

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

PRINTED: 05/19/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/05/2014
NAME OF PROVIDER OR SUPPLIER  SPRING CREEK HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH 16TH STREET MURRAY, KY 42071		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey investigating complaints #KY21609 and #KY21610 was conducted on 04/22/14 through 05/05/14 to determine the facility's compliance with Federal requirements. Complaint #KY21609 was unsubstantiated with no deficiencies and #KY21610 was substantiated with deficiencies. Immediate Jeopardy was identified in the areas of 483.13 Resident Behavior and Facility Practice; F-225 and F-226, and 483.75 Administration; F-490 at a Scope and Severity of a "J". Substandard Quality of Care was identified at 483.13 Resident Behavior and Facility Practice. Immediate Jeopardy was determined to exist on 04/17/14, and the facility was notified of the Immediate Jeopardy on 04/24/14.</p> <p>On 04/17/14, Resident #1 accused staff of putting an empty spoon in his/her mouth, pulling his/her hand/arm, slapping him/her across the face, and pulling his/her ear and hair during a lunch meal. Additionally, he/she accused staff of yelling at him/her. Review of the facility's investigation, dated 04/17/14, revealed there was no documented evidence the alleged perpetrators were suspended, per policy, pending completion of the facility's investigation. Review of the alleged perpetrator's punch in and out times revealed Certified Nursing Assistant (CNA) #1, CNA #2, and CNA #3 were allowed to work a full shift on 04/17/14, 04/18/14, and 04/21/14 which was during the investigation period.</p> <p>An acceptable Allegation of Compliance (AoC) was received on 05/05/14 alleging the removal of Immediate Jeopardy on 05/04/14. The State Survey Agency validated, on 05/05/14, the</p>	F 000	<p>This plan of correction is submitted as the facility's credible allegation of compliance.</p> 		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Sandra J Dick*

TITLE

Administrator

(X6) DATE

07/09/2014

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

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F 000	Continued From page 1 Immediate Jeopardy was removed on 05/04/14, as alleged. The Scope and Severity was lowered to "D" at 483.13 Resident Behavior and Facility Practice, F-225 and F-226 and 483.75 Administration, F-490 while the facility develops and implements the Plan of Correction (PoC) and the facility's Performance Improvement Committee monitors the effectiveness of the systemic changes.	F 000		
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; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225	F225 483.13(c)(1)(ii)-(iii), (c)(2) (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 1. The corrective action accomplished for resident #1 who voiced the complaint was a physical assessment completed by Station Three Unit coordinator on 4/17/2014 at 1:45p.m. A psychosocial interview assessment was completed by the Social Worker on 4/17/2014 at 2:00p.m. A care conference was held for resident, her aunt, and her friend to discuss care issues on 4/22/2014 at 2:00p.m. in the resident's room. The Nursing Director, Station Three Unit Coordinator, Licensed Social Worker and Dietitian were in attendance. 2. Identification of other residents having the potential to be affected by the same deficient practice: a. All residents residing in the facility had the potential to be affected by the same deficient practice. b. Social Workers completed vulnerability assessments on residents both interviewable and non-interviewable. c. Licensed Nurses, Social Workers, and administration completed visual	

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F 225	<p>Continued From page 2</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 observation, interview, record review, and review of the facility's policy and procedures, it was determined the facility failed to protect one (1) of eight (8) sampled residents (Resident #1); and, other residents by not removing the alleged perpetrators from resident care pending the outcome of the facility's investigation; and, failed to conduct a thorough investigation by not assessing other residents for signs/symptoms of abuse.</p> <p>On 04/17/14, Resident #1 accused staff of putting an empty spoon in his/her mouth, pulling his/her hand/arm, slapping him/her across the face, and pulling his/her ear and hair during a lunch meal. Additionally, he/she accused staff of yelling at him/her. Review of the facility's investigation, dated 04/17/14, and interviews revealed none of the alleged perpetrators were suspended pending completion of the investigation and no other residents were assessed for signs/symptoms of abuse. Review of the alleged perpetrators' punch in and out times revealed they (Certified Nursing Assistants (CNA) #1, CNA #2, and CNA #3) were allowed to work a full shift on 04/17/14, 04/18/14, and 04/21/14.</p>	F 225	<p>observations of residents to ensure interviewable residents were not affected.</p> <p>d. Licensed Social Workers completed interviews with interviewable residents specific to the area alleged abuse occurred.</p> <p>3. Measures and systemic changes to ensure that the deficient practice will not recur:</p> <p>a. On 4/29/2014 at 12:45p.m. Administration had initial Quality Assurance meeting with Medical Director regarding survey outcome to determine appropriate plan of action. Resident Abuse/Mistreatment policy was reviewed and revised during this Quality Assurance meeting to include resident physical and psychosocial assessment if resident alleges abuse, neglect or mistreatment.</p> <p>b. The Nursing Director and Facility Administrator were in-serviced by the LTC Ombudsman, Celia Gurfreund, on 4/30/2014 at 3:00p.m. on resident rights, bullying, and proper abuse reporting.</p> <p>c. The Nursing Director, Administrator, Registered Nurses, Unit Coordinators, Clinical Educator, Associate Director of Nursing, and Social Workers each completed a competency exam successfully on abuse, neglect, mistreatment policy and procedure.</p> <p>d. The education was completed for all 203 employees by May 4, 2014 from 4/30/2014-5/4/2014. The in-service education provided was appropriate abuse reporting, the new revised resident abuse/mistreatment policy and procedure, definitions of abuse/mistreatment/misappropriation, which includes the signs and symptoms of abuse, and the new</p>	

