

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

PRINTED 01/17/2012
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2011
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NAME OF PROVIDER OR SUPPLIER DOVER MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 112 DOVER DRIVE GEORGETOWN, KY 40324
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(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 F 226 SS=D	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey was initiated on 12/29/11 and concluded on 12/30/11 investigating ARO#KY00017515. ARO#KY00017515 was substantiated with related deficiencies cited. The highest scope and severity was a "D".</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility's policy, it was determined the facility failed to implement operational policies and procedures for identification, investigating, and reporting abuse for one (1) of three (3) sampled residents, Resident #1. The facility failed to identify a bruise on Resident #1's left hand as an injury of unknown origin and failed to report the injury to the appropriate state agencies.</p> <p>The findings include: Record Review of the facility's Abuse Policy, titled Abuse Prevention Policy and Procedure, undated, revealed residents will be observed for signs of physical abuse, examples include non-explained injuries. All allegations of abuse will be investigated and reports to Regulatory agencies will be made within twenty four (24) hours after the allegation of abuse.</p>	F 000 F 226	<p>F 226 Resident #1's family notified the facility of the bruise after an outing with the resident on 10/9/11. The facility notified the physician on 10/9/11, and an order for x-ray was obtained and the x-ray was taken on 10/10/11. Results were negative for fractures.</p> <p>The facility completed an incident report on 10/9/11, reported incident to CQI committee where it was reviewed in their weekly meetings.</p> <p>No treatment was necessary for the bruise.</p> <p>All residents in the facility were assessed for injuries of unknown origin, by DON, Jamie Pierce, LPN, Devon Cowan, LPN, and Sue Hilliard, LPN on January 3, 2012. A complete assessment was conducted on each resident, and no unknown injuries were found.</p> <p>A Policy and Procedure has been incorporated into our Abuse Prevention Policy and Procedure. Abuse in-services with all personnel responsible for reporting abuse-related incidents were held on 1/2/2012, and 1/12/2012. CQI Committee will review reports on a weekly basis, and will monitor for compliance weekly.</p> <p>F 226 Completed 1/12/2011</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michael J. Allen</i>	TITLE Administrator	DATE 1/12/12
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A 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 226	<p>Continued From page 1</p> <p>Record Review revealed the facility admitted Resident #1 on 09/08/11 with diagnosis which included Depression, Anxiety and Chronic Pain. Record review of the Admission Minimum Data Set (MDS) Assessment, dated 09/20/11, revealed the facility assessed Resident #1 as being cognitively intact.</p> <p>Interview with Resident #1's daughter, on 12/29/11 at 9:00 AM, revealed on 10/09/11 she observed a bruise on the resident's left hand and when she asked staff at the facility how the injury occurred, the staff were unable to tell her and stated they were unaware of the bruise.</p> <p>Record review of Resident #1's Skin Assessment, dated 10/06/11, revealed no evidence the facility had identified bruising to the left hand.</p> <p>Record review of the Incident Report, dated 10/09/11, revealed when Resident #1 returned to the facility after being out with his/her daughter, the daughter reported the back of the resident's left hand was bruised. Further review revealed when the resident was interviewed, he/she was unable to recall how the injury occurred and did not remember hitting his/her hand.</p> <p>Interview with the Social Service Director, on 12/30/11 at 5:45 PM, revealed she did not investigate the bruise to Resident #1's left hand as an injury of unknown origin and did not report the injury to the Regulatory agencies. She further stated per the facility's Abuse Policy she should have filled out an Unusual Occurrence Report, started an investigation, and reported the injury of unknown origin to the Regulatory agencies.</p>	F 226		

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F 226	Continued From page 2 Interview with the Director of Nursing (DON), on 12/29/11 at 6:45 PM, revealed the facility had not identified or investigated the bruise to Resident #1's left hand as an injury of unknown origin. She further stated they should have identified the bruise as an injury of unknown origin, started an investigation, and reported to the Regulatory agencies.	F 226		

Dover Manor, Inc.

Abuse Prevention Policy and Procedure

Policy: It shall be the policy of Dover Manor, Inc. to ensure that each resident is free of any type of abuse, neglect, or misappropriation of resident property while a resident is in this facility. **Each resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.** Any allegation of resident abuse shall require appropriate intervention to identify the event, investigate the allegation, protect all parties involved, report to the proper parties and agencies, and prevent further occurrence of abuse.

