

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



PRINTED: 10/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/29/2014
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NAME OF PROVIDER OR SUPPLIER  EDMONSON CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210
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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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p><b>**Amended**</b></p> <p>An Abbreviated Survey investigating complaint #KY22065 and a Partial Extended Survey was conducted on 08/11/14 through 08/29/14. Complaint #KY22065 was substantiated with deficiencies cited.</p> <p>Licensed Practical Nurse (LPN) #1, Registered Nurse (RN) #1, and State Registered Nurse Aide (SRNA) #1, were alleged to have abused and mistreated Residents #1, #2, #4, #5, #6, #7, #8, #9, and #10 and unsampled Residents A and B. The alleged abusers all worked on second (2nd) shift together. The allegations of abuse included verbal, physical and mental abuse. Staff was aware of the alleged abuse but failed to report the allegations to the Administrator.</p> <p>Immediate Jeopardy (IJ) was identified in the areas of 483.13 Resident Behavior and Facility Practice at F223, F225, and F226; 483.15 Quality of Life at F241; and, 483.20 Resident Assessment at F282 and 483/75 Administration at F490 at a Scope and Severity of an "L". Substandard Quality of Care was identified at 483.13 Resident Behavior and Facility Practice and 483.15 Quality of Life. Immediate Jeopardy was identified on 08/14/14 and was determined to exist on 08/02/14. The facility was notified of the Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a "F" while the facility develops and implements the Plan of Correction (PoC);</p>	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Edmonson Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts and conclusions that form the basis for the deficiency."</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carolyn Younce TITLE: Administrator (X6) DATE: 10/30/14 09/30/2014

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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NAME OF PROVIDER OR SUPPLIER  EDMONSON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210		
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F 000	Continued From page 1 and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.	F 000	1.) The allegation of abuse regarding Resident #4 and #5 was reported to the Administrator on 8/2/14 by the Director of Marketing from an anonymous source. Initial report to Office of Inspector General and Police Department was completed by Administrator on 08/03/2014.		
F 223 SS=L	483.13(b), 483.13(c)(1)(I) FREE FROM ABUSE/INVOLUNTARY SECLUSION  The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.  The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure and the facility's investigation, it was determined the facility failed to ensure nine (9) of ten (10) sampled residents (Resident #1, #2, #4, #5, #6, #7, #8, #9 and #10) and two (2) unsampled residents (Unsampled Resident A and B) were free from abuse. The facility failed to have an effective system in place to ensure residents were free from abusive treatment by staff; and, failed to ensure staff reported the observed mistreatment of residents immediately.  Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1, and Registered Nurse (RN) #1 were alleged to have abused Resident #1, Resident #2, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9 and Resident #10. In addition, it was alleged RN #1 and SRNA #1 also abused Unsampled Resident A and Resident B. The	F 223	Residents' #6 and #7 allegation of abuse was reported to the Administrator on 08/03/2014 by a Licensed Practical Nurse and a Registered Nurse. Initial report to the Office of Inspector General was completed on 08/04/2014 by the Administrator.  Resident's #1, #2, #8, #9 and #10 allegation of abuse was reported to the Administrator on 08/05/2014 by Director of Social Services, Licensed Practical Nurse and Certified Nursing Assistant. Initial report to the Office of Inspector General was completed on 08/06/2014 by the administrator.  The Office of Inspector General identified allegations of abuse regarding un-sampled Residents A and B during their investigation.  Resident A has a BIMS score of 12 and is interviewable. He/she was interviewed on 08/03/2014 by		

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F 223	Continued From page 2 allegations revealed the abuse occurred on the second shift but the facility was unable to determine specific dates. The allegations of abuse included verbal, physical and mental abuse. Although LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 witnessed LPN #1, RN #1, and SRNA #1 exhibit abusive behaviors toward the residents, there was no evidence staff intervened to protect the residents. Abusive behaviors witnessed by LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 included pinching the resident's breasts and noses; telling resident(s) to shut his/her mouth; dropping one (1) resident to the bed from face height; putting soap in a resident's mouth; video taping telling a resident to cluck like a chicken, placing a resident on a bare mattress and covering him/her with a fitted sheet; putting gloved fingers in a resident's mouth to aggravate the resident; jumping up and down on a resident's bed and pretending to vomit in his/her ear; slapping a resident; videotaping of residents being made to cluck like a chicken; and pouring bath water with ice cubes on one (1) resident during a bath leaving the resident cold and totally exposed. Interviews with the above listed staff members revealed the allegations of abuse were not reported to the Administrative Staff due to LPN #1 threatening if anyone told on him he would make their lives "a living hell" and he was untouchable.  The facility's failure to ensure residents were free from abuse has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 08/14/14 and determined to exist on 08/02/14. The facility was notified of the Immediate	F 223	concerns. Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.  Resident B has a BIMS score of 3, being non-interviewable. Skin assessment completed on 08/03/2014 with no concerns. Interviews with staff and residents on 08/03/14 revealed no allegations regarding Resident B. Resident B have had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.  Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1 & Registered Nurse (RN) #1 was not working and not scheduled to work on 8/2/14. Staff at the center was instructed by the Administrator not to call anyone in to work without administrator notification. These three (3) employees were suspended on 8/3/14 by the Administrator and Nurse Practice Educator. LPN #1 was terminated on 08/14/2014, and SRNA #1 along with RN #1 was	

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F 223	<p>Continued From page 3</p> <p>Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a "F" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure, titled "Abuse Prohibition", dated 07/01/13, revealed the facility would prohibit abuse, mistreatment, neglect, involuntary seclusion, and misappropriation of property for all residents through the following: Screening of potential hires; Training of employees (both new employees and ongoing training for all employees); Prevention of occurrences; Identification of possible incidents or allegations which need investigation; Investigation of incidents and allegations; Protection of residents during investigations; and, Reporting of incidents, investigations, and the Center's response to the results of their investigations. The Administrator, or designee, was responsible for operationalizing policies and procedures that prohibit and would protect residents from further harm during an investigation and provide the resident with a safe environment by identifying persons with whom he/she feels safe and conditions that he/she would feel safe.</p> <p>Interview with the Marketing/Admission Director, on 08/12/14 at 2:03 PM, revealed he got a call from an anonymous employee who told him he needed to come to the facility and speak with</p>	F 223	<p>terminated on 09/03/2014 by the Administrator.</p> <p>On August 12, 2014 employees identified to have failed to report alleged abuse timely, SRNA #2, LPN#8, LPN #5, and SRNA #5 were counseled by the Administrator. LPN #2 and SRNA #4 quit without notice prior to investigation being complete.</p> <p>Residents #4 and #5 were assessed by the Director of Nursing, Assistant Director of Nursing or a Licensed Practical nurse on 08/03/2014. Neither of these residents was found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p> <p>Residents #4 and #5 were independently re-assessed again by a Licensed Practical nurse and the Social Services Director on 08/03/2014 with no concerns identified.</p> <p>Residents #1, #2, #6, #7, #8 and #9 were also assessed by a Registered Nurse or a Licensed Practical nurse on 8/3/2014. None of these residents were found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p>		

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F 223	<p>Continued From page 4</p> <p>LPN #2. He stated he immediately called the Administrator and she asked him to initiate the investigation because she was an hour away. He stated he went to the facility and spoke with LPN #2 and was told about the alleged abuse by LPN #1 and SRNA #1. He stated part of the alleged abuse was supposed to have been recorded on SRNA #1's phone. Further interview revealed the Administrator arrived at the facility and took over the investigation. He stated the anonymous employee told him they did not call the Administrator as they did not want their voice recognized by her. Further interview with the Marketing/Admission Director revealed he was not given a reason why the anonymous employee did not want to speak with the Administrator.</p> <p>1. Record review revealed the facility admitted Resident #1 on 04/16/07 with diagnoses which included Convulsions, Contractures of joints, Depression, and Hypertension. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 06/29/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview Mental Status (BIMS) score of nine (9) indicating the resident was interviewable. SRNA #9 alleged LPN #1 would make Resident #1 go to bed at approximately 6:00 PM every night; would deny the resident the use of his/her computer, as well as tell the resident to shut his/her mouth when he/she asked for the computer. Additionally, she revealed she was unsure why LPN #1 was the way he was with Resident #1.</p> <p>Interview with SRNA #9, on 08/15/14 at 11:10 AM, revealed LPN #1 would tell her and the other aides to place Resident #1 outside his/her room door after dinner and put him/her to bed at 6:00</p>	F 223	<p>Resident #10 no longer resides in facility prior to 08/02/2014.</p> <p>Resident A has a BIM score of twelve (12). He/she was interviewed on 08/03/2014 to determine if the resident has experienced or witnessed any abuse in the center.</p> <p>No other issues were identified by this resident.</p> <p>Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Resident B has a BIM score of three (3). He/she had a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and he/she was assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for this resident. Interviews with staff and residents on 08/03/14 revealed no allegations involving this resident. Resident B has had Social Services monitoring</p>		