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F 225	Continued From page 3  The facility's failure to take action to prevent further potential abuse and, failure to assess other residents during the investigation of an abuse allegation caused or was likely to cause serious injury, harm, impairment or death of a resident. Immediate Jeopardy was identified on 04/24/14 and was determined to exist on 04/17/14.  The findings include:  Review of the facility's "Resident Abuse/Mistreatment" policy and procedure, last revised 11/2012, revealed, "Residents have the right to be free from forms of abuse, neglect, mistreatment, or misappropriation of property. The facility provides prevention, protection, and screening strategies to prevent occurrences of abuse. Residents will be monitored for changes that could trigger abusive behavior and will be reassessed on a regular basis to determine the effectiveness of the strategies. The supervisor should ask the person in which the allegation was made against to leave the facility immediately pending an investigation."  Record review revealed the facility admitted Resident #1 on 02/06/12, with diagnoses which included Unspecified Paranoid State, Diabetes Mellitus Type II, Hypertension, and Blindness in both eyes. Review of the Minimum Data Set (MDS) assessment, dated 02/14/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview of Mental Status (BIMS) score of twelve (12) which indicated the resident was interviewable. The resident was assessed as requiring extensive assistance of one (1) person for eating and	F 225	vulnerability assessment policy and tool to follow-up on and during investigations at the facility. Each facility employee has completed the abuse competency exam. e. A new resident vulnerability assessment was created as a tool to follow-up with future investigations. f. All residents, both interviewable and non-interviewable, under the care of alleged perpetrator will be assessed physically and psychosocially. g. The abuse policy was revised related to protecting residents during an investigation to include the suspension of alleged perpetrator immediately. h. Residents rights education was provided to staff related to protection of residents. 4. The facility plans to monitor its performance to ensure that solutions are sustained by: a. Administration initiated a new facility form titled "Problem/Resolution" "OIG Log" to monitor daily complaints, timely complaints, timely reporting, and investigating of all abuse/mistreatment reporting. b. Data will be collected by Unit Coordinators, Social services, and Nursing Administration. c. The Director of Nursing will report findings in Quality Assurance Meeting. d. A new measurement and assessment was implemented for tracking and trending abuse and neglect. e. If corrections are needed, the Quality Assurance Committee will develop action plans. f. The Nursing Director will conduct quarterly in-services for all staff on proper reporting of abuse, neglect, mistreatment, and facility policy and procedure. g. Nursing administration will assign 1-on-1 supervision if needed for resident. h. Nursing administration will monitor resident safety by making rounds.	

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F 225	<p>Continued From page 4</p> <p>drinking and had a history of rejection of care.</p> <p>Interview with Resident #1, on 04/22/14 at 10:40 AM, revealed on the day of the alleged incident (04/17/14), he/she was wanting to eat and someone kept putting a spoon in his/her mouth with nothing on it. The resident stated, "They" slapped him/her across the right side of the face but not hard enough to leave a red mark. Further interview revealed Resident #1 felt he/she had been mistreated a lot but this was the "first time lately". Resident #1 also stated staff would move his/her water pitcher out of reach as a joke.</p> <p>Review of the facility's investigation, dated 04/17/14 and completed on 04/21/14, revealed Resident #1 had been assessed immediately by Licensed Practical Nurse (LPN) #1, Unit Coordinator, after the alleged incident occurred and there were no physical signs of abuse noted. However, further review revealed there was no documented evidence LPN #1 removed the CNAs from providing resident care and no evidence other vulnerable residents were assessed for signs/symptoms of abuse.</p> <p>Review of the alleged perpetrators' punch in and out times revealed CNA #1, CNA #2 and CNA #3 were allowed to work a full shift on 04/17/14 (the date of the alleged incident), 04/18/14, and 04/21/14.</p> <p>Interview with CNA #1, on 04/23/14 at 10:00 AM, revealed she was assisting CNA #3 in passing lunch trays on 04/17/14. She stated she and CNA #3 entered the room at the same time and left at the same time because Resident #1 was care planned to have two (2) staff present at all times. CNA #1 revealed CNA #2 entered the</p>	F 225	<p>i. The nursing director will continue to monitor timely reporting and following facility policy.</p> <p>5. The Nursing Director will daily monitor the timely reporting and investigation of all abuse/mistreatment reporting. Data will be collected by Unit Coordinators, Social Workers, and Nursing Administration. The Nursing Director will report results of findings at Quality Assurance meetings. Corrective action plans will be developed if indicated.</p> <p>The facility declared compliance for F225 483.13(c)(3) effective May 19, 2014.</p>	5/19/2014

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F 225	<p>Continued From page 5</p> <p>room to inquire if they needed any help. CNA #1 stated the resident was care planned for staff to assist him/her with meals because he/she was blind and they were to take the resident's hand to show him/her where items were placed on the meal tray. Additionally, she revealed Resident #1 was supposed to wear ear buds to help with hearing but refused, and accused staff of yelling when they raised their voice to speak to him/her. Further interview revealed the resident had never accused her of mistreatment prior to this incident. She stated she was not removed from resident care because of the abuse allegation.</p> <p>Interview with CNA #2, on 04/23/14 at 1:28 PM, revealed she answered the resident's call light and the resident had asked to speak with her. CNA #2 stated the resident revealed to her that "the girls" were giving him/her a meal tray and yanked him/her, slapped his/her hand and face, and pulled his/her hair and ear. CNA #2 stated she reported the allegation to the Unit Manager (LPN #1).</p> <p>Interview with LPN #1, on 04/23/14 at 11:00 AM, revealed she assessed Resident #1 on 04/17/14 immediately after CNA #2 told her the resident wanted to speak with her and there were no physical signs of abuse to Resident #1's face, neck, arm, or chest area. She stated later in the day she and another nurse completed a full body audit on the resident with no injuries identified. The LPN revealed she notified the Director of Nursing (DON) and the resident's Aunt, who was also the resident's Power of Attorney (POA). Additionally, she stated the resident never identified any staff by their name nor did he/she state if the staff was male or female. Further interview on 04/24/14 at 11:10 AM, revealed she</p>	F 225		

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F 225	<p>Continued From page 6</p> <p>did not assess/interview other residents for signs/symptoms of abuse because Resident #1 did not have any signs/symptoms of being abused.</p> <p>Interview with the DON, on 04/24/14 at 9:25 AM, revealed there was nothing to pinpoint one (1) CNA in particular in the abuse allegation; therefore, no one was suspended because there would have had to be three (3) CNAs suspended pending an investigation. Additionally, she stated there was no reason to complete any other skin assessments because there was no injury noted to Resident #1.</p> <p>Interview with the Administrator, on 04/24/14 at 9:25 AM, revealed she could not suspend everyone in the building. She stated Resident #1 was blind and couldn't identify the CNA so every CNA in the room was interviewed. She stated she checked the employees' files for the CNAs involved in the allegation, and none of them had ever been written up for anything. Further interview with the Administrator, revealed she changed the facility's policy because she could not suspend three (3) CNAs when the resident had no physical symptom of being abused.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>Resident #1 was admitted to the facility on 02/06/12 and currently resides at the facility.</p> <p>The facility initiated an internal investigation on 04/17/14 (date of alleged abuse) and continued the investigation through 04/21/14. A physical assessment was conducted for Resident #1 on</p>	F 225			

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F 225	<p>Continued From page 7</p> <p>04/17/14 by the Station Three Unit Coordinator and a Psychosocial interview was conducted on 04/17/14 by the Social Worker. A care conference was scheduled for 04/22/14.</p> <p>1. Review of the policy titled "Resident Abuse/Mistreatment" revealed the policy was updated in 2014 and addendums were added were as follows:</p> <p>A. Physical assessment of resident and/or residents who alleged abuse and /or mistreatment. Psychosocial assessment of resident and/or residents who show they were allegedly abused and/or mistreated.</p> <p>B. All residents under the care of the alleged perpetrator will be assessed physically and psycho-socially.</p> <p>2. Resident #1 was assessed on 04/17/14 with no signs of abuse or injury noted. Review of the skin assessment, dated 4/17/14, revealed no signs of abuse.</p> <p>3. Skin assessments were completed on all residents on Units 1, 2, 3 and 4 from 04/21/14-04/25/14 with no concerns noted. On 04/25/14, all residents on each unit received a psychosocial assessments from one (1) of the three (3) Social Workers in the building.</p> <p>4. Abuse and Neglect training was provided on 04/30/14 by the Purchase District Ombudsman, which included signatures of the Administrator, DON, and the facility Ombudsman.</p> <p>5. A Resident Vulnerability Assessment was implemented in April 2014 to assess residents for</p>	F 225			

