

Accepted 10/4/12

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

PRINTED: 09/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/13/2012
NAME OF PROVIDER OR SUPPLIER RIVER VALLEY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 305 TAYLOR STREET #402 BUTLER, KY 41006	
(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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS An Abbreviated Survey Investigating KY #00019037 was initiated on 09/13/12 and concluded on 09/13/12 was substantiated with a deficiency cited. Deficiencies were cited with the highest scope and severity cited at a "D".	F 000		
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 interview, record review and review of the facility's policy, it was determined the facility failed to implement its policy that all allegations and reports of resident abuse, neglect, mistreatment, and misappropriation of resident property will be thoroughly investigated. The facility failed to ensure implementation of the "Investigating Abuse, Neglect & Misappropriation" policy by allowing an alleged perpetrator to continue to work in resident care areas after a reported allegation of verbal abuse. The findings include: Review of the facility's policy titled, "Investigating Abuse, Neglect & Misappropriation", with a review date of 07/12, revealed employees of the facility who had been accused of resident abuse would be reassigned to non-resident care duties or	F 226		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* (X6) DATE: *10/2/2012*

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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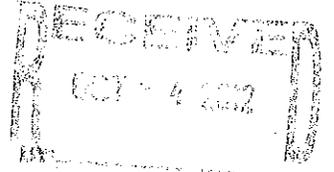
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F 226	<p>Continued From page 1</p> <p>suspended from duty until the results of the investigation had been reviewed by the Administrator and the Director of Nursing.</p> <p>Review of the "Abuse Notification Form", dated 09/04/12 at 3:30 AM, revealed Certified Nursing Assistant (CNA) #1 heard Licensed Practical Nurse (LPN) #2 repeatedly yelling at Resident #2 to "shut up". Continued review of the report revealed no actions were taken to protect residents from further abuse.</p> <p>Interview with CNA#1, on 09/13/12 at 11:45 AM, revealed she was working the third shift on the B wing of the facility, on 09/04/12 at approximately 3:30 AM, and overheard LPN #2 cursing and yelling at Resident #2. She stated she heard LPN #2 yelling at Resident #2 to "shut his/her fucking mouth and shut the hell up". She stated she could hear it coming from the A wing and she said Resident #2 was crying and screaming. She stated she reported this to the Charge Nurse (LPN #1) immediately and completed the Abuse Notification Form. She continued by stating LPN #1 was not removed from the resident care area, did not leave the facility and continued to finish her shift.</p> <p>Interview with the Charge Nurse/LPN #1, on 09/13/12 at 11:50 AM, revealed she was on duty working as Charge Nurse and overheard LPN #2, verbally abusing Resident #2 by telling the resident to "shut up". LPN #1 stated, she offered LPN #2 a break but LPN #2 refused. LPN#1 stated, she completed the incident report and put it under the Director of Nursing's office door, but did not immediately report the incident to the Director of Nursing or the Administrator and did</p>	F 226		

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F 226	<p>Continued From page 2 not ensure LPN #1 was removed from resident care.</p> <p>Interview with the Director Of Nursing (DON), on 09/13/12 at 1:30 PM, revealed she was not notified of the abuse until she came on duty on 09/04/12 at 8:00 AM and found the incident report under her office door. The DON also stated LPN #1 was reprimanded for not reporting the incident to the DON immediately and not removing LPN #2 from resident care. The DON stated, LPN#2 was suspended immediately by telephone once she reviewed the incident report. She stated the facility's investigation was conducted and based on three (3) witness and the review of the camera it was substantiated and LPN #2 was terminated.</p>	F 226		

Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the federal and state law.



F226

483.13(c) Develop and 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. SS:D

- Resident #2 was affected by this deficient practice because LPN #1 did not immediately send LPN #2 home. The facility did temporarily suspend LPN #2 on 9/4/2012 after learning of alleged abuse until investigation was complete. Resident #2 was interviewed and assessed on 9/4/2012 at 2:30PM and was unable to understand what nurse was talking about. Resident #2 denied any distress and/or complaints of pain. Residents #2 Comprehensive care plan and STNA care plan were reviewed and updated as needed.
- All residents had the potential of being affected by the deficient practice because facility had not followed the abuse policies in place by sending (or relocating to nonresidential area) LPN #2 home.
- All of the abuse policies were reviewed with no updates made to the policies. No updates needed to be made to current abuse policies. The facilities Abuse Notification Form have been updated (see Attachment #1) to help queue staff to proper protocol. These protocols include the need to separate residents and/or send staff or visitor home immediately until investigation completed. The facility Abuse Notification Form was made clear to remind the staff member who is filling out the form that he/she has to notify the Administrator, Director of Nursing and Social Services Director immediately. New Employee Training has been implemented to review Abuse Policy and Procedure and Resident Rights in General Orientation and then again on Day 2 of Orientation to help reiterate importance of Abuse Policy and Procedure and Resident Rights. Policies will be followed completely regarding any type of suspected abuse. Any staff that is being accused of any type of abuse will be immediately suspended pending investigation, or will be redirected to non-residential areas of care. If this occurs, the staff member and the direct supervisors will be notified that the staff member is to not have any resident contact until investigation has been completed, and only if that staff member is found to be unsubstantiated from abuse accusation. In-Service on Abuse, Abuse Notification Form and proper protocol was held on 9/27/2012 for STNA/KMA and on 9/28/2012 for Nurses. Ombudsman, Bethany Breckel, held an in-service on Resident Rights and Abuse for all staff on Wednesday October 3, 2012 at 2pm. Facility hired a Social Service Director, to start November 1, 2012. LPN # 1 was reeducated on

importance of following Policies and Procedures. LPN #1 was warned that if this occurs again, that occurrence will most likely result in termination of employment. LPN #2 was terminated on 9/7/2012 and is ineligible for rehire. LPN # 2 was reported to the Kentucky Board of Nursing via complaints against Nursing Process Form.

