERCISE RIGHTS - FREE OF REPRISAL The resident has the right to exercise his or her rights as a resident of the facility and as a citizen	F 151			

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F 151	<p>Continued From page 2 or resident of the United States.</p> <p>The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy and procedures it was determined the facility failed to protect and promote the right to a dignified existence, and communication with and access to persons inside and outside the facility for one (1) of four (4) sampled residents (Resident #2). Interview with Resident #2 revealed the resident had asked Certified Nurse Aide (CNA) #1 for assistance to the bathroom and CNA #1 refused to assist the resident. Resident #2 telephoned and informed his/her family member of the incident. Continued interviews revealed CNA #1 returned to Resident #2's room, assisted the resident to the toilet, and informed the resident that he/she "better not" call the family member "on me anymore." Review of Resident #2's medical record revealed documentation on a Post-it Note attached to the face sheet that indicated "do not give [Resident #2's family member's] telephone number" to Resident #2 "at any time." However, interview with Resident #2's family member revealed he/she had not made the request.</p> <p>The findings include:</p> <p>Review of the facility's policy, "Federal Resident/Patient Rights," revised November 2013, revealed every facility resident had a right to a dignified existence, self-determination, and communications with and access to persons</p>	F 151	<p>F-151</p> <ol style="list-style-type: none"> Resident #2's allegation was reported to OIG, APS, and local Ombudsman on 6/12/14 by the SSD. The CNA was not working that day and was suspended via phone conversation on 6/12/14 by DON, pending a thorough investigation. MD and Medical Director was notified on 6/12/14 by the charge nurse or SSD. Resident was assessed by the ADON on 6/12/14 and 6/13/14 with no issues noted. A re-investigation of this event and information obtained there from, warranted an amended finding that <u>this allegation of abuse is substantiated</u>. An amended five day was filed with OIG, APS and Ombudsman as of 6/19/2014 by the SSD. Beginning on 6/12/14 resident #2 was evaluated by the SSD for any signs/symptoms of psychosocial distress. No signs/symptoms of distress were identified. All residents with a BIMS of 7 and below had a head to toe skin assessment completed on 6/12/2014 by the ADON, MDS Nurses, DON, Admissions Director and Staff Development Coordinator. No concerns were identified. All POA's of residents with a BIMS of 7 or less were contacted by Administrator, DON, ADONs, SSD, SDC, Chaplain or Admission director, by 6/14/14, in regards to any abuse/neglect concerns, resident rights and advanced directives. All residents with a BIMS of 8 and above were interviewed on 6/12/14 by the Director of Nursing, ADON, MDS Nurses, Business Office Manager, Medical Records Director, Admissions Director and the Administrator to ensure that everyone is treating them well, that they feel safe, if they have any other concerns, and if they feel that staff talk to 	7/31/14	

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F 151	<p>Continued From page 3 inside and outside the facility.</p> <p>Review of Resident #2's medical record revealed the facility admitted the resident on 04/01/09, with diagnoses which included Cerebral Palsy and Depression. Review of a Minimum Data Set (MDS) assessment completed on 05/02/14, revealed the facility assessed Resident #2 as cognitively intact, and exhibited no behavioral symptoms.</p> <p>Observation of the "Face Sheet" in Resident #2's medical record on 06/12/14 revealed a Post-it Note had been attached to the sheet that stated "do not give [Resident #2] [family member's] telephone number at any time." The hand written note was not signed or dated.</p> <p>Interview with Resident #2 on 06/12/14 at 10:00 AM, revealed he/she had contacted his/her family member asking for assistance because Certified Nurse Aide (CNA) #1 had refused to assist him/her to the toilet. Resident #2 stated CNA #1 returned later that evening and assisted the resident to the toilet after his/her family member had contacted the facility.</p> <p>Interview with Resident #2's family member on 06/12/14 at 2:15 PM revealed on 06/02/14, at approximately 8:45 PM, Resident #2 had contacted him/her for "help" because facility staff had refused to assist the resident to the toilet. The family member stated she contacted the facility and was assured by staff that Resident #2 would be assisted to the toilet. The family member stated she was "glad" Resident #2 had contacted her for assistance. Further interview revealed she had never informed facility staff not to give Resident #2 her telephone number.</p>	F 151	<p>them in a respectful manner. No concerns were identified. On 6/13/14 all residents with a BIMS of 8 or greater were re-interviewed to include the specific question to see if they had any concerns with SRNA Jill McKnight, by the Director of Nursing, ADON, MDS Nurses, Business Office Manager, Medical Records Director, Admissions Director and the Administrator, none were reported. On 6/13/14 employees were interviewed to see if they have had any concerns with the way that SRNA Jill McKnight provided care, if they had seen SRNA exhibit any signs or symptoms of burnout, or if there were any other concerns that were not reported by Director of Nursing, ADON, MDS Nurses, Business Office Manager, Medical Records Director, Admissions Director and the Administrator, no concerns were identified. All residents with a BIMS of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights on 6/15/14 by the business office manager or chaplain.</p> <p>3. The facility Administrator, DON, ADONs, Dietary Director, Business office manager, Chaplain, Admissions Director, were re-educated on 6/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-</p>		

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F 151	Continued From page 4 Interview on 06/27/14, at 10:40 AM with Unit Manager #2 revealed she had not placed the note that directed staff not to contact Resident #2's family member on the face sheet, and had no knowledge of who had placed the note. Interview on 06/27/14 at 11:45 AM with the Director of Nursing (DON) revealed the note was placed on Resident #2's chart in November or December of 2013, at the request of Resident #2's family member due to Resident #2 calling on a frequent basis. The DON stated no further follow-up had been conducted with the family member and the instructions had remained on Resident #2's chart.	F 151	administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed return to work until the resident rights and Advanced Directive Education is provided, pre and post-test administered and 100% score obtained on post-test. Once the facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on Residents Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 6/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 6/15/14 received the education and all other staff received the education, prior to clocking in for their next scheduled shift, by 6/25/14. All new staff will obtain education on Resident Rights during Orientation. Education regarding Residents Rights and Advanced Directives will be included in the orientation process for all newly hired staff members. Staff questionnaire regarding abuse, resident rights and Advanced Directives are being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, or HR Director to 5 different staff members daily X	
F 155 SS=J	483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section. The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.	F 155		

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F 155	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's investigation and policy entitled "Federal Resident/Patient Rights," it was determined the facility failed to ensure one (1) of four (4) sampled residents had the right to refuse treatment (Resident #1).</p> <p>On 05/26/14, Medication Aide (MA) #1 administered a rectal suppository to Resident #1 even though the resident informed the MA that he/she did not want the suppository. Despite Resident #1's verbal refusal of the treatment, MA #1 proceeded to insert the rectal suppository against the resident's will. Resident #1 voiced feeling "violated" after the incident.</p> <p>The facility's failure to have an effective system in place to ensure each resident's right to refuse treatment was honored was likely to cause serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy was determined to exist on 05/26/14 at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and F226), and 42 CFR 483.75 Administration (F490).</p> <p>An acceptable Allegation of Compliance was received on 06/25/14 which alleged removal of the Immediate Jeopardy on 06/25/14. A partial extended survey was conducted on 06/26-27/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14</p>	F 155	<p>4 weeks, covering all shifts, which started on 6/25/14, to ensure continued understanding of the abuse/neglect policy and procedure and resident rights/advanced directives, appropriate investigating and reporting of abuse/neglect to include reporting of concerns to the Administrator. Results of the staff questionnaire will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the staff questionnaire will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected Abuse/neglect was investigated/completed and reporting guidelines are met along with any reporting of violation of resident rights.</p> <p>A resident council meeting will be held quarterly by the facility to discuss resident rights and advanced directives and bi-annually by the local Ombudsman.</p> <p>4. A Quality Assurance meeting will be held weekly for 4 weeks beginning 6/13/14, then bi-weekly for a month, then monthly for recommendations and further follow up regarding the above stated plan. At that time based upon evaluation the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident wellbeing as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special Projects Administrator, the Regional Vice President of</p>		

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F 155	<p>Continued From page 6</p> <p>as alleged, which lowered the scope and severity to "D" at 42 CFR 483.10 Resident Rights (F155) 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and 226) and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's policy, "Federal Resident/Patient Rights," revised November 2013, revealed "every facility resident had a right to a dignified existence" and "self-determination." The policy stated, "...in accordance with the Omnibus Budget Act, a facility must protect and promote the rights of each resident..." including the "right to refuse treatment."</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 03/28/08, with diagnoses which included Multiple Sclerosis and Paraplegia. Review of Resident #1's Comprehensive Care Plan dated 11/14/13 revealed staff should have Resident #1 sign refusal forms "as appropriate." Review of Resident #1's Minimum Data Set (MDS) assessment completed on 04/18/14, revealed the facility assessed Resident #1 to be cognitively intact, "to have the ability to express ideas and wants clearly with no deficits in understanding or being understood," and to have no limitations in the upper extremities. Resident #1 also served as his/her own responsible party.</p> <p>Review of an investigation report dated 05/30/14 revealed on 05/26/14, Resident #1 refused a scheduled suppository. Further review revealed Medication Aide (MA) #1 proceeded to insert the</p>	F 155	<p>Operations, Signature Care Consultant, Chief Nursing Officer, member of regional staff or Chief Operating Officer weekly for 4 weeks beginning 6/25/14, then monthly. Beginning on 6/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed in the event of any new reports of alleged abuse, neglect, misappropriation of property or violation of resident rights, after the immediate jeopardy is removed, one of the following will be contacted prior to making the final five day investigation report to OIG: Signature Care Consultant, Regional VP of Operations, Chief Operating Officer, Special Projects Administrator or Chief Nursing Executive. The reviewer (Signature Care Consultant, VP of Operations, Chief Operating Office, Special Projects Administrator or Chief Nursing Executive) will validate the resident is protected, report is filed timely, the perpetrator is removed from the patient care area and a thorough investigation is completed.</p> <p>Beginning on 6/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>On 6/13/14 resident council meeting was held in which resident rights and advance directives were discussed. All residents with a BIMS of 8 and above were given a copy of resident rights and advance directives. All residents with a BIMS of 7 and below had a copy of the resident rights and advance</p>		

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F 155	<p>Continued From page 7</p> <p>suppository despite the resident's refusal.</p> <p>Interview with Resident #1 on 06/12/14 at 9:50 AM, revealed MA #1 entered the resident's room on 05/26/14, at approximately 10:10 PM and informed the resident that she was going to administer the resident's routinely scheduled rectal suppository. However, Resident #1 stated to MA #1 that he/she did not want the suppository. Resident #1 stated that MA #1 proceeded to tell him/her that the physician had ordered it and wanted the resident to have the suppository. Resident #1 explained, during the interview, that he/she was a paraplegic and was already positioned on the right side when MA #1 entered the room. Resident #1 stated that, although she had verbally refused the suppository, MA #1 proceeded to push his/her leg in an upward motion, and at that time Resident #1 stated he/she placed his/her hand over the rectal area but MA #1 pushed his/her hand out of the way and inserted the suppository against Resident #1's will. Resident #1 described feeling "violated" after the incident.</p> <p>Interview with the Administrator on 06/12/14 at 4:51 PM and review of the facility's investigation dated 05/30/14, revealed the facility investigated the incident and terminated the employment of MA #1 due to Resident #1's "perception of the incident." However, he did not feel the events occurred as stated by Resident #1 because MA #1 denied that Resident #1 refused the suppository and he did not "believe" that MA #1 would have the strength to move Resident #1's hand out of the way to successfully insert the suppository against the resident's will.</p> <p>Unsuccessful attempts were made to interview</p>	F 155	<p>directives mailed to their POA/ responsible party via certified mail. Quarterly, all residents with a BIMS of 8 and above will be interviewed regarding resident rights and advance directives. All residents with a BIMS of 7 and below will have their POA/responsible party contacted to ensure they understand resident rights and advance directives. Results of resident questionnaires will be reported to the QA committee to determine if further action is required as well as to determine if the timeframe of said questions need to be revised/repeated more frequently.</p>		

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F 155	<p>Continued From page 9</p> <p>All Power of Attorneys of residents with a BIMS score of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on 06/14/14, and on resident rights and advanced directives on 06/15/14 by the Social Services Director, Chaplain, DON, ADON, Administrator, SDC or Admissions Director. The facility will continue to attempt contact daily until remaining Power of Attorneys (POAs) have been reached. No concerns have been identified from any POA at this time.</p> <p>Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant, and the Chief Nurse Executive on 06/13/14 for any indications of abuse/neglect concerns.</p> <p>All residents with a BIMS score of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights on 06/15/14 by the Business Office Manager or Chaplain.</p> <p>The facility Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director, were re-educated on 06/13/14 by the Regional Nurse Consultant on the abuse policy and procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator</p>	F 155	<p>thorough investigation must also be initiated and performed to completion. All understand to serve as a resident advocate against abuse at all times, and to protect the resident immediately upon any witnessed abuse or reported allegation of abuse by removing the alleged perpetrator from the resident care area and if an employee, suspending immediately pending outcome of investigation. All understand that any report of staff being physically or verbally mean, rough, or threatening, as well as any other statements indicating or describing such conduct is state reportable, and NOT a resident grievance, even when a resident may later re-define, interpret, or clarify the conduct in question as not intentional or abusive. All understand that the facility's grievance process should NOT ever be used to handle or process an abuse allegation.</p> <p>2. Skin assessments were completed on 5/27/14 on all residents with a BIMS of 7 or less on the West Wing where KMA had provided care by DON, ADONS, SDC, or charge nurse. No new areas of concern were noted. Resident interviews were completed on 5/27/14 on all residents with BIMS of 8 or greater on the West Wing where KMA had provided care by the Admissions Director. The questions included: has anyone ever made you take medications that you did not want to take? Has anyone ever forced care on you? Do you have any concerns? Do</p>		

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F 155	Continued From page 10 (employee), conversations with the residents' POAs, head to toe assessments of residents under the care of the employee that were unable to tell us if an event has occurred (BIMS score of 7 or less) and interviews with residents that can tell us if they feel safe, abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident's right, safety of the resident is to be ensured and then immediately reported to the Charge Nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the Charge Nurse will report to the Abuse Coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS, and Ombudsman. An investigation is then initiated. As well, the grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin, withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department Administrative Managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If the manager did not score 100% on post-test, then the manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test.	F 155	you feel safe? One area of concern noted regarding a resident and a "happy pill" in which she states was reported to nursing 2 months ago. On 6/14/14 all residents with a BIMS of 8 or greater were re-interviewed to specifically ask if they have ever had any issues that they had not reported or any specific concerns with KMA. There were two that were reported to OIG, APS and Ombudsman. All POA's of residents with a BIMS of 7 or less were contacted in regards to any abuse/neglect concerns and on resident rights and advanced directives. All residents with a BIMS of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights. 3. The facility Administrator, DON, ADONs, Dietary Director, Business office manager, Chaplain, Admissions Director, were re-educated on by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test to ensure that the staff are competent in their understanding of resident rights and advanced directives. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued		

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F 155	Continued From page 11 Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director were re-educated on the abuse policy, which included training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a Charge Nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 06/13/14. No employee will be allowed to work until abuse education is provided, pre and post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided; post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on	F 155	until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed return to work until the resident rights and Advanced Directive Education is provided, pre and post-test administered and 100% score obtained on post-test. Once the facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on Residents Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 6/15/14 received the education and all other staff received the education, prior to clocking in for their next scheduled shift, by 6/25/14. <u>A score of 100% is required on all post test to ensure that direct care staff are competent in their understanding of resident rights and advanced directives.</u> All new staff will obtain education on Resident Rights during Orientation by the Staff Development Coordinator beginning on 7/27/14. Staff questionnaire regarding abuse, resident rights and Advanced Directives are being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director,		

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F 155	<p>Continued From page 12 post-test.</p> <p>The Administrator, DON, ADONs, Dietary Director, Business Office Manager, Chaplain and Admissions Director, were re-educated on 06/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed to return to work until the Residents' Rights and Advanced Directive Education is provided pre and post-test administered and 100% score obtained on post-test.</p> <p>Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and Human Resources Director were re-educated on Residents' Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 06/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 06/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift.</p>	F 155	<p>Medical Records Director, and HR Director to 5 different staff daily on different shifts X 4 weeks, starting on 6/25/14, to ensure continued understanding of the abuse/neglect policy and procedure and resident rights/advanced directives, appropriate investigating and reporting of abuse/neglect to include reporting of concerns to the Administrator. Results of the staff questionnaire will be reported to the QA committee weekly X 4 weeks, starting on 6/25/14, to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the staff questionnaire will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected Abuse/neglect was investigated/completed and reporting guidelines are met along with any reporting of violation of resident rights. DON, ADONs, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on 5 residents daily, beginning on 6/14/14, until removal of immediacy and then weekly (Monday through Friday). Results of the care delivery audits will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the audits will need to</p>		

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F 155	<p>Continued From page 13</p> <p>All new staff will obtain education on Residents' Rights during Orientation.</p> <p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director to five staff members on each shift and different staff members until the immediacy of the Jeopardy is removed.</p> <p>All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations Officer, or Chief Nurse Executive. Any concerns revealed on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive.</p> <p>Results of the staff questionnaire will be reported to the Quality Assurance committee weekly to determine the further need of continued education or revision of plan.</p> <p>Human Resources performed an audit of all personnel files for any abuse concerns on 06/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks, and licensure. Results of</p>	F 155	<p>continue. Concerns Identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>A resident council meeting will be held quarterly by the facility to discuss resident rights and advanced directives and bi-annually by the local Ombudsman.</p> <p>4. A Quality Assurance meeting will be held weekly for 4 weeks beginning 6/13/14, then bi-weekly for a month, then monthly for recommendations and further follow up regarding the above stated plan. At that time based upon evaluation the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident wellbeing as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Signature Care Consultant, Chief Nursing Officer, member of regional staff or Chief Operating Officer weekly for 4 weeks beginning 6/25/14, then monthly. Beginning on 6/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the</p>		

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F 155	<p>Continued From page 14</p> <p>audit were given to the Administrator, on 06/14/14, to review for any abuse/neglect concerns that needed reported. None was identified.</p> <p>Information on Caring for the Caregiver, which addresses the signs of stress and burnout, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 06/14/14 by the administrator.</p> <p>A nurse from the regional team or corporate office has been onsite since 06/13/14 and will remain in the facility daily until the Jeopardy has been lifted. The nurses from the regional team or home office are assisting with investigations, observing staff treatment of residents, performing chart audits, and providing oversight and consultation. The Chief Nurse Executive, Clinical Compliance Nurse or Director of Clinical Programs will be in daily contact with the Regional Nurse Consultant and will review allegations.</p> <p>All grievances and Resident Questionnaires since 02/01/13, were reviewed by the Administrator, DON, Chief Nurse Executive, Human Resources Director, Admissions Director or Regional Nurse Consultants by 06/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported 58 allegations of abuse, neglect or misappropriation to the Office of Inspector General, APS and Ombudsmen and appropriate authorities as required state law by 06/16/14.</p> <p>The Administrator, Social Services Director or the Director of Nursing will review daily, the</p>	F 155	<p>Charge Nurse. The abuse policy will then be followed. DON, ADONs, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on 5 residents daily, beginning on 6/14/14, until removal of immediacy and then weekly (Monday through Friday). Results of the care delivery audits will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the audits will need to continue. Concerns Identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>On 6/13/14 resident council meeting was held in which resident rights and advance directives were discussed. All residents with a BIMS of 8 and above were given a copy of resident rights and advance directives. All residents with a BIMS of 7 and below had a copy of the resident rights and advance directives mailed to their POA/responsible party via certified mail. Quarterly, all residents with a BIMS of 8 and above will be interviewed regarding resident rights and advance directives. All residents with a BIMS of 7 and below will have their POA/responsible party contacted to ensure they understand resident rights and advance directives. Results of resident questionnaires will be reported to the QA committee to determine if further action is required as well as to determine if the timeframe of said questions need to be revised/repeated more frequently.</p>		

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F 155	<p>Continued From page 15</p> <p>grievances and incident/accident reports, until the immediacy of the Jeopardy is lifted, starting 06/13/14, to determine if there are reportable allegations that have not been identified, then daily Monday through Friday during the Morning Stand-Up Meeting. The Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation immediately after their review. The Administrator will report any allegations of abuse, neglect, or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p> <p>A Resident Council meeting was held on 06/13/14, conducted by the Chaplain and Staff Development Coordinator, to discuss any abuse/neglect concerns, the facility's Abuse Policy and to provide education on whom to report any abuse/neglect concerns without fear of retribution.</p> <p>The Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director, one per shift, will be on site each shift to perform walking rounds in which 20 residents (ten with BIMS scores of 8 or greater and ten with BIMS scores of 7 or less) will be visited by the Department Head and interviewed regarding staff treatment. Those residents that can be interviewed and for those residents who are not able to be interviewed, the Department Heads will visit the resident, skin checks will be completed by the nurse, as well as speaking to nurse and the CNA regarding any</p>	F 155			

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F 155	<p>Continued From page 16</p> <p>noted changes in resident behaviors.</p> <p>The Administrator, DON, ADONs, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director will interview ten staff members daily, five from day shift and five from night shift, regarding the types of abuse, who is the abuse coordinator, when suspected abuse is reported, residents rights and advanced directives which began on 06/14/14 and will continue until Immediate Jeopardy is lifted. Results of resident and staff questionnaires will be reported to the Administrator, DON, Regional Nurse Consultant, or VP of Operations daily, and if the Administrator is not in the facility, the Department Director conducting the questionnaires will telephone the Administrator or VP of Operations the results of the resident and staff questionnaires. This began on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>A binder is passed on to each Department Head assigned to perform the resident and staff questionnaires each shift. This binder contains a resident roster in which the interview date and shift is noted next to the resident's name to ensure that residents with BIMS scores of 8 or greater will be interviewed and residents with BIMS scores of 7 or less will be visited, with skin checks completed, beginning on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMS scores of 8 or greater and residents with BIMS scores of 7 or less. If abuse,</p>	F 155			

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F 155	<p>Continued From page 17</p> <p>mistreatment, neglect, misappropriation or violation of resident rights is alleged during the interviews and/or visits are reported by a staff member, the Department Head will ensure the resident is safe, report to a Charge Nurse in which the Charge Nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and/or Social Services Direct/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately.</p> <p>The Administrator, Director of Nursing, Social Services, or a member of the regional staff will review all resident and staff questionnaires daily for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt, starting on 06/14/14.</p> <p>Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical Records Director, or Social Service Director) will review documentation in the Nursing Notes and Social Service Notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation, or violation of resident rights daily on ten different residents each day. This began on 06/14/14. No concerns have been identified. Any concerns identified, resident safety will first be ensured, and then the Charge Nurse will be notified. The Abuse Policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified.</p>	F 155			

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F 155	<p>Continued From page 18</p> <p>All resident Social Service Notes and Nursing Notes that were in the chart (3 months) were reviewed on 06/13/14 by the DON, ADCNs, Staff Development Coordinator, MDS staff, Medical Records Director, Admissions Director, or a Social Service Director and Administrator from a "sister" facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incidents were identified. Ten charts are reviewed by a member of Nursing Administration or Regional or Home Office Nurse daily to validate that no other abuse allegations or violations of resident rights have been documented but not reported. This will continue until the Immediate Jeopardy is removed.</p> <p>The Administrator, Director of Nursing, and Social Services Director will review and discuss all abuse allegations daily to ensure that the resident is protected, the alleged perpetrator is removed from the resident care area, reports to the Office of the Inspector General, APS and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator will maintain an abuse investigation log starting on 06/14/14 that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Office of the Inspector General, APS, and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator and one of the following: Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log daily until removal of the</p>	F 155			

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F 155	<p>Continued From page 19</p> <p>Immediate Jeopardy, beginning on 06/14/14, to validate protection of the resident, that the perpetrator is removed from the resident care area, that reports to the Office of the Inspector General, APS, Ombudsman and appropriate authorities required by State law, are filed timely, and a thorough investigation has been completed.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of a residents rights on 06/14/14. None was identified.</p> <p>Beginning on 06/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>The DON, ADON, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on five residents daily, beginning on 06/14/14, until removal of the immediacy and then weekly (Monday through Friday). Results of the care delivery audits will be reported to the Quality Assurance Committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the Quality Assurance Committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure</p>	F 155			