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F 225	<p>Continued From page 8</p> <p>changes in behaviors and mood placing them in a potential abuse situation.</p> <p>6. Facility policies titled "Employment Practices" and "Resident Vulnerability Investigation" were reviewed and revised in April 2014.</p> <p>7. The Nursing Director and Administrator were inserviced on resident rights, bullying and proper abuse reporting by the facility Ombudsman on 04/30/14. The Nursing Director provided inservicing and Competency exams to the Registered Nurses, Unit Coordinators, Clinical Educator, Social Workers and Associate Director of Nursing on 04/30/14, on appropriate abuse reporting, the new revised resident abuse policy, definitions of abuse, neglect, misappropriation of property and the new Vulnerability policy and tool to follow-up on investigations at the facility. The Nursing Director, Registered Nurses, Unit Coordinators, Clinical Educator, and Associate Director of Nursing provided inservicing and competency exams to all two-hundred and three (203) staff related to abuse and neglect related to when and to whom to report abuse as well as the different types of abuse between the dates of 04/30/14 and 05/04/14. Additionally, no employee would be allowed to return to work before receiving the inservice related to abuse and /or neglect.</p> <p>8. All training is completed on the Health Stream Tracker computer system and when inservices are planned for the future the system places the dates on the calendars. Ex; Quarterly in-services will be documented on a calendar and a reminder given for the date of the in-service. The monitoring of education requirements for new employees is to begin after 05/04/14.</p>	F 225		

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F 225	Continued From page 9  9. The DON and the Administrator initiated a new facility form titled "Problem Resolution/OIG LOG" dated 2014, to monitor daily complaints, timely reporting and investigating of all abuse/mistreatment reporting. Data is to be collected by the Unit Coordinators, Social Services, and Nursing Administration. The DON is to report findings in the QA meetings. A new Measurement and Assessment Report for performance improvement dated 04/14 was implemented for tracking and trending abuse/neglect.  **The State Survey Agency validated the corrective action taken by the facility as follows:  Review of the facility's investigation, on 05/05/14, revealed the facility initiated an internal investigation on 04/17/14 (date of alleged abuse) and continued the investigation through 04/21/14.  Review of the policy titled "Resident Abuse/Mistreatment", on 05/05/14, revealed the policy was updated to include the following addendums:  A. A Physical assessment of resident and/or residents who alleged abuse and /or mistreatment will be completed. A Psychosocial assessment of resident and/or residents show signs/symptoms they were allegedly abused and/or mistreated. B. All residents under the care of the alleged perpetrator will be assessed physically and psycho-socially.  Resident #1 was assessed on 04/17/14 with no signs of abuse or injury noted. Review of the skin	F 225			

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NAME OF PROVIDER OR SUPPLIER  SPRING CREEK HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH 16TH STREET MURRAY, KY 42071	
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F 225	<p>Continued From page 10</p> <p>assessment dated 04/17/14 revealed no signs of abuse.</p> <p>Review of facility's policies titled "Employment Practices" and " Resident Vulnerability Investigation" on 05/05/14, revealed they were reviewed and revised in April 2014.</p> <p>Review of skin assessments on all residents on Units 1, 2, 3 and 4, on 05/05/14, revealed the residents had skin assessments completed from 04/21/14-04/25/14 with no concerns noted. On 04/25/14 all residents on each unit received a psychosocial assessments from one of the three (3) Social Workers in the building.</p> <p>Review of the sign in log for Abuse and Neglect training dated 04/30/14 provided by the Purchase District Ombudsman, on 05/05/14 revealed it included signatures of the Administrator, DON, and the Ombudsman as having received training related to reporting abuse and/or neglect, when to suspend suspected employees, and instruction on completing an investigation.</p> <p>Review of competency exams and inservice logs related to abuse and neglect, on 05/05/14, revealed two-hundred and three (203) staff including the DON, Administrator, Registered Nurses, Unit Coordinators, Clinical Educator, ADON, Social Workers and CNAs received training on when and to whom to report abuse as well as the different types of abuse between the dates of 04/30/14 and 05/04/14. Additionally, no employee would be allowed to return to work before receiving the inservice related to abuse and /or neglect.</p> <p>The DON and the Administrator initiated a new</p>	F 225		

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F 225	<p>Continued From page 11</p> <p>facility form titled "Problem Resolution/OIG LOG" dated 2014, to monitor daily complaints, timely reporting and investigating of all abuse/mistreatment reporting. Data is to be collected by the Unit Coordinators, Social Services, and Nursing Administration. The DON is to report finding in the QA meetings. A new Measurement and Assessment Report for performance improvement dated 04/14 was implemented for tracking and trending abuse/neglect. Review of the forms revealed the facility had implemented them and was monitoring the results in the morning meeting.</p> <p>Interview with Registered Nurse (RN) #1, (Unit Coordinator), on 05/05/14 at 4:56 PM, revealed she was in-serviced by the DON. She stated once an allegation of abuse has been made the alleged perpetrator was to be removed from duty. A head to toe assessment was to be completed on the victim and every resident that was under the care givers care will be assessed by nursing and social services. (Nursing can do the Social Services assessment as well). Social Services will contact the proper authorities like Adult Protective Services, Office of Inspector General, etc. Additionally, she stated she would contact the family, physician, DON, and Administrator. She stated a competency exam was given related to the different types and signs of abuse, whom to report to, and when reporting was to be done. Following the chain of command was also discussed.</p> <p>Interview with LPN #1, (MDS Coordinator), on 05/05/14 at 5:05 PM, revealed she was inserviced on the four (4) types of abuse and what to do if abuse occurred, who to notify, when to notify as well as how to identify signs and symptoms of</p>	F 225			

