

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

PRINTED: 10/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2013
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NAME OF PROVIDER OR SUPPLIER EDGEMONT HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 WEBSTER AVENUE CYNTHIANA, KY 41031
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F 000 INITIAL COMMENTS

An Abbreviated/Partial Extended Survey Investigating KY#00020561 was initiated on 08/14/13 and concluded on 08/23/13. KY#00020561 was substantiated with deficiencies identified. Immediate Jeopardy was identified on 08/15/13 and was determined to exist on 08/03/13 with deficiencies cited at 42 CFR 483.10 Resident Rights, F-157; 42 CFR 483.13 Resident Behavior and Facility Practice, F-223, F-225 and F-226; 42 CFR 483.15 Quality of Life, F-250; 42 CFR 483.20 Resident Assessment, F-280; 42 CFR 483.75 Administration, F-490 at a Scope and Severity (S/S) of a "J". Substandard Quality of Care (SQC) was identified at 42 CFR 483.13 Resident Behavior and Facility Practice, F-223, F-225 and F-226 and 42 CFR 483.15 Quality of Life, F-250. The facility was notified of the Immediate Jeopardy on 08/15/13.

On 08/03/13 at 4:00 AM, Resident #2 was found in Resident #1's room with the door closed. Interview revealed Resident #1 was found in a fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his/her wheelchair with the zipper of his/her pants down. Interview and record review revealed Resident #1 was not assessed for injury, nor was the resident's Physician or Legal Representative immediately notified of the incident. Interview and record review revealed the facility failed to investigate the incident and report the incident to the appropriate State Agencies. Interview also

F 000

SEE ATTACHED 9/16/13

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Deborah Zech</i>	TITLE <i>Administrator</i>	(X6) DATE 12-3-13
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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 000	Continued From page 1 revealed Resident #2 had a history of exhibiting inappropriate touching of Resident #1. Record review revealed Resident #2 would stare into other residents' rooms, cuss in the hallways, and make sexual comments; however, there was no documented evidence the facility had addressed Resident #2's behavior. An acceptable credible Allegation of Compliance (AOC), related to the Immediate Jeopardy, was received on 08/23/13. On 08/23/13, the State Agency verified the Immediate Jeopardy was removed on 08/20/13 as alleged, prior to exit, with remaining non-compliance at 42 CFR 483.10 Resident Rights, F-157; 42 CFR 483.13 Resident Behavior and Facility Practice, F-223, F-225 and F-226; 42 CFR 483.15 Quality of Life, F-250; 42 CFR 483.20 Resident Assessment, F-280; and 42 CFR 483.75 Administration, F-490 at a Scope and Severity (S/S) of a "D" while the facility develops and implements the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes. Deficient practice was also identified during the abbreviated survey at 42 CFR 483.10 Resident Rights F-164 at a scope and severity of an "E".	F 000			
F 157 SS=J	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)	F 157	SEE ATTACHED 9/16/13		
	A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's				

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F 157	Continued From page 2 physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. 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 have an effective system in place to ensure the Physician was immediately notified of an incident which required transfer to an acute care facility for emergency treatment for one (1) of nine (9) sampled residents (Resident #1). Additionally, the facility failed to immediately notify the Legal Representative for Resident #1 when an incident occurred that required Physician intervention. On 08/03/13 at 4:00 AM, Resident #2 was found in Resident #1's room with the door	F 157			

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F 157	<p>Continued From page 3</p> <p>closed. Interview revealed Resident #1 was found in a fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his wheelchair with the zipper of his/her pants down. Interview and record review revealed the facility failed to immediately notify Resident #1's Physician and/or Legal Representative of the incident. (Refer to F223)</p> <p>The facility's failure to ensure an effective system was in place to ensure the Physician and Legal Representative were immediately notified of an potential incident of sexual abuse was likely to cause risk for serious injury, harm, impairment or death. The Immediate Jeopardy was identified on 08/15/13, and determined to exist on 08/03/13. The facility was notified of the Immediate Jeopardy on 08/15/13.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/15 with the facility alleging removal of the Immediate Jeopardy on 08/20/13. The Immediate Jeopardy was verified to be removed on 08/23/13, prior to exiting the facility on 08/23/13, with remaining non-compliance at 42 CFR 483.10, Resident Rights, F-157 Notification of Changes with a Scope and Severity of "D" while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure Physicians and Legal Representatives are notified in the event of an incident, accident or change in the resident's condition.</p>	F 157		

