

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

PRINTED: 04/13/2011  
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 03/30/2011
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NAME OF PROVIDER OR SUPPLIER  MAPLE MANOR HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 515 GREENE DRIVE GREENVILLE, KY 42345
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F 000	INITIAL COMMENTS  An abbreviated survey (KY #15356 and KY #15421) was conducted 03/15-30/11 to determine compliance with Federal requirements KY #15356 was substantiated with no regulatory violations identified. KY #15421 was found substantiated with a regulatory violation identified with a scope and severity of a "D".	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
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 interviews and record review it was determined the facility failed to implement their written policy and procedures related to abuse/neglect for one resident (#1), in the selected sample of three. The facility failed to report to the appropriate state agencies an allegation of neglect. Findings include:  A review of the facility's policy and procedure for abuse/neglect, dated 10/31/09, revealed the facility should report alleged abuse/neglect to the Executive Director or their designee and other officials in accordance with state law.  A review of the facility's investigation, dated 06/28/10, revealed the Director of Nursing was made aware of an allegation of neglect on 06/28/10. The allegation revealed that staff had reported Licensed Practical Nurse (LPN) #4 was sleeping in an empty bed during the night shift on	F 226	<b>F226 Development/Implement Policies for Abuse/Neglect</b>  It is the practice of Maple Manor to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  (1) On March 30 <sup>th</sup> , Maple Manor finalized the required components for the investigation of the allegation of neglect related to resident #1. The Director of Nursing was reeducated about abuse and neglect reporting requirements on 3/30/11 by the Administrator.  (2) The facility implemented the following audits to identify if any other residents had the potential to be affected by allegations of neglect or abuse being unreported:  (A) On May 3-4, 2011 the Administrator audited all other facility employee disciplinary actions in Human Resource files since 1/1/11 to determine whether any other employee disciplinary actions would constitute reportable neglect or abuse allegations. No allegations of neglect or abuse were identified.	5/13/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Alicia My, NHA</i>	TITLE  5/18/11	(X6) DATE
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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 06/27/10. They stated that LPN #4 was asked to provide care for a resident who had requested male Certified Nurse Aides (CNA) not to provide care for her. The staff stated that LPN #4 had refused to provide the care and the LPN had stated "it was the CNAs' job to provide that care for the resident and if the resident did not like it, the resident could just piss on herself."  An interview with the Director of Nursing, dated 03/15/11 at 1:30 PM, revealed she did not report the allegation because she did not see it as an allegation of neglect.	F 226	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of 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 provisions of federal and state law.</i>  (B) Interviewable residents were questioned on May 5-6, 2011 by the Social Service Designee to determine if they were aware of any neglect or abuse, and no allegations were identified; on May 12th, 2011 observations were completed by the Unit Manager RN and the Staff Development RN of all the non-interviewable residents to assess for any signs or symptoms of neglect or abuse that needed to be further investigated and reported, and none were identified.  (C) On May 12, 2011 an audit was completed by the Administrator and Social Services of the facility grievance logs from the previous 90 days to determine if there were any concerns which would constitute reportable neglect or abuse allegations. No unreported allegations of neglect or abuse were identified.  3)The following measures have been put into place so that the deficient practice does not recur:  (A) All facility staff, including the Director of Nursing, Administrator and Department Heads, were reeducated about what constitutes abuse or neglect, and	

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