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F 225	<p>Continued From page 12</p> <p>abuse. She stated she took a competency exam which included reporting abuse and following the chain of command. Additionally, she stated if abuse was suspected she would remove the caregiver, assure the resident was safe, assess for injury with the number one (1) priority being resident safety.</p> <p>Interview with CNA #1, on 05/05/14 at 5:07 PM, revealed the House Supervisor provided his inservice on abuse. He stated he was taught what he should do when abuse happens, who he should report to, and when to report. Additionally, he stated if he was a witness to abuse he would report it immediately. He stated he was given a competency exam and was taught on the different types of abuse.</p> <p>Interview with LPN #2, on 05/05/14 at 5:12 PM, revealed she was given a test related to abuse and was inserviced on the types of abuse, how to follow the chain of command, remove the resident from danger, and when to remove the caregiver from direct resident care. She stated she was to report to the allegation of abuse to the supervisor and send the suspected abuser home for a three (3) day suspension pending investigation. Additionally, she was to report to the on call nurse and Social Services as well as call the Ombudsman if no one else was available.</p> <p>Interview with CNA #2, on 05/05/14 at 5:21 PM, revealed she was in-serviced to report abuse immediately and how to notice changes in the resident's behaviors. She stated she was told to report to the Charge Nurse and if she identified physical changes like bruising or skin tears then she would report that as well. She revealed her first priority would be to get the resident safe and</p>	F 225		

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F 225	Continued From page 13 report abuse immediately. Additionally, she stated she was given a test after the inservice related to abuse and neglect.  Interview with the Dietary Supervisor, on 05/05/14 at 5:34 PM, revealed she was inserviced on reporting abuse, signs of abuse, and to whom to report abuse. She stated she would go to the Administrator or DON right away if she witnessed abuse. Additionally, she stated she would say something to the person doing the abusing and try to get the resident to safety. She stated she took a post test as well.  Interview with an Environmental Service Aide, on 05/05/14 at 5:43 PM, revealed he was inserviced to report abuse and to whom to report it. He stated he would report suspected abuse immediately. Additionally, he stated he was given a post test after the inservice.	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: Based on interview, record review, and review of the facility's "Resident Abuse/Mistreatment" policy and procedure, it was determined the facility failed to implement written policies and procedures that prohibit mistreatment, neglect, and abuse of one (1) of eight (8) sampled	F 226	F226 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 1. The corrective action accomplished for resident #1 who voiced the complaint was a physical assessment completed by Station Three Unit coordinator on 4/17/2014 at 1:45p.m. A psychosocial interview assessment was completed by the Social Worker on 4/17/2014 at 2:00p.m. A care conference was scheduled for resident, her aunt, and her friend to discuss care issues on 4/22/2014 at 2:00p.m. in the resident's room. The Nursing Director, Station Three Unit Coordinator, Licensed Social Worker and Dietitian were in attendance.		

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F 226	<p>Continued From page 14 residents (Resident #1).</p> <p>On 04/17/14, Resident #1 accused staff of putting an empty spoon in his/her mouth, pulling his/her hand/arm, slapping him/her across the face, and pulling his/her ear and hair during a lunch meal. Additionally, he/she accused staff of yelling at him/her. Review of the facility's investigation, dated 04/17/14, revealed the facility failed to follow their Abuse/Mistreatment Policy related to suspending the alleged perpetrators pending the completion of the investigation and conducting a thorough investigation by assessing other residents to determine if there were residents with sign/symptoms of abuse.</p> <p>The facility's failure to implement its Resident Abuse/Mistreatment policy has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 04/22/14 and determined to exist on 04/17/14.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure, titled "Resident Abuse/Mistreatment", last revised 11/2012, revealed, "Residents have the right to be free from forms of abuse, neglect, mistreatment, or misappropriation of property. The supervisor should ask the person in which the allegation was made against to leave the facility immediately pending an investigation." Additionally, during the investigation of abuse, the resident will be closely monitored and notification may be made to the following by the Social Worker, Adult Protective Services, Division of Protection and Permanency Centralized Intake, and Office of Inspector General. The investigation will include the name</p>	F 226	<p>2. Identification of other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> <li>a. All residents residing in the facility had the potential to be affected by the same deficient practice.</li> <li>b. Social Workers completed vulnerability assessments on residents both interviewable and non-interviewable.</li> <li>c. Licensed Nurses, Social Workers, and Administration completed visual observations of residents to ensure interviewable residents were not affected.</li> <li>d. Licensed Social Workers completed interviews with interviewable residents specific to the area alleged abuse occurred.</li> </ul> <p>3. Measures and systemic changes to ensure that the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>a. On 4/29/2014 at 12:45p.m. Administration had initial Quality Assurance meeting with Medical Director regarding survey outcome to determine appropriate plan of action.</li> <li>b. Resident Abuse/Mistreatment was reviewed and revised related to immediate suspension of alleged perpetrator during this Quality Assurance meeting to include resident physical and psychosocial assessment if resident alleges abuse, neglect or mistreatment.</li> <li>c. The education plan was discussed and developed for facility employees at this meeting.</li> <li>d. Physical assessment was completed by Station Three Unit Coordinator on 4/17/2014 at 1:45p.m and psychosocial assessments of resident was completed on 4/17/2014 at 2:00p.m. by Social Worker. All residents residing in the facility were assessed physically by LPN Unit Coordinators on 4/18/2014. All residents</li> </ul>		

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F 226	<p>Continued From page 15</p> <p>of the resident involved, date, time, and place of the alleged incident, where the incident occurred, the name(s) of the person(s) or description of the person involved in the incident, name of any known witnesses to the incident, and other pertinent information needed. Physical and psychosocial assessments for the resident(s) who were under the care of the alleged perpetrator would be conducted during the investigation.</p> <p>Record review revealed the facility admitted Resident #1, on 02/06/12, with diagnoses which included Unspecified Paranoid State, Diabetes Mellitus Type II, Hypertension, and Blindness in both eyes. Review of the Minimum Data Set (MDS) assessment, dated 02/14/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview of Mental Status (BIMS) score of twelve (12), which indicated the resident was interviewable.</p> <p>Interview with Resident #1, on 04/22/14 at 10:40 AM, revealed he/she was wanting to eat and someone kept putting a spoon in his/her mouth with nothing on it and "They" slapped him/her across the right side of the face but not hard enough to cause redness. Further interview revealed Resident #1 felt he/she had been mistreated a lot but this was the first time lately. Additionally, Resident #1 accused staff of moving the water pitcher out of reach as a joke.</p> <p>Review of the facility's investigation, dated 04/17/14 and completed on 04/21/14, revealed Resident #1 had been assessed immediately by Licensed Practical Nurse (LPN) #1, Unit Coordinator, after the alleged incident occurred and there were no physical signs of abuse noted.</p>	F 226	<p>in the facility received a psychosocial assessment by the three Licensed Social Workers on 4/25/2014.</p> <p>In the future residents who allege abuse and/or mistreatment will have a physical assessment completed by the LPN Unit Coordinator, or Registered Nurse. In the future residents who allege abuse and/or mistreatment will have a psychosocial assessment completed by the licensed Social Worker. If the Licensed Social Worker is not scheduled, at night or on weekends, the LPN or RN will be assigned the task to complete the psychosocial assessment.</p> <p>e. All residents, both interviewable and non-interviewable, under the care of the alleged perpetrator will be assessed physically and psychosocially.</p> <p>f. The Nursing Director and Facility Administrator were in-serviced by the LTC Ombudsman, Celia Gurfreund, on 4/30/2014 at 3:00p.m. on resident rights, bullying, and proper abuse reporting. Celia Gurfreund received facility in-service packet to review.</p> <p>g. The Nursing Director provided in-service education on 4/30/2014 at 4:20p.m. to Registered Nurses, Unit Coordinators, Associate Director of Nursing, Social Workers, and Clinical Educator. The in-service provided by the Nursing Director was on appropriate abuse reporting, the new revised resident abuse/mistreatment policy and procedure, definitions of abuse/mistreatment/misappropriation, which includes the signs and symptoms of abuse, and the new vulnerability assessment policy and tool to follow-up on and during investigations at the facility.</p> <p>h. The Nursing Director, Administrator, Registered Nurses, Unit Coordinators,</p>		