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F 157	Continued From page 4 The findings include: Review of the facility's policy titled, "Accidents and Incidents" undated, revealed regardless of how minor an accident or incident may be, it must be reported to the department supervisor, and an Accident/Incident Report Form must be completed on the shift that the accident or incident occurred with the time the resident's attending Physician was notified as well as the date and time the resident's Legal Representative was notified and by whom. Review of the facility's policy titled, "Physician Notification Policy/Procedure" revised 08/07, revealed the Physician should be notified within twenty-four (24) hours except in medical emergencies. Review of the facility's policy titled, "Family Notification Policy/Procedure" undated, revealed the resident's Legal Representative should be notified within twenty-four (24) hours except in emergencies. Record review revealed Resident #1 was admitted to the facility on 05/10/12 with the diagnoses which included Mental Retardation, Scoliosis, and Anemia. Review of the Nursing Notes, dated 08/03/13 at 4:00 AM, revealed staff entered the resident's room and found another resident in his/her room. Review of the resident's Physician orders revealed on 08/03/13 at 11:00 PM, an order was received from Resident #1's physician to transport Resident #1 to the emergency department for evaluation; approximately nineteen (19) hours after the incident. Review of the Social Service Notes, dated	F 157			

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F 157	<p>Continued From page 5</p> <p>08/04/13 at 12:30 AM, revealed the resident's Legal Guardian/Mother was informed of Resident #1's transfer to an Emergency Department for an evaluation and labs; approximately twenty and a half (20 1/2) hours after the incident.</p> <p>Review of the Emergency Department notes, dated 08/04/13 at 1:05 AM, revealed Resident #1 presented to the emergency department for a possible sexual assault. Continued review revealed, a sexual assault evidence collection examination was completed and the results were not available at the time of the survey.</p> <p>Interview on 08/15/13 at 7:06 PM, with Licensed Practical Nurse (LPN) #5 who was Resident #1's primary nurse and charge nurse, revealed she found Resident #2 in Resident #1's room with the door closed. Further interview revealed Resident #1's left hip and buttocks were exposed and the blanket had wet spots on it. LPN #5 stated she notified her Manager On Duty who notified the Corporate Executive Officer (CEO) who called her for further information. LPN #5 stated she was not directed to notify the Physician or family and for non-emergencies the policy was to notify within twenty-four (24) hours.</p> <p>Interview with the Assistant Administrator who was also Social Services Director (SSD), on 08/21/13 at 10:44 AM, revealed she was notified of the incident on 08/03/13 at approximately 9:30 AM. Further interview revealed she did not follow the facility's policy for notification because she did not think anything had happened.</p> <p>Interview with the CEO, on 08/21/13 at 12:33 PM, revealed the Physician and family should have been notified per the facility's policy.</p>	F 157			

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F 157	<p>Continued From page 6</p> <p>Interview with the Administrator, on 08/21/13 at 2:42 PM, revealed the Physician and family should have been notified when the incident occurred.</p> <p>Interview with Resident #1's legal guardian, on 08/21/13 at 1:58 PM, revealed she was notified by the SSD on 08/04/13 at 1:46 AM of Resident #1's transfer to the emergency department. Continued interview revealed she was advised the staff had found a resident of the opposite sex in Resident #1's room and the facility was transferring Resident #1 to the emergency department for his/her safety just to obtain a few swabs but that the facility was one hundred (100%) percent certain nothing had happened. Continued interview revealed the legal guardian was again notified by the SSD, after Resident #1 returned from the emergency department, and she was advised all examinations and labs were negative and that no sexual assault had occurred. However, evidence from the sexual assault collection examination had not been processed at the time of the State Survey Agency's investigation, concluding on 08/23/13.</p> <p>The State Survey Agency was unable to obtain an interview with Resident #1's physician due to his death on 08/05/13.</p> <p>Interview with Resident #2's Physician and the Physician that assumed Resident #1's care, on 08/14/13 at 8:36 PM, revealed his expectation would be for the staff to notify him and family members for resident behaviors.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/13 that</p>	F 157		
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alleged removal of the IJ effective 08/20/13. Review of the AOC revealed the facility implemented the following:

1. The facility had addition formal assessments completed per policy for 100% skin assessments (as with all residents in facility) as of 08/20/13 to remove IJ. There was no indication of injury or harm.
2. Resident #2 was placed on close observation on 08/03/13 after the incident, due to becoming agitated until resident was transferred to another facility.
3. Social Services Director conducted a resident meeting on 08/19/13. No other residents voiced any concerns. The facility's Ombudsman attended the meeting.
4. All interviewable residents were assessed/reassessed by Social Service Director regarding feeling safe and informed residents what to do in the event of another resident coming into their rooms.
5. All staff (nursing, dietary, and housekeeping/laundry) was re-in-serviced by Administrator/other designees on Abuse policy and procedures including Physician and family notifications of 08/15/13. All staff (nursing, dietary, and housekeeping/laundry) will be in-serviced/oriented to abuse policy, including reporting, prevention, intervention, notifications and detection upon hire. Additionally, staff will be re-in-serviced annually by Administration/Designee/Social Services Director.
6. On 08/15/13, the Administrator

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in-serviced/re-in-serviced Department Managers/Managers On Duty/QI Members (Activities, Social Services, Medical Records, General All Department Staff, Human Resources, Business Office Manager, Director of Nursing, Nursing Managers, CEO) regarding proper notifications of individuals of abuse allegations.

7. Nursing staff (CNAs, Nurses, and KMAs) in-serviced/re-in-serviced by the DON/designee on 08/15/13 regarding abuse policy/reporting, investigating abuse, assessment of residents for harm from abuse, and notifications to responsible parties regarding abuse and what to do to ensure other residents are not abused.

8. Resident safety monitoring policy was updated by Administrator, Social Services Director, and CEO as of 08/15/13 to ensure that residents who are at risk for safety, including resident who may have the potential to cause harm to themselves or others were assessed, Nursing staff (Nurses, CNAs, KMAs) were in-serviced on change/update to policy by DON on 08/19/13.

9. Nurses will continue to pass on at change of shift report any ongoing issues regarding changes in condition/issues/concerns and be discussed/addressed for monitoring, etc., and should be discussed daily (Mon. through Fri.) morning meetings held by Administrator/designee/QI team members/Department Managers.

10. Department Managers/QI members/Managers on Duty will continue to monitor residents daily to ensure resident safety needs are met and complaints are addressed. Issues/concerns are documented on QI

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F 157	<p>Continued From page 9 monitoring tool for Administration/designee review and follow up.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <ol style="list-style-type: none"> 1. Copies of skin assessments, performed by licensed staff, for all residents currently residing in the facility, as of 08/20/13, were reviewed. No concerns revealed during review of skin assessments. 2. Interviews with Licensed Practical Nurse (LPN) #5 and Certified Nursing Assistant (CNA) #2, on 08/15/13, revealed Resident #2 was on close observation until transferred out of the facility. 3. The facility provided a copy of the Resident Council meeting held on 08/19/13. Interview with Resident #5, on 08/23/13 at 3:15 PM, revealed the Resident meeting was held on 08/19/13 and the Social Services Director asked if any residents had any concerns that had not been addressed. 4. Interview with Resident #5, on 08/23/13 at 3:15 PM, and Resident #9, on 08/23/13 at 3:25 PM, revealed the Social Services Director had come into residents' rooms and discussed safety concerns as well as guidelines to use in case another resident should come into their rooms. 5. The facility provided a copy of in-service sign in sheet for 08/15/13 regarding training for all employees on abuse. Interview with Housekeeper #1, on 08/23/13 at 2:00 PM, revealed she had attended the in-service discussing abuse. Interview with Housekeeper 	F 157		
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#2, on 08/23/13 at 2:05 PM, revealed she had training on abuse and attended the in-service on 08/15/13. Interview with Laundry Staff, on 08/23/13 at 2:15 PM, revealed she had training on abuse on 08/15/13, which she stated was mandatory for all staff members. Interview with Dietary #1, on 08/23/13 at 2:20 PM, revealed she had attended the in-service on 08/15/13 related to abuse. Interview with Dietary #2, on 08/23/13 at 2:25 PM, revealed she has had training on abuse and attended the in-service on 08/15/13. Interview with Certified Nursing Assistant #2, on 08/15/13 at 7:41 PM, revealed she has had training on abuse and attended the in-service on 08/15/13.

6. The facility provided a copy of sign-in sheets regarding the abuse training given for Department Managers, QI members, and Managers On Duty. Interview with Social Service Director, on 08/22/13 at 5:14 PM, revealed she has had training on abuse to include proper notifications and attended the inservice on 08/15/13. Interview with the Director of Nursing, on 08/21/13 at 11:29 AM, revealed she has had training on abuse to include proper notifications and attended the in-service on 08/15/13.