- Quality Assurance checks are being done on all abuse reports/investigations by Director of Nursing and Administrator to assure that all complaints are following policies and procedures completely. Quality Assurance checks will continue on every reported case indefinitely to ensure that abuse policies and procedures continue to be followed.
- The violation was completely corrected on 10/4/2012.

Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the federal and state law.

902 KAR 20:300-5(3) Section 5. Resident Behavior & Facility Practice

N105

The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of residents.

- Resident #2 was affected by this deficient practice because the facility, LPN #1 did not immediately send LPN #2 home. The facility did temporarily suspend LPN #2 on 9/4/2012 after learning of alleged abuse until investigation was complete. Resident #2 was interviewed and assessed on 9/4/2012 at 2:30PM and was unable to understand what nurse was talking about. Resident #2 denied any distress and/or complaints of pain. Residents #2 Comprehensive care plan and STNA care plan were reviewed and updated as needed.
- All residents had the potential of being affected by the deficient practice because facility had not followed the abuse policies in place by sending (or relocating to nonresidential area) LPN #2 home.
- All of the abuse policies were reviewed with no updates made to the policies. No updates needed to be made to current abuse policies. The facilities Abuse Notification Form have been updated (see Attachment #1) to help queue staff to proper protocol. These protocols include the need to separate residents and to and staff or visitor home immediately until investigation completed. The facility Abuse Notification Form was made clear to remind the staff member who is filling out the form that he/she has to notify the Administrator, Director of Nursing and Social Services Director immediately. New Employee Training has been implemented to review Abuse Policy and Procedure and Resident Rights in General Orientation and then again on Day 2 of Orientation to help reiterate importance of Abuse Policy and Procedure and Resident Rights. Policies will be followed completely regarding any type of suspected abuse. Any staff that is being accused of any type of abuse will be immediately suspended pending investigation, or will be redirected to non-residential areas of care. If this occurs, the staff member and the direct supervisors will be notified that the staff member is to not have any resident contact until investigation has been completed, and only if that staff member is found to be unsubstantiated from abuse accusation. In-Service on Abuse, Abuse Notification Form and proper protocol was held on 9/27/2012 for STNA/KMA and on 9/28/2012 for Nurses. Ombudsman, Bethany Breckel, held an in-service on Resident Rights and Abuse for all staff on Wednesday October 3, 2012 at 2pm. Facility hired a Social Service Director, to start November 1, 2012. LPN # 1 was reeducated on

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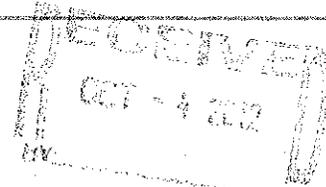
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- The violation was completely corrected on 10/4/2012.

River Valley Nursing Home

483.13(b) and(c) TAG #F223

TITLE: Resident Abuse

Page: 1 of 1



POLICY: All forms of abuse, including resident-to-resident abuse, must be reported immediately and thoroughly investigated.

PROCEDURE:

1. Facility staff will monitor residents for aggressive/inappropriate behavior towards other residents, family members, visitors, or to the staff. Occurrences of such incidents should be promptly reported.
2. Should a resident be observed/accused of abusing another resident, our facility will implement the following actions:
 - a. Remove the aggressor from the situation, if the aggressor is still in the area in which the incident occurred;
 - b. Temporarily separate the resident from other residents as a therapeutic intervention to help lower the agitation until the interdisciplinary care planning team can develop a plan of care to meet the needs of the resident;
 - c. Counsel the resident to determine the cause of the behavior;
 - d. Notify each resident's representative and attending physician;
 - e. Evaluate the circumstances/events leading up to the incident;
 - f. Develop a care plan that includes interventions to prevent the reoccurrence of such incident;
 - g. Inform all staff involved in the care of the resident of the care plan and to promptly report behavioral changes to the charge nurse;
 - h. Document in the resident's medical record all interventions and their effectiveness;
 - i. Consult psychiatric services for assistance in assessing the resident and developing a care plan for intervention and management as necessary or as may be recommended by the attending physician or interdisciplinary care planning team;
 - j. Complete a Abuse Notification Form and document the incident, findings, and any corrective measures taken in the medical record;
 - k. Transfer the resident if deemed by the interdisciplinary team and attending physician as being a danger to him/herself or to others for psychiatric evaluation; and
 - l. Report abuse notification form findings, and corrective measures to individuals listed on the bottom of the Abuse notification form as outlined in our facility's abuse reporting & investigating policy.