

Acceptable  
1/23/14

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

PRINTED: 01/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/03/2014
NAME OF PROVIDER OR SUPPLIER  LEXINGTON COUNTRY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 700 MASON HEADLEY ROAD LEXINGTON, KY 40504	
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(X5) COMPLETION DATE			

F 000 INITIAL COMMENTS

AMENDED

An Abbreviated Survey Investigating KY#00021099 was inflated on 12/30/13 and concluded on 01/03/14. KY#00021099 was unsubstantiated; however, an unrelated deficiency was identified at 42 CFR 483.13, Resident Behaviors, F226 at a Scope and Severity (S/S) of a "D".

F 226 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:  
Based on interview, record review, review of the facility's Abuse and Neglect Prohibition Program Policy, and review of the Employee Investigatory Interview Forms it was determined the facility failed to ensure written policies and procedures were implemented regarding reporting the alleged verbal abuse for one (1) of four (4) sampled residents (Resident #4). During interviews with three (3) staff members concerning the witnessed actions of another staff member, it was discovered the employee had verbally abused Resident #4. The facility failed to report the alleged abuse of Resident #4 to Federal and State Agencies as per the facility's Abuse Prohibition and Prevention Program.

The following constitutes Lexington Country Place's plan of correction for the deficiencies cited and will serve as the facility's credible allegation that substantial compliance will be achieved by January 23, 2014. The submission of this plan of correction is not an admission on the part of the facility that a deficiency exists or that the facility necessarily agrees with the accuracy of the surveyor's findings. Rather, it is being submitted as required by law.

F 226

F226

1/23/14

**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?**

Resident #4 was interviewed by the Social Services Director immediately following this incident on 12/4/13 with no negative outcomes noted. This resident continues to function at baseline with no adverse effects from this incident noted.

The staff member involved in this incident, LPN #1, was suspended on 12/4/13 and subsequently terminated on 12/12/13 following investigation and without having returned to work.

**How will the facility identify other residents having the potential to be affected by the same deficient practice?**

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

TITLE

EXECUTIVE DIRECTOR AMENDED 1/22/14

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226 Continued From page 1  
The findings include:

A review of the facility's Abuse Prohibition and Prevention Program, dated 10/01/12, revealed the facility had an obligation to report all allegations of abuse or neglect to the appropriate state authorities, including the State Certification Agency and all other agencies as required, no later than twenty-four (24) hours after the allegation or occurrence.

A record review revealed the facility admitted Resident #4 on 08/16/12 with diagnoses which included Dementia, Chronic Pain, and Anxiety. A review of the quarterly Minimum Data Set (MDS) assessment, dated 11/07/13, revealed the facility identified the resident as severely cognitively impaired.

Review of Investigatory Interview Forms, completed by the Human Resource Director (HRD) on 12/05/13 with three (3) staff members, revealed the staff members had witnessed Licensed Practical Nurse (LPN) #1 speak to Resident #4 in a harsh, demeaning tone, and point her finger toward the resident on 12/04/13 during the evening meal.

Interview with Certified Nursing Assistant (CNA) #2, on 01/02/14 at 3:10 PM, revealed she witnessed LPN #1 speak loudly and harshly to Resident #4 on 12/04/13 and point her finger at the resident. CNA #2 stated Resident #4 remarked "She is hateful" regarding LPN #1's actions.

Review of the facility's investigation report revealed no documented evidence the facility reported the incident of alleged verbal abuse on

F 226 As mentioned above, LPN #1 was suspended on 12/4/13 and subsequently terminated. The Social Services Director and Social Services Assistant interviewed other residents on LPN #1's assigned unit on 12/4/13 to determine if there were any similar occurrences but none were noted. An audit was conducted by the Social Services Director and Director of Nursing on 1/3/14 and again on 1/17/14 of all documented concerns voiced by residents, family members or staff member to determine if any that were reportable had not been reported but none were noted. Interviews with all current interviewable residents (as defined by a BIM score of 13 or higher) were completed by the Social Services Director and Social Services Assistant on 1/17/14 and any issues identified were reported as necessary.

**What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?**

A training session was conducted for the management staff by the Regional Director of Human Resources on 1/10/14 on the proper procedure for identifying, investigating, and reporting

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12/04/13 concerning Resident #4 to the State Agency as per the facility's Program.

An Interview with the Director of Nursing (DON), on 01/02/14 at 9:15 AM, revealed she was uncertain why the Incident of alleged staff to resident abuse concerning Resident #4 on 12/04/13 was not reported to the appropriate agencies. The DON stated she was not working at the facility at that time and the facility did not have an Assistant Director of Nursing, (ADON). The DON revealed she would have reported the incident but was uncertain who would have been responsible at that time to report the incident.

Interview with the Social Service Director (SSD), on 01/02/14 at 11:00 AM, revealed she was uncertain why the incident concerning Resident #4 was not reported to the appropriate agencies. The SSD revealed the purpose of the interview conducted by the Human Resource Director (HRD) was to document the incident, as evidence for terminating LPN #1. Continued Interview revealed the SSD witnessed LPN #1 speak harshly and point her finger towards Resident #4. She stated, "It was no way to treat anyone".

Interview with the HRD, on 11/02/14 at 2:45 PM, revealed she was uncertain why the incident was not reported to the appropriate agencies. She stated it was not her responsibility to report Incidents of abuse.

Interview with the Administrator (ADM), on 01/03/14 at 4:00 PM, revealed the SSD had reported to him the incident that occurred on the evening of 12/04/13 concerning LPN #1 speaking harshly and pointing her finger to Resident #4.