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F 226	<p>Continued From page 16</p> <p>However, further review revealed there was no documented evidence the alleged perpetrators were suspended and an investigation conducted to determine if any other residents had been abused per the facility's policy and procedure.</p> <p>Review of the alleged perpetrators punch in and out times revealed Certified Nursing Assistants (CNA) #1, CNA #2 and CNA #3 were allowed to work a full shift on 04/17/14, 04/18/14, and 04/21/14.</p> <p>Interview with LPN #1, on 04/23/14 at 11:00 AM, revealed she assessed Resident #1 on 04/17/14 immediately after CNA #2 told her the resident wanted to speak with her and there were no physical signs of abuse to Resident #1's face, neck, arm, or chest area. She stated the resident never identified any staff by name nor if the staff accused were male and/or female. Additional interview, on 04/24/14 at 11:10 AM, revealed LPN #1 stated she did not assess other residents for sign/symptoms of abuse because Resident #1 had no signs of abuse and the Director of Nursing (DON) did not instruct her to assess other residents.</p> <p>Interview with the Director of Nursing (DON), on 04/24/14 at 9:25 AM, revealed there was nothing to pinpoint one (1) CNA in particular in the abuse allegation. Therefore no one was suspended, per the facility's policy, because they would have had to be three (3) CNAs suspended pending the investigation. Additionally, she stated there was no reason to complete any other resident skin assessments because there was no injury to Resident #1.</p> <p>Interview with the Administrator, on 04/24/14 at</p>	F 226	<p>Clinical Educator, Associate Director of Nursing, and Social Workers each completed a competency exam on abuse. All disciplines made 100% on the exam.</p> <p>i. The Nursing Director, Registered Nurses, Unit Coordinators, Clinical Educator, and Associate Director of Nursing are providing in-service education beginning 4/30/2014 for Nursing Assistants, Certified Nursing Assistants, License Nurses, Registered Nurses, Dietary Employees, Dietitians, Environmental Services employees, Maintenance Employees, Activities, Social Services, Chart Analyst, Administrative Assistant, Facility Assistant, Rehab Service Employees, Admissions Coordinator has been offered.</p> <p>The education was completed for all 203 employees by May 4, 2014 from 4/30/2014-5/4/2014. The in-service education provided was appropriate abuse reporting, the new revised resident abuse/mistreatment policy and procedure, definitions of abuse/mistreatment/misappropriation, which includes the signs and symptoms of abuse, and the new vulnerability assessment policy and tool to follow-up on and during the investigations at the facility.</p> <p>Each facility employee has completed the abuse competency exam and all answers are checked immediately after in-service. If a question is not correct, the person offering the education will re-educate until all answers are correct to ensure understanding of individual employees.</p> <p>j. The facility abuse/mistreatment policy was revised related to immediate suspension of alleged perpetrator.</p> <p>k. The facility provided education to all staff regarding new policy and procedures.</p>		

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F 226	<p>Continued From page 17</p> <p>9:25 AM, revealed Resident #1 was blind and couldn't identify the CNAs therefore, they talked to all three (3) CNAs that had been in the room. Additionally, she stated, "I realize when I didn't suspend them, I wasn't following my own policy". She stated before she made her decision not to suspend anyone, she reviewed the employees' files for the CNAs involved in the allegation and none of them had ever been written up for anything. She stated, "I revised the policy to say that it was her decision as to whether or not to suspend any employee pending investigation of a complaint".</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>Resident #1 was admitted to the facility on 02/06/12 and currently resides at the facility.</p> <p>The facility initiated an internal investigation on 04/17/14 (date of alleged abuse) and continued the investigation through 04/21/14. A physical assessment was conducted for Resident #1 on 04/17/14 by the Station Three Unit Coordinator and a Psychosocial interview was conducted on 04/17/14 by the Social Worker. A care conference was scheduled for 04/22/14.</p> <p>1. Review of the policy titled "Resident Abuse/Mistreatment" revealed the policy was updated in 2014 and addendums were added were as follows:</p> <p>A. Physical assessment of resident and/or residents who alleged abuse and /or mistreatment. Psychosocial assessment of resident and/or residents who show they were</p>	F 226	<p>1. Education of definitions of abuse/mistreatment/misappropriation, which includes the signs and symptoms of abuse, and new vulnerability assessment (interviewable and non-interviewable) were in-serviced.</p> <p>4. The facility plans to monitor its performance to ensure that solutions are sustained by:</p> <p>a. Administration initiated a new facility form titled "Problem/Resolution" "OIG Log" to monitor daily complaints, timely complaints, timely reporting, and investigating of all abuse/mistreatment reporting.</p> <p>b. Data will be collected by Unit Coordinators, Social services, and Nursing Administration.</p> <p>c. The Director of Nursing will report findings in Quality Assurance Meeting.</p> <p>d. A new measurement and assessment was implemented for tracking and trending abuse and neglect.</p> <p>e. If corrections are needed, the Quality Assurance Committee will develop action plans.</p> <p>f. The Nursing Director will conduct quarterly in-services for all staff on proper reporting of abuse, neglect, mistreatment, and facility policy and procedure.</p> <p>g. Nursing administration will assign 1-on-1 supervision if needed for resident.</p> <p>h. Nursing administration will monitor resident safety by making rounds.</p> <p>i. The nursing director will continue to monitor timely reporting and following facility policy.</p> <p>5. After May 4, 2014, the nursing administration will monitor education requirements for new employees by using HealthStream® tracker system.</p> <p>a. If an employee does not met requirements they will not be allowed to work in resident care areas.</p> <p>b. Any employee who is off for FMLA or vacation will not be allowed to work until</p>	