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F 155	<p>Continued From page 20</p> <p>investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>A Quality Assurance meeting will be held weekly for four weeks beginning 06/13/14, then monthly for recommendations and further follow-up regarding the above stated plan. At that time, based upon evaluation the Quality Assurance Committee will determine at what frequency ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident wellbeing as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Signature Care Consultant, Chief Nursing Officer, member of regional staff or Chief Operating Officer, daily until removal of the immediacy beginning 06/13/14, then weekly for four weeks, then monthly.</p> <p>**The surveyor validated the Immediate Jeopardy was removed as follows:</p> <p>Review of the "Random Follow up Questionnaires for Residents," dated 06/13/14 and interviews on 06/27/14, at 1:51 PM with the MDS Coordinator and at 11:25 AM with the Staff Development Coordinator revealed the residents had been interviewed.</p> <p>Review of documentation revealed the allegations were faxed to the Office of Inspector General between the dates of 06/13/14 and 06/17/14.</p>	F 155			

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F 155	<p>Continued From page 21</p> <p>Review of "C.N.A Skin Care Alert" forms dated 06/13/14, and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator and at 11:30 AM with the Assistant Director of Nursing, revealed the assessments had been completed.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed staff had contacted the residents' Power of Attorneys regarding abuse/neglect concerns and resident rights. The staff stated they were continuing to contact all Power of Attorneys not yet reached. Additionally, interview on 06/27/14 at 11:15 AM with Resident G's Power of Attorney revealed he had been contacted by the facility and voiced no concerns.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and at 11:45 AM with the Director of Nursing, revealed all Abuse/Neglect audits, assessments, interviews, and questionnaires had been reviewed on 06/13/14.</p> <p>Review of acknowledgement sheets signed by residents and interviews on 06/27/14 at 10:10 AM with Resident #3, at 10:15 AM with Resident D, at 10:23 AM with Resident E; and at 10:30 AM with Resident F revealed the education had been provided to residents.</p> <p>Review of "Random Follow-Up Questionnaires for Staff," dated 06/13/14 with designations of pre-test and post-test revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Staff Development Coordinator, Dietary Director,</p>	F 155		

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F 155	<p>Continued From page 22</p> <p>Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director had all taken the test and scored 100%.</p> <p>Review of "Random Follow-Up Questionnaire for Staff," forms and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%.</p> <p>Review of "Resident Rights" questionnaires designated with pre-test and post-test dated 06/15/14, revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Director, Business Office Manager, Chaplain, and Admissions Director had all taken the test and scored 100%.</p> <p>Review of "Resident Rights" questionnaire and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%.</p> <p>Interview on 06/27/14 at 11:25 AM the Staff Development Coordinator revealed orientation training and education material includes Resident Rights training.</p> <p>Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker, revealed the questionnaires regarding abuse, resident rights,</p>	F 155			

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F 155	<p>Continued From page 23</p> <p>and advanced directives had been administered to five staff members on each shift.</p> <p>Interview with the Administrator on 06/27/14, at 11:20 AM revealed the questionnaires had been reviewed and no concerns were identified.</p> <p>Review of Quality Assurance Meetings conducted on 06/13/14 and 06/20/14 revealed the results of the questionnaire had been reported in the meetings.</p> <p>Review of a signed statement dated 06/13/14, by the Human Resources Director revealed all Human Resource files had been audited for Coaching and Counseling forms, Suspension Forms, Termination Forms, Abuse Registry Checks, Background Checks, and Licensure requirements.</p> <p>Observation of the employee time clock on 06/27/14 at 11:58 AM revealed "caring for the caregiver" educational material was present.</p> <p>Review of a signed facility log dated 06/13/14 through 06/27/14, revealed a corporate staff person had been designated and served as Administrative Oversight in the facility on each of the days.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator and at 11:45 AM with the Director of Nursing revealed all Grievances and Resident Questionnaires since 02/01/13 had been reviewed. The identified concerns had been reported to the Office of Inspector General.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker,</p>	F 155		

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F 155	<p>Continued From page 24</p> <p>and at 11:45 AM with the Director of Nursing revealed all grievances and incident/accident reports had been reviewed daily since 06/13/14.</p> <p>Review of the "Resident Council Meeting Minutes," dated 06/13/14, and interviews with Resident #3 on 06/27/14 at 10:10 AM and Resident D at 10:15 AM, revealed they had attended the meeting and discussed any abuse/neglect concerns.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed Department Heads had been assigned each shift to perform walking rounds and visit 20 residents. Staff interviews were also being conducted to identify any changes in resident behavior.</p> <p>Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14, at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:30 AM with the Assistant Director of Nursing revealed the interviews were being conducted with ten staff members daily. Review on 06/27/14, of the questionnaire binder revealed it contained a resident roster with the date and shift that each resident had been interviewed.</p> <p>Interview on 06/27/14 at 1:51 PM with the Minimum Data Set Coordinator revealed she was responsible to ensure the binder was kept updated with each resident's current BIMS score.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker,</p>	F 155			

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F 155	<p>Continued From page 25</p> <p>and at 11:45 AM with the Director of Nursing revealed all resident and staff questionnaires had been reviewed daily for any allegations of abuse, neglect, and misappropriation of property. The questionnaires were also reviewed for violation of resident rights or advanced directives.</p> <p>Review of signed statements by staff and interviews on 06/27/14 at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed Nursing Notes and Social Service Notes had been reviewed daily for evidence of any allegations of abuse, neglect, misappropriation of property, or violation of resident rights.</p> <p>Review of a signed statement by the Administrator and Social Services Director of a "sister" facility dated 06/13/14, revealed all Nursing and Social Services Notes had been reviewed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all abuse allegations were reviewed daily and discussed to ensure the abuse policy was followed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and observation of the abuse investigation log revealed the log had been maintained since 06/14/14, and included documentation that resident rights were protected, the alleged perpetrator was removed from resident care, and the required reporting was completed. Review of the Abuse Investigation Log on 06/27/14, revealed documentation that the Chief Operation Officer,</p>	F 155		

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F 155	Continued From page 26 Vice President of Operations, Chief Nurse Executive, or Regional Nurse Consultant had reviewed the log daily. Review of a signed statement dated 06/14/14, by the Regional Nurse Consultant revealed all incident reports had been reviewed for any concerns. Interview with the Administrator on 06/27/14 at 10:10 AM and a signed statement dated 06/27/14, revealed the facility had conducted no care plan meetings since 06/13/14. Interview with the Minimum Data Set Coordinator on 06/27/14 at 1:51 PM revealed all Care Plan meetings would include discussion of any abuse/neglect concerns that the resident or families may have noted. Interviews on 06/27/14, at 11:45 AM with the Director of Nursing, and at 11:30 AM with the Assistant Director of Nursing and review of resident rosters revealed observations of care had been conducted on five residents daily, which began on 06/14/14. Review of Quality Assurance meeting minutes revealed meetings had been conducted on 06/13/14 and 06/20/14. The minutes reflected the plan had been discussed.	F 155			
F 223 SS=J	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual,	F 223			

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F 223	<p>Continued From page 27 or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's Resident/Visitor/Grievance/Complaint Forms and policy entitled "Abuse, Neglect and Misappropriation Policy," it was determined the facility failed to have an effective system to ensure two (2) of four (4) sampled residents remained free from abuse (Residents #1 and #2).</p> <p>Interview with Residents #1 and #2 on 06/12/14, revealed both residents had reported allegations of abuse by Medication Aide (MA) #1 to the facility. Additionally, Resident #2 reported an allegation of abuse that involved Certified Nurse Aide (CNA) #1 to the facility. However, the facility failed to implement measures to protect residents from further potential abuse.</p> <p>Review of the facility's investigation, dated 05/30/14, revealed on 05/26/14 Resident #1 refused a scheduled suppository, but MA #1 proceeded to insert the rectal suppository despite the resident's refusal. Although the facility terminated the employment of MA #1, the facility unsubstantiated the abuse allegation based on MA #1's statement that Resident #1 had not refused the suppository. In addition, upon questioning Resident #2 (the roommate of Resident #1) about care and services provided by MA #1, Resident #2 reported that MA #1 had been "rough" with him/her on a previous occasion.</p> <p>Also, on 06/02/14, Resident #2 contacted his/her</p>	F 223	<p>F-223</p> <ol style="list-style-type: none"> Resident #1's allegation was reported to the Administrator and DON on 5/26/14 by the charge nurse. Thorough investigation initiated on 5/26/14 by the DON. Initial report to OIG, APS and Ombudsman on 5/27/14 by the SSD. MD and Medical director was notified on 5/26/14 by the DON. On 5/26/14 the medication Aide was suspended by the DON, pending a thorough investigation. Charge nurse completed a head to toe assessment on resident #1 on 5/26/14 with no concerns identified. SSD completed psychosocial assessment of resident on 5/27/14 with reassessments on 6/2/14 - 6/4/14 with no concerns noted. On 6/13/14 and again on 6/19/14, due to new information being reported to the facility by a state agency, this investigation was reopened by the administrator or DON. An amended report substantiating this allegation has been filed to the OIG, APS and Ombudsmen. The facility Administrator, Director of Nursing, Abuse Coordinator and facility department heads and staff understand that any and all allegations of abuse, neglect, misappropriation, or violation of resident rights are to be reported to OIG, APS and Ombudsmen immediately, as well as to other authorities as required by state law. A thorough investigation must also be initiated and performed to completion. All understand to serve as a resident advocate against abuse at all times, and to protect the resident immediately upon any witnessed abuse or reported allegation of abuse by removing the alleged 	7/31/14	

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F 223	<p>Continued From page 28</p> <p>family member by telephone and requested assistance because CNA #1 had refused to assist the resident to the toilet and instructed Resident #2 to "pee in the bed." The resident's family member contacted the facility on 06/02/14 and CNA #1 subsequently assisted Resident #2 to the toilet. However, when CNA #1 assisted Resident #2 to the toilet, CNA #1 stated to Resident #2, "You better not call [family member] on me again." Resident #1 (Resident #2's roommate) confirmed in interview on 06/12/14 that he/she had witnessed CNA #1 refuse to take Resident #2 to the toilet and tell Resident #2 to "pee in the bed." Resident #2 and Resident #1 both stated the Administrator and Director of Nursing (DON) came to their room and spoke with Resident #2 about the incident on the morning after it occurred. However, the Administrator and DON denied knowledge of the incident until reported by Resident #2 to the Activity Assistant in a Resident Council Meeting on 06/04/14, at which time the DON and Administrator spoke with Resident #2 regarding the allegation.</p> <p>Review of a statement dated 06/04/14 by the DON, and a statement dated 06/13/14 by the Administrator, revealed CNA #1 had been questioned about the incident by the DON and informed the DON that she had been caring for another resident and could not assist Resident #2 to the toilet at the time of the incident. Documentation revealed the CNA received education on time management. However, the facility took no action to initiate an investigation, protect residents from further potential abuse, or report the allegation as required.</p> <p>The facility's failure to have an effective system in place to ensure residents remained free from</p>	F 223	<p>perpetrator from the resident care area and if an employee, suspending immediately pending outcome of investigation. All understand that any report of staff being physically or verbally mean, rough, or threatening, as well as any other statements indicating or describing such conduct is state reportable, and NOT a resident grievance, even when a resident may later re-define, interpret, or clarify the conduct in question as not intentional or abusive. All understand that the facility's grievance process should NOT ever be used to handle or process an abuse allegation. Resident #2's allegation was reported to OIG, APS, and local Ombudsman on 6/12/14 by the SSD. The CNA was not working that day and was suspended via phone conversation on 6/12/14 by DON, pending a thorough investigation. MD and Medical Director was notified on 6/12/14 by the charge nurse or SSD. Resident was assessed by the ADON on 6/12/14 and 6/13/14 with no issues noted. A re-investigation of this event and information obtained therefrom, warranted an amended finding that <u>this allegation of abuse is substantiated</u>. An amended five day was filed with OIG, APS and Ombudsman as of 6/19/2014 by the SSD.</p> <p>2. All residents have been assessed for any signs and symptoms of abuse/neglect. Those residents with BIMs of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant operations Director, MDS Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator or Chaplain for any abuse/neglect concerns on 6/13/14. Eleven</p>		

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F 223	<p>Continued From page 29</p> <p>abuse was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy was determined to exist on 05/26/14 at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and F226), and 42 CFR 483.75 Administration (F490).</p> <p>An acceptable Allegation of Compliance was received on 06/25/14 which alleged removal of the Immediate Jeopardy on 06/25/14. A partial extended survey was conducted on 06/28-27/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14 as alleged, which lowered the scope and severity to "D" at 42 CFR 483.10 Resident Rights (F155) 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and 226) and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's "Abuse, Neglect and Misappropriation" policy, effective April 2013, revealed "...verbal, sexual, physical, and mental abuse" was prohibited. Additionally, the policy stated "...retribution against residents who file reports of abuse is prohibited."</p> <p>1. Review of the medical record revealed the facility admitted Resident #1 on 03/28/08, with diagnoses which included Multiple Sclerosis and Paraplegia. Review of a Minimum Data Set assessment completed on 04/18/14, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 13 and was cognitively intact.</p>	F 223	<p>(11) concerns with 10 (ten) residents were identified throughout the interviews conducted on 6/13/14, two (2) of which were resident #1 and resident #2 (with resident #2 having two reported incidents). The eleven (11) consist of (four) allegations of physical abuse, 3 (three) allegations of neglect, 1 (one) allegation of verbal abuse, 2 (two) allegations of misappropriation of resident property and 1 allegation of mental abuse, all of which were reported to OIG, APS and Ombudsmen between 6-13-14 and 6-17-14. 1 (one) allegation of physical abuse and 1(one) allegation of neglect were substantiated. Those residents with BIMS of 7 or less were physically assessed by the ADONs, Admissions Director or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 6/13/2014. No concerns were identified. All POA's of residents with a BIMS of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on 6/14/14, and on resident rights and advanced directives on 6/15/14 by the Social Services Director, Chaplain, DON, ADON's Administrator, Staff development coordinator or Admissions Director. The facility will continue to attempt contacting daily until remaining POA's have been reached. No concerns have been identified from any POA at this time. Abuse/neglect audits, assessments, interviews and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant and the Chief Nurse Executive on 6/13/14 for any indications of abuse/neglect concerns.</p> <p>All residents with a BIMS of 8 or greater received education on Residents Rights and</p>		

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F 223	<p>Continued From page 30</p> <p>Review of a facility investigation dated 05/30/14, revealed Resident #1 had reported to CNA #2 on 05/26/14 that, even though he/she had refused his/her scheduled rectal suppository, MA #1 had administered the suppository in spite of the resident's refusal. Further review of the facility's investigation dated 05/30/14, revealed CNA #2 immediately reported the allegation to the Charge Nurse and MA #1 was suspended from employment at the facility on 05/26/14, and ultimately terminated from employment at the facility on 05/30/14. However, according to the investigation the facility did not substantiate Resident #1's allegation of abuse.</p> <p>Interview with Resident #1 on 06/12/14, at 9:50 AM revealed that at approximately 10:00 PM on 05/26/14, MA #1 informed Resident #1 that she was going to administer the resident's routinely scheduled rectal suppository. According to Resident #1, he/she (the resident is a paraplegic) was positioned on the right side when MA #1 entered the room. Resident #1 stated he/she informed MA #1 that he/she did not want the suppository. However, despite telling the MA not to administer the suppository, the MA proceeded to push the resident's leg in an upward motion while stating the physician wanted the resident to have the suppository as ordered. Resident #1 stated at that time he/she positioned his/her hand over the rectal area in an attempt to block MA #1 from inserting the suppository. MA #1 pushed Resident #1's hand out of the way and inserted the suppository against Resident #1's will. Resident #1 voiced feeling "violated" after the incident. Resident #1 stated he/she placed the call light on when MA #1 exited the room, and reported the incident to CNA #2, who answered</p>	F 223	<p>were given a copy of the Resident Rights by the Business Office Manager or Chaplain on 6/15/14.</p> <p>All grievances and Resident Questionnaires since 2/1/13 were reviewed by the Administrator, DON, Chief Nurse Executive, HR Director, Admissions Director or Regional Nurse Consultants by 6/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported fifty eight (58) allegations of abuse, neglect or misappropriation to the Office of Inspector General, APS and Ombudsmen and appropriate authorities as required state law by 6/16/14. Two (2) allegations were substantiated; one (1) physical and one (1) neglect which were referenced in #4, both of which involved resident #2. The breakdown of allegations reported are as follows: one (1) physical, seven (7) neglect, three (3) mental and 47 (forty seven) misappropriation. The Administrator, Social Services Director or the Director of Nursing will review daily, Monday through Friday during the morning stand up meeting, the grievances and incident/accident reports X 4 weeks, starting 6/13/14, to determine if there are reportable allegations that have not been identified. Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation immediately after their review. The Administrator will report any allegations of abuse, neglect or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p>		

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F 223	<p>Continued From page 31 the call light.</p> <p>Interview with CNA #2 on 06/12/14 at 2:40 PM, revealed she answered Resident #1's call light on 05/26/14, and Resident #1 reported to her that MA #1 had administered a suppository to the resident despite the resident's refusal. CNA #2 stated she reported the incident to Licensed Practical Nurse (LPN) #1.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 06/12/14 at 2:10 PM revealed she went directly to speak with Resident #1 on 05/26/14 after CNA #2 reported Resident #1's allegation to her. LPN #1 stated Resident #1 repeated the same version of events to her that the resident had reported to CNA #2.</p> <p>Interview with the Administrator on 06/12/14, at 4:51 PM, revealed the facility's investigation had unsubstantiated that MA #1 had abused Resident #1 because MA #1 denied that Resident #1 had refused the suppository. However, the Administrator stated the facility had been "watching" MA #1 "close" prior to the incident reported by Resident #1 on 05/26/14 due to MA #1 having "many performance issues" and resident reports that MA #1 was "hateful." The Administrator could not recall specific residents who had made reports related to MA #1 or specific dates and times of the reports. The Administrator also stated that the facility had not initiated or conducted special supervision or monitoring of MA #1's job performance or to ensure resident safety.</p> <p>In addition, an interview was conducted with Resident #2 on 06/12/14 at 10:00 AM regarding the care and services provided to the resident by</p>	F 223	<p>A Resident Council meeting was held on 6/13/14 conducted by the Chaplain and Staff Development Coordinator to discuss any abuse/neglect concerns, the facility abuse policy and to provide education on whom to report any abuse/neglect concerns without fear of retribution. 1 allegation resulted and was reported to the office of Inspector general on 6/16/14. On 6/13/14 a grievance was written on a missing blouse and pair of pants. An initial report has been sent to OIG, APS and Ombudsmen on 6/16/14 by the Administrator. An investigation was initiated on 6/13/14 by the Housekeeping Director.</p> <p>All resident social service notes and nursing notes that were in the chart (3 months) were reviewed on 6/13/14 by the DON, ADONs, Staff Development Coordinator, MDS staff, medical records director, admissions director, or a social service director and administrator from a sister facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incident being identified.</p> <p>Beginning on 6/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>DON, ADONs, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on</p>		

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F 223	<p>Continued From page 32</p> <p>Medication Aide (MA) #1. Resident #2 immediately stated that MA #1 had been rough in the past when providing care to the resident and had caused him/her to cry. Resident #2 stated that MA #1 was "hateful" and believed MA #1's actions had been intentional when she was rough with him/her. Resident #2 stated he/she was unable to recall the exact date of the incident but stated he/she had reported it to facility staff the morning after it had occurred. Interview on 06/12/14 at 10:10 AM with Resident #1 revealed he/she had witnessed MA #1 "grab" Resident #2's legs, causing the resident to cry.</p> <p>A review of a "Resident/Visitor/Grievance/ Complaint Form" dated 05/16/13, revealed Resident #2 reported to the Admissions Director on 05/16/13, that MA #1 had been "rough" while assisting the resident to bed on 05/15/13. The review revealed the facility questioned other residents regarding care provided to them by MA #1 and obtained no complaints. Therefore, the report revealed the facility determined the incident was resolved by educating MA #1 to be "more gentle" when assisting with transfers. Interview with the Administrator on 06/12/14 at 4:51 PM revealed the facility failed to investigate the incident as an allegation of abuse.</p> <p>2. Review of a "Resident/Visitor/Grievance/ Complaint Form" dated 06/05/14, revealed Resident #2 had reported to staff during a Resident Council meeting held on 06/04/14, that he/she asked CNA #1 for assistance to the bathroom on 06/03/14 and the CNA had told the resident to void in his/her brief. Documentation on the form revealed CNA #1 had worked from 7:00 PM on 06/02/14 until 7:00 AM on 06/03/14. The Resident/Visitor/Grievance/Complaint Form</p>	F 223	<p>5 residents weekly (Monday through Friday) for 8 weeks, starting on 6/25/14. Results of the care delivery audits will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>All resident social service notes and nursing notes that were in the chart (3 months) were reviewed by the DON, ADONs, Staff Development Coordinator, MDS staff, medical records director, admissions director, or a social service director and administrator from a sister facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of resident's rights.</p> <p>3. The facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, HR Director, were re-educated on 6/13/14 by the Regional Nurse Consultant on the abuse policy and</p>		

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F 223	<p>Continued From page 33</p> <p>also indicated the Administrator and DON were notified of the complaint.</p> <p>Interview with Resident #2 on 06/12/14, at 10:00 AM revealed he/she (exact date unknown) rang the call light for assistance to the toilet but stated CNA #1 answered the call light and instructed the resident "to pee in the bed." Resident #2 stated he/she did not want to void in the bed and informed his/her family member by telephone of the CNA's refusal to assist him/her to the toilet and that the CNA had told him/her to "pee in the bed." Resident #2 voiced being very upset over the incident stating, "I shouldn't have to pee on myself." Resident #2 stated CNA #1 returned later to assist him/her to the toilet, and while in the bathroom CNA #1 stated to Resident #2, "You better not call [family member] on me again." Resident #2 stated she felt threatened and afraid of CNA #1 at that time. Resident #2 stated the Administrator and DON came to her room and talked to her about the incident the next morning.</p> <p>Resident #1 (Resident #2's roommate) confirmed in interview conducted on 06/14/14 at 10:10 AM that CNA #1 had answered Resident #2's call light (exact date unknown) and instructed the resident to void in the bed and that she would clean it up later. Resident #1 also stated CNA #1 returned to assist Resident #2 to the bathroom on the same night. Resident #1 denied hearing CNA #1 threaten Resident #2, but stated although CNA #1 routinely left the door to the bathroom open when she assisted one of the residents to the bathroom, CNA #1 closed the bathroom door when she assisted Resident #2 to the bathroom. Resident #1 stated that immediately upon CNA #1 exiting the room after assisting Resident #2 from the toilet and back to bed, Resident #2 said,</p>	F 223	<p>procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator (employee), conversations with the residents POA, head to toe assessments of residents under the care of the employee that are unable to tell us if an event has occurred (BIMS 7 or less) and interviews with residents that can tell us if they feel safe, abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident right, safety of the resident is to be ensured and then immediately reported to the charge nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the charge nurse will report to the abuse coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS and Ombudsman. An investigation is then initiated. As well, grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin, withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department</p>	

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F 223	<p>Continued From page 34</p> <p>"She told me I better not call [family member] on her again."</p> <p>Interview on 06/12/14 at 4:40 PM with CNA #1 revealed when Resident #1 rang the light for assistance to toilet on 06/02/14, she was busy and could not assist the resident at the time and had told the resident she would clean him/her up if the resident voided in bed. CNA #1 stated that although the facility was fully staffed at the time, she did not attempt to ask for the assistance of other staff to assist Resident #2 to the toilet. CNA #1 denied she told Resident #1 not to contact his/her family member again.</p> <p>Interview on 06/12/14 at 2:15 PM with Resident #2's family member confirmed that Resident #2 had called her on 06/02/14 at approximately 8:45 PM and was very upset, stating that he/she needed to go to the bathroom and the staff would not take him/her, and that staff had told the resident to "pee in the bed." The family member stated Resident #2 told her, "I need help; I can't pee in the bed." The resident's family member stated she assured Resident #2 she would help him/her, and contacted the facility requesting staff to assist Resident #2 to the bathroom. The family member stated she spoke with Resident #2 a few days after the incident (exact date unknown) and Resident #2 informed her that CNA #1 had assisted him/her to the bathroom after he/she had telephoned the family member and that the CNA had told the resident not to call "me" anymore.</p> <p>The DON acknowledged in interview conducted on 06/12/14 at 4:20 PM that she had been informed of Resident #2's complaint on 06/04/14 after Resident #2 reported the incident in a</p>	F 223	<p>administrative managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Once the facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on the abuse policy, which include training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a charge nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 6/13/14. No employee will be allowed to work until abuse education is provided, pre and post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and</p>		

