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

PRINTED: 12/16/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185305		C 12/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGHURST HEALTH AND REHAB	3001 N. HURSTBOURNE PKWY. LOUISVILLE, KY 40241

(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 AMENDED SOD 12/16/10 An abbreviated survey was initiated and concluded on 12/07/10 investigating complaint number KY00015043. KY00015043 was substantiated and deficiencies were cited.	F 000	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction 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 Law.	
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	**F225** The Facility maintains that it investigates alleged violations involving mistreatment, neglect, or abuse and reports those issues in accordance with State law. *How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice:* vised for clarity. The agency staff person involved in the allegation is no longer employed with the agency as was specifically identified to not ever return to the facility. The Director of Nursing, Social Services Director and the Staff Development Coordinator met with Resident #1 and the Administrator to review the allegation. No intervention was required for Resident #1. Staff will continue to speak to Resident #1 routinely about any concerns and follow facility policy and procedures to maintain a safe environment for all residents. The facility has changed personnel in the roles of Director of Nursing and Social Service Director since the survey was completed on 12/7/2010 as part of the corrective actions.	1/19/2011

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

X Richard Flower — X Administrator X 1/14/2011

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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DIVISION OF REGULATORY AND LEGAL SERVICES

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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, record and policy review it was determined the facility failed to thoroughly investigate, prevent further potential abuse, complete a five (5) day investigation follow-up report and follow the facility abuse policy related to an alleged verbal abuse incident that occurred on 07/11/10 for one (1) of eight (8) sampled residents (Resident #1). The facility failed to protect residents from the potential for abuse on 07/11/10 after Resident #1 reported that a staff person had been verbally inappropriate to him/her. The facility failed to remove the staff person from resident care after the allegation, and the staff person continued to work on the same unit with other residents. The facility failed to conclude with an outcome of the investigation, and failed to submit a final report to the state survey agency, the Office of the Inspector General (OIG). The findings include: A review of the facility's Resident Abuse Policy and Procedure on 12/07/10 at 8:30am revealed on page three Item IV, Investigation, item D states: The investigation and results will be completed as soon as possible, but within five (5) working days of the occurrence. The facility has not submitted a final investigation report.	F 225	The current Director of Nursing has extensive experience in long term care and is acutely aware of the accepted policies and procedures to be followed with allegations of abuse. Additionally, the Social Services Director also has extensive experience specific to long term care and has a masters degree in social work and has spoken at association educational conferences on topics related to the fundamentals of social services in long term care and behavior management. *The Facility will identify other residents having the potential to be affected by the same alleged deficient practice by doing the following:* The Administrator, Social Services Director, and Director of Nursing or their designee will continue to make rounds routinely and observe residents and speak with staff to identify any resident concerns or situations that may lead to a resident concern. The weekend nursing supervisor will also continue to routinely make rounds and observe residents and speak with staff to identify concerns or situations that may lead to a resident concern. Any issues that are either observed or reported that would give rise to a potential resident abuse concern will be addressed immediately and reported to the appropriate parties according to the facility policy.	

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F 225	Continued From page 2 Interview on 12/07/10 at 9:30am with Resident #2 revealed he/she is the roommate of Resident #1 and was a witness to the incident. Resident # 2 stated he/she had yelled at the Certified Nursing Assistant (CNA) #1 because of the tone of her voice. The resident further stated CNA #1 was very direct, but did not always talk to residents this way. Resident #1 had a bowel movement and needed to be cleaned up. Resident #2 stated CNA #1 said Resident #1 did not have a bowel movement and did not need to be cleaned up. Resident #1 was insistent, and finally CNA #1 cleaned him/her up. After the incident, Resident #1 was upset and crying. Interview on 12/07/10 at 9:40am with Resident #1 revealed, the resident did not think CNA #1 understood what he/she wanted. The resident had to go to the bathroom and CNA #1 came in and started to pull up the resident's pants. The resident told the CNA that he/she had a bowel movement and needed to be cleaned up. The CNA did not appear to be happy about helping the resident. The tone of her voice was mean and she kept loudly saying stand up, stand up. The resident told CNA #1 at their age (100 years old) he/she needed something for support. She finally gave the resident their walker. Interview on 12/07/10 at 10:45am with Nurse #3 revealed, she did not see or hear the incident. Staff came to her and she was told Resident #1 was upset and crying in the room. Going to the resident's room revealed Resident #1 was crying. The resident stated, a man had come into his/her room and taken him/her to the bathroom. Resident #1 further stated he was mean in the way he spoke to him/her and handled him/her roughly. Nurse #3 reported the incident to the	F 225	*The Facility will put measures in place or make systemic changes to assure the alleged deficient practice does not recur by doing the following:* The Facility's Abuse, Neglect and Misappropriation Policy and Procedure has been updated and revised to reflect systemic changes in the internal processing of allegations and/or complaints regarding abuse, neglect, or misappropriation of resident property. The updated policy specifically addresses the investigation surrounding, preparation and submission of the 5 day report. The Administrator has re-educated the DON and Nurse Staff Development Coordinator regarding the updated policy. The Administrator and/or Nurse Staff Development Coordinator will conduct a mandatory in-service for all staff (licensed and unlicensed) regarding the Facility's policy. The Facility will continue to provide annual mandatory in-services for all staff on the Resident Abuse, Neglect and Misappropriation Policy and Procedure as well as provide that information for all new employees through the orientation program. *The facility will implement the corrective action and monitor them in the following manner:* The plan of corrections will be integrated into the Facility's QA program. The QA Program, chaired by the DON, shall review implementation of the facility policy and practices regarding resident abuse annually.	