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F 226	<p>Continued From page 18</p> <p>allegedly abused and/or mistreated.</p> <p>B. All residents under the care of the alleged perpetrator will be assessed physically and psycho-socially.</p> <p>2. Resident #1 was assessed on 04/17/14 with no signs of abuse or injury noted. Review of the skin assessment, dated 4/17/14, revealed no signs of abuse.</p> <p>3. Skin assessments were completed on all residents on Units 1, 2, 3 and 4 from 04/21/14-04/25/14 with no concerns noted. On 04/25/14, all residents on each unit received a psychosocial assessments from one (1) of the three (3) Social Workers in the building.</p> <p>4. Abuse and Neglect training was provided on 04/30/14 by the Purchase District Ombudsman, which included signatures of the Administrator, DON, and the facility Ombudsman.</p> <p>5. A Resident Vulnerability Assessment was implemented in April 2014 to assess residents for changes in behaviors and mood placing them in a potential abuse situation.</p> <p>6. Facility policies titled "Employment Practices" and "Resident Vulnerability Investigation" were reviewed and revised in April 2014.</p> <p>7. The Nursing Director and Administrator were inserviced on resident rights, bullying and proper abuse reporting by the facility Ombudsman on 04/30/14. The Nursing Director provided inservicing and Competency exams to the Registered Nurses, Unit Coordinators, Clinical Educator, Social Workers and Associate Director</p>	F 226	<p>they have successfully completed required training.</p> <p>c. The Clinical Educator will be responsible for overseeing the requirement conditions.</p> <p>d. The Nursing Director will provide quarterly training on abuse reporting to Nursing Assistants, Certified Nursing Assistants, License Nurses, Registered Nurses, Dietary Employees, Dietitians, and Environmental Services employees, Maintenance Employees, Activities, Social Services, Chart Analyst, Administrative Assistant, Facility Assistant, Rehab Service Employees, and Admissions Coordinator using Social Workers expertise.</p> <p>6. The Nursing Director will daily monitor the timely reporting and investigation of all abuse/mistreatment reporting. Data will be collected by Unit Coordinators, Social Workers, and Nursing Administration. The Nursing Director will report results of findings at Quality Assurance meetings. Corrective action plans will be developed if indicated.</p> <p>The facility declares compliance for F226 483.13(c) effective May 19, 2014.</p>	5/19/2014

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NAME OF PROVIDER OR SUPPLIER  SPRING CREEK HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH 16TH STREET MURRAY, KY 42071	
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F 226	<p>Continued From page 19</p> <p>of Nursing on 04/30/14, on appropriate abuse reporting, the new revised resident abuse policy, definitions of abuse, neglect, misappropriation of property and the new Vulnerability policy and tool to follow-up on investigations at the facility. The Nursing Director, Registered Nurses, Unit Coordinators, Clinical Educator, and Associate Director of Nursing provided inservice and competency exams to all two-hundred and three (203) staff related to abuse and neglect related to when and to whom to report abuse as well as the different types of abuse between the dates of 04/30/14 and 05/04/14. Additionally, no employee would be allowed to return to work before receiving the inservice related to abuse and /or neglect.</p> <p>8. All training is completed on the Health Stream Tracker computer system and when inservices are planned for the future the system places the dates on the calendars. Ex; Quarterly in-services will be documented on a calendar and a reminder given for the date of the in-service. The monitoring of education requirements for new employees is to begin after 05/04/14.</p> <p>9. The DON and the Administrator initiated a new facility form titled "Problem Resolution/OIG LOG" dated 2014, to monitor daily complaints, timely reporting and investigating of all abuse/mistreatment reporting. Data is to be collected by the Unit Coordinators, Social Services, and Nursing Administration. The DON is to report findings in the QA meetings. A new Measurement and Assessment Report for performance improvement dated 04/14 was implemented for tracking and trending abuse/neglect.</p>	F 226		

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F 226	<p>Continued From page 20</p> <p><b>**The State Survey Agency validated the corrective action taken by the facility as follows:</b></p> <p>Review of the facility's investigation, on 05/05/14, revealed the facility initiated an internal investigation on 04/17/14 (date of alleged abuse) and continued the investigation through 04/21/14.</p> <p>Review of the policy titled "Resident Abuse/Mistreatment", on 05/05/14, revealed the policy was updated to include the following addendums:</p> <p>A. A Physical assessment of resident and/or residents who alleged abuse and /or mistreatment will be completed. A Psychosocial assessment of resident and/or residents show signs/symptoms they were allegedly abused and/or mistreated.</p> <p>B. All residents under the care of the alleged perpetrator will be assessed physically and psycho-socially.</p> <p>Resident #1 was assessed on 04/17/14 with no signs of abuse or injury noted. Review of the skin assessment dated 04/17/14 revealed no signs of abuse.</p> <p>Review of facility's policies titled "Employment Practices" and " Resident Vulnerability Investigation" on 05/05/14, revealed they were reviewed and revised in April 2014.</p> <p>Review of skin assessments on all residents on Units 1, 2, 3 and 4, on 05/05/14, revealed the residents had skin assessments completed from 04/21/14-04/25/14 with no concerns noted. On 04/25/14 all residents on each unit received a psychosocial assessments from one of the three</p>	F 226			

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F 226	<p>Continued From page 21</p> <p>(3) Social Workers in the building.</p> <p>Review of the sign in log for Abuse and Neglect training dated 04/30/14 provided by the Purchase District Ombudsman, on 05/05/14 revealed it included signatures of the Administrator, DON, and the Ombudsman as having received training related to reporting abuse and/or neglect, when to suspend suspected employees, and instruction on completing an investigation.</p> <p>Review of competency exams and inservice logs related to abuse and neglect, on 05/05/14, revealed two-hundred and three (203) staff including the DON, Administrator, Registered Nurses, Unit Coordinators, Clinical Educator, ADON, Social Workers and CNAs received training on when and to whom to report abuse as well as the different types of abuse between the dates of 04/30/14 and 05/04/14. Additionally, no employee would be allowed to return to work before receiving the inservice related to abuse and /or neglect.</p> <p>The DON and the Administrator initiated a new facility form titled "Problem Resolution/OIG LOG" dated 2014, to monitor daily complaints, timely reporting and investigating of all abuse/mistreatment reporting. Data is to be collected by the Unit Coordinators, Social Services, and Nursing Administration. The DON is to report finding in the QA meetings. A new Measurement and Assessment Report for performance improvement dated 04/14 was implemented for tracking and trending abuse/neglect. Review of the forms revealed the facility had implemented them and was monitoring the results in the morning meeting.</p>	F 226			