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F 223	<p>Continued From page 35</p> <p>Resident Council meeting. The DON stated she contacted CNA #1 on the telephone and questioned her regarding the complaint. The DON stated CNA #1 explained to her that Resident #2's call light was on, but she told Resident #1 that she had to "prioritize" and could not assist him/her to the toilet at that time. According to the DON, CNA #1 reported to her that Resident #2 had stated that she could not wait and would "pee" on himself/herself. According to the DON, CNA #1 acknowledged she failed to take Resident #1 to the bathroom. The DON stated she viewed the report made by Resident #2 as a "grievance," and educated CNA #1 on "answering call lights in the order they ring" and proper time management.</p> <p>Interview with the Administrator on 06/13/14, at 1:30 PM and review of statements signed by the DON on 06/04/14 and the Administrator on 06/13/14, revealed the Activity Assistant had informed the DON that "there was a problem" with CNA #1 not taking Resident #2 to the bathroom. The DON then "immediately notified" the Administrator "about the report." Review of the statements revealed on 06/04/14 the Administrator and DON talked to Resident #2 about "a problem" when CNA #1 had not assisted the resident to the bathroom and had told the resident to void in the bed. However, the Administrator stated after the DON spoke with CNA #1, he did not view the incident as abuse/neglect to Resident #2 and took no further action. The Administrator acknowledged he had not interviewed Resident #2's roommate or contacted Resident #2's family member in an effort to confirm Resident #2's report of the incident.</p>	F 223	<p>reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided, post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test.</p> <p>The facility Administrator, DON, ADONs, Dietary Director, Business office manager, Chaplain, Admissions Director, were re-educated on 6/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed return to work until the resident rights and Advanced Directive Education is provided, pre and post-test administered and 100% score obtained on post-test. Once the facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on Residents</p>		

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F 223	<p>Continued From page 36</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/25/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>All residents were assessed for any signs and symptoms of abuse/neglect. Those residents with Brief Interview for Mental Status (BIMS) scores of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant Operations Director, Minimum Data Set (MDS) Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator (SDC), or Chaplain for any abuse/neglect concerns on 06/13/14.</p> <p>Eleven concerns with ten residents were identified through interviews conducted on 06/13/14, two of which involved Resident #1 and Resident #2 (with Resident #2 having two reported incidents). The eleven concerns consist of four allegations of physical abuse, three allegations of neglect, one allegation of verbal abuse, two allegations of misappropriation of resident property and one allegation of mental abuse; all of which were reported to the Office of Inspector General (OIG), Adult Protective Services (APS), and the Ombudsman between 06/13/14 and 06/17/14.</p> <p>Residents with BIMS scores of 7 or less were physically assessed by the Assistant Directors of Nursing (ADON), Admissions Director, or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 06/13/14. No concerns were identified.</p> <p>All Power of Attorneys of residents with a BIMS</p>	F 223	<p>Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 6/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 6/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift. All new staff will obtained education on Resident Rights during Orientation</p> <p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and HR Director to 5 different staff members daily, on different shifts starting on 6/25/14 for 8 weeks, to ensure continued understanding of the abuse/neglect policy and procedure and resident rights/advanced directives, appropriate investigating and reporting of abuse/neglect to include reporting of concerns to the Administrator. All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations Officer, or Chief Nurse Executive Any concerns revealed on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive .</p>	

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F 223	<p>Continued From page 37</p> <p>score of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on 06/14/14, and on resident rights and advanced directives on 06/15/14 by the Social Services Director, Chaplain, DON, ADON, Administrator, SDC or Admissions Director. The facility will continue to attempt contact daily until remaining Power of Attorneys (POAs) have been reached. No concerns have been identified from any POA at this time.</p> <p>Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant, and the Chief Nurse Executive on 06/13/14 for any indications of abuse/neglect concerns.</p> <p>All residents with a BIMS score of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights on 06/15/14 by the Business Office Manager or Chaplain.</p> <p>The facility Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director, were re-educated on 06/13/14 by the Regional Nurse Consultant on the abuse policy and procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator (employee), conversations with the residents' POAs; head to toe assessments of residents</p>	F 223	<p>Results of the staff questionnaire will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the staff questionnaire will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected Abuse/neglect was investigated/completed and reporting guidelines are met along with any reporting of violation of resident rights.</p> <p>HR performed an audit of all personnel files for any abuse concerns on 6/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks and licensure. Results of audit were given to the Administrator, on 6/14/14, to review for any abuse/neglect concerns that needed reported. None were identified.</p> <p>Information on Caring for the Caregiver which addresses the signs of stress and burn-out, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 6/14/14 by the administrator.</p> <p>The Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or HR Director will be on site daily, starting on 6/25/14 for 8 weeks, to perform walking</p>		

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F 223	<p>Continued From page 38</p> <p>under the care of the employee that were unable to tell us if an event has occurred (BIMS score of 7 or less) and interviews with residents that can tell us if they feel safe, abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident's right, safety of the resident is to be ensured and then immediately reported to the Charge Nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the Charge Nurse will report to the Abuse Coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS, and Ombudsman. An investigation is then initiated. As well, the grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin, withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department Administrative Managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If the manager did not score 100% on post-test, then the manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test.</p> <p>Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business</p>	F 223	<p>rounds in which 10 residents (5 with BIMs 8 or greater and 5 with BIMs 7 or less) will be visited by the department head and interviewed regarding staff treatment for those residents that can be interviewed and for those residents who are not able to be interviewed the department heads will visit the resident, skin check will be completed by nurse as well as speak to nurse and C.N.A. regarding any noted changes in resident behaviors. The facility department head also will interview 5 different staff members daily, covering all shifts weekly, regarding the types of abuse, who is the abuse coordinator, when suspected abuse is reported, residents rights and advanced directives. Results of resident and staff questionnaire's will be reported to the Administrator, DON, Regional Nurse Consultant or VP of Operations daily and if the Administrator is not in the facility the Department Director conducting the questionnaires will telephone the Administrator or VP of Operations the results of the resident and staff questionnaires.</p> <p>The Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director, and HR Director will notify Administrator of any concerns immediately regarding the above resident and staff questionnaires related to abuse, mistreatment, neglect or misappropriation, resident safety or violation of resident rights or advanced directives. A binder, which is passed on to each Department Head assigned to perform the resident and staff questionnaires daily, which</p>	

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F 223	Continued From page 39 Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director were re-educated on the abuse policy, which included training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a Charge Nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 06/13/14. No employee will be allowed to work until abuse education is provided, pre and post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided, post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test.	F 223	contains a resident roster in which the interview date and shift is noted next to resident name to ensure that residents with BIMs of 8 or greater will be interviewed and residents with BIMs of 7 or less will be visited, with skin checks completed. The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMs of 8 or greater and residents with BIMs of 8 or less. If abuse, mistreatment, neglect, misappropriation or violation of resident rights is alleged during the interviews and or visits or reported by a staff member the Department Head will ensure the resident is safe, report to a charge nurse in which the charge nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and/or Social Services Direct/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately. The Administrator, Director of Nursing, Social Services or a member of regional staff will review all resident and staff questionnaires daily (Monday through Friday) starting on 6/25/14 for 8 weeks, for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt. Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical records director, or social service director) will review documentation in the nursing notes and social service notes in order to assess for any documented		

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F 223	<p>Continued From page 40</p> <p>The Administrator, DON, ADONs, Dietary Director, Business Office Manager, Chaplain and Admissions Director, were re-educated on 06/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed to return to work until the Residents' Rights and Advanced Directive Education is provided pre and post-test administered and 100% score obtained on post-test.</p> <p>Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and Human Resources Director were re-educated on Residents' Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 06/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 06/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift.</p> <p>All new staff will obtain education on Residents'</p>	F 223	<p>evidence of an allegation of abuse, neglect, misappropriation or violation of resident rights daily on 10 different residents each day. Any concerns identified, resident safety will first be ensured and then the charge nurse will be notified. The abuse policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified. This will continue until the immediate jeopardy is removed.</p> <p>The Administrator, Director of Nursing, and Social Services Director will review and discuss all abuse allegations daily (Monday – Friday) starting on 6/25/14, to ensure that the resident is protected, the perpetrator is removed from resident care area, reports to the Inspector General, APS and Ombudsmen are filed timely, and a thorough investigation is completed. The Administrator will maintain an abuse investigation log that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Inspector General, APS and Ombudsmen are filed timely, and thorough investigation is completed. The Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log weekly for 8 weeks, starting on 6/25/14, to validate protection of the resident, that the perpetrator is removed from the resident care area, that reports to the Inspector General, APS, Ombudsmen and appropriate authorities required by state law, are filed</p>		

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F 223	<p>Continued From page 41 Rights during Orientation.</p> <p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director to five staff members on each shift and different staff members until the immediacy of the Jeopardy is removed.</p> <p>All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations Officer, or Chief Nurse Executive. Any concerns revealed on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive.</p> <p>Results of the staff questionnaire will be reported to the Quality Assurance committee weekly to determine the further need of continued education or revision of plan.</p> <p>Human Resources performed an audit of all personnel files for any abuse concerns on 06/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks, and licensure. Results of audit were given to the Administrator, on 06/14/14, to review for any abuse/neglect</p>	F 223	<p>timely, and a thorough investigation has been completed.</p> <p>In the event of any new reports of alleged abuse, neglect, misappropriation of property or violation of resident rights, one of the following will be contacted prior to making the final five day investigation report to OIG: Signature Care Consultant, Regional VP of Operations, Chief Operating Officer, Special Projects Administrator or Chief Nursing Executive. The reviewer (Signature Care Consultant, VP of Operations, Chief Operating Office, Special Projects Administrator or Chief Nursing Executive) will validate the resident is protected, report is filed timely, the perpetrator is removed from the patient care area and a thorough investigation is completed.</p> <p>Administrative oversight of the facility will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Chief Nursing Officer, Signature Care Consultant, member of regional staff or Chief Operating Officer weekly for 8 weeks, then monthly.</p> <p>4. A Quality Assurance meeting will be held weekly for 4 weeks beginning 6/13/14, then bi-weekly for a month, then monthly for recommendations and further follow up regarding the above stated plan. At that time based upon evaluation the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility.</p>	

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F 223	<p>Continued From page 42</p> <p>concerns that needed reported. None was identified.</p> <p>Information on Caring for the Caregiver, which addresses the signs of stress and burnout, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 06/14/14 by the administrator.</p> <p>A nurse from the regional team or corporate office has been onsite since 06/13/14 and will remain in the facility daily until the Jeopardy has been lifted. The nurses from the regional team or home office are assisting with investigations, observing staff treatment of residents, performing chart audits, and providing oversight and consultation. The Chief Nurse Executive, Clinical Compliance Nurse or Director of Clinical Programs will be in daily contact with the Regional Nurse Consultant and will review allegations.</p> <p>All grievances and Resident Questionnaires since 02/01/13, were reviewed by the Administrator, DON, Chief Nurse Executive, Human Resources Director, Admissions Director or Regional Nurse Consultants by 06/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported 58 allegations of abuse, neglect or misappropriation to the Office of Inspector General, APS and Ombudsmen and appropriate authorities as required state law by 06/16/14.</p> <p>The Administrator, Social Services Director or the Director of Nursing will review daily, the grievances and incident/accident reports, until the immediacy of the Jeopardy is lifted, starting</p>	F 223			

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F 223	<p>Continued From page 43</p> <p>06/13/14, to determine if there are reportable allegations that have not been identified, then daily Monday through Friday during the Morning Stand-Up Meeting. The Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation immediately after their review. The Administrator will report any allegations of abuse, neglect, or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p> <p>A Resident Council meeting was held on 06/13/14, conducted by the Chaplain and Staff Development Coordinator, to discuss any abuse/neglect concerns, the facility's Abuse Policy and to provide education on whom to report any abuse/neglect concerns without fear of retribution.</p> <p>The Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director, one per shift, will be on site each shift to perform walking rounds in which 20 residents (ten with BIMS scores of 8 or greater and ten with BIMS scores of 7 or less) will be visited by the Department Head and interviewed regarding staff treatment. Those residents that can be interviewed and for those residents who are not able to be interviewed, the Department Heads will visit the resident, skin checks will be completed by the nurse, as well as speaking to nurse and the CNA regarding any noted changes in resident behaviors.</p>	F 223			

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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409		
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F 223	<p>Continued From page 44</p> <p>The Administrator, DON, ADONs, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director will interview ten staff members daily, five from day shift and five from night shift, regarding the types of abuse, who is the abuse coordinator, when suspected abuse is reported, residents rights and advanced directives which began on 06/14/14 and will continue until Immediate Jeopardy is lifted. Results of resident and staff questionnaires will be reported to the Administrator, DON, Regional Nurse Consultant, or VP of Operations daily, and if the Administrator is not in the facility, the Department Director conducting the questionnaires will telephone the Administrator or VP of Operations the results of the resident and staff questionnaires. This began on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>A binder is passed on to each Department Head assigned to perform the resident and staff questionnaires each shift. This binder contains a resident roster in which the interview date and shift is noted next to the resident's name to ensure that residents with BIMS scores of 8 or greater will be interviewed and residents with BIMS scores of 7 or less will be visited, with skin checks completed, beginning on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMS scores of 8 or greater and residents with BIMS scores of 7 or less. If abuse, mistreatment, neglect, misappropriation or violation of resident rights is alleged during the</p>	F 223			

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F 223	<p>Continued From page 45</p> <p>interviews and/or visits are reported by a staff member, the Department Head will ensure the resident is safe, report to a Charge Nurse in which the Charge Nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and/or Social Services Direct/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately.</p> <p>The Administrator, Director of Nursing, Social Services, or a member of the regional staff will review all resident and staff questionnaires daily for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt, starting on 06/14/14.</p> <p>Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical Records Director, or Social Service Director) will review documentation in the Nursing Notes and Social Service Notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation, or violation of resident rights daily on ten different residents each day. This began on 06/14/14. No concerns have been identified. Any concerns identified, resident safety will first be ensured, and then the Charge Nurse will be notified. The Abuse Policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified.</p> <p>All resident Social Service Notes and Nursing Notes that were in the chart (3 months) were</p>	F 223			

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F 223	<p>Continued From page 46</p> <p>reviewed on 06/13/14 by the DON, ADONs, Staff Development Coordinator, MDS staff, Medical Records Director, Admissions Director, or a Social Service Director and Administrator from a "sister" facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incidents were identified. Ten charts are reviewed by a member of Nursing Administration or Regional or Home Office Nurse daily to validate that no other abuse allegations or violations of resident rights have been documented but not reported. This will continue until the Immediate Jeopardy is removed.</p> <p>The Administrator, Director of Nursing, and Social Services Director will review and discuss all abuse allegations daily to ensure that the resident is protected, the alleged perpetrator is removed from the resident care area, reports to the Office of the Inspector General, APS and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator will maintain an abuse investigation log starting on 06/14/14 that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Office of the Inspector General, APS, and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator and one of the following: Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log daily until removal of the Immediate Jeopardy, beginning on 06/14/14, to validate protection of the resident, that the</p>	F 223			

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F 223	<p>Continued From page 47</p> <p>perpetrator is removed from the resident care area, that reports to the Office of the Inspector General, APS, Ombudsman and appropriate authorities required by State law, are filed timely, and a thorough investigation has been completed.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of a residents rights on 08/14/14. None was identified.</p> <p>Beginning on 06/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>The DON, ADON, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on five residents daily, beginning on 06/14/14, until removal of the immediacy and then weekly (Monday through Friday). Results of the care delivery audits will be reported to the Quality Assurance Committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the Quality Assurance Committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines</p>	F 223			

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F 223	<p>Continued From page 48 are met.</p> <p>A Quality Assurance meeting will be held weekly for four weeks beginning 06/13/14, then monthly for recommendations and further follow-up regarding the above stated plan. At that time, based upon evaluation the Quality Assurance Committee will determine at what frequency ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident wellbeing as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Signature Care Consultant, Chief Nursing Officer, member of regional staff or Chief Operating Officer, daily until removal of the immediacy beginning 06/13/14, then weekly for four weeks, then monthly.</p> <p>**The surveyor validated the Immediate Jeopardy was removed as follows:</p> <p>Review of the "Random Follow up Questionnaires for Residents," dated 06/13/14 and interviews on 06/27/14, at 1:51 PM with the MDS Coordinator and at 11:25 AM with the Staff Development Coordinator revealed the residents had been interviewed.</p> <p>Review of documentation revealed the allegations were faxed to the Office of Inspector General between the dates of 06/13/14 and 06/17/14.</p> <p>Review of "C.N.A Skin Care Alert" forms dated</p>	F 223		

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F 223	<p>Continued From page 49</p> <p>06/13/14, and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator and at 11:30 AM with the Assistant Director of Nursing, revealed the assessments had been completed.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed staff had contacted the residents' Power of Attorneys regarding abuse/neglect concerns and resident rights. The staff stated they were continuing to contact all Power of Attorneys not yet reached. Additionally, interview on 06/27/14 at 11:15 AM with Resident G's Power of Attorney revealed he had been contacted by the facility and voiced no concerns.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and at 11:45 AM with the Director of Nursing, revealed all Abuse/Neglect audits, assessments, interviews, and questionnaires had been reviewed on 06/13/14.</p> <p>Review of acknowledgement sheets signed by residents and interviews on 06/27/14 at 10:10 AM with Resident #3, at 10:15 AM with Resident D, at 10:23 AM with Resident E, and at 10:30 AM with Resident F revealed the education had been provided to residents.</p> <p>Review of "Random Follow-Up Questionnaires for Staff," dated 06/13/14 with designations of pre-test and post-test revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Staff Development Coordinator, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical</p>	F 223		

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F 223	<p>Continued From page 50</p> <p>Records Director, and Human Resources Director had all taken the test and scored 100%.</p> <p>Review of "Random Follow-Up Questionnaire for Staff," forms and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%.</p> <p>Review of "Resident Rights" questionnaires designated with pre-test and post-test dated 06/15/14, revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Director, Business Office Manager, Chaplain, and Admissions Director had all taken the test and scored 100%.</p> <p>Review of "Resident Rights" questionnaire and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%.</p> <p>Interview on 06/27/14 at 11:25 AM the Staff Development Coordinator revealed orientation training and education material includes Resident Rights training.</p> <p>Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker, revealed the questionnaires regarding abuse, resident rights, and advanced directives had been administered to five staff members on each shift.</p>	F 223			

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F 223	Continued From page 51 Interview with the Administrator on 06/27/14, at 11:20 AM revealed the questionnaires had been reviewed and no concerns were identified. Review of Quality Assurance Meetings conducted on 06/13/14 and 06/20/14 revealed the results of the questionnaire had been reported in the meetings. Review of a signed statement dated 06/13/14, by the Human Resources Director revealed all Human Resource files had been audited for Coaching and Counseling forms, Suspension Forms, Termination Forms, Abuse Registry Checks, Background Checks, and Licensure requirements. Observation of the employee time clock on 06/27/14 at 11:58 AM revealed "caring for the caregiver" educational material was present. Review of a signed facility log dated 06/13/14 through 06/27/14, revealed a corporate staff person had been designated and served as Administrative Oversight in the facility on each of the days. Interviews on 06/27/14 at 11:00 AM with the Administrator and at 11:45 AM with the Director of Nursing revealed all Grievances and Resident Questionnaires since 02/01/13 had been reviewed. The identified concerns had been reported to the Office of Inspector General. Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all grievances and Incident/accident	F 223			

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F 223	<p>Continued From page 52 reports had been reviewed daily since 06/13/14.</p> <p>Review of the "Resident Council Meeting Minutes," dated 06/13/14, and interviews with Resident #3 on 06/27/14 at 10:10 AM and Resident D at 10:15 AM, revealed they had attended the meeting and discussed any abuse/neglect concerns.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed Department Heads had been assigned each shift to perform walking rounds and visit 20 residents. Staff interviews were also being conducted to identify any changes in resident behavior.</p> <p>Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14, at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:30 AM with the Assistant Director of Nursing revealed the interviews were being conducted with ten staff members daily. Review on 06/27/14, of the questionnaire binder revealed it contained a resident roster with the date and shift that each resident had been interviewed.</p> <p>Interview on 06/27/14 at 1:51 PM with the Minimum Data Set Coordinator revealed she was responsible to ensure the binder was kept updated with each resident's current BIMS score.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all resident and staff questionnaires had</p>	F 223			

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F 223	<p>Continued From page 53</p> <p>been reviewed daily for any allegations of abuse, neglect, and misappropriation of property. The questionnaires were also reviewed for violation of resident rights or advanced directives.</p> <p>Review of signed statements by staff and interviews on 06/27/14 at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed Nursing Notes and Social Service Notes had been reviewed daily for evidence of any allegations of abuse, neglect, misappropriation of property, or violation of resident rights.</p> <p>Review of a signed statement by the Administrator and Social Services Director of a "sister" facility dated 06/13/14, revealed all Nursing and Social Services Notes had been reviewed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all abuse allegations were reviewed daily and discussed to ensure the abuse policy was followed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and observation of the abuse investigation log revealed the log had been maintained since 06/14/14, and included documentation that resident rights were protected, the alleged perpetrator was removed from resident care, and the required reporting was completed. Review of the Abuse Investigation Log on 06/27/14, revealed documentation that the Chief Operation Officer, Vice President of Operations, Chief Nurse Executive, or Regional Nurse Consultant had</p>	F 223			

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F 223	Continued From page 54 reviewed the log daily. Review of a signed statement dated 06/14/14, by the Regional Nurse Consultant revealed all incident reports had been reviewed for any concerns. Interview with the Administrator on 06/27/14 at 10:10 AM and a signed statement dated 06/27/14, revealed the facility had conducted no care plan meetings since 06/13/14. Interview with the Minimum Data Set Coordinator on 06/27/14 at 1:51 PM revealed all Care Plan meetings would include discussion of any abuse/neglect concerns that the resident or families may have noted. Interviews on 06/27/14, at 11:45 AM with the Director of Nursing, and at 11:30 AM with the Assistant Director of Nursing and review of resident rosters revealed observations of care had been conducted on five residents daily, which began on 06/14/14. Review of Quality Assurance meeting minutes revealed meetings had been conducted on 06/13/14 and 06/20/14. The minutes reflected the plan had been discussed.	F 223		
F 225 SS-J	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;	F 225		

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F 225	<p>Continued From page 55</p> <p>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 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, review of Resident/Visitor/Grievance/Complaint Forms, and the facility's policy entitled, "Abuse, Neglect and Misappropriation," it was determined the facility failed to ensure allegations of resident abuse were immediately reported to the State Survey Agency and other officials in accordance with</p>	F 225	<ol style="list-style-type: none"> Resident #2's allegation was reported to OIG, APS, and local Ombudsman on 6/12/14 by the SSD. The CNA was not working that day and was suspended via phone conversation on 6/12/14 by DON, pending a thorough investigation. MD and Medical Director was notified on 6/12/14 by the charge nurse or SSD. Resident was assessed by the ADON on 6/12/14 and 6/13/14 with no issues noted. A re-investigation of this event and information obtained there from, warranted an amended finding that <i>this allegation of abuse is substantiated</i>. An amended five day was filed with OIG, APS and Ombudsman as of 6/19/2014 by the SSD. Resident # 4's allegation was reported to OIG, APS and Ombudsman on 6/14/14 by the DON. MD and POA notified on 6/14/14 by the DON. CNA was already on suspension from previous allegation. Resident # 4 was assessed by the SSD on 6/16/14. Initial thorough investigation initiated on 6/14/14 by the DON. All residents have been assessed for any signs and symptoms of abuse/neglect. Those residents with BIMs of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant operations Director, MDS Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator or Chaplain for any abuse/neglect concerns on 6/13/14. Eleven (11) concerns with 10 (ten) residents were identified throughout the interviews conducted on 6/13/14, two (2) of which 	7/31/14	

