

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

PRINTED: 01/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/04/2013
NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1245 AMERICAN GREETINGS RD CORBIN, KY 40702		
(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	F 225	see attached	

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

TITLE

(X6) DATE

[Handwritten Signature]

Administrator

1/24/13

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	Continued From page 1 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. This REQUIREMENT is not met as evidenced by: Based on interviews, a review of facility policies/procedures, and a review of facility investigations, it was determined the facility failed to ensure an allegation of abuse was immediately reported to the Administrator and the state survey and certification agency, failed to have evidence that an allegation of abuse had been thoroughly investigated, and failed to ensure that further potential abuse was prevented while the facility's investigation was in progress for one of three unsampled residents (Resident A) and three sampled residents. Interviews with facility staff on 01/04/13 revealed "a couple of months ago," date unknown, they had reported to Unit Manager (UM) #1 that Certified Nursing Assistant (CNA) #1 had "yelled" at Resident A. Interview with UM #1 revealed she had reported the allegation to the Director of Nursing (DON); however, interview with the DON revealed she was unaware of the allegation. The findings include: A review of the facility's policy titled Abuse Policy, no date noted, revealed allegations of abuse would be reported immediately to the Director of Nursing (DON) and/or the Administrator of the facility and to the state survey and certification	F 225			

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F 225	<p>Continued From page 2</p> <p>agency. Further review of the policy revealed allegations of abuse would be investigated, and individuals suspected of resident abuse or neglect would be suspended pending outcome of the investigation.</p> <p>An interview with CNA #4 on 01/04/13 at 2:35 PM revealed she had reported an allegation of verbal abuse to UM #1, date unknown, which involved CNA #1 and Resident A. CNA #4 stated she witnessed CNA #1 yell, "you only do this crap when your family is here, and I am sick of it," when CNA #1 assisted Resident A to the restroom. CNA #4 stated she informed CNA #2 of the incident and both CNAs (CNAs #4 and #2) reported the incident to UM #1.</p> <p>An interview was attempted with Resident A on 01/04/13 at 2:50 PM. However, the interview was unable to be conducted related to the resident's cognitive impairment.</p> <p>CNA #2 confirmed in interview conducted on 01/04/13 at 10:50 AM that she witnessed CNA #4 (date unknown) report to UM #1 that CNA #1 had "yelled" at Resident A.</p> <p>An interview with UM #1 on 01/04/13 at 2:40 PM confirmed an allegation of abuse had been reported to her, date unknown, which involved CNA #1 and Resident A. The UM stated she immediately reported the allegation to the Director of Nursing (DON) after the CNAs made her aware of the incident. However, according to the UM, the allegation was not reported to state survey agencies, was not investigated, and CNA #1 had not been removed from providing direct care to facility residents as indicated in the</p>	F 225			

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F 225	<p>Continued From page 3 facility's policies.</p> <p>An interview with the DON was conducted on 01/04/13 at 3:00 PM. The DON stated she had not been made aware of an allegation that CNA #1 had "yelled" at Resident A. The DON stated all allegations of abuse or neglect should be reported to the state agencies, investigated, and individuals named in any allegation should be removed from resident care, as required.</p> <p>An interview with the facility Administrator was conducted on 01/04/13 at 3:30 PM. The Administrator stated she had not been made aware of an allegation that CNA #1 had "yelled" at Resident A. The Administrator stated allegations of abuse or neglect should be investigated, reported to state agencies, and individuals named in any allegation were required to be removed from resident care.</p>	F 225			

F225

Submission of this plan of correction does not indicate that a deficiency existed or that a deficiency was cited correctly. This Plan of Correction is being submitted to ensure continuing compliance with State and Federal regulations.

- 1) Resident A was involved in this incident; however, she is cognitively impaired, with a BIMS score of 99. She did not suffer any injury or ill effects from this incident. Her attending physician and responsible party were notified of this incident.
- 2) All residents had the potential to be affected by this deficient practice. The administrator and DON interviewed all residents and staff members after being made aware of this allegation by the state surveyor during the abbreviated survey for a self-reported complaint on January 4, 2013. There were no other allegations of abuse against CNA #1 or any other staff members at that time.
- 3) CNA #1, the staff member witnessed to be verbally abusive toward Resident A, has been terminated from employment with this facility. UM#1 was counseled regarding her failure to follow the facility's procedure for abuse reporting when originally made aware of this allegation by CNA's #4 and #2. All facility employees received re-education on abuse and neglect reporting by the Administrator and Director of Nursing. All employees voiced their understanding of the abuse policy and procedures and were able to verbalize what should be reported, their knowledge that all allegations must be reported to the DON and Administrator, and what process they should see happen following their report of an allegation, and when/how to follow up on their reports. All new hires go through training on the abuse policy/reporting procedures upon hire. All employees receive ongoing training on the abuse policy and reporting procedures at least quarterly.
- 4) During the weekly CQI committee meeting, any and all complaints and allegations will be discussed to ensure that the entire management team is aware of all concerns and that they have been followed through with and reported to the appropriate agencies. The administrator and DON will complete random staff interviews weekly x 1 month and then quarterly x 6 months about the abuse reporting process. Any irregularities will be corrected immediately and staff counseling and re-education scheduled as necessary.
- 5) Completion Date: January 22, 2013