Definitions:

- **Abuse** means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical or mental harm or pain. This also includes the deprivation by an individual of goods or services that are necessary to attain or maintain physical, and psychosocial well-being.
- **Verbal Abuse** is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.
- **Sexual Abuse** includes, but is not limited to, sexual harassment, sexual coercion, and sexual assault.
- **Physical Abuse** includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.
- **Mental Abuse** includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation.
- **Involuntary Seclusion** is identified as separation of a resident from other residents or from his/her room; or confinement to his/her room (with or without roommates) against the resident's will, or the will of the resident's legal representative. **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 the resident's Physician can provide an appropriate plan of care to meet the resident's needs.
- **Neglect** is defined as failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness.
- **Misappropriation of Resident Property** means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.
- **Injuries of Unknown Origin** shall be investigated and reported as potential abuse in accordance with this policy if cause of the injury cannot be determined with certainty.

The facility shall utilize the **Seven Components** of abuse prevention:

- 1) **Screening:** of potential new hires. The facility shall conduct thorough potential employee background investigations to determine if that individual has ever been found guilty of abuse. These include obtaining information from the Abuse Registry and obtaining criminal records for all individuals.
- 2) **Training:** of employees. Through orientation and annual in-services the facility shall provide all employees with information regarding abuse and related reporting requirements, including prevention, detection and intervention.
- 3) **Prevention:** of abuse, neglect, and misappropriation of property. The facility will have the capacity to prevent the occurrence of abuse and will review specific incidents for historical "lessons learned," which form a feedback loop for necessary policy changes.
- 4) **Identification:** of incidents and allegations. The facility shall take a proactive approach to identify events and occurrences of all allegations of abuse, neglect, or mistreatment of a resident or the misappropriation of resident property.
- 5) **Investigation:** of incidents and allegations. The facility will ensure an objective investigation of all allegations of abuse, neglect, or mistreatment or misappropriation of resident property in a timely and thorough manner.
- 6) **Protection:** of all parties involved during the investigation. The facility shall protect the resident during the investigation of all allegations. The facility will make every effort to protect any witness or other parties involved in the investigation process until the investigation is complete.
- 7) **Reporting:** of incidents, investigations, and facility response/findings. The facility shall ensure that State Statute #209.030 is followed. The facility, having reasonable cause to suspect that a resident has suffered abuse, neglect, mistreatment, or misappropriation of their property, will report, either orally or in writing, immediately to the Office of The Inspector General, Adult Protective Services, the Kentucky Long Term Care Ombudsman, and any other authorized agency necessary to assure appropriate corrective, remedial, or disciplinary action occurs in accordance with local, State, and Federal law.

Injuries of Unknown Origin: Shall be investigated and reported as potential abuse in accordance with this policy if the cause of the injury cannot be determined with certainty.

Procedure:

- 1) Upon admission, a copy of the Resident Rights will be included in each admission packet for the resident and/or their responsible party to review. Reviews of these rights will be at least annually. These reviews will also include how to report allegations of abuse, neglect, mistreatment, or misappropriation of property.
- 2) Screening. Three methods of screening will be utilized to ensure the facility does not employ individuals with a history of substantiated abuse allegations. All new hires will have a criminal records check through the State police record check services, verification of Abuse Registry status, and reference checks of past employers or personal references.
- 3) All new employees will attend facility orientation which will provide information

regarding abuse policy and procedures. All staff will receive on-going training through in-house in-services on an annual basis.

- 4) Prevention of abuse will be prioritized and accomplished through a combination of employee and family education (providing copies of Resident Rights and the Abuse Prevention Plan) and visual inspection to determine that resident needs are met. All employees will be educated to look for signs and symptoms of abuse and neglect and reporting requirements. Any employee accused of abuse will not be allowed to work during the investigation.
- 5) Residents will be observed for signs of physical and verbal abuse and neglect. Some examples include, but are not limited to the following: non-explained injuries, expressions of fearfulness, crying, and behavior inconsistent with their usual behavior.
- 6) The facility will utilize the investigation materials accompanying this Policy and Procedure, including nursing notes, the initial report, statement forms, in-house investigation results, verification forms, and all other forms of documentation pertinent to the investigation to come to an impartial conclusion of fact.
- 7) Residents will be protected from any harm during an investigation of alleged abuse. Any employee accused of abuse will be immediately suspended without pay until the investigation is complete. All statements of involved parties will be made in confidence, without fear of reprisal.
- 8) All allegations of abuse must be reported immediately. All employees are to report suspected incidents of abuse to the Charge Nurse or one of the following:

Administrator

Social Service Director

DON

Reports **MUST** be made immediately. Dover Manor is responsible for making reports to Regulatory agencies within 24 hours after an allegation of abuse, and the results of their investigation within 5 days of the alleged occurrence.

Adopted 1/12/2012