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F 225	Continued From page 3 Director of Nursing (DON) on 07/11/10 between 6:00pm and 7:00pm after Residents #1 and #2 were interviewed. The Administrator was notified on 07/12/10 at 1:50pm per the investigation report. Interview on 12/07/10 at 11:25am with the Social Services Director (SSD) and review of the investigation report revealed, the investigation was initiated on 07/12/10 and concluded on 07/12/10. The results box was checked, but no conclusion to the investigation was part of the report. The SSD stated that DCBS and OIG were the ones to decide the conclusions to allegations. The SSD confirmed the agency for which CNA #1 worked for was notified on 07/11/10 between 6:00pm and 7:00pm, at which time the agency was requested not to assign CNA #1 to their facility. Interview on 12/07/10 at 2:24pm with CNA #2 revealed, Residents # 1 and 2 were added to his assignment and CNA #1 was allowed to work the rest of the shift. Interview on 12/07/10 at 3:40pm with the DON revealed the DON and Nurse #3 made the decision to adjust the assignments, allowing CNA #1 to remain in the facility and care for the remainder of residents on her assignment. A review of the facility documentation of the investigation initiated on 07/11/10 revealed it was faxed to the OIG; however, the facility failed to provide a conclusion to their investigation and the facility was unable to provide documentation of a five (5) day follow-up. Further, the facility did not follow its abuse policy by not completing a five day follow-up report with a conclusion to their	F 225	The QA will monitor by reviewing Resident Concern Forms that have been submitted since the last QA, the timing of the initial report to the regulatory agencies and the 5 day follow-up were completed according to facility policy, and any trends that may be identifiable that would create the need to focus on any specific component of our policies and procedures. Resident interviews will also be conducted by the Social Services Director, Activities Director, or other designee to specifically ask about any abuse concerns prior to each QA meeting. The interview responses will also be reviewed during the QA meetings to determine if adjustments to the facility policy and procedures need to be implemented as needed to assure the facility continues to maintain an environment that is free from abuse.	

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F 225	Continued From page 4 investigation.	F 225		
F 226 SS=D	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 interviews, record review, and the facility abuse policy review, it was determined the facility failed to implement its Resident Abuse Policy and Procedure for one (1) of eight (8) sampled residents (#1). The facility failed to follow its policy by reassigning a Certified Nurse Aide (CNA) that allegedly verbally abused a resident; thereby placing a group of residents at risk for possible abuse. The findings include: Review of the facility's Resident Abuse Policy and Procedure revealed, Page 4, V. Protection, item A: During the investigation, any individual suspected of resident abuse, neglect, or misappropriation of funds will be immediately escorted from the building. Review of the facility's investigation on 12/07/10 revealed the facility provided staff abuse in-services on 6/29, 6/30, 07/01, 07/02, and 07/07/10; however, the policy had not been followed. On 07/11/10, CNA #1 allegedly verbally abused Resident #1, and was allowed to continue working the shift in the facility caring for other residents.	F 226	F226 The Facility maintains that it protects the rights of residents that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. *How the corrective action(s) will be accomplished for those residents found to be affected by the alleged deficient practice:* The agency staff person involved in the allegation is no longer employed with the agency as was specifically identified to not ever return to the facility. The Director of Nursing, Social Services Director and the Staff Development Coordinator met with Resident #1 and the Administrator to review the allegation. No intervention was required for Resident #1. Staff will continue to speak to Resident #1 routinely about any concerns and follow facility policy and procedures to maintain a safe environment for all residents. The facility has changed personnel in the roles of Director of Nursing and Social Service Director since the survey was completed on 12/7/2010 as part of the corrective actions. The current Director of Nursing has extensive experience in long term care and is acutely aware of the accepted policies and procedures to be followed with allegations of abuse. Additionally, the Social Services Director also has extensive experience specific to long term care and has a masters degree in social work and has spoken at association educational	/19/2011

