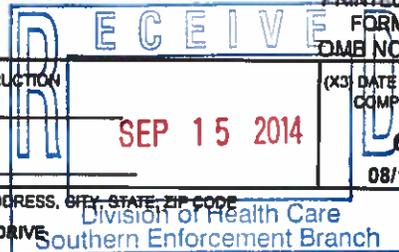


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

2nd SOD

PRINTED: 09/09/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/12/2014
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NAME OF PROVIDER OR SUPPLIER  NIM HENSON GERIATRIC CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 420 JETT DRIVE JACKSON, KY 41339
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F 000	INITIAL COMMENTS  An abbreviated standard survey (KY22022) was conducted on 08/12/14. The complaint was substantiated with deficient practice identified at "D" level.	F 000	This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal laws.  Resident #1 received a skin assessment on 7/23/2014 by the D.O.N. and floor Supervisor. No areas of concern were found.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.  The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Phyllis L. Fithian* TITLE: *Administrator* (X5) DATE: *9-12-14*

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

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F 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of the facility's abuse policy, and review of the facility's investigation it was determined the facility failed to ensure all allegations of abuse/neglect were thoroughly investigated for one (1) of three (3) sampled residents (Resident #1). A review of the facility's investigation revealed Resident #1 alleged State Registered Nurse Aide (SRNA) #1 failed to provide Incontinence care to the resident for a period of eight hours (3:00 PM to 11:00 PM) on 07/22/14. The facility substantiated neglect; however, the facility failed to provide evidence that other residents assigned to SRNA #1 on 07/22/14 were interviewed and/or assessed for potential neglect.</p> <p>The findings include:</p> <p>A review of the facility policy titled "Abuse Prohibition," not dated, revealed the facility was required to immediately report and thoroughly investigate all allegations of mistreatment, neglect, abuse, misappropriation of resident's property, or injury of unknown origin.</p> <p>A review of Resident #1's medical record revealed the facility admitted the resident on 06/24/14 with diagnoses including Status Post Motor Vehicle Accident, which resulted in fractures of the resident's Left Acetabular (broken</p>	F 225	<p>Skin assessments were done on 8/13/2014 by the floor supervisor and staff on 100% of residents cared for by S.R.N.A #1 on 7/22/2014. The social worker interviewed all cognitive residents on 7/23/2014 and 7/24/2014.</p> <p>No other residents were identified to be affected by the deficient practice.</p>		

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F 225	<p>Continued From page 2</p> <p>hip socket), Right Scapula (shoulder blade), and Right Clavicle (Collarbone). A review of Resident #1's Admission Minimum Data Set Assessment (MDS) dated 07/06/14 revealed the resident required extensive assistance of two staff members for transferring, dressing, and toileting. Further review of the assessment revealed the facility assessed Resident #1 to be alert and interviewable, with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>Interview with Resident #1 revealed she reported that SRNA #1 did not provide care for her on 07/22/14 from 3:00 PM to 11:00 PM. The resident stated that she needed assistance with urinating and needed incontinence care to be provided, and rang the call light. Resident #1 further stated SRNA #1 turned off the call light and provided no assistance.</p> <p>A review of the facility's investigation revealed SRNA #1 admitted that she did not provide care for Resident #1 from 3:00 PM to 11:00 PM on 07/22/14.</p> <p>An interview with SRNA #1 on 08/12/14 at 3:40 PM confirmed she documented that she provided care for Resident #1 on 07/22/14 during the 3PM-11PM shift. However, the SRNA stated she failed to go in the resident's room "at all" during her shift on 07/22/14. The SRNA stated she was not aware she was assigned to care for Resident #1 because she did not look at the SRNA assignment sheet on 07/22/14, even though she had been trained to do so. The SRNA further stated she "can't remember" how she "knew to chart on the resident" since she was unaware that she was assigned to care for Resident #1 on 07/22/14.</p>	F 225	<p>All RN's, LPN's, and C.M.A's was in- serviced on 7/27/14 by the D.O.N and Nursing Supervisor relating to two(2) hour bed checks.</p> <p>Our abuse reporting check list was reviewed and updated. The entire nursing staff were in-serviced on peri-care on 8/13/2014 by the D.O.N. and Nursing Supervisor. The D.O.N., Nursing supervisor and Social Worker were in-serviced 09/11/14 by the administrator on conducting a complete in-vestigation on any allegation of abuse/neglect.</p>		