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F 223	<p>Continued From page 5</p> <p>PM. LPN #1 would not allow the resident to use his/her computer. Additionally, she revealed she heard LPN #1 state, on several occasions, "I hate them all" referring to the residents. She stated she did not report the abuse because Resident #1 was the Administrator's relative and told her things all the time; therefore she was sure the Administrator knew how Resident #1 was being treated by LPN #1.</p> <p>Interview with the Social Service Director (SSD), on 08/14/14 at 9:49 AM, revealed on 08/02/14 the Administrator told her about the allegations of abuse and asked her to begin the investigation by conducting interviews along with the Admissions/Marketing Director. She revealed she interviewed Resident #1 and was told he/she did not like LPN #1 because he told him/her to shut up and would not let him/her use his/her computer. She stated she knew Resident #1 was telling the truth because he/she would begin to shake as if he/she was in fear and would state "he will be here tonight" and tears would come to his/her eyes.</p> <p>Interview with the Administrator, on 08/15/14 at 10:55 AM, revealed she had spoken with LPN #1 regarding making Resident #1 go to bed at 6:00 PM every night and thought she and LPN #1 had come to an agreement about Resident #1's schedule. Resident #1 was to be placed in bed at 8:00 PM on school nights and would be allowed to remain up until 8:30 or 9:00 PM on non-school nights. She revealed she explained to LPN #1 that Resident #1 liked to have access to his/her computer. Additionally, she revealed she was unaware of LPN #1 not complying with her wishes related to Resident #1's schedule. An interview was conducted with the Administrator rather than</p>	F 223	<p>with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Audits were completed on 8/14/14 and 8/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</p> <p>2) Census on August 3, 2014 was seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7), by the Director of Social Services or the Admission Director, beginning on 08/03/2014 and completing on 08/05/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by these residents.</p> <p>Census on August 3, 2014 was Seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7). Forty two (42) residents with a BIMS score less than twelve (12) received a head to toe skin assessment by the Director of Nursing, Assistant Director of</p>		

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F 223	<p>Continued From page 6</p> <p>Resident #1 as the resident was not reliable in giving accurate information.</p> <p>2. Record review revealed the facility admitted Resident #2 on 09/16/10 with diagnoses which included Alzheimer's Disease, Paranoid Schizophrenia, Anxiety, Dysphagia, Obsessive Compulsive Disorder, Psychosis, and Depression. Review of the Quarterly MDS Assessment, dated 05/12/14, revealed the facility assessed Resident #2's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable. SRNA #3 alleged LPN #1 scooped Resident #2 off of the commode after he/she refused to go to bed and carried the resident to the bed, held him/her like a baby, and dropped him/her on the bed (naked). LPN #1 fell on the bed and the resident landed on top of him. LPN #1 then told the SRNAs in the room to "get this Bitch off of me".</p> <p>Interview with SRNA #3, on 08/13/14 at 12:00 PM revealed she witnessed SRNA #1 and SRNA #8 with Resident #2. The resident was on the commode and was resisting care not wanting to go to bed. She stated the SRNAs called LPN #1 to assist with Resident #2; the LPN scooped Resident #2 off the commode, pinched his/her breasts, walked to the bed and dropped the resident from face height down onto the bed with the resident completely naked. She stated the LPN fell to the bed with the resident landing on top of him. SRNA #3 stated LPN #1 then told SRNA #1 and SRNA #8 to "Get this Bitch off of me". She stated the LPN proceeded to tell Resident #2 he/she was going to bed and if he/she didn't he was going to call his/her son and he/she (the resident) would not like how he talked to him. Further interview with SRNA #3 revealed</p>	F 223	<p>Nursing or Licensed Practical nurse and were assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for these residents.</p> <p>Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, Medical Records Director, Director of Social Services and Director of Admissions interviewed 100% of facility and contract staff to identify any additional abuse allegations beginning on 08/03/2014 through 08/06/2014. All concerns identified were reported to appropriate agencies.</p> <p>3) The Director of Nurses and Administrator were re-educated 8/3/14 by the Regional Vice President of Operations regarding Abuse Policy and reporting requirements.</p> <p>Nurse Practice Educator, Administrator, Administrative Assistant, Director of Marketing &amp; Admissions, Social Services Director, Therapy Program manager, Environmental Services Supervisor, Nutritional Services Director, Registered Nurse or</p>		

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F 223	<p>Continued From page 7</p> <p>she resigned because she could not work in that type of environment. SRNA #3 revealed she did not report the allegations of abuse to the Administrator because she told the Charge Nurse on duty and expected her to follow up with the Administrator.</p> <p>Interview with LPN #2, Charge Nurse, on 08/13/14 at 11:11 AM, revealed after SRNA #3 reported the abuse to her, she did not report the alleged abuse to Administration because she felt nothing would be done about it. LPN #2 stated LPN #1 threatened the staff with making their lives a "living hell" if they told on him, therefore the abuse went unreported.</p> <p>3. Record review revealed the facility admitted Resident #4 on 11/11/10 with diagnoses which included Cervical Spondylosis without Myelopathy, Anxiety and Depression. Review of the Annual MDS Assessment, dated 05/25/14, revealed the facility assessed Resident #4's cognition as severely impaired with a BIMS' score of six (6) indicating the resident was not interviewable. LPN #2 alleged SRNA #1 and LPN #1 pinched Resident #4's nose and breasts. She also alleges that this was recorded on SRNA #1's cell phone.</p> <p>Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she witnessed LPN #1 and SRNA #1 pinching Resident #4's breasts. LPN #2 also revealed she had witnessed videos on the phones of LPN #1 and SRNA #1 telling Resident #4 to cluck like a chicken. LPN #2 stated LPN #1 threatened the staff with making their lives a "living hell" if they told on him, therefore the abuse went unreported.</p>	F 223	<p>Licensed Practical Nurse has provided 100% re-education beginning on 08/03/2014 and ending on 08/06/2014. This re-education included all center &amp; contract employees regarding an effective system that ensures each resident remains free of abuse:</p> <ul style="list-style-type: none"> <li>• Center Abuse Policy including need to protect the resident from potential risk at the time and during the investigation.</li> <li>• Reporting requirements including immediate reporting to the Administrator and appropriate state agencies.</li> <li>• Promise of confidentiality and no fear of retribution.</li> <li>• Employee competency assured using the Abuse Prevention post-test.</li> <li>• Post-test reviewed and validated by the Nurse Practice educator by 08/06/2014.</li> <li>• HIPAA Privacy law</li> <li>• The prohibition of cell phone usage in resident care areas, including video or photographs of residents.</li> </ul> <p>As of 08/06/2014 date, only nine (9) of one hundred six (106) employees were not available for immediate</p>		

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F 223	<p>Continued From page 8</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed RN #1 putting her gloved fingers in Resident #4's mouth; LPN #1 and SRNA #1 pinch Resident #4's breasts. Further interview revealed SRNA #4 felt threatened by LPN #1 as LPN #1 would tell staff that he and SRNA #1 were untouchable and if anyone told on them they would make their lives a "living hell"; therefore, the abuse went unreported.</p> <p>4. Record review revealed the facility admitted Resident #5 on 08/04/09 with diagnoses which included Dementia, Delusional Disorder, Anxiety, Psychosis, Depression, Diabetes Mellitus Type II and Peripheral Vascular Disease. Review of the Annual MDS Assessment, dated 07/08/13, revealed the facility assessed Resident #5's cognition as severely impaired. An anonymous caller as well as LPN #2 and SRNA #4 alleged LPN #1 and SRNA #1 pinched the resident's nose and breasts; LPN #1 jumped up and down, straddled the resident in bed, then put his mouth at the resident's ear and acted like he was vomiting. LPN #1 threw cold water on the resident as well.</p> <p>Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she also witnessed LPN #1 and SRNA #1 pinching Resident #5's breasts. She stated LPN #1 jumped up and down straddling Resident #5 on the bed and pretended to vomit in the resident's ear to make him/her scream. She also witnessed RN #1 place her gloved fingers in Resident #5's mouth to aggravate him/her. LPN #2 also revealed she had witnessed videos that were made of the alleged abuse of Resident #5. Further interview with LPN #2 revealed SRNA #3 had reported to her that the staff was abusing the</p>	F 223	<p>re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and will be educated face to face prior to returning or beginning work. Employees upon hire or not currently available during this timeframe will have education/ re-education noted above completed prior to returning or beginning work by the Administrator, Nurse Practice Educator, Director of Nurses or the Assistant Director of Nurses.</p> <p>On August 25, 2014 center Administrator was jointly re-educated by Regional Vice President of Operations (via telephone) and Regional Manager of Clinical Operations (in person) regarding the centers Abuse Policy and Procedure to include conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one witness.</p> <p>4) The Center Administrator is responsible for the implementation of and adherence to facility policy and procedures. Center oversight is provided by the Administrator, Director of Nursing Services, Assistant Director of Nursing</p>		

