

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

PRINTED: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/04/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-MAPLE			STREET ADDRESS, CITY, STATE, ZIP CODE 515 GREENE DRIVE GREENVILLE, KY 42345		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An Abbreviated Survey investigating complaint #KY20764 was conducted on 10/02/13 through 10/04/13 to determine the facility's compliance with Federal requirements. Complaint #KY20764 was substantiated with deficient practice identified; however, the facility had identified the deficient practice and had implemented corrective actions prior to the initiation of the abbreviated survey, therefore it was determined past noncompliance.	F 000	Past noncompliance: no plan of correction required.		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to follow the facility's policy, "Responding to and Investigating an Abuse Allegation", as evidenced by not immediately reporting an allegation of abuse and removing the alleged staff member from resident care for one (1) of three (3) sampled residents (Resident #1). The facility had identified the deficient practice and implemented corrective actions prior to the initiation of the abbreviated survey, therefore it was determined past noncompliance. The findings include:	F 226	Past noncompliance: no plan of correction required.		

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

TITLE

(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	<p>Continued From page 1</p> <p>Review of the facility's policy, "Responding to and Investigating an Abuse Allegation" dated 08/31/12 revealed when there is alleged physical abuse the aggressor should be removed from all patient contact, the patient should be kept safe, the Executive Director and the Director of Nursing (DON) should be contacted immediately and if the allegation was made against staff, suspend pending investigation.</p> <p>Review of the facility's investigation revealed Licensed Practical Nurse (LPN) #1 was made aware of an allegation of abuse by Certified Nurse Aide (CNA) #3 on 09/08/13. LPN #1 completed a head to toe body audit of the resident involved with no redness, swelling or bruises identified and no change in the resident's usual behavior. LPN #1 obtained interviews from staff that were working. However, the LPN failed to notify the Administrator and DON and failed to remove the alleged perpetrator from patient care after being notified of the allegation.</p> <p>Interview with LPN #1, on 10/02/13 at 5:10 PM, revealed CNA #3 reported to him an allegation of abuse. The LPN stated he went to the resident's room and performed a head to toe, front and back assessment with no injuries identified and no change in the resident's behavior was noted. The LPN revealed he had the staff involved to provide written statements. The LPN stated he did not report the allegation to the Administrator or Director of Nursing until the next day and he did not remove the CNA from patient care. The LPN revealed the CNA provided care to other residents after the abuse was reported. He stated he faxed the physician a note explaining what happened, filled out the incident report and</p>	F 226		

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F 226	<p>Continued From page 2</p> <p>documented the skin assessment. He revealed he investigated and did not see anything to substantiate the allegation.</p> <p>An interview with CNA #3, on 10/03/13 at 2:20 PM, revealed she reported the allegation to LPN #1 and was told to write a statement.</p> <p>An interview with CNA #2, on 10/03/13 at 8:20 AM, revealed she was made aware of the allegation while at lunch by CNA #1. She stated she went to LPN #1 and asked what was going on, and was asked to write a statement. The CNA revealed she wrote the statement and gave it to LPN #1 and was told the statement was all she needed to do and she went back to work. The CNA stated she continued to work out her shift until 6 PM on 09/08/13. She revealed she was called by the DON, on 09/09/13, and was suspended pending the investigation.</p> <p>A review of CNA #2's timecard for 09/08/13 revealed she worked until 6:00 PM.</p> <p>An interview with the DON, on 10/04/13 at 10:50 AM, revealed the allegation was made, on 09/08/13, by CNA #3 who reported to LPN #1. She stated she was not made aware of the allegation until 09/09/13 around 8:30 AM to 9:00 AM. LPN #1 assessed the resident, called the physician and the family. She questioned LPN #1 as to why he did not notify her. He said because he had interviewed the staff, got statements and determined no abuse had occurred. The DON revealed the normal procedure was to report immediately and suspend the alleged staff member pending the outcome of the investigation. Her expectation is that the LPN would have called her or the Administrator and</p>	F 226		