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F 226	Continued From page 5 Interview on 12/07/10 at 10:45am with Nurse #3 revealed, she reported the incident to the Director of Nursing (DON) on 07/11/10 between 6:00pm and 7:00pm after Residents #1 and #2 were interviewed. The Administrator was notified on 07/12/10 at 1:50pm per the investigation report. Interview on 12/07/10 at 11:25am with the Social Services Director (SSD) and review of the investigation report revealed, the investigation was initiated and concluded on 07/12/10. The SSD, confirmed the agency for which CNA #1 worked for, was notified on 07/11/10 between 6:00pm and 7:00pm, at which time the agency was requested not to assign CNA #1 to their facility. Interview on 12/07/10 at 2:24pm with CNA #2 revealed, Residents #1 and #2 were added to his assignment and CNA #1 was allowed to work the rest of the shift. Interview on 12/07/10 at 3:40pm with the Director of Nursing (DON) revealed the DON and Nurse #3 made the decision to adjust the assignments, allowing CNA #1 to remain in the facility and care for the remainder of residents on her assignment.	F 226	conferences on topics related to the fundamentals of social services in long term care and behavior management. *The Facility will identify other residents having the potential to be affected by the same alleged deficient practice by doing the following:* The Administrator, Social Services Director, and Director of Nursing or their designee will continue to make rounds routinely and observe residents and speak with staff to identify any resident concerns or situations that may lead to a resident concern. The weekend nursing supervisor will also continue to routinely make rounds and observe residents and speak with staff to identify concerns or situations that may lead to a resident concern. Any issues that are either observed or reported that would give rise to a potential resident abuse concern will be addressed immediately and reported to the appropriate parties according to the facility policy. *The Facility will put measures in place or make systemic changes to assure the alleged deficient practice does not recur by doing the following:* The Facility's Abuse, Neglect and Misappropriation Policy and Procedure has been updated and revised to reflect systemic changes in the internal processing of allegations and/or complaints regarding abuse, neglect, or misappropriation of resident property. The updated policy specifically addresses the investigation surrounding, preparation and submission of the 5 day report.	

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The Administrator has re-educated the DON and Nurse Staff Development Coordinator regarding the updated policy. The Administrator and/or Nurse Staff Development Coordinator will conduct a mandatory in-service for all staff (licensed and unlicensed) regarding the Facility's policy. The Facility will continue to provide annual mandatory in-services for all staff on the Resident Abuse, Neglect and Misappropriation Policy and Procedure as well as provide that information for all new employees through the orientation program.

The facility will implement the corrective action and monitor them in the following manner:

The plan of corrections will be integrated into the Facility's QA program. The QA Program, chaired by the DON, shall review implementation of the facility policy and practices regarding resident abuse annually. The QA will monitor by reviewing Resident Concern Forms that have been submitted since the last QA, the timing of the initial report to the regulatory agencies and that staff implicated in alleged violations of the facility's resident abuse policy were sent home immediately according to the facility policies and procedures. Resident interviews will also be conducted by the Social Services Director, Activities Director, or other designee to specifically ask about any abuse concerns prior to each QA meeting. The interview responses will also be reviewed during the QA meetings to determine if adjustments to the facility policy and procedures need to be implemented

as needed to assure the facility continues to maintain an environment that is free from abuse.

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BAPTIST HOMES INC.
Springhurst Health and Rehab
Resident Abuse, Neglect and Misappropriation of Property Policy and Procedure

Policy Statement

Springhurst Health and Rehab strives to maintain the highest level of resident care. Our goal is for every resident to be free from abuse, neglect and misappropriation of property. However, if concerns should arise, we strive to reassure residents, family member and staff that grievances can be voiced without fear of discrimination or retaliation. Residents, families and staff are provided information on how to and to whom they may report concerns, incidents and grievances.

All employees must follow this policy; failure to do so will result in immediate termination.

Definitions:

Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, mental anguish, or deprivation by an individual, including a caregiver, of goods or services that are necessary to attain or maintain physical, mental and psycho-social well-being.

Verbal abuse is defined as any use of oral, written or gestured language that includes disparaging or derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend or disability.

Sexual abuse is defined as, but is not limited to, sexual harassment, sexual coercion or sexual assault.

Physical abuse is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal (bodily) punishment.

Involuntary seclusion is defined as separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommates) against the resident's will, or the will of the resident's legal guardian or representative. (Note: Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.)

Mental abuse is defined as, but is not limited to, humiliation, harassment, threats of punishment, or deprivation.

Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

Misappropriation of resident property is defined as the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

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DIVISION OF HEALTH CARE FACILITIES AND SERVICES

Procedure Interpretation And Implementation

I. Screening

Potential employees will be screened for a history of abuse, neglect or mistreating residents and will not be hired if they 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.

Additional checks will include:

1. Reference checks;
2. Drug screening;
3. Criminal background checks; and
4. Checking with appropriate licensing boards and registries.

II. Training

A. Employees will be trained as part of orientation and in ongoing sessions regarding issues related to abuse prohibition practices such as:

1. Appropriate interventions to deal with aggressive and/or catastrophic reactions of residents;
2. How staff should report their knowledge related to allegations without fear of reprisal;
3. How to recognize signs of burnout, frustration and stress that may lead to abuse; and
4. What constitutes abuse, neglect and misappropriation of resident property.

III. Prevention

A. At the time of admission, residents and/or responsible parties will be:

1. Advised of definitions of abuse;
2. Advised of how to and whom to report their concerns or situations of abuse;
3. Assured of their right to make a complaint without fear of retailiation;
4. Advised that they will be provided with feedback regarding the concerns they express; and
5. Provided with information about other agencies (resources) where they can obtain assistance.

B. Resident Concern forms will be kept at each nurse station, in each department and with the receptionist and will be available to residents, family and staff as a tool to report concerns and incidents.

C. Physical environment and/or placement of residents will be evaluated and changes made as needed to prevent abuse, neglect or misappropriation of property from occurring, i.e., making available a locked drawer or lockbox upon request.

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D. Staff will monitor for situations in which abuse, neglect and misappropriation of resident property is more likely to occur and identify, correct and intervene when necessary.

E. As necessary, nursing management will modify staffing assignments and resident to staff rations to assure optional care to prevent situations that might lead to abuse or neglect.

IV. Identification

A. Springhurst Health and Rehab will maintain a proactive approach for identifying events and occurrences that may constitute or contribute to abuse and neglect such as "suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse; and to determine the direction of the investigation."

V. Investigation

Any employee or individual in the facility who suspects, observes, or receives information or a complaint regarding abuse, neglect, or exploitation, including injuries of unknown origin, of a resident must immediately report the information to the nursing supervisor on duty at that time. The individual reporting the information to the nursing supervisor will complete a Resident Concern Form that will provide the details of the allegation. Confidentiality will be maintained. The nursing supervisor will immediately report the allegation to the Administrator/designee. The Administrator/designee will report all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property, to Community Based Services immediately and the Cabinet for Health Services' Division of Long Term care immediately or, if not possible, the next working day. The Administrator/designee will conduct a timely, thorough and objective investigation of the allegation. The Report of Alleged Abuse Violation form will include interviews with the staff member reporting the initial incident, employees, residents, and/or family members and review of medical records. All pertinent information will be obtained. Results of the investigation will be reported to the Cabinet for Health Services' Division of Long Term Care within five (5) days of the report. The resident will be protected from harm during the investigation. If an employee is suspected of abuse, the employee will be suspended pending completion of the investigation. Disciplinary action, including discharge, will be taken when appropriate.

- Abuse allegation is reported by anyone to the nursing supervisor on duty at the time.
- The nursing supervisor reports immediately to the Administrator/designee. If on a weekend, after hours or a holiday, Administrator will be called on cell phone.
- The Administrator/designee will immediately contact Community Based Services (DCBS) and the Cabinet for Health Services' Division of Long Term Care (L & R).
- The Administrator/designee will conduct a thorough investigation through chart review, interviews of staff, families, physicians, as appropriate.
- During the investigation the resident safety is maintained.
- If there is an allegation against an employee the employee will immediately be placed on suspension during investigation. The Administrator/designee will report findings of the investigation to the Division of Long Term Care within five (5) days of the report.

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- Upon receiving reports of physical or sexual abuse the licensed nurse shall be assigned to immediately examine the resident. Findings of the examination must be recorded in the nurses notes of the resident's medical record and on the Report of Alleged Abuse Violation Form. (Note: If sexual abuse is suspected or alleged, DO NOT bathe the resident or wash the resident's clothing or linen. Call the police immediately.)

VI. Protection

A. During the investigation any individuals suspected of resident abuse, neglect or misappropriation of funds will be immediately escorted from the building. Employees will be removed from the schedule until the investigation is completed and appropriate action taken.

VII. Reporting and Response

A. Any report of alleged abuse or neglect and injuries of unknown origin or misappropriation of resident property will be reported to Community Based Services and Licensing and Regulation, immediately as described in Section V herein. Appropriate corrective, remedial or disciplinary action will be taken in response to findings resulting from the investigation in accordance with applicable local, state and federal laws.

Policies and procedures will be modified when necessary to prevent further occurrences.

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