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F 225	<p>Continued From page 56</p> <p>State law for two (2) of four (4) sampled residents (Residents #2 and #4). The facility failed to ensure all allegations were investigated and failed to ensure residents were protected from further potential abuse during the facility's investigation.</p> <p>Interview on 06/12/14 at 10:00 AM, with Resident #2 revealed the resident had reported two (2) potential allegations of abuse to facility staff. Resident #2 stated that Certified Nurse Aide (CNA) #1 had refused to assist him/her to the bathroom and had instructed Resident #2 to "pee in the bed" (exact date unknown). Additionally, Resident #2 stated that Medication Aide (MA) #1 (exact date unknown) had been hateful and intentionally rough when she had assisted the resident to bed and, as a result, the resident became upset and cried. Record review confirmed that both allegations made by Resident #2 had been reported to the Administrator and documented on the facility's Resident/Visitor/Grievance/Complaint Forms.</p> <p>In addition, review of a Resident/Visitor/Grievance/Complaint Form dated 05/19/14, revealed Resident #4's family member had contacted the facility on 05/19/14 and had made a request for the facility not to assign CNA #1 to provide direct care to Resident #4 because CNA #1 had been "disrespectful/hateful" to the resident. As a result of the complaint reported by Resident #4's family member, the facility documented CNA #1 had been moved to another unit of the facility to provide direct care to other residents as a resolution to the complaint.</p> <p>Record reviews and interviews revealed that although the facility had been made aware of the three complaints that alleged staff had treated a</p>	F 225	<p>were resident #1 and resident #2 (with resident #2 having two reported incidents). The eleven (11) consist of (four) allegations of physical abuse, 3 (three) allegations of neglect, 1 (one) allegation of verbal abuse, 2 (two) allegations of misappropriation of resident property and 1 allegation of mental abuse, all of which were reported to OIG, APS and Ombudsmen between 6-13-14 and 6-17-14. 1 (one) allegation of physical abuse and 1(one) allegation of neglect were substantiated. (The 5 day investigations have been attached.)Those residents with BIMs of 7 or less were physically assessed by the ADONs, Admissions Director or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 6/13/2014. No concerns were identified. All POA's of residents with a BIMs of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on 6/14/14, and on-resident rights and advanced directives on 6/15/14 by the Social Services Director, Chaplain, DON, ADON's Administrator, Staff development coordinator or Admissions Director. The facility will continue to attempt contacting daily until remaining POA's have been reached. No concerns have been identified from any POA at this time. Abuse/neglect audits, assessments, interviews and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant and the Chief Nurse Executive on 6/13/14 for any indications of abuse/neglect concerns.</p> <p>All residents with a BIMs of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights by</p>		

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F 225	<p>Continued From page 57</p> <p>resident roughly, had failed to assist a resident to the bathroom and instructed the resident to "pee in the bed," and of speaking to a resident in a "disrespectful and hateful" manner, the facility failed to conduct an investigation of the allegations, failed to ensure residents were protected from further potential abuse, and failed to report the allegations to the appropriate State agencies.</p> <p>The facility's failure to immediately report all allegations of abuse/neglect, failure to protect residents during the course of an investigation of abuse/neglect, and failure to investigate allegations of abuse/neglect caused, or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy was determined to exist on 05/26/14 at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.13 Resident Behavior and Facility Practices (F223; F225, and F226), and 42 CFR 483.75 Administration (F490).</p> <p>An acceptable Allegation of Compliance was received on 06/25/14 which alleged removal of the Immediate Jeopardy on 06/25/14. A partial extended survey was conducted on 06/26-27/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14 as alleged, which lowered the scope and severity to "D" at 42 CFR 483.10 Resident Rights (F155) 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and 226) and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p>	F 225	<p>the Business Office Manager or Chaplain on 6/15/14.</p> <p>All grievances and Resident Questionnaires since 2/1/13 were reviewed by the Administrator, DON, Chief Nurse Executive, HR Director, Admissions Director or Regional Nurse Consultants by 6/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported fifty eight (58) allegations of abuse, neglect or misappropriation to the Office of Inspector General, APS and Ombudsmen and appropriate authorities as required state law by 6/16/14. Two (2) allegations were substantiated; one (1) physical and one (1) neglect which were referenced in #4, both of which involved resident #2. The breakdown of allegations reported are as follows: one (1) physical, seven (7) neglect, three (3) mental and 47 (forty seven) misappropriation. The Administrator, Social Services Director or the Director of Nursing will review daily, Monday through Friday during the morning stand up meeting, the grievances and incident/accident reports X 4 weeks, starting 6/13/14, to determine if there are reportable allegations that have not been identified. Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation immediately after their review. The Administrator will report any allegations of abuse, neglect or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p>	

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F 225	<p>Continued From page 58</p> <p>Review of the facility's policy, "Abuse, Neglect and Misappropriation," effective April 2013, revealed, "...all allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with other officials in accordance with State law through established guidelines." In addition, the policy revealed, "The charge nurse will immediately remove the suspected perpetrator from resident care areas, obtain the staff members witness statement and immediately suspend the employee pending the outcome of the investigation." The policy stated, "The charge nurse will immediately notify the Administrator, DON and/or Abuse Coordinator as appropriate," and "The Administrator and/or DON will notify state agencies according to their reporting guidelines." In addition, according to the policy, "All allegations of abuse will be investigated and reported to the appropriate agencies," and "The Administrator/designee will make all reasonable efforts to investigate and address alleged reports, concerns, and grievances."</p> <p>1. Review of Resident #2's medical record revealed the facility admitted the resident on 04/01/09, with diagnoses which included Cerebral Palsy. Resident #2's Minimum Data Set Assessment (MDS) dated 05/02/14, revealed the facility assessed the resident to be cognitively intact with a Brief Interview for Mental Status (BIMS) score of 13 and required extensive assistance with mobility and transfers.</p> <p>Review of a Resident/Visitor/Grievance/ Complaint Form dated 06/05/14, revealed Resident #2 reported to staff on 06/04/14, that CNA #1 had refused to take him/her to the toilet</p>	F 225	<p>A Resident Council meeting was held on 6/13/14 conducted by the Chaplain and Staff Development Coordinator to discuss any abuse/neglect concerns, the facility abuse policy and to provide education on whom to report any abuse/neglect concerns without fear of retribution. 1 allegation resulted and was reported to the office of Inspector general on 6/16/14. On 6/13/14 a grievance was written on a missing blouse and pair of pants. An Initial report has been sent to OIG, APS and Ombudsmen on 6/16/14 by the Administrator. An investigation was initiated on 6/13/14 by the Housekeeping Director.</p> <p>All resident social service notes and nursing notes that were in the chart (3 months) were reviewed on 6/13/14 by the DON, ADONs, Staff Development Coordinator, MDS staff, medical records director, admissions director, or a social service director and administrator from a sister facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incident being identified.</p> <p>Beginning on 6/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>DON, ADDNs, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on</p>		

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F 225	<p>Continued From page 59</p> <p>and instructed the resident to void in the bed. Further review of the form revealed the allegation was reported to the Administrator and DON.</p> <p>Interview with Resident #2 on 06/12/14 at 10:00 AM, revealed the resident rang the call light recently (exact date unknown) for assistance to the toilet but CNA #1 answered the call light and instructed the resident "to pee in the bed" and that "she would clean it up later." Resident #2 stated he/she became upset that CNA #2 had instructed him/her to void in the bed. Resident #2 stated he/she contacted his/her family member by telephone and informed the family member that staff would not assist him/her to the toilet. After contacting his/her family member, Resident #2 stated CNA #1 returned to his/her room and provided the resident assistance to the toilet; however, at that time Resident #2 stated CNA #1 told him/her, "You better not call [family member] on me again."</p> <p>Interview with Resident #2's roommate, Resident #1, on 06/14/14 at 10:10 AM, revealed he/she was present and heard CNA #1 instruct Resident #2 to void in the bed. Review of the facility's schedule for the week of 06/01-07/14 revealed CNA #1 had only provided care to Resident #2 one night during the period from 7:00 PM until 7:00 AM on the evening of 06/02/14 and the morning of 06/03/14.</p> <p>Interview on 06/12/14 at 2:15 PM with Resident #2's family member revealed Resident #2 had called her on 06/02/14 at approximately 8:45 PM and informed her that he/she needed help and that staff would not assist the resident to the toilet and had instructed the resident to "pee in the bed." The family member stated she called the</p>	F 225	<p>5 residents weekly (Monday through Friday) for 8 weeks, starting on 6/25/14. Results of the care delivery audits will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>All resident social service notes and nursing notes that were in the chart (3 months) were reviewed by the DON, ADONs, Staff Development Coordinator, MDS staff, medical records director, admissions director, or a social service director and administrator from a sister facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of resident's rights.</p> <p>3. The facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, HR Director, were re-educated on 6/13/14 by the Regional Nurse Consultant on the abuse policy and</p>		

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F 225	<p>Continued From page 60</p> <p>facility and spoke with staff (name unknown) who assured her that Resident #2 would be assisted to the toilet. Continued interview with the family member revealed she spoke with Resident #2 a few days after the incident and the resident informed her that when CNA #1 returned to assist the resident to the bathroom, the CNA told the resident, "You better not call [family member] on me again." The family member stated no one from the facility had been in contact with her regarding the incident even though the family member had called the facility and requested someone provide Resident #2 assistance to the bathroom on 06/02/14. Resident #2's family member also stated on 06/12/14 that the facility had contacted her in regards to an unrelated issue and stated at that time she informed the facility of her concerns related to staff failing to assist Resident #2 to the toilet, and then "threatening" the resident because he/she had contacted the family member for assistance.</p> <p>Review of CNA #1's employee file revealed the facility had conducted a "Coaching and Counseling Session" with the CNA on 11/22/13 due to reports the CNA had left residents wet and had failed to provide proper care of residents. The nurse who conducted the counseling session was no longer employed at the facility.</p> <p>Interview with the Administrator on 06/13/14, at 1:30 PM and review of statements signed by the Director of Nursing (DON) on 06/04/14 and the Administrator on 06/13/14, revealed on 06/04/14, the Administrator and the DON talked to Resident #2 and the resident stated that CNA #1 had not assisted him/her to the toilet and told him/her to void in the bed. However, the Administrator stated when CNA #1 was questioned regarding</p>	F 225	<p>procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator (employee), conversations with the residents POA, head to toe assessments of residents under the care of the employee that are unable to tell us if an event has occurred (BIMS 7 or less) and interviews with residents that can tell us if they feel safe, abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident right, safety of the resident is to be ensured and then immediately reported to the charge nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the charge nurse will report to the abuse coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS and Ombudsman. An investigation is then initiated. As well, grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin; withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department</p>		

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F 225	<p>Continued From page 61</p> <p>the incident she stated she was "busy" at the time and could not take Resident #2 to the toilet. According to the Administrator, he and the DON had not considered the allegation as abuse and/or neglect. The Administrator acknowledged he was aware of the counseling session which was provided to CNA #1 on 11/22/13 for leaving residents wet, failing to properly care for residents, and of the report made by a family member of Resident #4 that alleged CNA #1 had been "disrespectful and hateful" to the resident on 05/19/14. The Administrator acknowledged the facility had not investigated the allegation further, had not taken measures to ensure residents were protected from further potential abuse, and had not reported the resident's complaint to State agencies.</p> <p>In addition, interview with Resident #2 on 06/12/14, at 10:00 AM and review of a Resident/Visitor/Grievance /Complaint Form dated 05/16/13, revealed Resident #2 had previously reported to the Admissions Director that MA #1 had been "rough" when she had assisted the resident to bed on 05/15/13. Resident #1 stated as a result of the MA's actions, he/she became upset and cried.</p> <p>Interview conducted on 06/12/14 at 10:10 AM with Resident #2's roommate, Resident #1, revealed he/she had witnessed MA #1 "grab" Resident #2's lower extremities and that Resident #2 became "upset" and had cried during the incident. However, Resident #2's roommate stated the facility had not questioned him/her about the reported incident.</p> <p>Interview with the Admissions Director on 06/13/14 at 9:30 AM, revealed on 05/16/13;</p>	F 225	<p>administrative managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Once the facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on the abuse policy, which include training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a charge nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 6/13/14. No employee will be allowed to work until abuse education is provided, pre and post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and</p>		

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F 225	<p>Continued From page 62</p> <p>Resident #2 reported to her that MA #1 had been "rough" with him/her when MA #1 assisted Resident #2 to bed on 05/15/13. After discussing the incident with Resident #2, the Admissions Director stated she documented the resident's allegation on a Resident/Visitor/Grievance/ Complaint Form and informed the facility's Social Worker (SW), who is the facility's Abuse Prevention Coordinator, of the allegation.</p> <p>Interview with the facility's SW on 06/13/14, at 9:50 AM, revealed she spoke with Resident #2 on 05/16/13 regarding the incident. According to the SW, Resident #2 described MA #1's actions as "hoisted [Resident #2] into bed with more force than was necessary" and that MA #1's actions were "overzealous." Therefore, the SW stated she did not view Resident #1's report as an allegation of abuse.</p> <p>The facility provided documentation that 25 residents had been asked on 05/16/13 if their needs were being met, if they were "afraid" of any staff who worked in the facility, or if any staff had been rough with them in the "last seventy-two (72) hours," and provided a "Weekly Skin Round" form for review to show staff performed a routine skin assessment for Resident #2 on 05/17/13, (two days after the alleged abuse had occurred). However, no further investigation was conducted, including interviewing Resident #1 (the roommate of Resident #2) about witnessing the incident that had occurred between Resident #2 and MA #1 on 05/15/13. In addition, the facility "failed to remove the perpetrator from resident care areas," failed to "obtain staff members witness statements," failed to "immediately suspend the employee pending the outcome of the investigation," and failed to "notify state agencies according to their</p>	F 225	<p>reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided, post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test.</p> <p>The facility Administrator, DON, ADONs, Dietary Director, Business office manager, Chaplain, Admissions Director, were re-educated on 6/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed return to work until the resident rights and Advanced Directive Education is provided, pre and post-test administered and 100% score obtained on post-test. Once the facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on Residents</p>		

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F 225	<p>Continued From page 63 reporting guidelines."</p> <p>Interview with the Administrator on 06/12/14 at 4:51 PM revealed he reviewed and signed the Resident/Visitor/Grievance/Complaint Form on 05/16/13. Although the Administrator stated that MA #1 was already "being watched closely" due to job performance issues and resident reports that MA #1 was "hateful," he failed to recognize the report made by Resident #2 as abuse and stated the facility did not conduct an investigation of the resident's complaint and the incident was not reported to State authorities.</p> <p>2. The facility admitted Resident #4 on 03/01/09 with diagnoses which included Dementia, Anxiety, and Altered Mental Status. Review of Resident #4's Behavioral Assessment dated 02/24/14, revealed the facility had assessed the resident to be excessively demanding with care needs and that the resident exhibited attention-seeking behaviors. Based on a review of the Minimum Data Set Assessment (MDS) completed on 06/05/14, Resident #4 was moderately cognitively impaired and displayed behavioral symptoms.</p> <p>Review of a Complaint/Grievance Report dated 05/19/14, revealed Resident #4's family member contacted the facility and requested that CNA #1 no longer provide care to Resident #4 because the staff member had been "disrespectful/hateful" to the resident. The report indicated the Assistant Director of Nursing (ADON) reported the family member's concern to the Administrator, the Director of Nursing (DON), and the facility's Social Worker (who also functions as the facility's Abuse Prevention Coordinator) on 05/19/14. Additionally, the report revealed the ADON had been assigned responsibility for the investigation.</p>	F 225	<p>Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 6/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 6/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift. All new staff will obtain education on Resident Rights during Orientation</p> <p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and HR Director to 5 different staff members daily, on different shifts starting on 6/25/14 for 8 weeks, to ensure continued understanding of the abuse/neglect policy and procedure and resident rights/advanced directives, appropriate investigating and reporting of abuse/neglect to include reporting of concerns to the Administrator. All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations Officer, or Chief Nurse Executive Any concerns revealed on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive.</p>		

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F 225	<p>Continued From page 64</p> <p>Continued review of the Complaint/Grievance Report revealed the ADON spoke with Resident #4 and the resident informed the ADON he/she was not afraid of anyone in the facility and reported "just that [CNA #1] was rude." The facility's plan to resolve the resident's complaint was to assign "two (2) to go in [Resident #4's] room at night," and that CNA #1 would be reassigned to provide direct resident care on another unit in the facility, and educated on the "tone" of her voice.</p> <p>Interview with the ADON on 06/16/14 at 3:20 PM, revealed she had not considered the request made by Resident #4's family member that CNA #1 not provide care to Resident #4 as an allegation of possible abuse and therefore required no further investigation. The ADON stated that after she had spoken to Resident #4, she discussed the incident with the DON and the facility's Social Worker and the decision was made to move CNA #1 to another unit to provide resident care. However, the ADON could not recall why that decision was made.</p> <p>Interview with the DON on 06/16/14, at 3:55 PM revealed CNA #1 was moved to another unit to "make [Resident #4's family member] feel better." Although the facility's policy revealed "...all allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with other officials in accordance with State law through established guidelines," the DON acknowledged the facility did not conduct an investigation related to the report that CNA #1 was "disrespectful and hateful" to Resident #4, and did not report the</p>	F 225	<p>Results of the staff questionnaire will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the staff questionnaire will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected Abuse/neglect was investigated/completed and reporting guidelines are met along with any reporting of violation of resident rights.</p> <p>HR performed an audit of all personnel files for any abuse concerns on 6/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks and licensure. Results of audit were given to the Administrator, on 6/14/14, to review for any abuse/neglect concerns that needed reported. None were identified.</p> <p>Information on Caring for the Caregiver which addresses the signs of stress and burn-out, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 6/14/14 by the administrator.</p> <p>The Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or HR Director will be on site daily, starting on 6/25/14 for 8 weeks, to perform walking</p>		

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F 225	<p>Continued From page 65</p> <p>allegation to officials in accordance with State law.</p> <p>Interview with the Administrator on 08/16/14 at 2:30 PM, revealed he had been made aware of the request made by Resident #4's family member on 05/19/14 for CNA #1 not to provide care to Resident #4 because the CNA had been disrespectful and rude. However, the Administrator stated he did not consider the request an allegation of abuse and had not conducted an investigation of the report and stated CNA #1 had been allowed to continue to provide direct care to other residents in the facility. According to the Administrator, because the facility had not considered the family member/resident's report as an allegation of abuse, the facility had not reported the incident to the State agencies. Interview revealed the Administrator failed to ensure "The Administrator/designee will make all reasonable efforts to investigate and address alleged reports, concerns, and grievances...All allegations of abuse will be investigated and reported to the appropriate agencies...The charge nurse will immediately remove the suspected perpetrator from resident care areas, obtain the staff members witness statement and immediately suspend the employee pending the outcome of the investigation...All allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with other officials in accordance with State law through established guidelines" as indicated in facility policy.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/25/14. The facility</p>	F 225	<p>rounds in which 10 residents (5 with BIMs 8 or greater and 5 with BIMs 7 or less) will be visited by the department head and interviewed regarding staff treatment for those residents that can be interviewed and for those residents who are not able to be interviewed the department heads will visit the resident, skin check will be completed by nurse as well as speak to nurse and C.N.A. regarding any noted changes in resident behaviors. The facility department head also will interview 5 different staff members daily, covering all shifts weekly, regarding the types of abuse, who is the abuse coordinator, when suspected abuse is reported, residents rights and advanced directives. Results of resident and staff questionnaire's will be reported to the Administrator, DON, Regional Nurse Consultant or VP of Operations daily and if the Administrator is not in the facility the Department Director conducting the questionnaires will telephone the Administrator or VP of Operations the results of the resident and staff questionnaires.</p> <p>The Administrator, DON, ADONS, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director, and HR Director will notify Administrator of any concerns immediately regarding the above resident and staff questionnaires related to abuse, mistreatment, neglect or misappropriation, resident safety or violation of resident rights or advanced directives. A binder, which is passed on to each Department Head assigned to perform the resident and staff questionnaires daily, which</p>		

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F 225	<p>Continued From page 66</p> <p>implemented the following actions to remove the Immediate Jeopardy:</p> <p>All residents were assessed for any signs and symptoms of abuse/neglect. Those residents with Brief Interview for Mental Status (BIMS) scores of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant Operations Director, Minimum Data Set (MDS) Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator (SDC), or Chaplain for any abuse/neglect concerns on 06/13/14.</p> <p>Eleven concerns with ten residents were identified through interviews conducted on 06/13/14, two of which involved Resident #1 and Resident #2 (with Resident #2 having two reported incidents). The eleven concerns consist of four allegations of physical abuse, three allegations of neglect, one allegation of verbal abuse, two allegations of misappropriation of resident property and one allegation of mental abuse; all of which were reported to the Office of Inspector General (OIG), Adult Protective Services (APS), and the Ombudsman between 06/13/14 and 06/17/14.</p> <p>Residents with BIMS scores of 7 or less were physically assessed by the Assistant Directors of Nursing (ADON), Admissions Director, or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 06/13/14. No concerns were identified.</p> <p>All Power of Attorneys of residents with a BIMS score of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on</p>	F 225	<p>contains a resident roster in which the interview date and shift is noted next to resident name to ensure that residents with BIMS of 8 or greater will be interviewed and residents with BIMS of 7 or less will be visited, with skin checks completed. The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMS of 8 or greater and residents with BIMS of 8 or less. If abuse, mistreatment, neglect, misappropriation or violation of resident rights is alleged during the interviews and or visits or reported by a staff member the Department Head will ensure the resident is safe, report to a charge nurse in which the charge nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and/or Social Services Director/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately.</p> <p>The Administrator, Director of Nursing, Social Services or a member of regional staff will review all resident and staff questionnaires daily (Monday through Friday) starting on 6/25/14 for 8 weeks, for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt.</p> <p>The Administrator, Director of Nursing, and Social Services Director will review and discuss all abuse allegations daily (Monday - Friday) starting on 6/25/14, to ensure that the resident is protected, the perpetrator is removed from resident care area, reports to</p>		

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F 225	<p>Continued From page 67</p> <p>06/14/14, and on resident rights and advanced directives on 06/15/14 by the Social Services Director, Chaplain, DON, ADON, Administrator, SDC or Admissions Director. The facility will continue to attempt contact daily until remaining Power of Attorneys (POAs) have been reached. No concerns have been identified from any POA at this time.</p> <p>Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant, and the Chief Nurse Executive on 06/13/14 for any indications of abuse/neglect concerns.</p> <p>All residents with a BIMS score of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights on 06/15/14 by the Business Office Manager or Chaplain.</p> <p>The facility Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director, were re-educated on 06/13/14 by the Regional Nurse Consultant on the abuse policy and procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator (employee), conversations with the residents' POAs, head to toe assessments of residents under the care of the employee that were unable to tell us if an event has occurred (BIMS score of</p>	F 225	<p>the Inspector General, APS and Ombudsmen are filed timely, and a thorough investigation is completed. The Administrator will maintain an abuse investigation log that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Inspector General, APS and Ombudsmen are filed timely, and thorough investigation is completed. The Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log weekly for 8 weeks, starting on 6/25/14, to validate protection of the resident, that the perpetrator is removed from the resident care area, that reports to the inspector General, APS, Ombudsmen and appropriate authorities required by state law, are filed timely, and a thorough investigation has been completed.</p> <p>In the event of any new reports of alleged abuse, neglect, misappropriation of property or violation of resident rights, one of the following will be contacted prior to making the final five day investigation report to OIG: Signature Care Consultant, Regional VP of Operations, Chief Operating Officer, Special Projects Administrator or Chief Nursing Executive. The reviewer (Signature Care Consultant, VP of Operations, Chief Operating Office, Special Projects Administrator or Chief Nursing Executive) will validate the resident is protected, report is filed timely, the perpetrator is removed from the patient care area and a thorough investigation is completed.</p> <p>Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical records director, or social service director) will review documentation in the</p>		

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F 225	Continued From page 68 7 or less) and interviews with residents that can tell us if they feel safe, abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident's right, safety of the resident is to be ensured and then immediately reported to the Charge Nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the Charge Nurse will report to the Abuse Coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS, and Ombudsman. An investigation is then initiated. As well, the grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin, withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department Administrative Managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If the manager did not score 100% on post-test, then the manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records	F 225	nursing notes and social service notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation or violation of resident rights daily on 5 different residents daily (Monday through Friday) for 8 weeks. This began on 6/14/14. No concerns have been identified. Any concerns identified, resident safety will first be ensured and then the charge nurse will be notified. The abuse policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified. Administrative oversight of the facility will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Chief Nursing Officer, Signature Care Consultant, member of regional staff or Chief Operating Officer weekly for 8 weeks, then monthly. 4. A Quality Assurance meeting will be held weekly for 4 weeks beginning 6/13/14, then bi-weekly for a month, then monthly for recommendations and further follow up regarding the above stated plan. At that time based upon evaluation the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility.		