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F 223	<p>Continued From page 9</p> <p>residents and other staff had seen the abuse occurring but they did not report it or intervene because they was intimidated by LPN #1. LPN #2 stated LPN #1 threatened the staff with making their lives a "living hell" if they told on him, therefore the abuse went unreported. LPN #2 stated after SRNA #3 reported the abuse to her, she did not report the alleged abuse to Administration because she felt nothing would be done about it.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed LPN #1 and SRNA #1 pinch Resident #5's breast. She stated she received a video from RN #1's phone that revealed RN #1 putting her gloved fingers in Resident #5's mouth and LPN #1 pinching the resident's breasts. Further interview revealed SRNA #4 felt threatened by LPN #1 as he would tell staff that he and SRNA #1 were untouchable and if anyone told on them they would make their lives a "living hell"; therefore, the abuse went unreported.</p> <p>Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he had witnessed LPN #1 and RN #1 put gloves on and place their fingers in Resident #5's mouth to make him/her mad. He stated the resident would yell "quit it, stop, stop." Additionally, he revealed, on 08/12/14 at 10:53 AM, he witnessed SRNA #1 and LPN #1 refuse to take Resident #6 to his/her room and when he asked why the resident could not go to his/her room he was told by LPN #1 that Resident #6 was only asking to be a "pain in the ass". Additionally, he revealed another SRNA took the resident to his/her room and the resident was satisfied because that was all he/she wanted. He stated he should have reported the verbal abuse</p>	F 223	<p>Services and the Charge Nurses on a daily basis.</p> <p>Beginning on August 2, 2014, upon notification of an alleged abuse / neglect the administrator will notify Regional Vice President of Operations, the Regional Manager of Clinical Operations or the Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This will occur for every allegation for three (3) months.</p> <p>On 8/3/14, Administrator and Director of Nursing assigned Department Managers and/or nurse supervisors across the three (3) shifts daily (includes Saturday and Sunday) times fourteen ( 14) days to observe staff/resident interaction and to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect will be called to the Administrator or Director of Nursing by the Shift Supervisor for review to determine any action to be taken including staff</p>	

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F 223	<p>Continued From page 10</p> <p>and mistreatment but felt nothing would be done about it because LPN #1 seemed to get away with everything.</p> <p>5. Record review revealed the facility admitted Resident #6 on 03/13/12 with diagnoses which included Manic Depressive (Bipolar Disorder) and Mild Mental Retardation. Review of the Quarterly MDS Assessment, dated 06/01/14, revealed the facility assessed Resident #6's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable. LPN #5 alleged the resident was denied the opportunity to go to his/her room when he/she wanted and LPN #1 called him/her a "pain in the ass" for asking and he/she would wait and be the last one to be put to bed just for asking.</p> <p>6. Record review revealed the facility admitted Resident #7 on 05/10/13 with diagnoses which included Parkinson's, Malnutrition, Depression and Psychotic Disorder. Review of the Quarterly MDS Assessment, dated 06/24/14, revealed the facility assessed Resident #7's cognition as severely impaired with a BIMS score of seven (7) indicating the resident was not interviewable. LPN #8 alleged LPN #1 pinched the resident's nose with a reacher (metal grab assist bar).</p> <p>Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she witnessed LPN #1 using a reacher to pinch Resident #7's nose and when she entered the room LPN #1 stopped and left the room. She revealed she did not report this incident because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it.</p>	F 223	<p>suspension and/or reporting to the state agency if indicated.</p> <p>The audit tool utilized by the Shift Supervisor to observe staff/resident interaction was updated on 8/22/14 to include appropriate language, to monitor staff usage of cell phones, monitoring of staff providing residents privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. Concerns identified will be addressed upon discovery. These audits will be completed across all three (3) shifts for five (5) days per week times thirty (30) days then two (2) days a week across all three (3) shifts six times (6) months then as recommended by the monthly Quality Assurance Performance Improvement Committee.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks and then ten (10) per week for three (3)</p>		

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F 223	<p>Continued From page 11</p> <p>7. Record review revealed the facility admitted Resident #8 on 05/30/07 with diagnoses which included Seizure Disorder, Depression, Glaucoma, Restless Leg Syndrome, and Other Chronic Pain. Review of the Quarterly MDS Assessment, dated 06/28/14, revealed the facility assessed Resident #8 as cognitively intact with a BIMS score of eleven (11) indicating the resident was interviewable. SRNA #10 alleged the resident was afraid of LPN #1 and SRNA #1 calling them "the gang" or the "cult".</p> <p>Interview with Resident #8, on 08/11/14 at 1:05 PM, revealed "Someone" on second (2nd) shift (a nurse) mistreated him/her and it was a man. He/She revealed the nurse said things to him/her (no specifics) and was rough with him/her at times. Resident #8 began to cry during the interview and stated, "I don't want to say anymore because 'he' has a lot of friends and sometimes they come in with him and are mean too." Further interview with Resident #8, on 08/12/14 at 2:35 PM, revealed he/she was afraid to go to bed at night after LPN #1 and the SRNA climbed through the window into his/her room. Additionally, he/she revealed after LPN #1 found out he had been reported he got really nice to him/her and prior to that he did not care how he treated him/her.</p> <p>Interview with Housekeeping Aide #3, on 08/13/14 at 2:30 PM, revealed Resident #8 told her she would be surprised at what went on at the facility on second (2nd) shift. Additionally, she revealed she had witnessed staff using cell phones for talking and texting in resident care areas. She revealed she had not witnessed any abuse and would report it immediately to her supervisor, the charge nurse, and the Administrator.</p>	F 223	<p>months than five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately, and that allegations or statements are kept confidential with no fear of retribution for reporting. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and ten (10) per week for three (3) months than five (5) per week for three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Social Services</p>		

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F 223	<p>Continued From page 12</p> <p>8. Record review revealed the facility admitted Resident #9 on 04/19/10 with diagnoses which included Non-Alzheimer's Dementia, Parkinson's Disease, Depression, Adult Failure to Thrive, Pain, and Insomnia. Review of the Quarterly MDS Assessment, dated 07/01/14, revealed the facility assessed Resident #9's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable. An anonymous caller alleged SRNA #1 put soap in the resident's mouth.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed SRNA #1 putting soap in Resident #9's mouth. She revealed she did not report the abuse because LPN #1 told other staff members that he and SRNA #1 were untouchable and if anyone told on them their lives would be a living hell.</p> <p>9. Record review revealed the facility admitted Resident #10 on 11/07/08 with diagnoses which included Unspecified Psychosis, Alzheimer's Disease, Depression, Anxiety, Episodic Mood Disorder, Osteoarthritis, and Adult Failure to Thrive. Review of the Quarterly MDS Assessment, dated 03/14/14, revealed the facility assessed Resident #10's cognition as severely impaired with a BIMS score of three (3) which indicated the resident was not interviewable. Resident #10 expired in the facility on 05/19/14. SRNA #4 alleged LPN #1 placed the resident on a bare mattress and placed a fitted sheet on top of him/her.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed LPN #1 placing a fitted sheet on top of Resident #10 while he/she</p>	F 223	<p>Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score of less than eight (8), and review of five (5) skin assessments weekly for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Social Services Director, Director of Nursing or Assistant Director of Nursing will complete psychosocial assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents per week for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance</p>		

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F 223	<p>Continued From page 13</p> <p>lay on a bare mattress. She revealed she did not report the abuse because LPN #1 had told staff that he and SRNA #1 were untouchable and he would make life a living hell for anyone who told on him.</p> <p>10. Record review revealed the facility admitted Unsampld Resident A on 02/18/13 with diagnoses which included Senille Dementia, Unspecified Psychosis, Anxiety, Impulse Control Disorder, Diabetes Mellitus and Depression. Review of the Quarterly MDS Assessment, dated 07/13/14, revealed the facility assessed Unsampld Resident A as cognitively intact with a BIMS score of twelve (12) indicating the resident was interviewable. SRNA #14 alleged RN #1 and SRNA #1 laid on the resident's bed and kissed him/her on the neck against the resident's will on more than one (1) occasion.</p> <p>Interview with Unsampld Resident A, on 08/13/14 at 9:58 AM, revealed RN #1 and SRNA #1 laid on the bed with him/her and kissed his/her neck and he/she asked them to stop. Unsampld Resident A revealed RN #1 and SRNA #1 started laughing and fell on his/her bed and began to kiss his/her neck. He/She stated when he/she asked them to stop, they continued to laugh at him/her and this had occurred two (2) or three (3) times in the past but he/she had never reported it to anyone.</p> <p>11. Record review revealed the facility admitted Unsampld Resident B on 10/08/11 with diagnoses which included Generalized pain, Dementia, Alzheimer's, Anxiety, and BIpolar Disorder. Review of the Quarterly MDS Assessment, dated 06/21/14, revealed the facility assessed Unsampld Resident B's cognition as</p>	F 223	<p>Improvement Committee monthly for further recommendations.</p> <p>Administrator, Director of Nursing, Registered Nurse or Licensed Practical Charge nurses supervisors will review grievances, complaints and allegations daily (includes Saturday and Sunday) times fourteen (14) days then at least five (5) days per week times thirty (30) days then as determined by the monthly Quality Assurance Performance Improvement Committee to determine that abuse allegations are reported timely., resident is protected from further potential abuse as per the Abuse Policy and that investigations are thoroughly completed. Concerns identified will be addressed upon discovery.</p> <p>The QA committee consists of at least: Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director and the Medical Director.</p> <p><b>Correction Date:</b></p>	09/12/14

