

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

PRINTED: 09/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/02/2011
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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40360
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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)	(X6) COMPLETION DATE
F 000 F 514 SS=D	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey Investigating AFO#KY00016886 and #KY00016810 was initiated on 08/31/11 and concluded 09/02/11. Both allegations were substantiated. Deficient practice was identified with the highest scope and severity of a "D".</p> <p>489.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure resident's medical records were maintained in a complete manner for two (2) of three (3) sampled residents, Resident #1 and #2. The facility was unable to provide documented evidence the Physician had been notified of an incident involving sexual touching.</p> <p>The findings include:</p>	F 000 F 514 OCT	<p>Hilltop Lodge does not believe nor does the facility admit that any deficiencies exist.</p> <p>Hilltop Lodge reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Hilltop Lodge reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Hilltop Lodge does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Heather Okanaka* TITLE: *Executive Director* (X8) DATE: *10/10/11*

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 those 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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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 559 OWINGSVILLE, KY 40380
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F 514	<p>Continued From page 1</p> <p>Record review revealed the facility admitted Resident #1 on 06/05/06 with diagnoses which included Dementia, Deafness, Bipolar Disorder, Syncope and Constipation.</p> <p>Review of Resident #1's Nurses Notes revealed there was no documented evidence the resident's Physician was notified of an incident in which the resident was observed to have touched Resident #2's groin area.</p> <p>Record review revealed the facility admitted Resident #2 on 06/17/10 with diagnoses which included Alzheimer's with behavioral disturbances, Cerebrovascular Accident, Chronic Constipation and Transient Ischemic Attack.</p> <p>Review of Resident #2's Nurses Notes revealed there was no documented evidence the resident's Physician was notified of an incident in which the resident was observed to have been touched by Resident #1 in his/her groin area.</p> <p>Interview with the Minimum Data Set (MDS) Coordinator on 09/02/11 at 9:30 AM, revealed the incident occurred on 08/05/11 at approximately 4:00 PM. She further indicated she notified the Director of Nursing (DON).</p> <p>Interview with the DON, on 09/02/11 at 10:52 AM, revealed the notification of the Physician should be documented in all charts. She further indicated she would expect there to be documentation that the Physician was notified in all of the charts.</p> <p>Interview with the Administrator, on 09/02/11 at 11:05 AM, revealed there was no injury or</p>	F 514	<p>Hilltop Lodge offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents.</p> <p>Hilltop Lodge strives to provide the highest quality care while assuring the rights and safety of all residents.</p> <p>F514 It is and was on the day of survey the policy of Hilltop Lodge for all resident records to be complete, accurate, and accessible.</p> <ol style="list-style-type: none"> 1. Resident #1 was discharged from the facility. Resident #2 remains at the facility with no effects. The physician was notified by the facility and this was documented in the medical record as a late entry by the LPN Assessment Nurse on 9/3/11. 2. All clinical records have been reviewed by the Director of Nursing on 9/3/11, to ensure they are complete and meet professional standards. 	9/4/11

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NAME OF PROVIDER OR SUPPLIER HILLTOP LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 521 EAST HIGH STREET, P O BOX 659 OWINGSVILLE, KY 40360		
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F 514	Continued From page 2 traumatizations of Resident #2 determined by the Nurses who assessed the resident. She further indicated the Physician was notified however the facility failed to document the notification in Resident #1's medical record.	F 514	3. On 9/2/11 all nurses (RNs and LPNs) were inserviced by the Director of Nursing and Administrator regarding that evidence of physician notification must be documented in the clinical record. 4. As part of the facility's ongoing Quality Assurance program the Director of Nursing will complete a monthly review of 10% of incidents and the incident investigation form in comparison to the charting of the medical record to ensure compliance, all findings will be reported to the Executive Director.		