F 226 allegations of abuse for use in training departmental staff. This information was then presented to the staff by the Social Services Director and Director of Nursing during in-services held on 11/12/14, 1/13/14, 1/14/14, and 1/15/14. These in-services will continue to be provided to those staff who were unable to attend the aforementioned meetings (PRN, on leave of absence, etc.) prior to them returning to work the floor. New hires will be educated during the orientation program prior to commencing work on the floor.

To prevent a reoccurrence, a complaint/concern log will be maintained by the Director of Social Services and any concerns voiced by residents, family members, or staff members will be documented on this log (Exhibit A). All allegations of abuse, neglect, or misappropriation of property will be reported to the proper agencies per policy. This log will be reviewed daily with the Administrator and Director of Nursing in the morning clinical meeting the following business day. Any issues or concerns will be addressed at that time.

**How will the facility monitor its performance to ensure solutions are sustained?**

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F 226 Continued From page 3  
The ADM revealed the DON and LPN #1 had been suspended the morning of 12/05/13 related to the incident. He stated it was his responsibility to report the incident to the appropriate agencies and to start an investigation in the absence of the DON. He stated he initiated the investigation but failed to notify the State Agency.

F 226 A minimum of seven (7) interviewable residents (as defined by a BIM score of 13 or higher) will be interviewed weekly for four (4) weeks by the Social Services Director, Social Services Assistant, Nursing Unit Coordinators, weekend supervisor, weekend administrative manager, night shift supervisor, DON, or Regional Director of Health per week on various days and shifts and documented using an audit tool (Exhibit B) to determine if there are any allegations of abuse, neglect or misappropriation that may have gone unreported. In addition, a minimum of seven (7) audits for non-verbal indicators of abuse will be completed weekly for four (4) weeks on various days and shifts by the Social Services Director, Social Services Assistant, Nursing Unit Coordinators, weekend supervisor, weekend administrative manager, nurse supervisor, DON, or Regional Director of Health, using an audit tool (Exhibit C) to determine if there are any signs and symptoms which could be attributable to abuse or neglect.  
  
Any allegations or signs of abuse, neglect, or misappropriation of property noted during these audits will be communicated immediately to the Administrator, Executive Director, or

Regional Director of Health and reported to the proper agencies per policy.

The results of these audits will be discussed in the monthly interdisciplinary CQI meeting which includes, but is not limited to, the Administrator, DON, Medical Director, Consulting Pharmacist, Medical Records Consultant, RD, Social Services, Unit Coordinators, MDS Nurses, and Wound Nurse, on an ongoing basis to ensure effectiveness of the system and further corrective action will be taken as indicated.



# EXHIBIT B

Resident Interview	
<b>G Abuse QP253</b>	
1) Have you ever been treated roughly by staff?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2) Has staff yelled or been rude to you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3) Do you ever feel afraid because of the way you or some other resident is treated?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If the resident answers "Yes", ask who, what, when, where, how often?	
<b>H Interaction with Others QP246*</b>	
1) Have there been any concerns or problems with a roommate or any other resident?	<input type="checkbox"/> No (skip to I) <input type="checkbox"/> Yes
2) Has the staff addressed the concern(s) to your satisfaction?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>I Personal Property QP194</b>	
1) Were you encouraged by staff to bring in any personal items? If No: Do you wish to have items brought in?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A, the resident is a short-stay resident
2) Have you had any missing personal items? If Yes: What is still missing and how long has it been missing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3) Did you tell staff about the missing item(s)? If Yes: Who did you tell about the missing item? If the answer is "Yes," then ask question 4.	<input type="checkbox"/> No <input type="checkbox"/> Yes
4) Has staff told you they are looking for your missing item(s)? If No, do you know who or which department is supposed to be looking for your missing item?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Comments:	

Indicators of Abuse – Walking Rounds Worksheet

<u>Indicator</u>	<u>Signs Present</u>	<u>Potential</u>	<u>Not Present</u>
Bruises, cuts, head injuries, dry blood			
Contusions, sprains, lacerations, fractures, strains, scratches, and discoloration			
Pointing to wounds, cuts, open sores			
Appearance of pain or discomfort while sitting			
Unexplained restlessness			
Inexplicable timidity, shyness, or withdrawal			
Nervousness			
Lack of interaction between individuals and staff			
Shying away from staff attention			
Fearfulness, anger, stress, defensiveness, anxiety, or worrying			
Avoidance of questions; or stressed, defensive, anxious, or worried response			
Uncharacteristic non complaint behavior			
Change in appetite and nervousness in the presence of certain staff members			
Request to speak privately with someone			
Reluctance or refusal to speak upon questioning			
Excessive eye contact with staff during interview with care giver			
Unexplained change in behavior or mood			
Complaints of pain			
Staff or caregivers "explain away" individual's inexplicable bruises, complaints, pain, or broken bones			
Staff or caregivers report that an individual is accident prone			
Staff push individuals to get them to move			
Staff elbow individuals to get their attention			
Staff show lack of respect by violating personal and private space			
Staff or caregivers exhibit excessive control of individuals (i.e., moving wheelchairs without permission, dragging individuals to the bathroom)			
Easy startling at unexpected movements or sounds while in personal space			
Uncharacteristic increase in aggressive behavior			
Unprovoked crying or calling out			
Gesturing to indicate bodily assault, such as imitating arm swings, slaps, or pinching			
Overly solicitous behavior by staff, and individuals shunning of staff, in observers presence			
Staff fails to seek timely or any medical attention for injuries or conditions			
Injuries do not correlate with the explanation provided or with medical findings			
Staff volume or qualifications and training do not meet individual needs			
Aggressive individuals are unsupervised or not supervised at all Abuse is observed and no corrective action is taken to protect individuals			