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F 223	<p>Continued From page 14</p> <p>severely impaired with a BIMS score of three (3) indicating the resident was not interviewable. SRNA #3 alleged the resident received a cold bed bath by SRNA #1 and SRNA #8 and was told to shut the "F__ k up" and they did not "have all night to get the bath done" by SRNA #1 when the resident said he/she was cold. She revealed she reported the abuse to LPN #2 who was the Charge Nurse on duty at the time of the alleged incident. Interview with SRNA #3, on 08/13/14 at 12:00 PM, revealed she was asked by SRNA #1 to stand by and watch SRNA #1 give Resident B a bath because she was in orientation. She revealed she was shocked by what she had witnessed by SRNA #1 as she (SRNA #1) had poured water on the resident's head and then the rest of his/her body, leaving him/her exposed and cold, did not rinse the soap from the resident's body nor wash the resident's backside, rolled the resident over, dried the mattress, placed an adult protective device on the resident, and left him/her shaking and cold. SRNA #3 revealed she was told by SRNA #1 that she could do a bath her way after she was trained because SRNA #3 was apologizing to Resident B for the SRNA's actions.</p> <p>Interview with Housekeeping Aide #1, on 08/13/14 at 3:10 PM, revealed she entered a resident's room and the resident was nude sitting on the commode, crying because SRNA #1 was mad at her/him because she felt the resident had an incontinent episode on purpose. She revealed she never witnessed any abuse to the resident by SRNA #1 or anyone else. She stated she was in and out of resident's rooms so often they tell her things because she will listen to them.</p> <p>Interview with RN #2, on 08/13/14 at 2:00 PM, revealed she had witnessed LPN #1 being short</p>	F 223		

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F 223	<p>Continued From page 15</p> <p>tempered with some residents. An example given was LPN #1 would harshly tell one resident to "go sit down". RN #1 stated LPN #1 had "no patience" with another resident and she didn't report LPN #1's behavior because she didn't feel anything would be done about it.</p> <p>Interview with the Director of Nursing (DON), on 08/14/14 at 4:05 PM, revealed she had never witnessed any type of abuse conducted by SRNA #1, RN #1, or LPN #1, nor had any staff or resident ever complained of abuse to her.</p> <p>Interview with the Administrator, on 08/14/14 at 10:55 AM, revealed as part of the investigation, she looked through LPN #1, SRNA #1, and RN #1's phones and did not find any videos or pictures of the alleged abuse. She stated the Kentucky State Police and the local Sheriff were working together to retrieve any videos or pictures if there were any. Additionally, she revealed she suspended the three (3) suspected employees on 08/03/14 pending an investigation into the allegations of abuse; however, SRNA #1 and RN #1 were able to return to work on 08/14/14 because there was no apparent proof to substantiate the allegations of abuse. LPN #1 was later terminated from employment on 08/14/14 related to violating Resident #1's right, as the resident was denied access to his/her personal property (computer). The Administrator stated no disciplinary action was taken with the employees who failed to report the witnessed abuse but all staff were reeducated on the facility's abuse policy and procedure which included reporting.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p>	F 223			

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F 223	Continued From page 16  1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1.  2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.  3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted.  4. Unsampled Resident A, Unsampled Resident B, and Unsampled Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified.  5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and followed up on.  6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified.	F 223			

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F 223	Continued From page 17  7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements.  8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all Center and contract employees regarding effective systems that ensures each resident remains free of abuse: Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation, Reporting requirements including immediate reporting to the Administrator and appropriate state agencies, Promise of confidentiality and no fear of retribution, Employee competency assured using the Abuse Prevention Post-test, the Post-test reviewed and validated by the Nurse Practice Educator by 08/06/14. HIPPA Privacy Law, and the prohibition of cell phone usage in resident care areas, including video or photographs of residents.  As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work.  Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14.	F 223			

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F 223	<p>Continued From page 18</p> <p>Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14.</p> <p>Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy &amp; Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness.</p> <p>9. The Administrator's Job Description last revised 08/01/12 Included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning 08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be</p>	F 223		

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F 223	<p>Continued From page 19</p> <p>provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months.</p> <p>10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations were reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated.</p> <p>11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week</p>	F 223			

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F 223	<p>Continued From page 20</p> <p>times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting.</p> <p>13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately.</p> <p>14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse.</p> <p>15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse.</p> <p>16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse</p>	F 223			

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F 223	<p>Continued From page 21</p> <p>Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee.</p> <p>17. Posters were placed throughout the facility and break room on 08/22/14 which included "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values".</p> <p>18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed.</p> <p>19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations.</p> <p>**The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows:</p> <ol style="list-style-type: none"> <li>1. LPN #1 was terminated on 08/14/14, and RN #1 and SRNA #1 remained suspended.</li> <li>2. Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</li> </ol>	F 223			

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F 223	<p>Continued From page 22</p> <p>3. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified.</p> <p>4. Review of assessments and interviews, dated 08/03/14, revealed Unsampled Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified.</p> <p>5. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified and addressed</p> <p>6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified.</p> <p>7. Review of Education Documentation, dated 08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP).</p>	F 223			

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F 223	<p>Continued From page 23</p> <p>8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all of the Center's and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents.</p> <p>Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care.</p> <p>Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator.</p> <p>Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy &amp; Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness</p>	F 223			

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F 223	Continued From page 24  Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at 2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been inserviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity.  9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on 08/02/14.  10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing.	F 223		

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F 223	Continued From page 25  11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing  12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all allegations or statements are kept confidential with no fear of retribution for reporting. No concerns were identified. PI tools ongoing.  13. Review of resident interviews revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing.  14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and	F 223			

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F 223	Continued From page 26 resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months.  15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing.  16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14.  17. Observation revealed posters for "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values" were on the walls throughout the facility and in the breakroom.  18. Review of Ad-Hoc meeting minutes dated 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend.  19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held and they reviewed all plans of compliance regarding the outstanding citations.	F 223			
F 225	483.13(c)(1)(ii)-(iii), (c)(2) - (4)	F 225			

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F 225 SS=L	Continued From page 27 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 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.	F 225	1) The allegation of abuse regarding Resident #4 and #5 was reported to the Administrator on 8/2/14 by the Director of Marketing from an anonymous source. Initial report to Office of Inspector General and Police Department was completed by Administrator on 08/03/2014.  Residents' #6 and #7 allegation of abuse was reported to the Administrator on 08/03/2014 by a Licensed Practical Nurse and a Registered Nurse. Initial report to the Office of Inspector General was completed on 08/04/2014 by the Administrator.  Resident's #1, #2, #8, #9 and #10 allegation of abuse was reported to the Administrator on 08/05/2014 by Director of Social Services, Licensed Practical Nurse and Certified Nursing Assistant. Initial report to the Office of Inspector General was completed on 08/06/2014 by the Administrator.  The Office of Inspector General identified allegations of abuse regarding un-sampled Residents A and B during their investigation.	

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F 225	<p>Continued From page 28</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to have an effective system to ensure staff reported observed incidents of abuse/mistreatment for nine (9) of ten (10) sampled residents (Residents #1, #2, #4, #5, #6, #7, #8, #9, and #10) and two (2) of three (3) unsampled residents (Unsampled Residents A and B). (Refer to F223)</p> <p>Licensed Practical Nurse (LPN) #1, Registered Nurse (RN) #1, and State Registered Nurse Aide (SRNA) #1, were alleged to have abused and mistreated Residents #1, #2, #4, #5, #6, #7, #8, #9, and #10. In addition, it was alleged RN #1 and SRNA #1 abused three (3) unsampled residents, (Unsampled Residents A and B). The alleged abusers all worked on second (2nd) shift together and the alleged abuse occurred on the second shift with no particular dates. The allegations of abuse included verbal, physical and mental abuse. Staff was aware of the alleged abuse but failed to report the abuse to the Administrator for fear of retaliation from LPN #1 and the Administrator.</p> <p>The facility's failure to ensure staff reported observed incidents of abuse, neglect, and mistreatment has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 08/14/14 and determined to exist 08/02/14. The facility was notified of Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy</p>	F 225	<p>Resident A has a BIM score of twelve (12). He/she was interviewed on 08/03/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by this resident.</p> <p>Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Resident B has a BIM score of three (3). He/she had a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and he/she was assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for this resident. Interviews with staff and residents on 08/03/14 revealed no allegations involving this resident. Resident B has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA)</p>	

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F 225	<p>Continued From page 29</p> <p>was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a "F" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's Policy and Procedure titled, "Abuse Prohibition", dated 07/01/13, revealed any staff who witnessed an incident of suspected abuse or neglect should tell the abuser to stop immediately and report the incident to his/her supervisor immediately. The notified Supervisor should report the suspected abuse immediately to the Administrator or designee and other officials in accordance with state law.</p> <p>Interviews with LPN #5 and SRNA #4, revealed alleged abuse had been witnessed involving LPN #1, SRNA #1 and RN #1 towards a total of twelve (12) residents. However, the alleged abuse was not reported to the Administrator or designee at the time of the witnessed incidents per the facility's policy and procedure for fear of retaliation from LPN #1 and the Administrator.</p> <p>Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he was aware of staff mistreating and abusing the residents but did not report the abuse because he felt nothing was going to be done about it and if he did report it the person who was reported would know who had reported him/her.</p> <p>Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she did not report the abuse she witnessed LPN #1 doing because she felt intimidated by him and he was allowed to do</p>	F 225	<p>#1 &amp; Registered Nurse (RN) #1 were not working and not scheduled to work on 8/2/14. Staff at the center was instructed by the Administrator not to call anyone in to work without administrator notification. These three (3) employees were suspended on 8/3/14 by the Administrator and Nurse Practice Educator. LPN #1 was terminated on 08/14/2014, and SRNA #1 along with RN #1 was terminated on 09/03/2014 by the Administrator.</p> <p>Residents #4 and #5 were assessed by the Director of Nursing, Assistant Director of Nursing or a Licensed Practical nurse on 08/03/2014. Neither of these residents was found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p> <p>Residents #4 and #5 were independently re-assessed again by a Licensed Practical nurse and the Social Services Director on 08/03/2014 with no concerns identified.</p> <p>Residents #1, #2, #6, #7, #8 and #9 were also assessed by a Registered Nurse or a Licensed Practical nurse on 8/3/2014. None of these residents were found to have s/s of</p>		