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F 226	<p>Continued From page 22</p> <p>Interview with Registered Nurse (RN) #1, (Unit Coordinator), on 05/05/14 at 4:56 PM, revealed she was in-serviced by the DON. She stated once an allegation of abuse has been made the alleged perpetrator was to be removed from duty. A head to toe assessment was to be completed on the victim and every resident that was under the care gives care will be assessed by nursing and social services. (Nursing can do the Social Services assessment as well). Social Services will contact the proper authorities like Adult Protective Services, Office of Inspector General, etc. Additionally, she stated she would contact the family, physician, DON, and Administrator. She stated a competency exam was given related to the different types and signs of abuse, whom to report to, and when reporting was to be done. Following the chain of command was also discussed.</p> <p>Interview with LPN #1, (MDS Coordinator), on 05/05/14 at 5:05 PM, revealed she was inserviced on the four (4) types of abuse and what to do if abuse occurred, who to notify, when to notify as well as how to identify signs and symptoms of abuse. She stated she took a competency exam which included reporting abuse and following the chain of command. Additionally, she stated if abuse was suspected she would remove the caregiver, assure the resident was safe, assess for injury with the number one (1) priority being resident safety.</p> <p>Interview with CNA #1, on 05/05/14 at 5:07 PM, revealed the House Supervisor provided his inservice on abuse. He stated he was taught what he should do when abuse happens, who he should report to, and when to report. Additionally, he stated if he was a witness to abuse he would</p>	F 226			

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F 226	<p>Continued From page 23</p> <p>report it immediately. He stated he was given a competency exam and was taught on the different types of abuse.</p> <p>Interview with LPN #2, on 05/05/14 at 5:12 PM, revealed she was given a test related to abuse and was inserviced on the types of abuse, how to follow the chain of command, remove the resident from danger, and when to remove the caregiver from direct resident care. She stated she was to report to the allegation of abuse to the supervisor and send the suspected abuser home for a three (3) day suspension pending investigation. Additionally, she was to report to the on call nurse and Social Services as well as call the Ombudsman if no one else was available.</p> <p>Interview with CNA #2, on 05/05/14 at 5:21 PM, revealed she was in-serviced to report abuse immediately and how to notice changes in the resident's behaviors. She stated she was told to report to the Charge Nurse and if she identified physical changes like bruising or skin tears then she would report that as well. She revealed her first priority would be to get the resident safe and report abuse immediately. Additionally, she stated she was given a test after the inservice related to abuse and neglect.</p> <p>Interview with the Dietary Supervisor, on 05/05/14 at 5:34 PM, revealed she was inserviced on reporting abuse, signs of abuse, and to whom to report abuse. She stated she would go to the Administrator or DON right away if she witnessed abuse. Additionally, she stated she would say something to the person doing the abusing and try to get the resident to safety. She stated she took a post test as well.</p>	F 226		

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F 226	Continued From page 24 Interview with an Environmental Service Aide, on 05/05/14 at 5:43 PM, revealed he was inserviced to report abuse and to whom to report it. He stated he would report suspected abuse immediately. Additionally, he stated he was given a post test after the inservice.	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 and review of the facility's Administrator's Job Duties, it was determined the facility failed to ensure the facility was 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. The facility failed to ensure a safe environment by allowing the alleged perpetrators to continue to work with residents after an allegation of abuse was made for one (1) of eight (8) sampled residents (Resident #1).  On 04/17/14, Resident #1 accused staff of pulling his/her hand/arm, slapping him/her across the face, and pulling his/her ear and hair during a lunch meal. Additionally, he/she accused staff of yelling at him/her. Review of the facility's investigation, dated 04/17/14, revealed the	F 490	F490 483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING 1. The corrective action accomplished for deficient practice. a. The Nursing Assistants, Certified Nursing Assistants, License Nurses, Registered Nurses, Dietary Employees, Dietitians, and Environmental Services employees, Maintenance Employees, Activities, Social Services, Chart Analyst, Administrative Assistant, Facility Assistant, Rehab Service Employees, Admissions Coordinator, Unit Coordinators, Associate Director of Nursing, and Clinical Educator have been in-serviced to the requirement of the administration of the nursing facility for resident behavior and facility practices, quality of life, and quality of care for each resident. 2. Identification of other residents having the potential to be affected by the same deficient practice: a. All residents residing in the facility had the potential to be affected by the same deficient practice. b. Social Workers completed vulnerability assessments on residents both interviewable and non-interviewable. c. Licensed Nurses, Social Workers, and Administration completed visual observations of residents was completed to ensure interviewable residents were not affected.	

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F 490	<p>Continued From page 25</p> <p>alleged perpetrators were not suspended pending completion of the investigation, as per policy, nor were they removed from duty on the day of the incident. Certified Nursing Assistants (CNA) #1, CNA #2 and CNA #3 were allowed to work a full shift on 04/17/14, 04/18/14, and 04/21/14. The facility also failed to conduct an investigation which included assessment of other residents to ensure no abuse had occurred.</p> <p>The facility's failure to ensure the facility was 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 has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 04/24/14 and was determined to exist on 04/17/14. Refer to F225 and F226.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled, "Resident Abuse/Mistreatment, revised 11/2012, revealed "The supervisor should ask the person in which the allegation was made against to leave the facility immediately pending an investigation."</p> <p>Review of the Administrator's job description, (no date), revealed the Administrator promotes culture of safety for patients and employees through proper identification and prevention. Additionally, she assures that errors made by staff are investigated thoroughly and results are documented.</p> <p>Interview with Resident #1, on 04/22/14 at 10:40 AM, revealed on the day of the alleged incident</p>	F 490	<p>d. Licensed Social Workers completed interviews with interviewable residents specific to the area alleged abuse occurred.</p> <p>3. Measures and systemic changes to ensure that the deficient practice will not recur.</p> <p>a. The facility policy related to protecting residents during an investigation was revised to suspend alleged perpetrator to protect residents.</p> <p>b. The LTC Ombudsman, Celia Gurfreund, provided in-service training to the Nursing Director and facility Administrator on April 30, 2014 at 3:00p.m., on resident rights, bullying and proper abuse reporting.</p> <p>c. Education provided was appropriate abuse reporting, the new revised resident abuse/mistreatment policy and procedure, definitions of abuse/mistreatment/misappropriation, which includes the signs and symptoms of abuse, and the new vulnerability assessment policy and tool to follow-up on and during the investigations at the facility.</p> <p>d. Abuse competency test were successfully completed by Nursing Director and facility Administrator on 4/30/2014.</p> <p>4. The facility plans to monitor its performance to ensure that solutions are sustained.</p> <p>a. The Administrator will report to the Chief Executive Officer monthly regarding facility's abuse policy and procedures related to protecting and assessing both interviewable and non-interviewable residents.</p> <p>The facility declares compliance for F490 483.75 effective May 19, 2014.</p>	5/19/2014	