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F 225	Continued From page 69 Director, and Human Resources Director were re-educated on the abuse policy, which included training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a Charge Nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 06/13/14. No employee will be allowed to work until abuse education is provided, pre and post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided, post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. The Administrator, DON, ADONs, Dietary Director, Business Office Manager, Chaplain and	F 225			

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F 225	<p>Continued From page 70</p> <p>Admissions Director, were re-educated on 06/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed to return to work until the Residents' Rights and Advanced Directive Education is provided pre and post-test administered and 100% score obtained on post-test.</p> <p>Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and Human Resources Director were re-educated on Residents' Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 06/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 06/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift.</p> <p>All new staff will obtain education on Residents' Rights during Orientation.</p>	F 225			

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F 225	<p>Continued From page 71</p> <p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director to five staff members on each shift and different staff members until the immediacy of the Jeopardy is removed.</p> <p>All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations Officer, or Chief Nurse Executive. Any concerns revealed on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive.</p> <p>Results of the staff questionnaire will be reported to the Quality Assurance committee weekly to determine the further need of continued education or revision of plan.</p> <p>Human Resources performed an audit of all personnel files for any abuse concerns on 06/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks, and licensure. Results of audit were given to the Administrator, on 06/14/14, to review for any abuse/neglect concerns that needed reported. None was identified.</p>	F 225			

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F 225	<p>Continued From page 72 .</p> <p>Information on Caring for the Caregiver, which addresses the signs of stress and burnout, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 06/14/14 by the administrator.</p> <p>A nurse from the regional team or corporate office has been onsite since 06/13/14 and will remain in the facility daily until the Jeopardy has been lifted. The nurses from the regional team or home office are assisting with investigations, observing staff treatment of residents, performing chart audits, and providing oversight and consultation. The Chief Nurse Executive, Clinical Compliance Nurse or Director of Clinical Programs will be in daily contact with the Regional Nurse Consultant and will review allegations.</p> <p>All grievances and Resident Questionnaires since 02/01/13, were reviewed by the Administrator, DON, Chief Nurse Executive, Human Resources Director, Admissions Director or Regional Nurse Consultants by 06/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported 58 allegations of abuse, neglect or misappropriation to the Office of Inspector General, APS and Ombudsmen and appropriate authorities as required state law by 06/16/14.</p> <p>The Administrator, Social Services Director or the Director of Nursing will review daily, the grievances and incident/accident reports, until the immediacy of the Jeopardy is lifted, starting 06/13/14, to determine if there are reportable allegations that have not been identified, then</p>	F 225			

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F 225	<p>Continued From page 73</p> <p>daily Monday through Friday during the Morning Stand-Up Meeting. The Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation immediately after their review. The Administrator will report any allegations of abuse, neglect, or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p> <p>A Resident Council meeting was held on 06/13/14, conducted by the Chaplain and Staff Development Coordinator, to discuss any abuse/neglect concerns, the facility's Abuse Policy and to provide education on whom to report any abuse/neglect concerns without fear of retribution.</p> <p>The Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director, one per shift, will be on site each shift to perform walking rounds in which 20 residents (ten with BIMS scores of 8 or greater and ten with BIMS scores of 7 or less) will be visited by the Department Head and interviewed regarding staff treatment. Those residents that can be interviewed and for those residents who are not able to be interviewed, the Department Heads will visit the resident, skin checks will be completed by the nurse, as well as speaking to nurse and the CNA regarding any noted changes in resident behaviors.</p> <p>The Administrator, DON, ADONs, MDS Coordinator, SDC, Dietary Director, Business</p>	F 225		

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F 225	<p>Continued From page 74</p> <p>Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director will interview ten staff members daily, five from day shift and five from night shift, regarding the types of abuse, who is the abuse coordinator, when suspected abuse is reported, residents rights and advanced directives which began on 06/14/14 and will continue until Immediate Jeopardy is lifted. Results of resident and staff questionnaires will be reported to the Administrator, DON, Regional Nurse Consultant, or VP of Operations daily, and if the Administrator is not in the facility, the Department Director conducting the questionnaires will telephone the Administrator or VP of Operations the results of the resident and staff questionnaires. This began on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>A binder is passed on to each Department Head assigned to perform the resident and staff questionnaires each shift. This binder contains a resident roster in which the interview date and shift is noted next to the resident's name to ensure that residents with BIMS scores of 8 or greater will be interviewed and residents with BIMS scores of 7 or less will be visited, with skin checks completed, beginning on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMS scores of 8 or greater and residents with BIMS scores of 7 or less. If abuse, mistreatment, neglect, misappropriation or violation of resident rights is alleged during the interviews and/or visits are reported by a staff member, the Department Head will ensure the</p>	F 225			

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F 225	<p>Continued From page 75</p> <p>resident is safe, report to a Charge Nurse in which the Charge Nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and/or Social Services Direct/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately.</p> <p>The Administrator, Director of Nursing, Social Services, or a member of the regional staff will review all resident and staff questionnaires daily for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt, starting on 06/14/14.</p> <p>Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical Records Director, or Social Service Director) will review documentation in the Nursing Notes and Social Service Notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation, or violation of resident rights daily on ten different residents each day. This began on 06/14/14. No concerns have been identified. Any concerns identified, resident safety will first be ensured, and then the Charge Nurse will be notified. The Abuse Policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified.</p> <p>All resident Social Service Notes and Nursing Notes that were in the chart (3 months) were reviewed on 06/13/14 by the DCN, ADONs, Staff Development Coordinator, MDS staff, Medical</p>	F 225			

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F 225	<p>Continued From page 76</p> <p>Records Director, Admissions Director, or a Social Service Director and Administrator from a "sister" facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incidents were identified. Ten charts are reviewed by a member of Nursing Administration or Regional or Home Office Nurse daily to validate that no other abuse allegations or violations of resident rights have been documented but not reported. This will continue until the Immediate Jeopardy is removed.</p> <p>The Administrator, Director of Nursing, and Social Services Director will review and discuss all abuse allegations daily to ensure that the resident is protected, the alleged perpetrator is removed from the resident care area, reports to the Office of the Inspector General, APS and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator will maintain an abuse investigation log starting on 06/14/14 that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Office of the Inspector General, APS, and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator and one of the following: Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log daily until removal of the Immediate Jeopardy, beginning on 06/14/14, to validate protection of the resident, that the perpetrator is removed from the resident care area, that reports to the Office of the Inspector</p>	F 225			

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F 225	<p>Continued From page 77</p> <p>General, APS, Ombudsman and appropriate authorities required by State law, are filed timely, and a thorough investigation has been completed.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of a residents rights on 06/14/14. None was identified.</p> <p>Beginning on 06/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>The DON, ADON, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on five residents daily, beginning on 06/14/14, until removal of the immediacy and then weekly (Monday through Friday). Results of the care delivery audits will be reported to the Quality Assurance Committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the Quality Assurance Committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p>	F 225		

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F 225	<p>Continued From page 78</p> <p>A Quality Assurance meeting will be held weekly for four weeks beginning 06/13/14, then monthly for recommendations and further follow-up regarding the above stated plan. At that time, based upon evaluation the Quality Assurance Committee will determine at what frequency ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident wellbeing as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Signature Care Consultant, Chief Nursing Officer, member of regional staff or Chief Operating Officer, daily until removal of the immediacy beginning 06/13/14, then weekly for four weeks, then monthly.</p> <p>**The surveyor validated the Immediate Jeopardy was removed as follows:</p> <p>Review of the "Random Follow up Questionnaires for Residents," dated 06/13/14 and interviews on 06/27/14, at 1:51 PM with the MDS Coordinator and at 11:25 AM with the Staff Development Coordinator revealed the residents had been interviewed.</p> <p>Review of documentation revealed the allegations were faxed to the Office of Inspector General between the dates of 06/13/14 and 06/17/14.</p> <p>Review of "C.N.A Skin Care Alert" forms dated 06/13/14, and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator and at</p>	F 225			

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F 225	<p>Continued From page 79</p> <p>11:30 AM with the Assistant Director of Nursing, revealed the assessments had been completed.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed staff had contacted the residents' Power of Attorneys regarding abuse/neglect concerns and resident rights. The staff stated they were continuing to contact all Power of Attorneys not yet reached. Additionally, interview on 06/27/14 at 11:15 AM with Resident G's Power of Attorney revealed he had been contacted by the facility and voiced no concerns.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and at 11:45 AM with the Director of Nursing, revealed all Abuse/Neglect audits, assessments, interviews, and questionnaires had been reviewed on 06/13/14.</p> <p>Review of acknowledgement sheets signed by residents and interviews on 06/27/14 at 10:10 AM with Resident #3, at 10:15 AM with Resident D, at 10:23 AM with Resident E, and at 10:30 AM with Resident F revealed the education had been provided to residents.</p> <p>Review of "Random Follow-Up Questionnaires for Staff," dated 06/13/14 with designations of pre-test and post-test revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Staff Development Coordinator, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director had all taken the test and scored 100%.</p>	F 225			

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F 225	Continued From page 80 Review of "Random Follow-Up Questionnaire for Staff," forms and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%. Review of "Resident Rights" questionnaires designated with pre-test and post-test dated 06/15/14, revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Director, Business Office Manager, Chaplain, and Admissions Director had all taken the test and scored 100%. Review of "Resident Rights" questionnaire and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%. Interview on 06/27/14 at 11:25 AM the Staff Development Coordinator revealed orientation training and education material includes Resident Rights training. Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker, revealed the questionnaires regarding abuse, resident rights, and advanced directives had been administered to five staff members on each shift. Interview with the Administrator on 06/27/14, at	F 225		

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F 225	<p>Continued From page 81</p> <p>11:20 AM revealed the questionnaires had been reviewed and no concerns were identified.</p> <p>Review of Quality Assurance Meetings conducted on 06/13/14 and 06/20/14 revealed the results of the questionnaire had been reported in the meetings.</p> <p>Review of a signed statement dated 06/13/14, by the Human Resources Director revealed all Human Resource files had been audited for Coaching and Counseling forms, Suspension Forms, Termination Forms, Abuse Registry Checks, Background Checks, and Licensure requirements.</p> <p>Observation of the employee time clock on 06/27/14 at 11:58 AM revealed "caring for the caregiver" educational material was present.</p> <p>Review of a signed facility log dated 06/13/14 through 06/27/14, revealed a corporate staff person had been designated and served as Administrative Oversight in the facility on each of the days.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator and at 11:45 AM with the Director of Nursing revealed all Grievances and Resident Questionnaires since 02/01/13 had been reviewed. The identified concerns had been reported to the Office of Inspector General.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all grievances and incident/accident reports had been reviewed daily since 06/13/14.</p>	F 225			

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F 225	<p>Continued From page 82</p> <p>Review of the "Resident Council Meeting Minutes," dated 06/13/14, and interviews with Resident #3 on 06/27/14 at 10:10 AM and Resident D at 10:15 AM, revealed they had attended the meeting and discussed any abuse/neglect concerns.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed Department Heads had been assigned each shift to perform walking rounds and visit 20 residents. Staff interviews were also being conducted to identify any changes in resident behavior.</p> <p>Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14, at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:30 AM with the Assistant Director of Nursing revealed the interviews were being conducted with ten staff members daily. Review on 06/27/14, of the questionnaire binder revealed it contained a resident roster with the date and shift that each resident had been interviewed.</p> <p>Interview on 06/27/14 at 1:51 PM with the Minimum Data Set Coordinator revealed she was responsible to ensure the binder was kept updated with each resident's current BIMS score.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all resident and staff questionnaires had been reviewed daily for any allegations of abuse, neglect, and misappropriation of property. The</p>	F 225			

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F 225	<p>Continued From page 83</p> <p>questionnaires were also reviewed for violation of resident rights or advanced directives.</p> <p>Review of signed statements by staff and interviews on 06/27/14 at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed Nursing Notes and Social Service Notes had been reviewed daily for evidence of any allegations of abuse, neglect, misappropriation of property, or violation of resident rights.</p> <p>Review of a signed statement by the Administrator and Social Services Director of a "sister" facility dated 06/13/14, revealed all Nursing and Social Services Notes had been reviewed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all abuse allegations were reviewed daily and discussed to ensure the abuse policy was followed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and observation of the abuse investigation log revealed the log had been maintained since 06/14/14, and included documentation that resident rights were protected, the alleged perpetrator was removed from resident care, and the required reporting was completed. Review of the Abuse Investigation Log on 06/27/14, revealed documentation that the Chief Operation Officer, Vice President of Operations, Chief Nurse Executive, or Regional Nurse Consultant had reviewed the log daily.</p>	F 225			

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F 225	Continued From page 84 Review of a signed statement dated 06/14/14, by the Regional Nurse Consultant revealed all incident reports had been reviewed for any concerns. Interview with the Administrator on 06/27/14 at 10:10 AM and a signed statement dated 06/27/14, revealed the facility had conducted no care plan meetings since 06/13/14. Interview with the Minimum Data Set Coordinator on 06/27/14 at 1:51 PM revealed all Care Plan meetings would include discussion of any abuse/neglect concerns that the resident or families may have noted. Interviews on 06/27/14, at 11:45 AM with the Director of Nursing, and at 11:30 AM with the Assistant Director of Nursing and review of resident rosters revealed observations of care had been conducted on five residents daily, which began on 06/14/14. Review of Quality Assurance meeting minutes revealed meetings had been conducted on 06/13/14 and 06/20/14. The minutes reflected the plan had been discussed.	F 225			
F 226 SS=J	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:	F 226			

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F 226	<p>Continued From page 85</p> <p>Based on interview, record review, and review of Resident/Visitor/Grievance/Complaint Forms and the facility's policy entitled, "Abuse, Neglect and Misappropriation," it was determined the facility failed to implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property for two (2) of four (4) sampled residents (Residents #2 and #4). The facility failed to ensure all allegations were investigated and failed to ensure residents were protected from further potential abuse during the facility's investigation in accordance with facility policy which stated, "The charge nurse will immediately remove the suspected perpetrator from resident care areas, obtain the staff members witness statement and immediately suspend the employee pending the outcome of the investigation," and "All allegations of abuse will be investigated and reported to the appropriate agencies."</p> <p>Resident #2 revealed in interview conducted on 06/12/14 at 10:00 AM that he/she had reported two potential allegations of abuse to facility staff. According to Resident #2, Certified Nurse Aide (CNA) #1 had refused to assist him/her to the bathroom and had instructed Resident #2 to "pee in the bed" (exact date unknown). In addition, Resident #2 stated that Medication Aide (MA) #1 had been hateful and intentionally rough when she had assisted the resident to bed and, as a result, the resident became upset and cried. The resident was unable to recall the date of the incident. Record review confirmed that both allegations made by Resident #2 had been reported to the Administrator and documented on the facility's Resident/Visitor/Grievance/Complaint Forms.</p>	F 226	<ol style="list-style-type: none"> 1. Resident #2's allegation was reported to OIG, APS, and local Ombudsman on 6/12/14 by the SSD. The CNA was not working that day and was suspended via phone conversation on 6/12/14 by DON, pending a thorough investigation. MD and Medical Director was notified on 6/12/14 by the charge nurse or SSD. Resident was assessed by the ADON on 6/12/14 and 6/13/14 with no issues noted. A re-investigation of this event and information obtained there from, warranted an amended finding that <u>this allegation of abuse is substantiated</u>. An amended five day was filed with OIG, APS and Ombudsman as of 6/19/2014 by the SSD. Resident # 4's allegation was reported to OIG, APS and Ombudsman on 6/14/14 by the DON. MD and POA notified on 6/14/14 by the DON. CNA was already on suspension from previous allegation. Resident # 4 was assessed by the SSD on 6/16/14. Initial thorough investigation initiated on 6/14/14 by the DON. 2. All residents have been assessed for any signs and symptoms of abuse/neglect. Those residents with BIMs of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant operations Director, MDS Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator or Chaplain for any abuse/neglect concerns on 6/13/14. Eleven (11) concerns with 10 (ten) residents were identified throughout the interviews conducted on 6/13/14, two (2) of which were resident #1 and resident #2 (with 	7/31/14	

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F 226	Continued From page 86 Review of a Resident/Visitor/Grievance/ Complaint Form dated 05/19/14 revealed on 05/19/14 (time not documented) Resident #4's family member contacted the facility and asked staff not to assign CNA #1 to provide direct care to Resident #4. The family member reported CNA #1 had been "disrespectful and hateful" to the resident. As a result of the complaint reported by Resident #4's family member, the facility documented that CNA #1 had been moved to another unit of the facility to provide direct care to other residents as a resolution to the complaint. Record reviews and interviews revealed that the facility had been made aware that staff had treated a resident roughly, had instructed the resident to "pee in the bed" when the resident requested assistance to the bathroom, and had spoken to a resident in a "disrespectful and hateful" manner. However, the facility failed to implement its policies that stated, "All allegations of abuse will be investigated...", that staff was to "...immediately remove the suspected perpetrator from resident care areas...", and that "...all allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with other officials in accordance with State law..." The facility's failure to immediately report all allegations of abuse/neglect, failure to protect residents during the course of an investigation of abuse/neglect, and failure to investigate allegations of abuse/neglect caused, or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate	F 226	resident #2 having two reported incidents), The eleven (11) consist of (four) allegations of physical abuse, 3 (three) allegations of neglect, 1 (one) allegation of verbal abuse, 2 (two) allegations of misappropriation of resident property and 1 allegation of mental abuse, all of which were reported to OIG, APS and Ombudsmen between 6-13-14 and 6-17-14. 1 (one) allegation of physical abuse and 1(one) allegation of neglect were substantiated. (The 5 day investigations have been attached.)Those residents with BIMs of 7 or less were physically assessed by the ADONs, Admissions Director or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 6/13/2014. No concerns were identified. All POA's of residents with a BIMs of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on 6/14/14, and on resident rights and advanced directives on 6/15/14 by the Social Services Director, Chaplain, DON, ADON's Administrator, Staff development coordinator or Admissions Director. The facility will continue to attempt contacting daily until remaining POA's have been reached. No concerns have been identified from any POA at this time. Abuse/neglect audits, assessments, Interviews and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant and the Chief Nurse Executive on 6/13/14 for any indications of abuse/neglect concerns. All residents with a BIMs of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights by the Business Office Manager or Chaplain on 6/15/14.	

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F 226	<p>Continued From page 87</p> <p>Jeopardy was determined to exist on 05/26/14 at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and F226), and 42 CFR 483.75 Administration (F490).</p> <p>An acceptable Allegation of Compliance was received on 06/25/14 which alleged removal of the Immediate Jeopardy on 06/25/14. A partial extended survey was conducted on 06/26-27/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14 as alleged, which lowered the scope and severity to "D" at 42 CFR 483.10 Resident Rights (F155) 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and 226) and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>According to the facility's policy, "Abuse, Neglect and Misappropriation," effective April 2013, "The Administrator/designee will make all reasonable efforts to investigate and address alleged reports, concerns, and grievances...All allegations of abuse will be investigated and reported to the appropriate agencies...The charge nurse will immediately remove the suspected perpetrator from resident care areas, obtain the staff members witness statement and immediately suspend the employee pending the outcome of the investigation...All allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with other officials in accordance with State law through established guidelines." In addition, the</p>	F 226	<p>All grievances and Resident Questionnaires since 2/1/13 were reviewed by the Administrator, DON, Chief Nurse Executive, HR Director, Admissions Director or Regional Nurse Consultants by 6/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported fifty eight (58) allegations of abuse, neglect or misappropriation to the Office of Inspector General, APS and Ombudsmen and appropriate authorities as required state law by 6/16/14. Two (2) allegations were substantiated; one (1) physical and one (1) neglect which were referenced in #4, both of which involved resident #2. The breakdown of allegations reported are as follows: one (1) physical, seven (7) neglect, three (3) mental and 47 (forty seven) misappropriation. The Administrator, Social Services Director or the Director of Nursing will review daily, Monday through Friday during the morning stand up meeting, the grievances and incident/accident reports X 4 weeks, starting 6/13/14, to determine if there are reportable allegations that have not been identified. Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation immediately after their review. The Administrator will report any allegations of abuse, neglect or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p> <p>A Resident Council meeting was held on 6/13/14 conducted by the Chaplain and Staff Development Coordinator to discuss any</p>	

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F 226	<p>Continued From page 88</p> <p>policy revealed, "The charge nurse will immediately notify the Administrator, DON and/or Abuse Coordinator as appropriate," and "The Administrator and/or DON will notify state agencies according to their reporting guidelines."</p> <p>1. The facility admitted Resident #2 on 04/01/09 with diagnoses that included Cerebral Palsy. A Minimum Data Set Assessment (MDS) dated 05/02/14, revealed Resident #2 was cognitively intact, had a Brief Interview for Mental Status (BIMS) score of 13, and required extensive assistance with mobility and transfers.</p> <p>Review of a Resident/Visitor/Grievance/ Complaint Form dated 06/05/14 revealed Resident #2 reported to staff on 06/04/14, that CNA #1 had refused to take him/her to the toilet and instructed the resident to void in the bed. Further review of the form revealed the allegation was reported to the Administrator and DON.</p> <p>Resident #2 stated in interview on 06/12/14 at 10:00 AM that he/she rang the call light (exact date unknown) for assistance to the toilet, CNA #1 answered the call light, and instructed the resident "to pee in the bed" and "she would clean it up later." Resident #2 stated he/she became upset and contacted his/her family member. According to Resident #2, his/her family member contacted the facility and CNA #1 returned to his/her room and assisted the resident to the bathroom; however, Resident #2 stated at that time CNA #1 told him/her, "You better not call [family member] on me again."</p> <p>Resident #1 (Resident #2's roommate) stated in an interview conducted on 06/14/14 at 10:10 AM that he/she had overheard CNA #1 instruct</p>	F 226	<p>abuse/neglect concerns, the facility abuse policy and to provide education on whom to report any abuse/neglect concerns without fear of retribution. 1 allegation resulted and was reported to the office of Inspector general on 6/16/14. On 6/13/14 a grievance was written on a missing blouse and pair of pants. An initial report has been sent to OIG, APS and Ombudsmen on 6/16/14 by the Administrator. An investigation was initiated on 6/13/14 by the Housekeeping Director.</p> <p>All resident social service notes and nursing notes that were in the chart (3 months) were reviewed on 6/13/14 by the DON, ADONs, Staff Development Coordinator, MDS staff, medical records director, admissions director, or a social service director and administrator from a sister facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incident being identified.</p> <p>Beginning on 6/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>DON, ADONs, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on 5 residents weekly (Monday through Friday) for 8 weeks, starting on 6/25/14. Results of the care delivery audits will be reported to</p>		

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F 226	<p>Continued From page 89</p> <p>Resident #2 to void in the bed. In addition, Resident #2's family member confirmed in interview conducted on 06/12/14 at 2:15 PM that Resident #2 had called her on 06/02/14 at approximately 8:45 PM, informed her that he/she needed help and that staff had instructed the resident to "pee in the bed," and the family called the facility and spoke with staff (name unknown). Resident #2's family member also stated on 06/12/14, the facility had contacted her in regards to an unrelated issue and stated, at that time, she informed the facility of her concerns related to staff failing to assist Resident #2 to the toilet, and then "threatening" the resident because he/she had contacted the family member for assistance.</p> <p>Interview with the Administrator on 06/13/14, at 1:30 PM and review of a statement signed by the Director of Nursing (DON) on 06/04/14 and the Administrator on 06/13/14, revealed on 06/04/14, the Administrator and the DON spoke to Resident #2 about the incident. However, the Administrator stated when CNA #1 was questioned regarding the incident she stated she was "busy" at the time and could not take Resident #2 to the toilet. According to the Administrator, he and the DON had not considered the allegation as abuse and/or neglect. The Administrator acknowledged the facility had not investigated the allegation further, had not taken measures to ensure residents were protected from further potential abuse, and had not reported the resident's complaint to State agencies.</p> <p>Additionally, review of a Resident/Visitor/ Grievance/Complaint Form dated 05/18/13, revealed Resident #2 had reported that Medication Aide (MA) #1 had been "rough" when</p>	F 226	<p>the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of resident's rights.</p> <p>3. The facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, HR Director, were re-educated on 6/13/14 by the Regional Nurse Consultant on the abuse policy and procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator (employee), conversations with the residents POA, head to toe assessments of residents under the care of the employee that are unable to tell us if an event has occurred (BIMS 7 or less) and interviews with residents that can tell us if they feel safe,</p>		

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F 155	<p>Continued From page 8 Medication Aide #1.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/25/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>All residents were assessed for any signs and symptoms of abuse/neglect. Those residents with Brief Interview for Mental Status (BIMS) scores of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant Operations Director, Minimum Data Set (MDS) Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator (SDC), or Chaplain for any abuse/neglect concerns on 06/13/14.</p> <p>Eleven concerns with ten residents were identified through interviews conducted on 06/13/14, two of which involved Resident #1 and Resident #2 (with Resident #2 having two reported incidents). The eleven concerns consist of four allegations of physical abuse, three allegations of neglect, one allegation of verbal abuse, two allegations of misappropriation of resident property and one allegation of mental abuse; all of which were reported to the Office of Inspector General (OIG), Adult Protective Services (APS), and the Ombudsman between 06/13/14 and 06/17/14.</p> <p>Residents with BIMS scores of 7 or less were physically assessed by the Assistant Directors of Nursing (ADON), Admissions Director, or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 06/13/14. No concerns were identified.</p>	F 155	<p>F-155</p> <ol style="list-style-type: none"> Resident #1's allegation was reported to the Administrator and DON on 5/26/14 by the charge nurse. Thorough Investigation initiated on 5/26/14 by the DON. Initial report to OIG, APS and Ombudsman on 5/27/14 by the SSD. MD and Medical director was notified on 5/26/14 by the DON. On 5/26/14 the medication Aide was suspended by the DON, pending a thorough investigation. Charge nurse completed a head to toe assessment on resident # 1 on 5/26/14 with no concerns identified. SSD completed psychosocial assessment of resident on 5/27/14 with reassessments on 6/2/14 - 6/4/14 with no concerns noted. On 6/13/14 and again on 6/19/14, due to new information being reported to the facility by a state agency, this investigation was re-opened by the administrator or DON. An amended reported substantiating this allegation was filed to the OIG, APS and Ombudsmen. The facility Administrator, Director of Nursing, Abuse Coordinator and facility department heads and staff understand that any and all allegations of abuse, neglect, misappropriation, or violation of resident rights are to be reported to OIG, APS and Ombudsmen immediately, as well as to other authorities as required by state law. A 	7/31/14	