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F 225	Continued From page 3  An interview conducted with the facility Social Worker (SW) on 08/12/14 at 5:10 PM revealed she was responsible for conducting investigations of any allegations that occurred at the facility. The SW stated she had interviewed Resident #1 when Resident #1 reported the allegation of neglect. The SW further stated that even though she had not documented that other resident interviews were conducted during the investigation, she had talked to "some" other facility residents. The SW acknowledged she had not interviewed all interviewable residents and had not assessed any cognitively impaired residents that SRNA #1 was assigned to provide care for on 07/22/14 when the allegation of neglect occurred, but stated that she "probably should have."  An interview with the Director of Nursing (DON) on 08/12/14 at 5:00 PM revealed he had assisted in conducting the investigation related to the allegation of neglect reported by Resident #1. The DON stated staff had "talked to five or six residents" about care received in the facility. The DON stated no other residents assigned to SRNA #1 were assessed to ensure they had not been neglected. The DON further stated SRNA #1 told the facility that Resident #1 was the only resident that she had neglected to care for during that shift. The DON felt like SRNA #1 was "truthful" and therefore, did not feel that it was necessary to talk to other alert and oriented residents, or assess the cognitively impaired residents who required incontinence care and turning and repositioning.  An interview with the Administrator on 08/12/14 at 5:24 PM revealed he was responsible for	F 225	As of 7-25-2014 the bed check sheets are reviewed on the next business day by the D.O.N./ Supervisor/ Designee. The D.O.N./Supervisor/ Designee will do a bed check audit on 5% of residents every day for neglect prevention. Any concerns will be addressed during the daily staff meeting with the appropriate staff. The administrator/designee, D.O.N. and Social worker will review all investigations to ensure they are thorough and contain all required components. QA committee input will be requested as needed at monthly meeting.	09/25/14

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F 225	Continued From page 4 ensuring thorough investigations were conducted in the facility. He stated he had reviewed the investigation and had not identified any concerns. The Administrator acknowledged that staff had talked to "some" residents, however, was unsure if those residents were assigned to SRNA #1's care. He further stated cognitively impaired residents had not been assessed for potential neglect but stated, "It wouldn't have hurt to do some skin assessments, but we didn't."	F 225			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility's investigation it was determined the facility failed to ensure one (1) of three (3) sampled residents (Resident #1) who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. Resident #1 required staff assistance with incontinence care every two hours. Interview with Resident #1 and SRNA #1 and a review of the facility's investigation,	F 315	Resident #1 received an assessment by floor supervisor and floor nurse for any signs or symptoms of UTI on 7-23-2014 and none were found.  100% of residents cared for by SRNA #1 on 7/22/2014 received an assessment on 7/23/2014 by floor supervisor and staff for any signs/symptoms of a UTI and none were found.  On 8/13/2014 the D.O.N. re-in serviced nursing staff on incontinence care. This included 2 hour care, documenting on the care given and infection control issues related to incontinence care.		