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F 490	<p>Continued From page 26</p> <p>(04/17/14), he/she was wanting to eat and someone kept putting a spoon in his/her mouth with nothing on it. The resident stated "They" slapped him/her across the right side of the face. Further interview revealed Resident #1 felt he/she had been mistreated a lot but this was the "first time lately". Resident #1 also stated staff would move his/her water pitcher out of reach as a joke.</p> <p>Interview with the Administrator, on 04/24/14 at 9:25 AM, revealed she couldn't suspend everyone in the building as Resident #1 was blind and could not identify any of the CNAs in the room so she talked to all the CNAs on duty that were in the resident's room. She stated before she made her decision not to suspend any staff pending the investigation, she checked the employees' files and none of the CNAs being accused had ever been written up for anything. Additionally, she revealed she had revised the abuse policy on 04/17/14 to state "If a complaint is basic in nature then after physical examination of resident, administration may choose not suspend any party." The Administrator stated she changed the policy because there was no way she could suspend all three (3) CNAs, who had been in the resident's room when there was no physical evidence the resident had been abused.</p> <p>**The State Survey Agency validated the corrective action taken by the facility as follows:</p> <p>Review of the facility's investigation, on 05/05/14, revealed the facility initiated an internal investigation on 04/17/14 (date of alleged abuse) and continued the investigation through 04/21/14.</p> <p>Review of the policy titled "Resident</p>	F 490			

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F 490	<p>Continued From page 27</p> <p>Abuse/Mistreatment", on 05/05/14, revealed the policy was updated to include the following addendums:</p> <p>A. A Physical assessment of resident and/or residents who alleged abuse and /or mistreatment will be completed. A Psychosocial assessment of resident and/or residents show signs/symptoms they were allegedly abused and/or mistreated.</p> <p>B. All residents under the care of the alleged perpetrator will be assessed physically and psycho-socially.</p> <p>Resident #1 was assessed on 04/17/14 with no signs of abuse or injury noted. Review of the skin assessment dated 04/17/14 revealed no signs of abuse.</p> <p>Review of facility's policies titled "Employment Practices" and " Resident Vulnerability Investigation" on 05/05/14, revealed they were reviewed and revised in April 2014.</p> <p>Review of skin assessments on all residents on Units 1, 2, 3 and 4, on 05/05/14, revealed the residents had skin assessments completed from 04/21/14-04/25/14 with no concerns noted. On 04/25/14 all residents on each unit received a psychosocial assessments from one of the three (3) Social Workers in the building.</p> <p>Review of the sign in log for Abuse and Neglect training dated 04/30/14 provided by the Purchase District Ombudsman, on 05/05/14 revealed it included signatures of the Administrator, DON, and the Ombudsman as having received training related to reporting abuse and/or neglect, when to suspend suspected employees, and instruction</p>	F 490			

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F 490	<p>Continued From page 28 on completing an investigation.</p> <p>Review of competency exams and inservice logs related to abuse and neglect, on 05/05/14, revealed two-hundred and three (203) staff including the DON, Administrator, Registered Nurses, Unit Coordinators, Clinical Educator, ADON, Social Workers and CNAs received training on when and to whom to report abuse as well as the different types of abuse between the dates of 04/30/14 and 05/04/14. Additionally, no employee would be allowed to return to work before receiving the inservice related to abuse and for neglect.</p> <p>The DON and the Administrator initiated a new facility form titled "Problem Resolution/OIG LOG" dated 2014, to monitor daily complaints, timely reporting and investigating of all abuse/mistreatment reporting. Data is to be collected by the Unit Coordinators, Social Services, and Nursing Administration. The DON is to report finding in the QA meetings. A new Measurement and Assessment Report for performance improvement dated 04/14 was implemented for tracking and trending abuse/neglect. Review of the forms revealed the facility had implemented them and was monitoring the results in the morning meeting.</p> <p>Interview with Registered Nurse (RN) #1, (Unit Coordinator), on 05/05/14 at 4:56 PM, revealed she was in-serviced by the DON. She stated once an allegation of abuse has been made the alleged perpetrator was to be removed from duty. A head to toe assessment was to be completed on the victim and every resident that was under the care givers care will be assessed by nursing and social services. (Nursing can do the Social</p>	F 490			

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F 490	<p>Continued From page 29</p> <p>Services assessment as well). Social Services will contact the proper authorities like Adult Protective Services, Office of Inspector General, etc. Additionally, she stated she would contact the family, physician, DON, and Administrator. She stated a competency exam was given related to the different types and signs of abuse, whom to report to, and when reporting was to be done. Following the chain of command was also discussed.</p> <p>Interview with LPN #1, (MDS Coordinator), on 05/05/14 at 5:05 PM, revealed she was inserviced on the four (4) types of abuse and what to do if abuse occurred, who to notify, when to notify as well as how to identify signs and symptoms of abuse. She stated she took a competency exam which included reporting abuse and following the chain of command. Additionally, she stated if abuse was suspected she would remove the caregiver, assure the resident was safe, assess for injury with the number one (1) priority being resident safety.</p> <p>Interview with CNA #1, on 05/05/14 at 5:07 PM, revealed the House Supervisor provided his inservice on abuse. He stated he was taught what he should do when abuse happens, who he should report to, and when to report. Additionally, he stated if he was a witness to abuse he would report it immediately. He stated he was given a competency exam and was taught on the different types of abuse.</p> <p>Interview with LPN #2, on 05/05/14 at 5:12 PM, revealed she was given a test related to abuse and was inserviced on the types of abuse, how to follow the chain of command, remove the resident from danger, and when to remove the</p>	F 490			

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/05/2014
NAME OF PROVIDER OR SUPPLIER  SPRING CREEK HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH 16TH STREET MURRAY, KY 42071		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 490	<p>Continued From page 30</p> <p>caregiver from direct resident care. She stated she was to report to the allegation of abuse to the supervisor and send the suspected abuser home for a three (3) day suspension pending investigation. Additionally, she was to report to the on call nurse and Social Services as well as call the Ombudsman if no one else was available.</p> <p>Interview with CNA #2, on 05/05/14 at 5:21 PM, revealed she was in-serviced to report abuse immediately and how to notice changes in the resident's behaviors. She stated she was told to report to the Charge Nurse and if she identified physical changes like bruising or skin tears then she would report that as well. She revealed her first priority would be to get the resident safe and report abuse immediately. Additionally, she stated she was given a test after the inservice related to abuse and neglect.</p> <p>Interview with the Dietary Supervisor, on 05/05/14 at 5:34 PM, revealed she was inserviced on reporting abuse, signs of abuse, and to whom to report abuse. She stated she would go to the Administrator or DON right away if she witnessed abuse. Additionally, she stated she would say something to the person doing the abusing and try to get the resident to safety. She stated she took a post test as well.</p> <p>Interview with an Environmental Service Aide, on 05/05/14 at 5:43 PM, revealed he was inserviced to report abuse and to whom to report it. He stated he would report suspected abuse immediately. Additionally, he stated he was given a post test after the inservice.</p>	F 490			