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

PRINTED: 11/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185243	A. BUILDING _____ B. WING _____	C 10/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW NURSING & REHABILITATION CENTER	39 FERNDALE APARTMENTS ROAD PINEVILLE, KY 40977

(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	INITIAL COMMENTS An abbreviated standard survey (KY19216) was conducted on 10/24/12. The complaint was substantiated. Deficient practice was identified at "E" level.	F 000		
F 225 SS=E	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	Mountain View Nursing & Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and purposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Mountain View Nursing & Rehabilitation Centers 's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor that any deficiency is accurate. Further, Mountain View Nursing & Rehabilitation Center reserves the right to refute any of the Deficiencies through Informal Dispute Resolution, formal appeal procedures and/or any other administrative or legal proceeding.	12-01-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Kelly M. Gunden 11/12/2012

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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NOV 13 2012
Division of Health Care
Southern Enforcement Branch

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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 interview, record review, and review of facility policy it was determined the facility failed to identify and protect residents from misappropriation of funds raised for resident use. The facility Activity Department held fundraisers throughout the year to raise funds for the residents; however, the facility failed to ensure the Activity Director accurately recorded the amount of funds which were raised for the residents. In addition, the facility failed to ensure the Activity Director documented and kept receipts for items purchased for the residents with the funds raised from the fundraisers. The findings include: The facility did not have a policy on fundraisers or activity funds. A review of the facility's "Abuse, Neglect, Misappropriation of Resident Property" policy, dated 01/24/12, revealed misappropriation of resident property was the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Interview with the Activity Director on 10/24/12 at 2:15 PM, revealed the Activity Department held	F 225	**F 225** The facility Administrator was alerted to suspected misappropriation of funds from the Activity Account on 10/24/12. The Activity Director responsible for managing and recordkeeping for the Activity Account was immediately placed on Administrative Leave pending investigation. The facility Administrator immediately initiated an investigation. The investigation determined the Activity Director was unable to produce sufficient records to support the amount of funds raised and/or expended for multiple events across several months. The Activity Account did have a balance of funds at the approximate balance expected by the facility Administrator. The Activity Director resigned, effective immediately on 10/29/12.	

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F 225	Continued From page 2 fundraisers to raise money for resident activities, e.g., taking residents to eat, getting presents for their birthday, and entertainment for the residents. The Activity Director stated she had not kept a record of fundraisers conducted from January 2012 through October 2012 but recalled fundraisers had been held in February, March, May, June, August, and September 2012. The Activity Director also stated she had not kept a record of the amount of money raised for the residents at each fundraiser and therefore did not know the exact amount of money that had been raised. In addition, the Activity Director revealed she had not kept all receipts of purchases made with the money that was raised for activities. The Activity Director stated sometimes she deposited the money in the bank but at other times she would keep the money if a resident activity was planned a few days following the fundraiser. Two receipts were provided by the Activity Director of supplies/activities purchased with funds raised by the fundraiser activities; one receipt was dated 01/02/12 in the amount of $256.99 for the purchase of food and the second receipt was dated 02/12/12 in the amount of $20.73 for food purchased from a fast food establishment. The receipts totaled $277.72. Interview with the Activity Director further revealed she had not been informed she was to document the amount of money raised from fundraisers or to maintain receipts when she spent the money on the residents. Interview with the Administrator on 10/24/12 at 5:00 PM, revealed she was not aware the Activity Director did not record the amount of money raised at fundraisers for the residents and was not aware receipts had not been kept. The	F 225	The facility Administrator conducted an investigation 10/24-29/12 which determined the only other account with resident funds in to be the Resident Trust Account. The Resident Trust Account is maintained by the Accounts Receivable Manager and Accounts Payable Clerk in accordance with policy and has separated duties, i.e. the person who receives deposits does not have access to cash or check withdrawls and each patient with funds in the account receives a monthly statement and the account is audited monthly by a corporate accountant. The facility Administrator implented a policy effective 11/1/12 that all funds received through fundraisers for resident use must be counted by two individuals recorded on a facility form and deposited into the Activity Account. Cash is not to be utilized from the donation account.	

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F 225	Continued From page 3 Administrator further stated the Activity Director should have kept a record of money raised for the residents and receipts.	F 225	The Interim Activity Director was educated to the policy on 11/1/2012 by the facility Administrator. The new Activity Director, when hired, will be educated by the facility Administrator during orientation. The facility Administrator or designee will review the monthly statement for the Activity Fund monthly for three months and then per a schedule established by the QI Committtee. December 1, 2012	12/1/12