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F 225	<p>Continued From page 30</p> <p>anything he wanted. Additionally, she reported LPN #1 told her if she told on him he would make her life a "living hell". LPN #2 further revealed when she had to work with someone who was repeatedly cursing and yelling at the Administrator, then she did not feel comfortable reporting that person (LPN #1) to the Administrator.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she did not report the alleged witnessed abuse by LPN #1 because she felt threatened by LPN #1 because he told staff he and SRNA #1 were untouchable and if they told on them their lives would "be a living hell".</p> <p>Interview with SRNA #9, on 08/15/14 at 11:10 AM, revealed she did not report the abuse because Resident #1 was the Administrator's relative and told her things all the time; therefore she was sure the Administrator knew how Resident #1 was being treated by LPN #1.</p> <p>Interview with SRNA #3, on 08/13/14 at 12:00 PM revealed she did not report the allegations of abuse to the Administrator because she told the Charge Nurse on duty and expected her to follow up with the Administrator.</p> <p>Interview with SRNA #2, on 08/11/14 at 2:50 PM, revealed she did not report the abuse by LPN #1 to anyone because LPN #1 had a history of being verbally abusive with staff, family, and residents. She revealed she had reported him approximately one (1) year ago and he had made life miserable for her ever since. SRNA stated LPN #1 was her supervisor and she would not elaborate on what LPN #1 did to her.</p>	F 225	<p>bruising, tearfulness or other s/s of emotional harm.</p> <p>Resident #10 no longer resides in facility prior to 08/02/2014.</p> <p>Resident A has a BIM score of twelve (12). He/she was interviewed on 08/03/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by this resident.</p> <p>Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Resident B has a BIM score of three (3). He/she had a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and he/she was assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for this resident. Interviews with staff and residents on 08/03/14 revealed no allegations involving this resident. Resident B has had Social Services monitoring</p>		

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F 225	<p>Continued From page 31</p> <p>Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she did not report what she witnessed because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it.</p> <p>Interview with the Administrator, on 08/20/14 at 1:00 PM, revealed there had been no reports of mistreatment or abuse of residents until they received an anonymous call on 08/02/14 alleging abuse and they began questioning staff about the abuse. She stated she knew of no reason why any employee would not come to her or other administrative staff and report abuse. She revealed there was one time the Director of Nursing (DON) counseled LPN #1 and he returned to the floor telling co-workers, (no names), "they didn't do anything to me"; therefore, she felt the staff may feel it would not do them any good to report anything to her. She revealed SRNA #2 told staff she reported LPN #1 about a year ago and since then he had treated her badly. She stated even though she was aware of this she did not take any action to ensure staff would report any witnessed abuse/neglect. The Administrator further revealed she had always encouraged staff to come to her with any issues and if they did she would not reveal the person's name who came to her.</p> <p>Further interview with the Administrator, on 08/20/14 at 1:00 PM, revealed the alleged perpetrators were suspended pending the facility's completion of the investigation. However, the alleged perpetrators were allowed to return to work, while the facility was still in immediate jeopardy, during the survey. Per the</p>	F 225	<p>with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Audits were completed on 8/14/14 and 8/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</p> <p>Licensed Practical Nurse (LPN) #5, LPN #2, State Registered Nurse Aide (SRNA) #4 was re-educated on 08/03/2014 by R.N. Nurse Practice Educator on reporting requirements including immediate reporting to the Administrator and appropriate state agencies.</p> <p>2) Census on August 3, 2014 was seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7), by the Director of Social Services or the Admission Director, beginning on 08/03/2014 and completing on 08/05/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by these residents.</p>		

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F 225	<p>Continued From page 32</p> <p>Administrator, the facility did not substantiate any of the abuse allegations due to the lack of physical evidence of abuse. The Administrator revealed she would not substantiate abuse based on witness statements only. She stated LPN #1 was terminated for failing to follow facility policy and procedures for violating resident rights regarding Resident #1's computer and State Registered Nurse Aide (SRNA) #1 and Registered Nurse (RN) #1 were allowed to return to work on 08/14/14; while the survey was still in progress.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> <li>1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1.</li> <li>2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</li> <li>3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted.</li> </ol>	F 225	<p>Census on August 3, 2014 was Seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7). Forty two (42) residents with a BIMS score less than twelve (12) received a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and were assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for these residents.</p> <p>Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, Medical Records Director, Director of Social Services and Director of Admissions interviewed 100% of facility and contract staff to identify any additional abuse allegations beginning on 08/03/2014 through 08/06/2014. All concerns identified were reported to appropriate agencies.</p> <p>3) The Director of Nurses and Administrator were re-educated 8/3/14 by the Regional Vice President of Operations regarding Abuse Policy and reporting requirements.</p>		

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F 225	Continued From page 33 4. Unsampled Resident A, Unsampled Resident B, and Unsampled Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified.  5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and addressed.  6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified.  7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements.  8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice Educator by 08/06/14. HIPPA Privacy Law. The prohibition of cell phone usage in resident care areas, including video or photographs of	F 225	Nurse Practice Educator, Administrator, Administrative Assistant, Director of Marketing & Admissions, Social Services Director, Therapy Program manager, Environmental Services Supervisor, Nutritional Services Director, Registered Nurse or Licensed  Practical Nurse has provided 100% re-education beginning on 08/03/2014 and ending on 08/06/2014. This re-education included all center & contract employees regarding an effective system that ensures each resident remains free of abuse: <ul style="list-style-type: none"> <li>Center Abuse Policy including need to protect the resident from potential risk at the time and during the investigation.</li> <li>Reporting requirements including immediate reporting to the Administrator and appropriate state agencies.</li> <li>Promise of confidentiality and no fear of retribution.</li> <li>Employee competency assured using the Abuse Prevention post-test.</li> <li>Post-test reviewed and validated by the Nurse Practice educator by 08/06/2014.</li> </ul>		

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F 225	Continued From page 34 residents.  As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work.  Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14.  Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy & Procedure and for conducting a thorough	F 225	<ul style="list-style-type: none"> <li>HIPAA Privacy law</li> <li>The prohibition of cell phone usage in resident care areas, including video or photographs of residents.</li> </ul> <p>LPN #5 was reeducated on 02/05/2014, 05/01/2014 and 08/03/2014 during 2014 &amp; upon hire on 09/25/2013 on Abuse &amp; neglect to include immediately reporting to the Administrator &amp;/or Director of Nursing.</p> <p>LPN #2 was reeducated on 02/05/2014, 05/01/2014 and 08/03/2014 during 2014 &amp; upon hire on 05/21/2013 on Abuse &amp; neglect to include immediately reporting to the Administrator &amp;/or Director of Nursing.</p> <p>SRNA #4 was reeducated on 02/05/2014, 05/01/2014 and 08/03/2014 during 2014 &amp; upon hire on 04/01/2013 on Abuse &amp; neglect to include immediately reporting to the Administrator &amp;/or Director of Nursing.</p> <p>As of 08/06/2014 date, only nine (9) of one hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by</p>	

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F 225	<p>Continued From page 35</p> <p>investigation which has the potential to be substantiated if the event was alleged by only one (1) witness.</p> <p>9. The Administrator's Job Description last revised 08/01/12 included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning 08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months.</p> <p>10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated.</p> <p>11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate</p>	F 225	<p>educated face to face prior to returning or beginning work. Employees upon hire or not currently available during this timeframe will have education/ re-education noted above completed prior to returning or beginning work by the Administrator, Nurse Practice Educator, Director of Nurses or the Assistant Director of Nurses.</p> <p>On August 25, 2014 center Administrator was jointly re-educated by Regional Vice President of Operations (via telephone) and Regional Manager of Clinical Operations (in person) regarding the centers Abuse Policy and Procedure to include conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one witness.</p> <p>4) The Center Administrator is responsible for the implementation of and adherence to facility policy and procedures. Center oversight is provided by the Administrator, Director of Nursing Services, Assistant Director of Nursing Services and the Charge Nurses on a daily basis.</p> <p>Beginning on August 2, 2014, upon</p>		

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F 225	<p>Continued From page 36</p> <p>language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting.</p> <p>13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately.</p> <p>14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview</p>	F 225	<p>notification of an alleged abuse / neglect the administrator will notify Regional Vice President of Operations, the Regional Manager of Clinical Operations or the Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This will occur for every allegation for three (3) months.</p> <p>On 8/3/14, Administrator and Director of Nursing assigned Department Managers and/or nurse supervisors across the three (3) shifts daily (includes Saturday and Sunday) times fourteen (14) days to observe staff/resident interaction and to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect will be called to the Administrator or Director of Nursing by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency if indicated.</p> <p>The audit tool utilized by the Shift Supervisor to observe staff/resident interaction was updated on 8/22/14</p>		