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F 315	<p>Continued From page 5</p> <p>revealed the facility failed to provide incontinence care for Resident #1 on 07/22/14 from 3:00 PM to 11:00 PM (an eight-hour period).</p> <p>The findings include:</p> <p>An interview with the Director of Nursing (DON) on 08/12/14 at 1:15 PM revealed the facility did not have a policy related to incontinence care. However, he stated staff had been trained and was required to provide incontinence care every two hours to facility residents.</p> <p>A review of Resident #1's medical record revealed the resident was admitted to the facility on 06/24/14, with diagnoses including Status Post Motor Vehicle Accident which resulted in Fractures of the resident's Left Acetabular (hip socket), Right Scapula (shoulder blade), and Right Clavicle (Collarbone). Resident #1's Admission Minimum Data Set Assessment (MDS) dated 07/06/14 revealed the resident required extensive assistance of two staff members for transferring, dressing, and toileting. Further review of the MDS revealed staff had assessed Resident #1 to be alert and interviewable, with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>A review of SRNA #1's documentation of care provided on 07/22/14 revealed the SRNA documented she had provided peri-care (incontinence care) for Resident #1 during the 3PM-11PM shift and that Resident #1 had urinary output three times during that eight-hour shift on 07/22/14.</p> <p>An interview with Resident #1 conducted on 8/12/14 at 10:50 AM revealed the resident stated,</p>	F 315	<p>All residents who enter the facility with an indwelling catheter or before one is used will be assessed by a RN/LPN for a valid medical justification of use.</p> <p>Upon all admissions or significant change all incontinent residents are assessed for the bladder program by RN/LPN. Depending of results resident will be placed on bladder program or a "check and change" program. All residents receive a weekly skinassessment by RN/LPN.</p>		

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F 315	<p>Continued From page 6</p> <p>"I was wet for eight hours right here in this bed." The resident continued to state that he/she required assistance with toileting and utilized incontinence briefs "all the time." Resident #1 stated he/she attempted to get assistance and "hollered" at SRNA #1; however, the SRNA "ignored me," and "she never came in here to check on me that evening" (unable to recall exact date). The resident stated nursing staff had entered his/her room to administer medications, and that a "boy" brought the resident's evening meal tray on the evening the incident occurred. However, the resident stated he/she had not voiced any concerns to staff until the following day, when Resident #1 reported the incident to facility staff.</p> <p>An interview with Licensed Practical Nurse (LPN) #1 at 3:20 PM on 08/12/14 revealed she was responsible for providing care for Resident #1 on 07/22/14 from 3:00 PM to 11:00 PM. The LPN stated she made rounds every two hours during her shift to ensure incontinence care had been provided to facility residents. Even though the LPN stated she made rounds on 07/22/14, she did not identify that staff had not provided incontinence care for Resident #1.</p> <p>An interview with SRNA #1 on 08/12/14 at 3:40 PM confirmed she documented that she provided care for Resident #1 on 07/22/14 during the 3PM-11PM shift. However, SRNA #1 stated she failed to go in the resident's room "at all" during her shift on 07/22/14. The SRNA stated she was not aware she was assigned to care for Resident #1 because she did not look at the SRNA assignment sheet on 07/22/14, even though she had been trained to do so. The SRNA further stated she "can't remember" how she "knew to</p>	F 315	<p>The D.O.N./Supervisor/Designee will assess all admissions for incontinence needs and whether the appropriate programs were started. Residents will be re-assessed on any significant change. Bed checkswill be done every two hours by nursing staff .D.O.N./Supervisor will do daily checks on 5% of residents to ensureincontinent care is being provided perthe residents assessed need and care plan.</p> <p>QA committee will be consulted as needed.</p>	9/25/14	

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F 315	<p>Continued From page 7</p> <p>chart on the resident" since she was unaware that she was assigned to care for Resident #1 on 07/22/14.</p> <p>A review of the facility's investigation dated 07/23/14 revealed the facility substantiated that SRNA #1 failed to provide incontinence care for Resident #1 on 07/22/14 from 3:00 PM to 11:00 PM.</p> <p>An interview with the Director of Nursing (DON) on 08/12/14 at 5:00 PM revealed staff was required to provide incontinence care to facility residents every two hours. Continued interview with the DON revealed he ensured incontinence care was provided to facility residents by making rounds and reviewing staff documentation. He further stated staff should have provided incontinence care for Resident #1 every two hours on 07/22/14.</p>	F 315			