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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40400		
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F 226	<p>Continued From page 90</p> <p>she assisted the resident to bed. Documentation revealed the resident reported the incident to the Admissions Director (on 05/16/13) and, based on documentation, the incident reportedly occurred on 05/15/13.</p> <p>Interview with Resident #2 on 08/12/14 at 10:00 AM, with Resident #1 (Resident #2's roommate) on 06/12/14 at 10:10 AM, with the Admissions Director on 08/13/14 at 9:30 AM, and with the facility's Social Worker (SW) on 06/13/14 at 9:50 AM, revealed Resident #2 reported that MA #1 had been "rough" and/or "overzealous" when she had assisted the resident to bed. Resident #1 stated as a result of the MA's actions, he/she became upset and cried.</p> <p>Review of documentation provided by the facility revealed, after the report was received on 05/16/13, the facility questioned 25 residents to determine if their needs were met, if they were "afraid" of any staff who worked in the facility, or if any staff had been rough with them in the "last seventy-two (72) hours." Review of a "Weekly Skin Round" form revealed staff performed a routine skin assessment for Resident #2 on 05/17/13 (two days after the alleged abuse had occurred); however, no further investigation was conducted to include interviews with Resident #1 (the roommate of Resident #2) about witnessing the incident that occurred between Resident #2 and MA #1 on 05/15/13. In addition, the facility failed to "remove the perpetrator from resident care areas," failed to "obtain staff members witness statements," failed to "immediately suspend the employee pending the outcome of the investigation," and failed to "notify state agencies according to their reporting guidelines."</p>	F 226	<p>abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident right, safety of the resident is to be ensured and then immediately reported to the charge nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the charge nurse will report to the abuse coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS and Ombudsman. An investigation is then initiated. As well, grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin, withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department administrative managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Once the facility Administrator, DON, ADONS, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on the abuse</p>		

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F 226	<p>Continued From page 91</p> <p>Interview with the Administrator on 06/12/14 at 4:51 PM revealed he reviewed and signed the Resident/Visitor/Grievance/Complaint Form on 05/16/13. Although the Administrator stated that MA #1 was already "being watched closely" due to job performance issues and resident reports that MA #1 was "hateful," he failed to identify the report made by Resident #2 as an allegation of abuse and stated the facility did not conduct an investigation of the resident's complaint and that the facility had not reported the incident to State authorities.</p> <p>2. Review of Resident #4's medical record revealed the facility admitted the resident on 03/01/09 with diagnoses which included Dementia, Anxiety, and Altered Mental Status. Review of Resident #4's Behavioral Assessment dated 02/24/14, revealed the facility had assessed the resident to be excessively demanding with care needs and that the resident exhibited attention-seeking behaviors. Review of the MDS completed on 06/05/14 revealed the facility assessed Resident #4 to be moderately cognitively impaired, and to display behavioral symptoms. Review of Resident #4's Comprehensive Care Plan, updated 06/10/14, revealed the facility noted Resident #4 continued to display physically and verbally abusive behavior toward staff, socially inappropriate behavior, and was resistive to care.</p> <p>Review of a Complaint/Grievance Report dated 05/19/14, revealed that on 05/19/14 Resident #4's family member contacted the facility and requested that CNA #1 no longer provide care to Resident #4 due to the staff member being "disrespectful/hateful" to the resident (date not indicated). The report indicated the Assistant</p>	F 226	<p>policy, which include training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a charge nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 6/13/14. No employee will be allowed to work until abuse education is provided, pre and post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided, post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test.</p>		

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F 226	<p>Continued From page 92</p> <p>Director of Nursing (ADON) reported the family member's concern to the Administrator, the DON, and the facility's Social Worker (who also functions as the facility's Abuse Prevention Coordinator) on 05/19/14. Additionally, the report revealed the ADON had been assigned responsibility for the investigation.</p> <p>Continued review of the Complaint/Grievance Report revealed the ADON spoke with Resident #4 and the resident informed the ADON he/she was not afraid of anyone in the facility and reported "just that [CNA #1] was rude." The facility's plan to resolve the resident's complaint was to assign "two (2) to go in [Resident #4's] room at night," and that CNA #1 would be reassigned to provide direct resident care on another unit in the facility, and educated on the "tone" of her voice.</p> <p>The ADON stated in interview conducted on 06/16/14 at 3:20 PM that she had not considered the request made by Resident #4's family member an allegation of possible abuse and therefore, no additional investigation was conducted. The ADON stated that after she had spoken to Resident #4, she discussed the incident with the DON and the facility's Social Worker and the decision was made to move CNA #1 to another unit to provide resident care. However, the ADON could not recall why that decision was made.</p> <p>Interview with the DON on 06/16/14, at 3:55 PM revealed CNA #1 was moved to another unit to "make [Resident #4's family member] feel better." Although the facility's policy revealed "...All allegations of abuse will be investigated and reported to the appropriate agencies," the DON</p>	F 226	<p>The facility Administrator, DON, ADONs, Dietary Director, Business office manager, Chaplain, Admissions Director, were re-educated on 6/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed return to work until the resident rights and Advanced Directive Education is provided, pre and post-test administered and 100% score obtained on post-test. Once the facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on Residents Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 6/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 6/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift. All new staff will obtain education on Resident Rights during Orientation</p>		

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F 228	<p>Continued From page 93</p> <p>stated the facility did not conduct an investigation related to Resident #4's family member's statement that CNA #1 had been "disrespectful and hateful" to Resident #4 and did not report the allegation to State authorities.</p> <p>Interview with the Administrator on 06/16/14 at 2:30 PM, revealed he had been made aware of the request made by Resident #4's family member on 05/19/14 for CNA #1 not to provide care to Resident #4 because the CNA had been disrespectful and rude. However, the Administrator stated he did not consider the request an allegation of abuse and an investigation had not been conducted, and CNA #1 continued to provide direct care to other residents in the facility. In addition, the Administrator stated because the facility had not considered the family member/resident's report as an allegation of abuse, the facility had not reported the incident to the State agencies.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/25/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>All residents were assessed for any signs and symptoms of abuse/neglect. Those residents with Brief Interview for Mental Status (BIMS) scores of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant Operations Director, Minimum Data Set (MDS) Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator (SDC), or Chaplain for any abuse/neglect concerns on 06/13/14.</p>	F 226	<p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and HR Director to 5 different staff members daily, on different shifts starting on 6/25/14 for 8 weeks, to ensure continued understanding of the abuse/neglect policy and procedure and resident rights/advanced directives, appropriate investigating and reporting of abuse/neglect to include reporting of concerns to the Administrator. All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations Officer, or Chief Nurse Executive Any concerns revealed on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive. Results of the staff questionnaire will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the staff questionnaire will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected Abuse/neglect was investigated/completed and reporting guidelines are met along with any reporting of violation of resident rights.</p>		

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F 226	<p>Continued From page 94</p> <p>Eleven concerns with ten residents were identified through interviews conducted on 06/13/14, two of which involved Resident #1 and Resident #2 (with Resident #2 having two reported incidents). The eleven concerns consist of four allegations of physical abuse, three allegations of neglect, one allegation of verbal abuse, two allegations of misappropriation of resident property and one allegation of mental abuse; all of which were reported to the Office of Inspector General (OIG), Adult Protective Services (APS), and the Ombudsman between 06/13/14 and 06/17/14.</p> <p>Residents with BIMS scores of 7 or less were physically assessed by the Assistant Directors of Nursing (ADON), Admissions Director, or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 06/13/14. No concerns were identified.</p> <p>All Power of Attorneys of residents with a BIMS score of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on 06/14/14, and on resident rights and advanced directives on 06/15/14 by the Social Services Director, Chaplain, DON, ADON, Administrator, SDC or Admissions Director. The facility will continue to attempt contact daily until remaining Power of Attorneys (POAs) have been reached. No concerns have been identified from any POA at this time.</p> <p>Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant, and the Chief Nurse Executive on 06/13/14 for any indications of abuse/neglect concerns.</p>	F 226	<p>HR performed an audit of all personnel files for any abuse concerns on 6/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks and licensure. Results of audit were given to the Administrator, on 6/14/14, to review for any abuse/neglect concerns that needed reported. None were identified.</p> <p>Information on Caring for the Caregiver which addresses the signs of stress and burn-out, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 6/14/14 by the administrator.</p> <p>The Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or HR Director will be on site daily, starting on 6/25/14 for 8 weeks, to perform walking rounds in which 10 residents (5 with BIMS 8 or greater and 5 with BIMS 7 or less) will be visited by the department head and interviewed regarding staff treatment for those residents that can be interviewed and for those residents who are not able to be interviewed the department heads will visit the resident, skin check will be completed by nurse as well as speak to nurse and C.N.A. regarding any noted changes in resident behaviors. The facility department head also will interview 5 different staff members daily, covering all shifts weekly, regarding the types of abuse, who is the abuse</p>		

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F 226	Continued From page 95 All residents with a BIMS score of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights on 06/15/14 by the Business Office Manager or Chaplain. The facility Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director, were re-educated on 06/13/14 by the Regional Nurse Consultant on the abuse policy and procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator (employee), conversations with the residents' POAs, head to toe assessments of residents under the care of the employee that were unable to tell us if an event has occurred (BIMS score of 7 or less) and interviews with residents that can tell us if they feel safe, abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident's right, safety of the resident is to be ensured and then immediately reported to the Charge Nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the Charge Nurse will report to the Abuse Coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS, and	F 226	coordinator, when suspected abuse is reported, residents rights and advanced directives. Results of resident and staff questionnaires will be reported to the Administrator, DON, Regional Nurse Consultant or VP of Operations daily and if the Administrator is not in the facility the Department Director conducting the questionnaires will telephone the Administrator or VP of Operations the results of the resident and staff questionnaires. The Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director, and HR Director will notify Administrator of any concerns immediately regarding the above resident and staff questionnaires related to abuse, mistreatment, neglect or misappropriation, resident safety or violation of resident rights or advanced directives. A binder, which is passed on to each Department Head assigned to perform the resident and staff questionnaires daily, which contains a resident roster in which the interview date and shift is noted next to resident name to ensure that residents with BIMs of 8 or greater will be interviewed and residents with BIMs of 7 or less will be visited, with skin checks completed. The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMs of 8 or greater and residents with BIMs of 8 or less. If abuse, mistreatment, neglect, misappropriation or violation of resident rights is alleged during the interviews and or visits or reported by a staff member the Department Head will		

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F 226	<p>Continued From page 96</p> <p>Ombudsman. An investigation is then initiated. As well, the grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin, withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department Administrative Managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If the manager did not score 100% on post-test, then the manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test.</p> <p>Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director were re-educated on the abuse policy, which included training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a Charge Nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 06/13/14. No employee will be allowed to work</p>	F 226	<p>ensure the resident is safe, report to a charge nurse in which the charge nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and /or Social Services Director/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately.</p> <p>The Administrator, Director of Nursing, Social Services or a member of regional staff will review all resident and staff questionnaires daily (Monday through Friday) starting on 6/25/14 for 8 weeks, for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt.</p> <p>The Administrator, Director of Nursing, and Social Services Director will review and discuss all abuse allegations daily (Monday - Friday) starting on 6/25/14, to ensure that the resident is protected, the perpetrator is removed from resident care area, reports to the Inspector General, APS and Ombudsmen are filed timely, and a thorough investigation is completed. The Administrator will maintain an abuse investigation log that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Inspector General, APS and Ombudsmen are filed timely, and thorough investigation is completed. The Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log weekly for 8 weeks, starting on 6/25/14, to validate</p>		

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F 226	<p>Continued From page 97</p> <p>until abuse education is provided, pre and post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided, post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test.</p> <p>The Administrator, DON, ADONs, Dietary Director, Business Office Manager, Chaplain and Admissions Director, were re-educated on 06/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed to return to work</p>	F 226	<p>protection of the resident, that the perpetrator is removed from the resident care area, that reports to the Inspector General, APS, Ombudsmen and appropriate authorities required by state law, are filed timely, and a thorough investigation has been completed.</p> <p>In the event of any new reports of alleged abuse, neglect, misappropriation of property or violation of resident rights, one of the following will be contacted prior to making the final five day investigation report to OIG: Signature Care Consultant, Regional VP of Operations, Chief Operating Officer, Special Projects Administrator or Chief Nursing Executive. The reviewer (Signature Care Consultant, VP of Operations, Chief Operating Office, Special Projects Administrator or Chief Nursing Executive) will validate the resident is protected, report is filed timely, the perpetrator is removed from the patient care area and a thorough investigation is completed.</p> <p>Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical records director, or social service director) will review documentation in the nursing notes and social service notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation or violation of resident rights daily on 5 different residents daily (Monday through Friday) for 8 weeks. This began on 6/14/14. No concerns have been identified. Any concerns identified, resident safety will first be ensured and then the charge nurse will be notified. The abuse policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/27/2014
NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409		
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F 226	<p>Continued From page 98</p> <p>until the Residents' Rights and Advanced Directive Education is provided pre and post-test administered and 100% score obtained on post-test.</p> <p>Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and Human Resources Director were re-educated on Residents' Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 06/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 06/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift.</p> <p>All new staff will obtain education on Residents' Rights during Orientation.</p> <p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director to five staff members on each shift and different staff members until the immediacy of the Jeopardy is removed.</p> <p>All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations</p>	F 226	<p>Administrative oversight of the facility will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Chief Nursing Officer, Signature Care Consultant, member of regional staff or Chief Operating Officer weekly for 8 weeks, then monthly.</p> <p>4. A Quality Assurance meeting will be held weekly for 4 weeks beginning 6/13/14, then bi-weekly for a month, then monthly for recommendations and further follow up regarding the above stated plan. At that time based upon evaluation the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility.</p>		

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F 226	<p>Continued From page 99</p> <p>Officer, or Chief Nurse Executive. Any concerns revealed on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive.</p> <p>Results of the staff questionnaire will be reported to the Quality Assurance committee weekly to determine the further need of continued education or revision of plan.</p> <p>Human Resources performed an audit of all personnel files for any abuse concerns on 06/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks, and licensure. Results of audit were given to the Administrator, on 06/14/14, to review for any abuse/neglect concerns that needed reported. None was identified.</p> <p>Information on Caring for the Caregiver, which addresses the signs of stress and burnout, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 06/14/14 by the administrator.</p> <p>A nurse from the regional team or corporate office has been onsite since 06/13/14 and will remain in the facility daily until the Jeopardy has been lifted. The nurses from the regional team or home office are assisting with investigations, observing staff treatment of residents, performing chart audits, and providing oversight and consultation. The</p>	F 226		

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F 226	<p>Continued From page 100</p> <p>Chief Nurse Executive, Clinical Compliance Nurse or Director of Clinical Programs will be in daily contact with the Regional Nurse Consultant and will review allegations.</p> <p>All grievances and Resident Questionnaires since 02/01/13, were reviewed by the Administrator, DON, Chief Nurse Executive, Human Resources Director, Admissions Director or Regional Nurse Consultants by 06/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported 58 allegations of abuse, neglect or misappropriation to the Office of Inspector General, APS and Ombudsmen and appropriate authorities as required state law by 06/16/14.</p> <p>The Administrator, Social Services Director or the Director of Nursing will review daily, the grievances and incident/accident reports, until the immediacy of the Jeopardy is lifted, starting 06/13/14, to determine if there are reportable allegations that have not been identified, then daily Monday through Friday during the Morning Stand-Up Meeting. The Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation immediately after their review. The Administrator will report any allegations of abuse, neglect, or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p> <p>A Resident Council meeting was held on 06/13/14, conducted by the Chaplain and Staff Development Coordinator, to discuss any abuse/neglect concerns, the facility's Abuse</p>	F 226			

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F 226	<p>Continued From page 101</p> <p>Policy and to provide education on whom to report any abuse/neglect concerns without fear of retribution.</p> <p>The Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director, one per shift, will be on site each shift to perform walking rounds in which 20 residents (ten with BIMS scores of 8 or greater and ten with BIMS scores of 7 or less) will be visited by the Department Head and interviewed regarding staff treatment. Those residents that can be interviewed and for those residents who are not able to be interviewed, the Department Heads will visit the resident, skin checks will be completed by the nurse, as well as speaking to nurse and the CNA regarding any noted changes in resident behaviors.</p> <p>The Administrator, DON, ADONs, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director will interview ten staff members daily, five from day shift and five from night shift, regarding the types of abuse, who is the abuse coordinator, when suspected abuse is reported, residents rights and advanced directives which began on 06/14/14 and will continue until immediate Jeopardy is lifted. Results of resident and staff questionnaires will be reported to the Administrator, DON, Regional Nurse Consultant, or VP of Operations daily, and if the Administrator is not in the facility, the Department Director conducting the questionnaires will telephone the</p>	F 226			

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F 226	<p>Continued From page 102</p> <p>Administrator or VP of Operations the results of the resident and staff questionnaires. This began on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>A binder is passed on to each Department Head assigned to perform the resident and staff questionnaires each shift. This binder contains a resident roster in which the interview date and shift is noted next to the resident's name to ensure that residents with BIMS scores of 8 or greater will be interviewed and residents with BIMS scores of 7 or less will be visited, with skin checks completed, beginning on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMS scores of 8 or greater and residents with BIMS scores of 7 or less. If abuse, mistreatment, neglect, misappropriation or violation of resident rights is alleged during the interviews and/or visits are reported by a staff member, the Department Head will ensure the resident is safe, report to a Charge Nurse in which the Charge Nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and/or Social Services Direct/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately.</p> <p>The Administrator, Director of Nursing, Social Services, or a member of the regional staff will review all resident and staff questionnaires daily for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt,</p>	F 226		

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F 226	<p>Continued From page 103 starting on 06/14/14.</p> <p>Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical Records Director, or Social Service Director) will review documentation in the Nursing Notes and Social Service Notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation, or violation of resident rights daily on ten different residents each day. This began on 06/14/14. No concerns have been identified. Any concerns identified, resident safety will first be ensured, and then the Charge Nurse will be notified. The Abuse Policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified.</p> <p>All resident Social Service Notes and Nursing Notes that were in the chart (3 months) were reviewed on 06/13/14 by the DON, ADONs, Staff Development Coordinator, MDS staff, Medical Records Director, Admissions Director, or a Social Service Director and Administrator from a "sister" facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incidents were identified. Ten charts are reviewed by a member of Nursing Administration or Regional or Home Office Nurse daily to validate that no other abuse allegations or violations of resident rights have been documented but not reported. This will continue until the Immediate Jeopardy is removed.</p> <p>The Administrator, Director of Nursing, and Social Services Director will review and discuss all</p>	F 226			

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F 226	<p>Continued From page 104</p> <p>abuse allegations daily to ensure that the resident is protected, the alleged perpetrator is removed from the resident care area, reports to the Office of the Inspector General, APS and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator will maintain an abuse investigation log starting on 06/14/14 that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Office of the Inspector General, APS, and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator and one of the following: Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log daily until removal of the Immediate Jeopardy, beginning on 06/14/14, to validate protection of the resident, that the perpetrator is removed from the resident care area, that reports to the Office of the Inspector General, APS, Ombudsman and appropriate authorities required by State law, are filed timely, and a thorough investigation has been completed.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of a residents rights on 06/14/14. None was identified.</p> <p>Beginning on 06/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or</p>	F 226			

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F 226	<p>Continued From page 105</p> <p>any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>The DON, ADON, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on five residents daily, beginning on 06/14/14, until removal of the immediacy and then weekly (Monday through Friday). Results of the care delivery audits will be reported to the Quality Assurance Committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the Quality Assurance Committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>A Quality Assurance meeting will be held weekly for four weeks beginning 06/13/14, then monthly for recommendations and further follow-up regarding the above stated plan. At that time, based upon evaluation the Quality Assurance Committee will determine at what frequency ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident wellbeing as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special Projects Administrator, the Regional Vice</p>	F 226			

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F 226	<p>Continued From page 106</p> <p>President of Operations, Signature Care Consultant, Chief Nursing Officer, member of regional staff or Chief Operating Officer, daily until removal of the immediacy beginning 06/13/14, then weekly for four weeks, then monthly.</p> <p>**The surveyor validated the Immediate Jeopardy was removed as follows:</p> <p>Review of the "Random Follow up Questionnaires for Residents," dated 06/13/14 and interviews on 06/27/14, at 1:51 PM with the MDS Coordinator and at 11:25 AM with the Staff Development Coordinator revealed the residents had been interviewed.</p> <p>Review of documentation revealed the allegations were faxed to the Office of Inspector General between the dates of 06/13/14 and 06/17/14.</p> <p>Review of "C.N.A Skin Care Alert" forms dated 06/13/14, and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator and at 11:30 AM with the Assistant Director of Nursing, revealed the assessments had been completed.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed staff had contacted the residents' Power of Attorneys regarding abuse/neglect concerns and resident rights. The staff stated they were continuing to contact all Power of Attorneys not yet reached. Additionally, interview on 06/27/14 at 11:15 AM with Resident G's Power of Attorney revealed he had been contacted by the facility and voiced no concerns.</p>	F 226			

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F 226	<p>Continued From page 107</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and at 11:45 AM with the Director of Nursing, revealed all Abuse/Neglect audits, assessments, interviews, and questionnaires had been reviewed on 06/13/14.</p> <p>Review of acknowledgement sheets signed by residents and interviews on 06/27/14 at 10:10 AM with Resident #3, at 10:15 AM with Resident D, at 10:23 AM with Resident E, and at 10:30 AM with Resident F revealed the education had been provided to residents.</p> <p>Review of "Random Follow-Up Questionnaires for Staff," dated 06/13/14 with designations of pre-test and post-test revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Staff Development Coordinator, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director had all taken the test and scored 100%.</p> <p>Review of "Random Follow-Up Questionnaire for Staff," forms and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%.</p> <p>Review of "Resident Rights" questionnaires designated with pre-test and post-test dated 06/15/14, revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Director, Business Office Manager, Chaplain, and Admissions Director had all taken the test and scored 100%.</p>	F 226			

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F 226	Continued From page 108 Review of "Resident Rights" questionnaire and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%. Interview on 06/27/14 at 11:25 AM the Staff Development Coordinator revealed orientation training and education material includes Resident Rights training. Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker, revealed the questionnaires regarding abuse, resident rights, and advanced directives had been administered to five staff members on each shift. Interview with the Administrator on 06/27/14, at 11:20 AM revealed the questionnaires had been reviewed and no concerns were identified. Review of Quality Assurance Meetings conducted on 06/13/14 and 06/20/14 revealed the results of the questionnaire had been reported in the meetings. Review of a signed statement dated 06/13/14, by the Human Resources Director revealed all Human Resource files had been audited for Coaching and Counseling forms, Suspension Forms, Termination Forms, Abuse Registry Checks, Background Checks, and Licensure requirements.	F 226		

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F 226	Continued From page 109 Observation of the employee time clock on 06/27/14 at 11:58 AM revealed "caring for the caregiver" educational material was present. Review of a signed facility log dated 06/13/14 through 06/27/14, revealed a corporate staff person had been designated and served as Administrative Oversight in the facility on each of the days. Interviews on 06/27/14 at 11:00 AM with the Administrator and at 11:45 AM with the Director of Nursing revealed all Grievances and Resident Questionnaires since 02/01/13 had been reviewed. The identified concerns had been reported to the Office of Inspector General. Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all grievances and incident/accident reports had been reviewed daily since 06/13/14. Review of the "Resident Council Meeting Minutes," dated 06/13/14, and interviews with Resident #3 on 06/27/14 at 10:10 AM and Resident D at 10:15 AM, revealed they had attended the meeting and discussed any abuse/neglect concerns. Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed Department Heads had been assigned each shift to perform walking rounds and visit 20 residents. Staff interviews were also being conducted to identify any changes in	F 226		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2014
NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409		
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F 228	<p>Continued From page 110 resident behavior.</p> <p>Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14, at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:30 AM with the Assistant Director of Nursing revealed the interviews were being conducted with ten staff members daily. Review on 06/27/14, of the questionnaire binder revealed it contained a resident roster with the date and shift that each resident had been interviewed.</p> <p>Interview on 06/27/14 at 1:51 PM with the Minimum Data Set Coordinator revealed she was responsible to ensure the binder was kept updated with each resident's current BIMS score.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all resident and staff questionnaires had been reviewed daily for any allegations of abuse, neglect, and misappropriation of property. The questionnaires were also reviewed for violation of resident rights or advanced directives.</p> <p>Review of signed statements by staff and interviews on 06/27/14 at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed Nursing Notes and Social Service Notes had been reviewed daily for evidence of any allegations of abuse, neglect, misappropriation of property, or violation of resident rights.</p> <p>Review of a signed statement by the Administrator and Social Services Director of a "sister" facility dated 06/13/14, revealed all</p>	F 228			