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F 225	<p>Continued From page 37</p> <p>five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse.</p> <p>15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse.</p> <p>16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee.</p> <p>17. Posters were placed throughout the facility and break room on 08/22/14 which included "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values".</p> <p>18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed.</p> <p>19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director</p>	F 225	<p>to include appropriate language, to monitor staff usage of cell phones, monitoring of staff providing residents privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. Concerns identified will be addressed upon discovery. These audits will be completed across all three (3) shifts for five (5) days per week times thirty (30) days then two (2) days a week across all three (3) shifts six times (6) months then as recommended by the monthly Quality Assurance Performance Improvement Committee.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks and then ten (10) per week for three (3) months then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately, and that allegations or statements are kept confidential with no fear of retribution for reporting. Concerns</p>		

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F 225	<p>Continued From page 38</p> <p>was held on 08/19/14 to review all plans of compliance regarding the outstanding citations.</p> <p><b>**The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows:</b></p> <ol style="list-style-type: none"> <li>LPN #1 was terminated, RN #1 and SRNA #1 remained suspended.</li> <li>Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</li> <li>Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified.</li> <li>Review of assessments and interviews, dated 08/03/14, revealed Unsampled Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified.</li> <li>Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental</li> </ol>	F 225	<p>identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and ten (10) per week for three (3) months then five (5) per week for three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score of less than eight (8), and review of five (5) skin assessments weekly for four (4) weeks then two</p>		

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F 225	<p>Continued From page 39</p> <p>Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified followed up on.</p> <p>6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified.</p> <p>7. Review of Education Documentation, dated 08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP).</p> <p>8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all center and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents.</p> <p>Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care.</p> <p>Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not</p>	F 225	<p>(2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Social Services Director, Director of Nursing or Assistant Director of Nursing will complete psychosocial assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents per week for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Director of Nursing, Registered Nurse or Licensed Practical Charge nurses supervisors will review grievances, complaints and allegations daily (includes Saturday and Sunday) times fourteen (14) days then at least five (5) days per week times thirty (30) days then</p>		

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F 225	<p>Continued From page 40</p> <p>available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator.</p> <p>Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy &amp; Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness</p> <p>Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at 2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been inserviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity.</p>	F 225	<p>as determined by the monthly Quality Assurance Performance Improvement Committee to determine that abuse allegations are reported timely,, resident is protected from further potential abuse as per the Abuse Policy and that investigations are thoroughly completed. Concerns identified will be addressed upon discovery.</p> <p>The QA committee consists of at least: Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director and the Medical Director.</p> <p>Completion Date :</p>	09/12/14	

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F 225	<p>Continued From page 41</p> <p>9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on 08/02/14.</p> <p>10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing.</p> <p>11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing</p> <p>12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all allegations or statements are kept confidential with no fear of retribution for reporting. No concerns were identified. PI tools ongoing.</p>	F 225			

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F 225	<p>Continued From page 42</p> <p>13. Review of resident interviews revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing.</p> <p>14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social Service Director, Admission Director, Director of Nursing; Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months.</p> <p>15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing.</p> <p>16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14.</p> <p>17. Observation revealed posters for "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values" were on the walls throughout the facility and in the breakroom.</p>	F 225			

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F 226 SS=L	<p>18. Review of Ad-Hoc meeting minutes dated 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend.</p> <p>19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held and they reviewed all plans of compliance regarding the outstanding citations.</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 the facility's policy and procedure, it was determined the facility failed to have an effective system to ensure the implementation of the facility's Abuse/Neglect policy and procedures for nine (9) of ten (10) sampled residents (Residents #1, #2, #4, #5, #6, #7, #8, #9, and #10) and two (2) of three (3) unsampled residents (Unsampled Residents A and B).</p> <p>Licensed Practical Nurse (LPN) #1, Registered Nurse (RN) #1, and State Registered Nurse Aide</p>	F 226	<p>1) The allegation of abuse regarding Resident #4 and #5 was reported to the Administrator on 8/2/14 by the Director of Marketing from an anonymous source. Initial report to Office of Inspector General and Police Department was completed by Administrator on 08/03/2014.</p> <p>Residents' #6 and #7 allegation of abuse was reported to the Administrator on 08/03/2014 by a Licensed Practical Nurse and a Registered Nurse. Initial report to the Office of Inspector General was</p>		

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F 226	<p>Continued From page 44</p> <p>(SRNA) #1, were alleged to have abused and mistreated Residents #1, #2, #4, #5, #6, #7, #8, #9, and #10 and unsampled Residents A and B. The alleged abusers all worked on second (2nd) shift together. The allegations of abuse included verbal, physical and mental abuse. LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 were aware of the alleged abuse but failed to follow the facility's policy and report the allegations to the Administrator. The above mentioned staff failed to report the alleged abuse due to fear of retaliation from the alleged perpetrators. (Refer to F223 and F225)</p> <p>The facility's failure to implement the facility's Abuse/Neglect policy and procedures to protect residents from abuse has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 08/14/14 and was determined to exist on 08/02/14. The facility was notified of Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a "F" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's Policy and Procedure titled, "Abuse Prohibition", dated 07/01/13, revealed any staff who witnessed an incident of suspected abuse or neglect should tell the abuser to stop immediately and report the incident to</p>	F 226	<p>completed on 08/04/2014 by the Administrator.</p> <p>Resident's #1, #2, #8, #9 and #10 allegation of abuse was reported to the Administrator on 08/05/2014 by Director of Social Services, Licensed Practical Nurse and Certified Nursing Assistant. Initial report to the Office of Inspector General was completed on 08/06/2014 by the Administrator.</p> <p>The Office of Inspector General identified allegations of abuse regarding un-sampled Residents A and B during their investigation.</p> <p>Resident A has a BIM score of twelve (12). He/she was interviewed on 08/03/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by this resident. Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Resident B has a BIM score of three (3). He/she had a head to toe skin assessment by the Director of</p>		

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F 226	<p>Continued From page 45</p> <p>his/her supervisor immediately. The notified Supervisor should report the suspected abuse immediately to the Administrator or designee and other officials in accordance with state law.</p> <p>Interview and record review revealed twelve (12) allegations of alleged abuse towards residents by LPN #1, SRNA #1, and RN #1 were witnessed by staff which included LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4; however, these allegations of abuse were not reported to the Administrator or designee per the facility's policy. The above staff, who witnessed these allegations of abuse, stated they did not report the abuse, as they were afraid of retaliation by the alleged perpetrators.</p> <p>Interview with SRNA #2, on 08/11/14 at 2:50 PM, revealed she did not report the abuse by LPN #1 to anyone because LPN #1 had a history of being verbally abusive with staff, family, and residents. She revealed she had reported him approximately one (1) year ago and he had made life miserable for her ever since. SRNA stated LPN #1 was her supervisor and she would not elaborate on what LPN #1 did to her.</p> <p>Interview with SRNA #3, on 08/13/14 at 12:00 PM revealed she did not report the allegations of abuse to the Administrator because she told the Charge Nurse on duty and expected her to follow up with the Administrator.</p> <p>Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she did not report the alleged witnessed abuse because she felt threatened by LPN #1. Per interview, LPN #1 had told staff he and SRNA #1 were untouchable. Additionally,</p>	F 226	<p>Nursing, Assistant Director of Nursing or Licensed Practical nurse and he/she was assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for this resident. Interviews with staff and residents on 08/03/14 revealed no allegations involving this resident. Resident B has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1 &amp; Registered Nurse (RN) #1 were not working and not scheduled to work on 8/2/14. Staff at the center was instructed by the Administrator not to call anyone in to work without administrator notification. These three (3) employees were suspended on 8/3/14 by the Administrator and Nurse Practice Educator. LPN #1 was terminated on 08/14/2014, and SRNA #1 along with RN #1 was terminated on 09/03/2014 by the Administrator.</p> <p>On August 12, 2014 employees identified to have failed to report alleged abuse timely, SRNA #2,</p>		

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F 226	<p>Continued From page 46</p> <p>LPN #1 had told her that if she reported him he would make her life a "living hell".</p> <p>Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she did not report what she witnessed because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it.</p> <p>Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he did not report the abuse because the facility would do nothing and the alleged perpetrators would know who reported him.</p> <p>Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she did not report the abuse she witnessed because she felt intimidated by LPN #1. She stated the facility allowed LPN #1 to do anything he wanted and she did not feel comfortable reporting LPN #1 to the Administrator. Additionally, LPN #2 revealed LPN #1 told her if she reported him he would make her life "hell".</p> <p>Interview with the Director of Nursing (DON), on 08/20/14 at 2:50 PM, revealed the facility's policy should be followed for every resident and staff should report alleged incidents of abuse. Additionally, she stated there was a failure to follow policy related to Resident #1 being made to go to bed at 6:00 PM and LPN #1's refusal to grant the resident use of his/her personal computer. However, the DON stated this was not determined to be abusive. The other allegations of abuse were unsubstantiated by the facility. The DON stated she was not aware of staff being afraid of LPN #1 and afraid to report abuse.</p>	F 226	<p>LPN#8, LPN #5, and SRNA #5 were counseled by the Administrator. LPN #2 and SRNA #4 quit without notice prior to investigation being complete.</p> <p>Residents #4 and #5 were assessed by the Director of Nursing, Assistant Director of Nursing or a Licensed Practical nurse on 08/03/2014. Neither of these residents was found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p> <p>Residents #4 and #5 were independently re-assessed again by a Licensed Practical nurse and the Social Services Director on 08/03/2014 with no concerns identified.</p> <p>Residents #1, #2, #6, #7, #8 and #9 were also assessed by a Registered Nurse or a Licensed Practical nurse on 8/3/2014. None of these residents were found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p> <p>Resident #10 no longer resides in facility prior to 08/02/2014.</p> <p>Resident A has a BIM score of twelve (12). He/she was interviewed on 08/03/2014 to determine if the</p>		