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F 226	<p>Continued From page 3</p> <p>the alleged staff member would have been escorted out of the building and suspended pending the investigation.</p> <p>An interview with the Administrator, on 10/04/13 at 1:00 PM, revealed the facility's policy was for staff to report immediately and LPN #1 did not report to the DON as soon as he should have. The Administrator stated he would have expected the LPN to report to the DON immediately and he would have been directed in the steps to take to include our practice to protect the residents.</p> <p>The State Survey Agency determined the facility had taken the following steps to correct the deficient practice and verified the steps were taken by:</p> <p>Review of the facility's investigation revealed, on 09/09/13, CNA #2 was suspended pending the investigation. The physician, responsible party, and the appropriate State Agencies were notified on 09/09/13. An investigation of the alleged abuse was initiated immediately and included interviews with the alleged staff member and witness(es). Interviews were conducted with residents that were alert and oriented with no concerns of abuse or mistreatment identified. Skin assessments on non-interviewable residents were performed with no concerns identified. The facility determined the allegation to be unsubstantiated. A Performance Improvement for LPN #1 was conducted with Re-education of the Abuse/Neglect Policy to LPN #1, CNA #2 and nursing staff. Re-education started on 09/09/13 and was completed on 09/30/13.</p> <p>Review of the action plan, started on 09/09/13, revealed re-education of all staff would be</p>	F 226			

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F 226	<p>Continued From page 4</p> <p>completed on Abuse and Neglect with the target date of completion 10/21/13. Angel Care Program representative to ask residents on their rounds about any abuse or mistreatment for six (6) weeks and report adverse findings immediately to the DON or Administrator. Review in Performance improvement meetings monthly.</p> <p>An interview with the DON, on 10/04/13 at 10:50 AM, revealed she was not made aware of the allegation until 09/09/13 around 8:30 AM to 9:00 AM. LPN #1 assessed the resident, called the physician and the family. The DON stated the LPN was re-educated on the spot that they report immediately, suspend immediately and investigate and he received a written performance improvement and was re-educated. The DON revealed the Social Worker did the resident interviews with no concerns of abuse or any witness of any abuse to other residents identified. Skin assessments were performed with no concerns identified. In-services on Abuse and Neglect were started on 09/09/13 for all nursing staff and was completed 09/30/13. Started re-education on 10/01/13 on Abuse and Neglect as part of our action plan from 09/09/13. We had a performance improvement meeting, completed action plan to re-educate all staff, review all notifications to the physician, family and DON, interview staff members and residents, and complete skin audits on residents that are non unreviewable. The Angel Care representative are to ask their residents about any abuse or mistreatment on their rounds for six (6) weeks and to report any adverse findings to the DON or Administrator immediately. The DON stated the results will be reviewed in the performance improvement meeting monthly. Additional In-services on Abuse/Neglect will be conducted</p>	F 226		

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F 226	<p>Continued From page 5 within four to six (4-6) weeks with the target date of 10/21/13 to have everybody re-educated.</p> <p>An interview with LPN #1, on 10/02/13 at 5:10 PM, revealed he was counseled and received education on the Abuse/Neglect policy.</p> <p>An interview with CNA #2, on 10/03/13 at 8:20 AM, revealed she was called by the DON on 09/09/13 and was suspended pending the investigation and received addition education on the Abuse/Neglect Policy.</p> <p>Interview with the Unit Manager, on 10/04/13 at 12:04 PM, revealed she performed skin assessments on non-interviewable residents with no concerns.</p> <p>An interview with the Social Service Director, on 10/04/13 at 11:45 AM, revealed she interviewed alert residents and found no issues or concerns.</p> <p>An interview with the Staff Development Director, on 10/04/13 at 11:56 AM, revealed she in-serviced everybody on Abuse/Neglect, what it was and how to report it. LPN #1 was in-serviced on 09/09/13. The Staff Development Director stated she was in the process of completing additional in-services on Abuse and Neglect again because as part of the action plan staff was to be inserviced again in four to six (4-6) weeks.</p>	F 226		