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F 226	<p>Continued From page 111</p> <p>Nursing and Social Services Notes had been reviewed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all abuse allegations were reviewed daily and discussed to ensure the abuse policy was followed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and observation of the abuse investigation log revealed the log had been maintained since 06/14/14, and included documentation that resident rights were protected, the alleged perpetrator was removed from resident care, and the required reporting was completed. Review of the Abuse Investigation Log on 06/27/14, revealed documentation that the Chief Operation Officer, Vice President of Operations, Chief Nurse Executive, or Regional Nurse Consultant had reviewed the log daily.</p> <p>Review of a signed statement dated 06/14/14, by the Regional Nurse Consultant revealed all incident reports had been reviewed for any concerns.</p> <p>Interview with the Administrator on 06/27/14 at 10:10 AM and a signed statement dated 06/27/14, revealed the facility had conducted no care plan meetings since 06/13/14. Interview with the Minimum Data Set Coordinator on 06/27/14 at 1:51 PM revealed all Care Plan meetings would include discussion of any abuse/neglect concerns that the resident or families may have noted.</p>	F 226		

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F 226	Continued From page 112 Interviews on 06/27/14, at 11:45 AM with the Director of Nursing, and at 11:30 AM with the Assistant Director of Nursing and review of resident rosters revealed observations of care had been conducted on five residents daily, which began on 06/14/14. Review of Quality Assurance meeting minutes revealed meetings had been conducted on 06/13/14 and 06/20/14. The minutes reflected the plan had been discussed.	F 226		
F 490 SS=J	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of policy/procedures it was determined the Administrator failed to ensure the facility's resources, including policies related to abuse and neglect, were used effectively and efficiently to maintain the highest practicable physical, mental, and psychosocial well-being for three (3) of four (4) sampled residents (Residents #1, #2, and #4). It was reported to the Administrator on 05/26/14 that Medication Aide (MA) #1 had administered a suppository despite the resident's verbal refusal and the resident's physical gesture of refusal by placing a hand over the rectal area. Although the	F 490	1. Resident #1's allegation was reported to the Administrator and DON on 5/26/14 by the charge nurse. Thorough investigation initiated on 5/26/14 by the DON. Initial report to OIG, APS and Ombudsman on 5/27/14 by the SSD. MD and Medical director was notified on 5/26/14 by the DON. On 5/26/14 the medication Aide was suspended by the DON, pending a thorough investigation. Charge nurse completed a head to toe assessment on resident # 1 on 5/26/14 with no concerns identified. SSD completed psychosocial assessment of resident on 5/27/14 with reassessments on 6/2/14 - 6/4/14 with no concerns noted. On 6/13/14 and again on 6/19/14, due to new information being reported to the facility by a state agency, this investigation was re-opened by the administrator or DON. An amended reported substantiating this allegation has been filed to the OIG, APS and Ombudsmen. The facility Administrator, Director of Nursing, Abuse Coordinator and facility department heads and staff understand that any and all allegations of abuse, neglect, misappropriation, or	7/31/14

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F 490	<p>Continued From page 113</p> <p>facility terminated MA #1's employment, the Administrator unsubstantiated that abuse had occurred, and stated he did not "believe" the events had occurred as described by Resident #1 because MA #1 denied that Resident #2 refused the suppository.</p> <p>It was reported to the Administrator on 06/04/14, that CNA #1 had refused to assist Resident #2 to the toilet on 06/02/14 and instructed the resident to "pee in the bed." However, the Administrator failed to ensure the resident's allegations were investigated or that witness interviews and evidence that was available to the facility had been obtained and/or considered in an effort to determine if abuse had occurred.</p> <p>In addition, on 05/19/14, Resident #4's family member contacted the facility and requested that CNA #1 not provide direct care to Resident #4 because the CNA had been "disrespectful and hateful." Although the Administrator was made aware of the request on 05/19/14, the facility failed to initiate an investigation of the allegation to determine if abuse had occurred or to protect residents in the facility from potential abuse during an investigation, and on 05/19/14, moved CNA #1 to another unit in the facility to provide direct resident care.</p> <p>The Administrator's failure to ensure facility policies/procedures related to recognizing, investigating, and reporting abuse were implemented caused, or was likely to cause, serious injury, harm, impairment, or death to residents at the facility. Immediate Jeopardy was determined to exist on 05/26/14 at 42 CFR 483.10 Resident Rights (F155), 42 CFR 483.13 Resident Behavior and Facility Practices (F223,</p>	F 490	<p>violation of resident rights are to be reported to OIG, APS and Ombudsmen immediately, as well as to other authorities as required by state law. A thorough investigation must also be initiated and performed to completion. All understand to serve as a resident advocate against abuse at all times, and to protect the resident immediately upon any witnessed abuse or reported allegation of abuse by removing the alleged perpetrator from the resident care area and if an employee, suspending immediately pending outcome of investigation. All understand that any report of staff being physically or verbally mean, rough, or threatening, as well as any other statements indicating or describing such conduct is state reportable, and NOT a resident grievance, even when a resident may later re-define, interpret, or clarify the conduct in question as not intentional or abusive. All understand that the facility's grievance process should NOT ever be used to handle or process an abuse allegation. Resident #2's allegation was reported to OIG, APS, and local Ombudsman on 6/12/14 by the SSD. The CNA was not working that day and was suspended via phone conversation on 6/12/14 by DON, pending a thorough investigation. MD and Medical Director was notified on 6/12/14 by the charge nurse or SSD. Resident was assessed by the ADON on 6/12/14 and 6/13/14 with no issues noted. A re-investigation of this event and information obtained there from, warranted an amended finding that <u>this allegation of abuse is substantiated</u>. An amended five day was filed with OIG, APS and Ombudsman as of 6/19/2014 by the SSD. Resident # 4's allegation was reported to OIG, APS and Ombudsman on 6/14/14 by the DON. MD</p>	

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F 490	<p>Continued From page 114 F225, and F226), and 42 CFR 483.75 Administration (F490).</p> <p>An acceptable Allegation of Compliance was received on 06/25/14 which alleged removal of the Immediate Jeopardy on 06/25/14. A partial extended survey was conducted on 06/26-27/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14 as alleged, which lowered the scope and severity to "D" at 42 CFR 483.10 Resident Rights (F155) 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225, and 226) and 42 CFR 483.75 Administration (F490) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the "Job Description" for the Administrator, updated December 2011, revealed the Administrator would "lead and direct the overall operations of the facility in accordance with customer needs, government regulations and company policies..." The "Essential Duties and Responsibilities" of the Administrator included "maintain a working knowledge of and confirm compliance with all governmental regulations."</p> <p>Review of the facility's policy, "Abuse, Neglect and Misappropriation," effective April 2013, revealed, "The Administrator/designee will make all reasonable efforts to investigate and address alleged reports, concerns, and grievances." In addition, according to the policy, "...all allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility</p>	F 490	<p>and POA notified on 6/14/14 by the DON. CNA was already on suspension from previous allegation. Resident # 4 was assessed by the SSD on 6/16/14. Initial thorough investigation initiated on 6/14/14 by the DDN.</p> <p>2. All residents have been assessed for any signs and symptoms of abuse/neglect. Those residents with BIMs of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant operations Director, MDS Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator or Chaplain for any abuse/neglect concerns on 6/13/14. Eleven (11) concerns with 10 (ten) residents were identified throughout the interviews conducted on 6/13/14, two (2) of which were resident #1 and resident #2 (with resident #2 having two reported incidents). The eleven (11) consist of (four) allegations of physical abuse, 3 (three) allegations of neglect, 1 (one) allegation of verbal abuse, 2 (two) allegations of misappropriation of resident property and 1 allegation of mental abuse, all of which were reported to OIG, APS and Ombudsmen between 6-13-14 and 6-17-14. 1 (one) allegation of physical abuse and 1(one) allegation of neglect were substantiated. (The 5 day investigations have been attached.) Those residents with BIMs of 7 or less were physically assessed by the ADCNs, Admissions Director or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 5/13/2014. No concerns were identified. All POA's of residents with a BIMs of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on 6/14/14, and on resident rights and advanced directives on</p>	

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F 490	<p>Continued From page 115</p> <p>along with other officials in accordance with State law through established guidelines." Further review revealed, "The charge nurse will immediately remove the suspected perpetrator from resident care areas, obtain the staff members witness statement and immediately suspend the employee pending the outcome of the investigation." The policy revealed, "The charge nurse will immediately notify the Administrator, DON and/or Abuse Coordinator as appropriate. The Administrator and/or DON will notify state agencies according to their reporting guidelines. "All allegations of abuse will be investigated and reported to the appropriate agencies."</p> <p>1. Review of a facility's investigation dated 05/30/14, revealed on 05/26/14, Resident #1 refused a rectal suppository that had been prescribed by the physician; however, according to the report, MA #1 proceeded to push the resident's leg in an upward motion while stating the physician wanted the resident to have the suppository as ordered. Resident #1 stated at that time he/she positioned his/her hand over the rectal area in an attempt to block MA #1 from inserting the suppository. Although the Administrator acknowledged in interview conducted on 06/13/14 at 1:30 PM that he had knowledge that MA #1 had a previous history of being "rough" with Resident #2 and of reports that MA #1 was "hateful" to residents, the Administrator unsubstantiated the allegation of abuse because MA #1 denied that Resident #1 refused the suppository.</p> <p>2. Continued interview with Resident #2 revealed on a recent occasion, he/she rang the call light for assistance to the toilet and was told by CNA #1</p>	F 490	<p>6/15/14 by the Social Services Director, Chaplain, DON, ADON's Administrator, Staff development coordinator or Admissions Director. The facility will continue to attempt contacting daily until remaining POA's have been reached. No concerns have been identified from any POA at this time. Abuse/neglect audits, assessments, interviews and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant and the Chief Nurse Executive on 6/13/14 for any indications of abuse/neglect concerns.</p> <p>All residents with a BIMS of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights by the Business Office Manager or Chaplain on 6/15/14.</p> <p>All grievances and Resident Questionnaires since 2/1/13 were reviewed by the Administrator, DON, Chief Nurse Executive, HR Director, Admissions Director or Regional Nurse Consultants by 6/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported fifty eight (58) allegations of abuse, neglect or misappropriation to the Office of Inspector General, AP5 and Ombudsmen and appropriate authorities as required state law by 6/16/14. Two (2) allegations were substantiated; one (1) physical and one (1) neglect which were referenced in #4, both of which involved resident #2. The breakdown of allegations reported are as follows: one (1) physical, seven (7) neglect, three (3) mental and 47 (forty seven) misappropriation. The Administrator, Social Services Director or the Director of Nursing</p>	

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F 490	<p>Continued From page 116</p> <p>that she could not assist him/her to the bathroom, and to "pee in the bed." Resident #2 stated he/she did not want to void in the bed, and called his/her family member to inform her that staff would not assist him/her to the toilet, and that staff had told him/her to "pee in the bed." Resident #2 stated the incident upset him/her and stated, "I shouldn't have to pee on myself." Resident #2 stated after he/she had reported the incident to the family member, CNA #1 returned to his/her room to assist him/her to the bathroom. According to Resident #2, while in the bathroom, CNA #1 told the resident, "You better not call [family member] on me again." Resident #2 stated she felt threatened and afraid of CNA #1 at that time. Resident #2 stated he/she reported the comment made by CNA #1 to facility staff and was interviewed by the Administrator and DON.</p> <p>However, according to the Administrator in interview on 06/13/14 at 1:30 PM, he did not consider the report an allegation of abuse/neglect and did not conduct an investigation of the incident to determine if abuse occurred. Due to the facility's failure to investigate the resident's allegation, the facility did not follow its policy, and failed to "...remove the perpetrator from resident care areas," failed to "...obtain staff members witness statements," failed to "...immediately suspend the employee pending the outcome of the investigation," and failed to "...notify state agencies according to their reporting guidelines," as required by policy.</p> <p>3. Review of a Complaint/Grievance Report dated 05/19/14, revealed Resident #4's family member contacted the facility and requested that CNA #1 no longer provide care to Resident #4 due to the staff member being "disrespectful and</p>	F 490	<p>will review daily, Monday through Friday during the morning stand up meeting, the grievances and incident/accident reports X 4 weeks, starting 6/13/14, to determine if there are reportable allegations that have not been identified. Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation</p> <p>Immediately after their review. The Administrator will report any allegations of abuse, neglect or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p> <p>A Resident Council meeting was held on 6/13/14 conducted by the Chaplain and Staff Development Coordinator to discuss any abuse/neglect concerns, the facility abuse policy and to provide education on whom to report any abuse/neglect concerns without fear of retribution. 1 allegation resulted and was reported to the office of Inspector general on 6/16/14. On 6/13/14 a grievance was written on a missing blouse and pair of pants. An initial report has been sent to OIG, APS and Ombudsmen on 6/16/14 by the Administrator. An Investigation was initiated on 6/13/14 by the Housekeeping Director.</p> <p>All resident social service notes and nursing notes that were in the chart (3 months) were reviewed on 6/13/14 by the DON, ADONS, Staff Development Coordinator, MDS staff, medical records director, admissions director, or a social service director and administrator from a sister facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incident being identified.</p>	

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F 490	<p>Continued From page 117</p> <p>hateful." The concern was reported to the Administrator and the Social Worker (SW), who also functions as the facility's Abuse Prevention Coordinator. The facility resolved the complaint/grievance by instructing staff that "two (staff) were to go in [Resident #4's] room at night," and that CNA #1 would be moved to another unit in the facility and educated on "tone" of voice. Interview with the Director of Nursing (DON) on 06/16/14, at 3:55 PM revealed CNA #1 was moved to another unit to "make (Resident #4's family member) feel better."</p> <p>Interview with the Administrator on 06/13/14, at 1:30 PM revealed the Unit Manager made him aware of Resident #4's family member's request to not allow CNA #1 to provide care to Resident #4, but he did not consider the request to be an allegation of possible abuse and therefore had not conducted an investigation of the incident.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/25/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>All residents were assessed for any signs and symptoms of abuse/neglect. Those residents with Brief Interview for Mental Status (BIMS) scores of 8 or greater were interviewed by the Admissions Director, Dietary Director, Plant Operations Director, Minimum Data Set (MDS) Coordinators, Medical Records Director, Business Office Manager, Housekeeping Director, Staff Development Coordinator (SDC), or Chaplain for any abuse/neglect concerns on 06/13/14.</p> <p>Eleven concerns with ten residents were</p>	F 490	<p>Beginning on 6/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>DON, ADONs, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on 5 residents weekly (Monday through Friday) for 8 weeks, starting on 6/25/14. Results of the care delivery audits will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>All resident social service notes and nursing notes that were in the chart (3 months) were reviewed by the DON, ADONs, Staff Development Coordinator, MDS staff, medical records director, admissions director, or a social service director and administrator from a sister facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of resident's rights.</p>	

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F 490	<p>Continued From page 118</p> <p>identified through interviews conducted on 06/13/14, two of which involved Resident #1 and Resident #2 (with Resident #2 having two reported incidents). The eleven concerns consist of four allegations of physical abuse, three allegations of neglect, one allegation of verbal abuse, two allegations of misappropriation of resident property and one allegation of mental abuse; all of which were reported to the Office of Inspector General (OIG), Adult Protective Services (APS), and the Ombudsman between 06/13/14 and 06/17/14.</p> <p>Residents with BIMS scores of 7 or less were physically assessed by the Assistant Directors of Nursing (ADON), Admissions Director, or Staff Development Coordinator for any signs and symptoms of abuse/neglect on 06/13/14. No concerns were identified.</p> <p>All Power of Attorneys of residents with a BIMS score of 7 or less were attempted to be contacted in regards to any abuse/neglect concerns on 06/14/14, and on resident rights and advanced directives on 06/15/14 by the Social Services Director, Chaplain, DON, ADON, Administrator, SDC or Admissions Director. The facility will continue to attempt contact daily until remaining Power of Attorneys (POAs) have been reached. No concerns have been identified from any POA at this time.</p> <p>Abuse/neglect audits, assessments, interviews, and questionnaires were reviewed by the Administrator, Director of Nursing and Regional Nurse Consultant, and the Chief Nurse Executive on 06/13/14 for any indications of abuse/neglect concerns.</p>	F 490	<p>3. The facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, HR Director, were re-educated on 6/13/14 by the Regional Nurse Consultant on the abuse policy and procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator (employee), conversations with the residents POA, head to toe assessments of residents under the care of the employee that are unable to tell us if an event has occurred (BIMS 7 or less) and interviews with residents that can tell us if they feel safe, abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident right, safety of the resident is to be ensured and then immediately reported to the charge nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the charge nurse will report to the abuse coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS and Ombudsman. An investigation is then initiated. As well, grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question</p>	

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F 490	<p>Continued From page 119</p> <p>All residents with a BIMS score of 8 or greater received education on Residents Rights and were given a copy of the Resident Rights on 06/15/14 by the Business Office Manager or Chaplain.</p> <p>The facility Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director, were re-educated on 06/13/14 by the Regional Nurse Consultant on the abuse policy and procedure, to include but not limited to: training, prevention, identification, protection and reporting/response, completing a thorough investigation which includes obtaining witness statements from any stakeholder, resident or any person witnessing the event, statements from any other staff that have worked with the alleged perpetrator (employee), conversations with the residents' POAs, head to toe assessments of residents under the care of the employee that were unable to tell us if an event has occurred (BIMS score of 7 or less) and interviews with residents that can tell us if they feel safe, abused or mistreated or violated by alleged victim. The education also included that in the report of any allegation or suspicion of abuse or violation of a resident's right, safety of the resident is to be ensured and then immediately reported to the Charge Nurse. If the perpetrator is an employee, they will be immediately removed from the resident care area to ensure safety of all other residents. The alleged perpetrator would be moved to a non-patient care area and suspended, the Charge Nurse will report to the Abuse Coordinator/Administrator/DON in which the alleged allegation is reported to OIG, APS, and Ombudsman. An investigation is then initiated.</p>	F 490	<p>and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin, withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department administrative managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Once the facility Administrator, DON, ADDONS, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on the abuse policy, which include training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a charge nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 6/13/14. No employee will be allowed to work until abuse education is provided, pre and post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will</p>		

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F 490	Continued From page 120 As well, the grievance process is not for reporting or handling allegations of abuse. This training was performed face to face in order to facilitate discussion and question and include examples of items that would be considered as reportable: reports of staff being physically or verbally mean or rough, injuries of unknown origin, withholding belongings, resident to resident altercations to include verbal or physical, and taking belongings or exploitation. Department Administrative Managers could not return to work until abuse education was provided, pre and post-test administered and 100% score obtained on post-test. If the manager did not score 100% on post-test, then the manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director were re-educated on the abuse policy, which included training, prevention, identification, investigation, protection and reporting/response. They were then assigned to re-educate the staff on the abuse policy and procedure which included, but not limited to, ensuring resident safety when witnessing abuse or if an allegation is made, then reporting immediately to a Charge Nurse, removal of the perpetrator from the resident care area, alleged perpetrator is suspended, then reported to Abuse Coordinator/Administrator/DON, in which the alleged allegation is reported to OIG, APS, and Ombudsman which started on 06/13/14. No employee will be allowed to work until abuse education is provided, pre and	F 490	be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided, post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. The facility Administrator, DON, ADONS, Dietary Director, Business office manager, Chaplain, Admissions Director, were re-educated on 6/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed return to work until the resident rights and Advanced Directive Education is provided, pre and post-test	

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F 490	<p>Continued From page 121</p> <p>post-test administered and 100% score obtained on post-test, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test. Education regarding the abuse policy and procedure, to include the components of training, prevention, identification, investigation, protection and reporting/response with identification/reporting and process will be included in the orientation process for all newly hired staff members. No newly hired employee will be allowed to work until abuse education and resident right education is provided, post-test administered and 100% score obtained, if employee did not score 100% on post-test, then employee will be immediately re-educated and post-test re-administered. This process will continue until employee obtains a 100% score on post-test.</p> <p>The Administrator, DON, ADONs, Dietary Director, Business Office Manager, Chaplain and Admissions Director, were re-educated on 06/15/14 by the Chief Nurse Executive on Resident Rights and Advanced Directives. This training was performed face to face in order to facilitate discussion and question and include examples of resident rights, the types of Advanced Directives, and examples of resident refusals. A pre and post-test were administered and 100% score obtained on post-test. If manager did not score 100% on post-test, then manager was immediately re-educated and post-test re-administered. This process continued until all managers obtained a 100% score on post-test. Department administrative managers will not be allowed to return to work until the Residents' Rights and Advanced</p>	F 490	<p>administered and 100% score obtained on post-test. Once the facility Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and HR Director were re-educated on Resident Rights and Advanced Directives, they were then assigned to re-educate the staff on the Resident Rights and Advanced Directives beginning on 6/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 6/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift. All new staff will obtained education on Resident Rights during Orientation</p> <p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business office manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and HR Director to 5 different staff members daily, on different shifts starting on 6/25/14 for 8 weeks, to ensure continued understanding of the abuse/neglect policy and procedure and resident rights/advanced directives, appropriate investigating and reporting of abuse/neglect to include reporting of concerns to the Administrator. All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations Officer, or Chief Nurse Executive Any concerns revealed</p>		

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F 490	<p>Continued From page 122</p> <p>Directive Education is provided pre and post-test administered and 100% score obtained on post-test.</p> <p>Once the Administrator, DON, ADON, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director and Human Resources Director were re-educated on Residents' Rights and Advanced Directives, they were then assigned to re-educate the staff on the Residents Rights and Advanced Directives beginning on 06/15/14 to include examples of Resident Rights, the types of Advanced Directives and examples of resident refusals. All staff working on 06/15/14 received the education and all other staff is receiving the education prior to clocking in for their next scheduled shift.</p> <p>All new staff will obtain education on Residents' Rights during Orientation.</p> <p>Staff questionnaire regarding abuse and resident rights and Advanced Directives is being administered by Administrator, DON, ADONs, MDS coordinators, SDC, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director to five staff members on each shift and different staff members until the immediacy of the Jeopardy is removed.</p> <p>All results of questionnaires, tests, skin assessments are reviewed daily by the Administrator, DON, Nurse Consultant, Vice President of Operations, Chief Operations Officer, or Chief Nurse Executive. Any concerns</p>	F 490	<p>on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive. Results of the staff questionnaire will be reported to the QA committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the QA committee will determine at what frequency the staff questionnaire will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected Abuse/neglect was investigated/completed and reporting guidelines are met along with any reporting of violation of resident rights.</p> <p>HR performed an audit of all personnel files for any abuse concerns on 6/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks and licensure. Results of audit were given to the Administrator, on 6/14/14, to review for any abuse/neglect concerns that needed reported. None were identified.</p> <p>Information on Caring for the Caregiver which addresses the signs of stress and burn-out, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 6/14/14 by the administrator.</p>	