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F 226	<p>Continued From page 47</p> <p>Interview with the Administrator, on 08/20/14 at 1:00 PM, revealed she expected employees to follow the facility's written policies and procedures for all residents and allegations of abuse were to be reported when witnessed. She stated she was not aware of any mistreatment or abuse of residents until they received an anonymous call on 08/02/14 alleging abuse. She revealed, based on the facility's investigation, there was a failure related to Resident #1 being denied use of his/her personal computer and being made to go to be at 6:00 PM. She stated the other allegations of abuse were unsubstantiated by the facility. The Administrator stated she was not aware of staff being afraid of LPN #1 and afraid to report abuse.</p> <p><b>**The facility implemented the following actions to remove the Immediate Jeopardy:</b></p> <ol style="list-style-type: none"> <li>1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1.</li> <li>2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</li> <li>3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for</li> </ol>	F 226	<p>resident has experienced or witnessed any abuse in the center. No other issues were identified by this resident.</p> <p>Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21/2014 with no change in mood or behavior noted.</p> <p>Resident B has a BIM score of three (3). He/she had a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and he/she was assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for this resident. Interviews with staff and residents on 08/03/14 revealed no allegations involving this resident. Resident B has had Social Services monitoring with a note on 08/21/14 with no change in mood or behavior noted.</p> <p>Audits were completed on 8/14/14 and 8/15/14 regarding grievances voiced, complaints or concerns</p>	

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F 226	Continued From page 48 Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted.  4. Unsampld Resident A, Unsampld Resident B, and Unsampld Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified.  5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and followed up on for correction.  6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified.  7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements.  8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice	F 226	identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.  2) Census on August 3, 2014 was seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7), by the Director of Social Services or the Admission Director, beginning on 08/03/2014 and completing on 08/05/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by these residents.  Census on August 3, 2014 was Seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7). Forty two (42) residents with a BIMS score less than twelve (12) received a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and were assessed for signs and symptoms of bruising, tearfulness and change in behavior on	

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F 226	<p>Continued From page 49</p> <p>Educator by 08/06/14. HIPPA Privacy Law. The prohibition of cell phone usage in resident care areas, including video or photographs of residents.</p> <p>As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work.</p> <p>Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14.</p> <p>Re-education was conducted by the RVP and</p>	F 226	<p>08/03/2014. No other issues were identified for these residents.</p> <p>Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, Medical Records Director, Director of Social Services and Director of Admissions interviewed 100% of facility and contract staff to identify any additional abuse allegations beginning on 08/03/2014 through 08/06/2014. All concerns identified were reported to appropriate agencies.</p> <p>3) The Director of Nurses and Administrator were re-educated 8/3/14 by the Regional Vice President of Operations regarding Abuse Policy and reporting requirements.</p> <p>Nurse Practice Educator, Administrator, Administrative Assistant, Director of Marketing &amp; Admissions, Social Services Director, Therapy Program manager, Environmental Services Supervisor, Nutritional Services Director, Registered Nurse or Licensed Practical Nurse has provided 100% re-education beginning on 08/03/2014 and ending on 08/06/2014. This re-education included all center &amp; contract</p>		

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F 226	<p>Continued From page 50</p> <p>Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy &amp; Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness.</p> <p>9. The Administrator's Job Description last revised 08/01/12 included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning 08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months.</p> <p>10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated.</p> <p>11. Audit tool utilized by the Shift Supervisor to</p>	F 226	<p>employees regarding an effective system that ensures each resident remains free of abuse:</p> <ul style="list-style-type: none"> <li>• Center Abuse Policy including need to protect the resident from potential risk at the time and during the investigation.</li> <li>• Reporting requirements including immediate reporting to the Administrator and appropriate state agencies.</li> <li>• Promise of confidentiality and no fear of retribution.</li> <li>• Employee competency assured using the Abuse Prevention post-test.</li> <li>• Post-test reviewed and validated by the Nurse Practice educator by 08/06/2014.</li> <li>• HIPAA Privacy law The prohibition of cell phone usage in resident care areas, including video or photographs of residents.</li> </ul> <p>As of 08/06/2014 date, only nine (9) of one hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and will be educated face to face prior to returning or beginning work. Employees upon hire or not</p>		

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F 226	<p>Continued From page 51</p> <p>observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting.</p> <p>13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately.</p> <p>14. The Administrator, Social Service Director,</p>	F 226	<p>currently available during this timeframe will have education/ re-education noted above completed prior to returning or beginning work by the Administrator, Nurse Practice Educator, Director of Nurses or the Assistant Director of Nurses.</p> <p>On August 25, 2014 center Administrator was jointly re-educated by Regional Vice President of Operations (via telephone) and Regional Manager of Clinical Operations (in person) regarding the centers Abuse Policy and Procedure to include conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one witness.</p> <p>4) The Center Administrator is responsible for the implementation of and adherence to facility policy and procedures. Center oversight is provided by the Administrator, Director of Nursing Services, Assistant Director of Nursing Services and the Charge Nurses on a daily basis.</p> <p>Beginning on August 2, 2014, upon notification of an alleged abuse / neglect the administrator will notify Regional Vice President of Operations, the Regional Manager of</p>		

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F 226	<p>Continued From page 52</p> <p>Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse.</p> <p>15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse.</p> <p>16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee.</p> <p>17. Posters were placed throughout the facility and break room on 08/22/14 which included "We Care Dialogue Line", "Staff Promises", Eldercare, and "Core Values".</p> <p>18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed.</p> <p>19. The QA Committee consisting of the</p>	F 226	<p>Clinical Operations or the Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This will occur for every allegation for three (3) months.</p> <p>On 8/3/14, Administrator and Director of Nursing assigned Department Managers and/or nurse supervisors across the three (3) shifts daily (includes Saturday and Sunday) times fourteen (14) days to observe staff/resident interaction and to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect will be called to the Administrator or Director of Nursing by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency if indicated.</p> <p>The audit tool utilized by the Shift Supervisor to observe staff/resident interaction was updated on 8/22/14 to include appropriate language, to monitor staff usage of cell phones, monitoring of staff providing</p>	

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F 226	<p>Continued From page 53</p> <p>Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations.</p> <p>**The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows:</p> <ol style="list-style-type: none"> <li>1. LPN #1 was terminated, RN #1 and SRNA #1 remained suspended.</li> <li>2. Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</li> <li>3. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified.</li> <li>4. Review of assessments and interviews, dated 08/03/14, revealed Unsampled Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified.</li> </ol>	F 226	<p>residents privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. Concerns identified will be addressed upon discovery. These audits will be completed across all three (3) shifts for five (5) days per week times thirty (30) days then two (2) days a week across all three (3) shifts six times (6) months then as recommended by the monthly Quality Assurance Performance Improvement Committee.</p> <p>Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks and then ten (10) per week for three (3) months than five (5) per week for three (3) months to determine staff understanding of the abuse policy, Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks and then ten (10) per week for three (3) months than five (5) per week for three (3) months to determine staff understanding of the abuse policy, and that allegations or statements</p>		

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F 226	Continued From page 54  5. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified followed up on for correction.  6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified.  7. Review of Education Documentation, dated 08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP).  8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all center and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents.  Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care.  Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests	F 226	are kept confidential with no fear of retribution for reporting. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.  Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and ten (10) per week for three (3) months than five (5) per week for three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings to the Quality Assurance Performance Improvement Committee monthly for further recommendations.  Administrator, Social Services Director, Admissions Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator or Clinical Reimbursement Manager will interview five (5) family members of residents with a	

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F 226	<p>Continued From page 55</p> <p>completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator.</p> <p>Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy &amp; Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness</p> <p>Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at 2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been inserviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care</p>	F 226	<p>BIMS score of less than eight (8), and review of five (5) skin assessments weekly for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee for further recommendations.</p> <p>Social Services Director, Director of Nursing or Assistant Director of Nursing will complete psychosocial assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents per week for four (4) weeks then two (2) per week for six (6) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed upon discovery. The Administrator will report findings monthly to the Quality Assurance Performance Improvement Committee monthly for further recommendations.</p> <p>Administrator, Director of Nursing, Registered Nurse or Licensed Practical Charge nurses supervisors will review grievances, complaints and allegations daily (includes</p>		

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F 226	Continued From page 56 plans and providing privacy for residents as well as being respectful of a resident's dignity.  9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the Initial allegations on 08/02/14.  10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing.  11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing  12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all allegations or statements are kept confidential with no fear of	F 226	Saturday and Sunday) times fourteen (14) days then at least five (5) days per week times thirty (30) days then as determined by the monthly Quality Assurance Performance Improvement Committee to determine that abuse allegations are reported timely., resident is protected from further potential abuse as per the Abuse Policy and that investigations are thoroughly completed. Concerns identified will be addressed upon discovery.  The QA committee consists of at least: Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director and the Medical Director.  Correction date:	09/12/14	

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F 226	<p>Continued From page 57</p> <p>retribution for reporting. No concerns were identified. PI tools ongoing.</p> <p>13. Review of resident interviews revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing.</p> <p>14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months.</p> <p>15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing.</p> <p>16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14.</p> <p>17. Observation revealed posters for "We Care</p>	F 226			