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F 490	<p>Continued From page 123</p> <p>revealed on the above to include injuries of unknown origin are reported immediately to the Abuse Coordinator, Administrator, Director of Nursing, Regional Nurse Coordinator, Regional Vice President of Operations, Chief Operating Officer, Special Projects Administrator, or Chief Nurse Executive.</p> <p>Results of the staff questionnaire will be reported to the Quality Assurance committee weekly to determine the further need of continued education or revision of plan.</p> <p>Human Resources performed an audit of all personnel files for any abuse concerns on 06/13/14. Items that were reviewed: Coaching and Counseling forms, suspension forms, termination forms, abuse registry checks, background checks, and licensure. Results of audit were given to the Administrator, on 06/14/14, to review for any abuse/neglect concerns that needed reported. None was identified.</p> <p>Information on Caring for the Caregiver, which addresses the signs of stress and burnout, shows the caregiver ways to cope and reduce stress and useful ways that friends can offer help to the caregiver were posted by the time clock on 06/14/14 by the administrator.</p> <p>A nurse from the regional team or corporate office has been onsite since 06/13/14 and will remain in the facility daily until the Jeopardy has been lifted. The nurses from the regional team or home office are assisting with investigations, observing staff treatment of residents, performing chart audits, and providing oversight and consultation. The Chief Nurse Executive, Clinical Compliance</p>	F 490	<p>The Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or HR Director will be on site daily, starting on 6/25/14 for 8 weeks, to perform walking rounds in which 10 residents (5 with BIMs 8 or greater and 5 with BIMs 7 or less) will be visited by the department head and interviewed regarding staff treatment for those residents that can be interviewed and for those residents who are not able to be interviewed the department heads will visit the resident, skin check will be completed by nurse as well as speak to nurse and C.N.A. regarding any noted changes in resident behaviors. The facility department head also will interview 5 different staff members daily, covering all shifts weekly, regarding the types of abuse, who is the abuse coordinator, when suspected abuse is reported, residents rights and advanced directives. Results of resident and staff questionnaire's will be reported to the Administrator, DON, Regional Nurse Consultant or VP of Operations daily and if the Administrator is not in the facility the Department Director conducting the questionnaires will telephone the Administrator or VP of Operations the results of the resident and staff questionnaires.</p> <p>The Administrator, DON, ADONs, MDS coordinator, SDC, Dietary Director, Business office manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director, and HR Director will notify Administrator of any concerns immediately regarding the above</p>	

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F 490	<p>Continued From page 124</p> <p>Nurse or Director of Clinical Programs will be in daily contact with the Regional Nurse Consultant and will review allegations.</p> <p>All grievances and Resident Questionnaires since 02/01/13, were reviewed by the Administrator, DON, Chief Nurse Executive, Human Resources Director, Admissions Director or Regional Nurse Consultants by 06/16/14 to determine if any items documented were a reportable event. The Facility Administrator, Social Services Director or Director of Nursing reported 58 allegations of abuse, neglect or misappropriation to the Office of Inspector General, APS and Ombudsmen and appropriate authorities as required state law by 06/16/14.</p> <p>The Administrator, Social Services Director or the Director of Nursing will review daily, the grievances and incident/accident reports, until the immediacy of the Jeopardy is lifted, starting 06/13/14, to determine if there are reportable allegations that have not been identified, then daily Monday through Friday during the Morning Stand-Up Meeting. The Social Services Director or the Director of Nursing will report to the Administrator any identified allegations of abuse, neglect or misappropriation immediately after their review. The Administrator will report any allegations of abuse, neglect, or misappropriation to the Office of Inspector General, Adult Protective Services and Ombudsman and appropriate authorities as required by state law.</p> <p>A Resident Council meeting was held on 06/13/14, conducted by the Chaplain and Staff Development Coordinator, to discuss any abuse/neglect concerns, the facility's Abuse Policy and to provide education on whom to</p>	F 490	<p>resident and staff questionnaires related to abuse, mistreatment, neglect or misappropriation, resident safety or violation of resident rights or advanced directives. A binder, which is passed on to each Department Head assigned to perform the resident and staff questionnaires daily, which contains a resident roster in which the interview date and shift is noted next to resident name to ensure that residents with BIMs of 8 or greater will be interviewed and residents with BIMs of 7 or less will be visited, with skin checks completed. The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMs of 8 or greater and residents with BIMs of 8 or less. If abuse, mistreatment, neglect, misappropriation or violation of resident rights is alleged during the interviews and or visits or reported by a staff member the Department Head will ensure the resident is safe, report to a charge nurse in which the charge nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and /or Social Services Direct/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately.</p> <p>The Administrator, Director of Nursing, Social Services or a member of regional staff will review all resident and staff questionnaires daily (Monday through Friday) starting on 6/25/14 for 8 weeks, for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt.</p>	

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F 490	<p>Continued From page 125</p> <p>report any abuse/neglect concerns without fear of retribution.</p> <p>The Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director, one per shift, will be on site each shift to perform walking rounds in which 20 residents (ten with BIMS scores of 8 or greater and ten with BIMS scores of 7 or less) will be visited by the Department Head and interviewed regarding staff treatment. Those residents that can be interviewed and for those residents who are not able to be interviewed, the Department Heads will visit the resident, skin checks will be completed by the nurse, as well as speaking to nurse and the CNA regarding any noted changes in resident behaviors.</p> <p>The Administrator, DON, ADONs, MDS Coordinator, SDC, Dietary Director, Business Office Manager, Social Services Director, Activities Director, Chaplain, Admissions Director, Medical Records Director or Human Resources Director will interview ten staff members daily, five from day shift and five from night shift, regarding the types of abuse, who is the abuse coordinator, when suspected abuse is reported, residents rights and advanced directives which began on 06/14/14 and will continue until Immediate Jeopardy is lifted. Results of resident and staff questionnaires will be reported to the Administrator, DON, Regional Nurse Consultant, or VP of Operations daily, and if the Administrator is not in the facility, the Department Director conducting the questionnaires will telephone the Administrator or VP of Operations the results of</p>	F 490	<p>Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical records director, or social service director) will review documentation in the nursing notes and social service notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation or violation of resident rights daily on 10 different residents each day. Any concerns identified, resident safety will first be ensured and then the charge nurse will be notified. The abuse policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified. This will continue until the immediate jeopardy is removed.</p> <p>The Administrator, Director of Nursing, and Social Services Director will review and discuss all abuse allegations daily (Monday – Friday) starting on 6/25/14, to ensure that the resident is protected, the perpetrator is removed from resident care area, reports to the Inspector General, APS and Ombudsmen are filed timely, and a thorough investigation is completed. The Administrator will maintain an abuse investigation log that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Inspector General, APS and Ombudsmen are filed timely, and thorough investigation is completed. The Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log weekly for 8 weeks, starting on 6/25/14, to validate</p>		

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F 490	<p>Continued From page 126</p> <p>the resident and staff questionnaires. This began on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>A binder is passed on to each Department Head assigned to perform the resident and staff questionnaires each shift. This binder contains a resident roster in which the interview date and shift is noted next to the resident's name to ensure that residents with BIMS scores of 8 or greater will be interviewed and residents with BIMS scores of 7 or less will be visited, with skin checks completed, beginning on 06/14/14 and will continue until the Jeopardy is lifted.</p> <p>The MDS Coordinators have the responsibility for updating the binder weekly to identify residents with BIMS scores of 8 or greater and residents with BIMS scores of 7 or less. If abuse, mistreatment, neglect, misappropriation or violation of resident rights is alleged during the interviews and/or visits are reported by a staff member, the Department Head will ensure the resident is safe, report to a Charge Nurse in which the Charge Nurse will remove the alleged perpetrator to a non-patient care area and notify the Administrator, Director of Nursing, and/or Social Services Direct/Abuse Coordinator. The alleged perpetrator will be suspended and an investigation will begin immediately.</p> <p>The Administrator, Director of Nursing, Social Services, or a member of the regional staff will review all resident and staff questionnaires daily for any allegations of abuse, neglect, misappropriation to include violation of resident rights or advanced directives. Investigations of grievances/concerns will be initiated upon receipt, starting on 06/14/14.</p>	F 490	<p>protection of the resident, that the perpetrator is removed from the resident care area, that reports to the Inspector General, APS, Ombudsmen and appropriate authorities required by state law, are filed timely, and a thorough investigation has been completed.</p> <p>In the event of any new reports of alleged abuse, neglect, misappropriation of property or violation of resident rights, one of the following will be contacted prior to making the final five day investigation report to OIG: Signature Care Consultant, Regional VP of Operations, Chief Operating Officer, Special Projects Administrator or Chief Nursing Executive. The reviewer (Signature Care Consultant, VP of Operations, Chief Operating Office, Special Projects Administrator or Chief Nursing Executive) will validate the resident is protected, report is filed timely, the perpetrator is removed from the patient care area and a thorough investigation is completed.</p> <p>Nursing Administration (DON, ADCN, Staff Development Coordinator, MDS staff, Medical records director, or social service director) will review documentation in the nursing notes and social service notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation or violation of resident rights daily on 5 different residents daily (Monday through Friday) for 8 weeks. This began on 6/14/14. No concerns have been identified. Any concerns identified, resident safety will first be ensured and then the charge nurse will be notified. The abuse policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified.</p>	

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F 490	Continued From page 127 Nursing Administration (DON, ADON, Staff Development Coordinator, MDS staff, Medical Records Director, or Social Service Director) will review documentation in the Nursing Notes and Social Service Notes in order to assess for any documented evidence of an allegation of abuse, neglect, misappropriation, or violation of resident rights daily on ten different residents each day. This began on 06/14/14. No concerns have been identified. Any concerns identified, resident safety will first be ensured, and then the Charge Nurse will be notified. The Abuse Policy will be followed in which the alleged perpetrator will be removed from a resident care area (if on duty) suspended pending investigation and the Administrator, DON, or Social Service Director will be notified. All resident Social Service Notes and Nursing Notes that were in the chart (3 months) were reviewed on 06/13/14 by the DON, ADONs, Staff Development Coordinator, MDS staff, Medical Records Director, Admissions Director, or a Social Service Director and Administrator from a "sister" facility, or regional/home office nurses for any documentation regarding abuse or violation of resident rights. No new incidents were identified. Ten charts are reviewed by a member of Nursing Administration or Regional or Home Office Nurse daily to validate that no other abuse allegations or violations of resident rights have been documented but not reported. This will continue until the Immediate Jeopardy is removed. The Administrator, Director of Nursing, and Social Services Director will review and discuss all abuse allegations daily to ensure that the resident	F 490	Administrative oversight of the facility will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Chief Nursing Officer, Signature Care Consultant, member of regional staff or Chief Operating Officer weekly for 8 weeks, then monthly. 4. A Quality Assurance meeting will be held weekly for 4 weeks beginning 6/13/14, then bi-weekly for a month, then monthly for recommendations and further follow up regarding the above stated plan. At that time based upon evaluation the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility.	

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F 490	<p>Continued From page 128</p> <p>is protected, the alleged perpetrator is removed from the resident care area, reports to the Office of the Inspector General, APS and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator will maintain an abuse investigation log starting on 06/14/14 that will include documentation of the following: validate protection of residents, perpetrator is removed from resident care area, reports to the Office of the Inspector General, APS, and Ombudsman are filed timely, and a thorough investigation is completed.</p> <p>The Administrator and one of the following: Chief Operation Officer, VP of Operations, Chief Nurse Executive or Regional Nurse Consultant will review the abuse log daily until removal of the Immediate Jeopardy, beginning on 06/14/14, to validate protection of the resident, that the perpetrator is removed from the resident care area, that reports to the Office of the Inspector General, APS, Ombudsman and appropriate authorities required by State law, are filed timely, and a thorough investigation has been completed.</p> <p>All Incident Reports from January 2014 to June 2014 were reviewed by the Director of Nursing, ADON, Regional Nurse Consultant or Chief Nursing Executive to identify any abuse or neglect or violation of a residents rights on 06/14/14. None was identified.</p> <p>Beginning on 06/13/14, the care plan conference for each resident will include any abuse/neglect concerns that the resident or families have, or any concerns with violation of resident rights or</p>	F 490		

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F 490	<p>Continued From page 129</p> <p>advanced directives. Resident safety will be validated and then the allegation will be reported to the Charge Nurse. The abuse policy will then be followed.</p> <p>The DON, ADON, or Staff Development Coordinator will observe the care delivery, for any suspected abuse/neglect concerns on five residents daily, beginning on 06/14/14, until removal of the immediacy and then weekly (Monday through Friday). Results of the care delivery audits will be reported to the Quality Assurance Committee weekly to determine the further need of continued education or revision of plan. At that time, based on evaluation, the Quality Assurance Committee will determine at what frequency the audits will need to continue. Concerns identified will be corrected immediately and reported to administrator to ensure investigation of suspected neglect was investigated/completed and reporting guidelines are met.</p> <p>A Quality Assurance meeting will be held weekly for four weeks beginning 06/13/14, then monthly for recommendations and further follow-up regarding the above stated plan. At that time, based upon evaluation the Quality Assurance Committee will determine at what frequency ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident wellbeing as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility. Corporate Administrative oversight of the Quality Assurance meeting will be completed by the Special Projects Administrator, the Regional Vice President of Operations, Signature Care</p>	F 490			

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F 490	<p>Continued From page 130</p> <p>Consultant, Chief Nursing Officer, member of regional staff or Chief Operating Officer, daily until removal of the immediacy beginning 06/13/14, then weekly for four weeks, then monthly.</p> <p>**The surveyor validated the Immediate Jeopardy was removed as follows:</p> <p>Review of the "Random Follow up Questionnaires for Residents," dated 06/13/14 and interviews on 06/27/14, at 1:51 PM with the MDS Coordinator and at 11:25 AM with the Staff Development Coordinator revealed the residents had been interviewed.</p> <p>Review of documentation revealed the allegations were faxed to the Office of Inspector General between the dates of 06/13/14 and 06/17/14.</p> <p>Review of "C.N.A Skin Care Alert" forms dated 06/13/14, and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator and at 11:30 AM with the Assistant Director of Nursing, revealed the assessments had been completed.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed staff had contacted the residents' Power of Attorneys regarding abuse/neglect concerns and resident rights. The staff stated they were continuing to contact all Power of Attorneys not yet reached. Additionally, interview on 06/27/14 at 11:15 AM with Resident G's Power of Attorney revealed he had been contacted by the facility and voiced no concerns.</p>	F 490			

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F 490	<p>Continued From page 131</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and at 11:45 AM with the Director of Nursing, revealed all Abuse/Neglect audits, assessments, interviews, and questionnaires had been reviewed on 06/13/14.</p> <p>Review of acknowledgement sheets signed by residents and interviews on 06/27/14 at 10:10 AM with Resident #3, at 10:15 AM with Resident D, at 10:23 AM with Resident E, and at 10:30 AM with Resident F revealed the education had been provided to residents.</p> <p>Review of "Random Follow-Up Questionnaires for Staff," dated 06/13/14 with designations of pre-test and post-test revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Staff Development Coordinator, Dietary Director, Business Office Manager, Social Services Director, Chaplain, Admissions Director, Medical Records Director, and Human Resources Director had all taken the test and scored 100%.</p> <p>Review of "Random Follow-Up Questionnaire for Staff," forms and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%.</p> <p>Review of "Resident Rights" questionnaires designated with pre-test and post-test dated 06/15/14, revealed the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Director, Business Office Manager, Chaplain, and Admissions Director had all taken the test and scored 100%.</p>	F 490			

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F 490	<p>Continued From page 132</p> <p>Review of "Resident Rights" questionnaire and interviews on 06/27/14, at 10:30 AM with Housekeeper #1, at 11:18 AM with Licensed Practical Nurse #1, and at 11:38 AM with CNA #3 revealed the staff had taken the test and scored 100%.</p> <p>Interview on 06/27/14 at 11:25 AM the Staff Development Coordinator revealed orientation training and education material includes Resident Rights training.</p> <p>Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:58 PM with the Social Worker, revealed the questionnaires regarding abuse, resident rights, and advanced directives had been administered to five staff members on each shift.</p> <p>Interview with the Administrator on 06/27/14, at 11:20 AM revealed the questionnaires had been reviewed and no concerns were identified.</p> <p>Review of Quality Assurance Meetings conducted on 06/13/14 and 06/20/14 revealed the results of the questionnaire had been reported in the meetings.</p> <p>Review of a signed statement dated 06/13/14, by the Human Resources Director revealed all Human Resource files had been audited for Coaching and Counseling forms, Suspension Forms, Termination Forms, Abuse Registry Checks, Background Checks, and Licensure requirements.</p>	F 490		

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F 490	<p>Continued From page 133</p> <p>Observation of the employee time clock on 06/27/14 at 11:58 AM revealed "caring for the caregiver" educational material was present.</p> <p>Review of a signed facility log dated 06/13/14 through 06/27/14, revealed a corporate staff person had been designated and served as Administrative Oversight in the facility on each of the days.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator and at 11:45 AM with the Director of Nursing revealed all Grievances and Resident Questionnaires since 02/01/13 had been reviewed. The identified concerns had been reported to the Office of Inspector General.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all grievances and Incident/accident reports had been reviewed daily since 06/13/14.</p> <p>Review of the "Resident Council Meeting Minutes," dated 06/13/14, and interviews with Resident #3 on 06/27/14 at 10:10 AM and Resident D at 10:15 AM, revealed they had attended the meeting and discussed any abuse/neglect concerns.</p> <p>Interviews on 06/27/14 at 11:25 AM with the Staff Development Coordinator, at 11:30 AM with the Assistant Director of Nursing, at 11:00 AM with the Administrator, and at 1:56 PM with the Social Worker revealed Department Heads had been assigned each shift to perform walking rounds and visit 20 residents. Staff interviews were also being conducted to identify any changes in resident behavior.</p>	F 490			

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F 490	Continued From page 134 Review of "Random Follow-Up Questionnaire for Staff" forms and interviews on 06/27/14, at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:30 AM with the Assistant Director of Nursing revealed the interviews were being conducted with ten staff members daily. Review on 06/27/14, of the questionnaire binder revealed It contained a resident roster with the date and shift that each resident had been interviewed. Interview on 06/27/14 at 1:51 PM with the Minimum Data Set Coordinator revealed she was responsible to ensure the binder was kept updated with each resident's current BIMS score. Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all resident and staff questionnaires had been reviewed daily for any allegations of abuse, neglect, and misappropriation of property. The questionnaires were also reviewed for violation of resident rights or advanced directives. Review of signed statements by staff and interviews on 06/27/14 at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed Nursing Notes and Social Service Notes had been reviewed daily for evidence of any allegations of abuse, neglect, misappropriation of property, or violation of resident rights. Review of a signed statement by the Administrator and Social Services Director of a "sister" facility dated 06/13/14, revealed all Nursing and Social Services Notes had been	F 490			

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F 490	<p>Continued From page 135 reviewed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, at 1:56 PM with the Social Worker, and at 11:45 AM with the Director of Nursing revealed all abuse allegations were reviewed daily and discussed to ensure the abuse policy was followed.</p> <p>Interviews on 06/27/14 at 11:00 AM with the Administrator, and observation of the abuse investigation log revealed the log had been maintained since 06/14/14, and included documentation that resident rights were protected, the alleged perpetrator was removed from resident care, and the required reporting was completed. Review of the Abuse Investigation Log on 06/27/14, revealed documentation that the Chief Operation Officer, Vice President of Operations, Chief Nurse Executive, or Regional Nurse Consultant had reviewed the log daily.</p> <p>Review of a signed statement dated 06/14/14, by the Regional Nurse Consultant revealed all incident reports had been reviewed for any concerns.</p> <p>Interview with the Administrator on 06/27/14 at 10:10 AM and a signed statement dated 06/27/14, revealed the facility had conducted no care plan meetings since 06/13/14. Interview with the Minimum Data Set Coordinator on 06/27/14 at 1:51 PM revealed all Care Plan meetings would include discussion of any abuse/neglect concerns that the resident or families may have noted.</p> <p>Interviews on 06/27/14, at 11:45 AM with the</p>	F 490			

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F 490	Continued From page 136 Director of Nursing, and at 11:30 AM with the Assistant Director of Nursing and review of resident rosters revealed observations of care had been conducted on five residents daily, which began on 06/14/14. Review of Quality Assurance meeting minutes revealed meetings had been conducted on 06/13/14 and 06/20/14. The minutes reflected the plan had been discussed.	F 490		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, "Care Plans-Comprehensive," it was determined the facility failed to ensure the medical record contained an accurate assessment of behaviors for one (1) of four (4) sampled residents	F 514	1. Resident #1's Care Plan was reviewed for accuracy on 6/27/14 by MDS Coordinator Tracie Belcher and edited if needed to reflect the supporting documentation that is available in the residents chart to meet the residents care needs. 2. The Administrator, MDS Coordinators, Social Services Director, Director of Nursing, and Nurse Consultant reviewed all resident Care Plans for supporting documentation and for accuracy by 6/28/14. 3. Resident care plans will be reviewed and updated daily during clinical morning meeting (Monday – Friday) to reflect any noted changes in resident status, to include but not limited too, resident behaviors. Beginning 7/25/14 the DON, ADONS, MDS, SSD or SDC will audit 10% of resident's records weekly for 4 weeks to ensure documentation is complete, accurate and care plans reflect documented resident care needs. The audit will include, nurses notes, dietary notes, social services notes and care plans.	7/31/14

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F 514	<p>Continued From page 137</p> <p>(Resident #1). Resident #1's Comprehensive Care Plan, dated 11/14/13, with review dates of 02/14/14 and 04/16/14, revealed staff had identified Resident #1 had behaviors related to "lying about staff." However, review of Resident #1's medical record revealed facility staff failed to document incidents of the resident's identified behaviors. In addition, interviews with staff revealed staff could not recall specific instances when the resident had exhibited the behaviors.</p> <p>The findings include:</p> <p>Review of the facility's policy Care Plans-Comprehensive (undated) revealed the facility's Care Planning/Interdisciplinary Team, in coordination with the resident, would develop and maintain a comprehensive care plan for each resident that was based on a thorough assessment of the resident. In addition, the policy indicated any areas of concern would be evaluated using specific assessment tools before interventions would be added to the care plan. Care plan interventions would be designed after consideration of the relationship between the resident's problem area and causes.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 03/28/08, with diagnoses which included Multiple Sclerosis and Paraplegia. Review of Resident #1's Minimum Data Set assessment completed on 04/18/14, revealed the facility had assessed the resident to be cognitively intact.</p> <p>Review of the Minimum Data Set (MDS) assessments for 11/14/13 and 02/14/14, revealed no documentation Resident #1 exhibited behavioral symptoms. Review of the MDS</p>	F 514	<p>DON, ADON, SDC, MDS, SSD, and Administrator education was provided on care plan accuracy and compliance to include appropriate supporting documentation in the chart for specific care plan interventions by 6/28/14.</p> <p>Nursing staff will be educated and trained by DON, ADON, SDC, MDS, SSD, and Administrator on the care plan process to include appropriate supporting documentation in the chart for specific care plan interventions regarding resident care needs by 7/31/14.</p> <p>4. A Quality Assurance meeting will be held twice monthly for 1 month, then monthly for recommendations and further follow up regarding the above stated plan. Results of daily reviews and weekly audits will be reported during the QAPI meeting. At that time based upon evaluation the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet resident well-being as well as an effective plan to identify facility concerns and implement a plan of correction to involve all staff of the facility.</p>		

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/27/2014
NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409		
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F 514	<p>Continued From page 138</p> <p>assessment completed on 04/26/14, revealed the resident displayed no behavioral symptoms directed toward others. In addition, review of Resident #1's medical record revealed no documented evidence that the resident exhibited behaviors.</p> <p>However, review of a Comprehensive Care Plan, dated 11/14/13, revealed the facility identified that Resident #1 displayed socially inappropriate behavior of "lying about staff" related to "attention seeking." The Care Plan revealed staff first identified the problem on 11/14/13, and had reviewed the care plan on 02/14/14 and 04/16/14. Facility staff had developed interventions to address the identified behavior that included monitoring the behavioral episodes, attempt to determine the underlying cause of the behavior, and have Resident #1 sign a refusal of care form as appropriate. However, it could not be determined based on the documentation that staff had identified changes in the resident's behaviors or developed additional approaches to address the resident's behaviors.</p> <p>Interview with the facility's Social Worker (SW) on 06/27/14 at 1:56 PM revealed she was responsible for completing the behavioral portion of the Minimum Data Set (MDS) assessment and the behavioral care plans. The SW stated she had added the behavioral problem of "lying about staff" to the care plan. She further stated that to the best of her knowledge the resident had a history of "lying" on staff; however, she could not give specific examples or timeframes of the behavior. The SW stated she could not recall, and had no documentation of, what specifically triggered the problem to be added to the care plan on 11/14/13. During further interview, she</p>	F 514			

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F 514	<p>Continued From page 139</p> <p>stated that although the behavior may not have triggered on the MDS, the resident's behaviors would still be considered current and would be addressed on Resident #1's Comprehensive Care Plan. However, the SW could give no specific example of when Resident #1 had lied about staff. In addition, the SW stated the behavioral care plan for Resident #1 had been reviewed by the interdisciplinary team (IDT) every 90 days as required and the IDT had not identified a lack of documentation in the medical record that addressed the resident's behaviors identified in the care plan.</p> <p>Interview with the Administrator on 06/27/14, at 2:30 PM revealed he did not review resident care plans. Although the Administrator stated he was aware that the care plan for Resident #1 identified that he/she lied about staff, he had assumed it was related to the resident's history of refusing suppositories. The Administrator stated he was not aware of any incident in which Resident #1 had ever "lied" about a specific staff member.</p>	F 514			