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F 226	Continued From page 58 Dialogue Line", "Staff Promises", Eldercare, and "Core Values" were on the walls throughout the facility and in the breakroom.  18. Review of Ad-Hoc meeting minutes dated 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend.  19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held and they reviewed all plans of compliance regarding the outstanding citations.	F 226			
F 241 SS=L	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure and the State Operations Manual (SOM)-Centers for Medicare and Medicaid Services, Task 6, Information Analysis for Deficiency Determination, it was determined the facility failed to ensure care for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality for nine (9) of ten (10) sampled	F 241	1) Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1 & Registered Nurse (RN) #1 were not working and not scheduled to work on 8/2/14. Staff at the center was instructed by the Administrator not to call anyone in to work without administrator notification. These three (3) employees were suspended on 8/3/14 by the Administrator and Nurse Practice Educator. LPN #1 was terminated on 08/14/2014, and SRNA #1 along with RN #1 was		

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F 241	<p>Continued From page 59</p> <p>residents (Resident #1, Resident #2, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10); and, two (2) of three (3) Unsampld residents (Resident A and Resident B).</p> <p>Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1, and/or Registered Nurse (RN) #1 were witnessed by staff which included LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 treating residents in a manner that did not maintain and enhance Resident #1, Resident #2, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10 and Unsampld Residents A's and B's dignity and respect.</p> <p>LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 witnessed LPN #1, SRNA #1, and/or RN #1 pinching the resident's breasts and noses; telling him/her to shut his/her mouth; laid in bed with a resident and was kissing the resident on the neck; scooped a resident off the commode, and dropped the resident from face height down onto the bed with the resident completely naked; placing a resident on a bare mattress and covering him/her with a fitted sheet; placed gloved fingers in a residents' mouths to aggravate the residents; jumped up and down on a resident's bed and pretended to vomit in his/her ear; videotaping of residents being made to cluck like a chicken and having gloved fingers placed in the mouth of one (1) resident; and pouring water over one (1) resident during a bath.</p> <p>The facility's failure to promote care for each resident in a manner and in an environment that</p>	F 241	<p>terminated on 09/03/2014 by the Administrator.</p> <p>On August 12, 2014 employees identified to have failed to report alleged abuse timely, SRNA #2, LPN#8, LPN #5, and SRNA #5 were counseled by the Administrator. LPN #2 and SRNA #4 quit without notice prior to investigation being complete.</p> <p>Residents #4 and #5 were assessed by the Director of Nursing, Assistant Director of Nursing or a Licensed Practical nurse on 08/03/2014. Neither of these residents was found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p> <p>Residents #4 and #5 were independently re-assessed again by a Licensed Practical nurse and the Social Services Director on 08/03/2014 with no concerns identified.</p> <p>Residents #1, #2, #6, #7, #8 and #9 were also assessed by a Registered Nurse or a Licensed Practical nurse on 8/3/2014. None of these residents were found to have s/s of bruising, tearfulness or other s/s of emotional harm.</p>	

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F 241	<p>Continued From page 60</p> <p>maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality has caused or is likely to cause serious injury, harm or impairment, or death to a resident. Immediate Jeopardy was identified on 08/14/14 and determined to exist on 08/02/14. The facility was notified of the Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a "F" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled, "Treatment: Considerate and Respectful", revised 09/01/13, revealed "Dignity" means that in their interactions with patients, staff carry out activities that assist the patient (resident) to maintain and enhance his/her self esteem and self worth. The purpose was to provide patients the right to a quality of life that supports independent expression, decision making, and respect. The process included staff will show respect when communicating with, caring for, or talking about patients. Examples included grooming, clothing, dining, activities, respect patients by speaking respectfully, respect patient's private space and property, signage (do not post signs on patient's doors or visible to others with confidential information on them), privacy, and demeaning practices such as keeping urinary bags uncovered, refusing to comply with a patient's request for assistance during meal times, and</p>	F 241	<p>Resident #10 no longer resides in facility prior to 08/02/2014.</p> <p>Resident A has a BIM score of twelve (12). He/she was interviewed on 08/03/2014 to determine if the resident has experienced or witnessed any abuse in the center. No other issues were identified by this resident.</p> <p>Resident A was interviewed on 08/11/2014 by a region staff member and expressed no concerns. Resident A has had Social Services monitoring with a note on 08/21 with no change in mood or behavior noted.</p> <p>Resident B has a BIM score of three (3). He/she had a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and he/she was assessed for signs and symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for this resident. Interviews with staff and residents on 08/03/14 revealed no allegations involving this resident. Resident B has had Social Services monitoring with a note on 08/21 with no change in mood or behavior noted.</p>		

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F 241	<p>Continued From page 61</p> <p>restricting patients from use of common areas open to the general public such as lobbies and restrooms.</p> <p>Review of the State Operations Manual (SOM)-Centers for Medicare and Medicaid Services, Task 6, Information Analysis for Deficiency Determination, revealed the reasonable person concept should be used in cases where the residents were unable to speak for themselves. The "reasonable person concept" means to assess how most people would react to the situation in question.</p> <p>Review of the facility's policy and procedure, titled "Personal Cell Phones and Handheld Devices: Use of, last revised 11/01/13, revealed "Staff may not use cell phones, blue tooth ear pieces, ear buds, headphones, camera phones, digital cameras, video cameras, audio recorders, or any other personal communication, image, audio, text, and/or computer devices when in patient care areas including patient rooms, dining areas, community rooms, and adjacent hallways, or while attending in any area of the location.</p> <p>1. Record review revealed the facility admitted Resident #1 on 04/16/07 with diagnoses which included Cerebral Palsy and Depression.</p> <p>Interview with SRNA #9, on 08/15/14 at 11:10 AM, revealed LPN #1 would tell her or other SRNAs on duty to place Resident #1 outside his/her room door after dinner and put him/her to bed at 6:00 PM and would not allow the resident to use his/her computer. Additionally, she revealed she heard RN #1 state, on several occasions, "I hate them all" referring to the residents. She did not report the abuse of Resident #1 because the</p>	F 241	<p>Audits were completed on 8/14/14 and 8/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified.</p> <p>2) Census on August 3, 2014 was seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7), by the Director of Social Services or the Admission Director, beginning on 08/03/2014 and completing on 08/05/2014 to determine if the resident has experienced or witnessed any abuse in the center.</p> <p>No other issues were identified by these residents.</p> <p>Census on August 3, 2014 was Seventy two (72) SNF/NF residents. Forty one (41) residents were interviewed, with a BIMS score of greater than seven (7). Forty two (42) residents with a BIMS score less than twelve (12) received a head to toe skin assessment by the Director of Nursing, Assistant Director of Nursing or Licensed Practical nurse and were assessed for signs and</p>	
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NAME OF PROVIDER OR SUPPLIER  EDMONSON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S. MAIN ST. BROWNSVILLE, KY 42210		
(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 241	<p>Continued From page 62</p> <p>resident was the sibling of the Administrator and the resident spoke with the Administrator often telling her problems he/she was having with LPN #1.</p> <p>2 Record review revealed the facility admitted Resident #2 on 09/16/10 with diagnoses which included Alzheimer's Disease, Paranoid Schizophrenia, Anxiety, Obsessive Compulsive Disorder, Psychosis, and Depression. Review of the Quarterly MDS Assessment, dated 05/12/14, revealed the facility assessed Resident #2's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable.</p> <p>Interview with SRNA #3, on 08/13/14 at 12:00 PM revealed she witnessed SRNA #1 and SRNA #8 with Resident #2. SRNA witnessed Resident #2 on the commode and resisting care not wanting to go to bed. She stated the SRNAs called LPN #1 to assist with Resident #2; the LPN scooped Resident #2 off the commode, pinched his/her breasts, walked to the bed and dropped the resident from face height down onto the bed with the resident completely naked. She stated the LPN fell to the bed with the resident landing on top of him. SRNA #3 stated LPN #1 then told SRNA #1 and SRNA #8 to "Get this Bitch off of me". She stated the LPN proceeded to tell Resident #2 he/she was going to bed and if he/she didn't he was going to call his/her son and he/she would not like how he talked to him. Interview with SRNA #3 revealed she did not report the abuse to the Administrator or Director of Nursing because she reported it to LPN #2, who was the Charge Nurse on duty.</p> <p>Interview with LPN #2, Charge Nurse, on</p>	F 241	<p>symptoms of bruising, tearfulness and change in behavior on 08/03/2014. No other issues were identified for these residents.</p> <p>3) The Director of Nurses and Administrator were-re-educated 8/3/14 by the Regional Vice President of Operations regarding Abuse Policy and reporting requirements.</p> <p>Nurse Practice Educator, Administrator, Administrative Assistant, Director of Marketing &amp; Admissions, Social Services Director, Therapy Program manager, Environmental Services Supervisor, Nutritional Services Director, Registered Nurse or Licensed</p> <p>Practical Nurse has provided 100% re-education beginning on 08/03/2014 and ending on 08/06/2014. This re-education included all center &amp; contract employees regarding an effective system that ensures each resident remains free of abuse:</p> <ul style="list-style-type: none"> <li>Center Abuse Policy including need to protect the resident from potential risk at the time and during the investigation.</li> </ul>		