7. The facility provided a copy of sign-in sheets regarding the abuse training given for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the abuse policies and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on abuse policy and procedures this morning at the start of her shift.

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F 157 Continued From page 11

8. The facility provided a copy of sign-in sheets regarding the new monitoring policy training for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the new monitoring policy and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on the new monitoring policy and procedures this morning at the start of her shift.

9. The 24 Hour Report/Change of Condition Reports from dates of 08/20/13 through 08/23/13 were reviewed and revealed staff nurses were documenting and reporting events for their shift. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the 24 Hour Report/Change of Condition was utilized in the Stand Up meetings for management and administrative follow up.

10. The QI monitoring Tool, completed by management, from dates of 08/20/13 through 08/23/13 was reviewed and revealed managers were following up with areas of safety and resident needs noted on document tool. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the QI monitoring Tool was utilized by management staff while making rounds daily.

F 157

F 164 483.10(e), 483.75(l)(4) PERSONAL
SS=E PRIVACY/CONFIDENTIALITY OF RECORDS

F 164

SEE ATTACHED 9/16/13

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

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NAME OF PROVIDER OR SUPPLIER EDGEMONT HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 323 WEBSTER AVENUE CYNTHIANA, KY 41031		
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F 164	<p>Continued From page 12</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's policy, it was determined the facility failed to ensure privacy was provided during personal care (bathing) for one (1) of three (3) shower rooms. The facility failed to provide privacy curtains for the shower in the 300 hall shower room.</p> <p>The findings include: Review of the facility's policy titled, "Resident Rights" undated, revealed residents have a right</p>	F 164			

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F 164	Continued From page 13 to privacy during personal care. Observation of the 300 hall shower room, on 08/14/13 at 7:54 PM, revealed the door to be unlocked and accessible to all staff, residents and visitors with no locking mechanism on the door. Further observation revealed the shower room to have a toilet, bathing tub, sink and shower area with no privacy curtain to maintain privacy to the residents during bathing. Interview with Certified Nursing Aide (CNA) #1, on 08/14/13 at 7:54 PM, revealed the shower room was used for showering residents and she did not remember when the privacy curtain was removed. Further interview revealed the shower room could be accessed by staff, residents and visitors during a resident's shower and this would be a dignity and privacy issue. Interview with the Director of Nursing, on 08/22/13 at 5:14 PM, revealed she was not aware the privacy curtain was missing. Further interview revealed there should be a privacy curtain to maintain the resident's privacy and dignity.	F 164			
F 223 SS=J	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	F 223	SEE ATTACHED 9/16/13		

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F 223	Continued From page 14 by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to have an effective system to ensure each resident remained free from abuse. The facility failed to protect one (1) of nine (9) sampled residents from abuse (Resident #1). On 08/03/13 at 4:00 AM, Resident #2 was found in Resident #1's room with the door closed. Interview revealed Resident #1 was found in a fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his wheelchair with the zipper of his/her pants down. Interview and record review revealed Resident #1 was not assessed for injury, nor was the resident's Physician or Legal Representative immediately notified of the incident. (Refer to F157) Interview and record review revealed the facility failed to investigate the incident and report the incident to the appropriate State Agencies (Refer to F225 and F226) Interview also revealed Resident #2 had a history of exhibiting inappropriate touching of Resident #1. Record review revealed Resident #2 would stare into other residents' rooms, cuss in the hallways, and make sexual comments; however, there was no documented evidence the facility had addressed Resident #2's behavior. (Refer to F250, F280) The facility's failure to ensure an effective system	F 223		
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F 223	Continued From page 15 was in place to ensure each resident remained free from abuse, was likely to cause risk for serious injury, harm, impairment or death. The Immediate Jeopardy was identified on 08/15/13, and determined to exist on 08/03/13. The facility was notified of the Immediate Jeopardy on 08/15/13. The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/15 with the facility alleging removal of the Immediate Jeopardy on 08/20/13. The Immediate Jeopardy was verified to be removed on 08/23/13, prior to exiting the facility on 08/23/13, with remaining non-compliance at 42 CFR 483.13, Resident Behavior and Facility Practice, F-223 Abuse, with a Scope and Severity of "D", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure Residents are free from abuse. The findings include: Review of the facility's policy titled, "Abuse Reporting" undated, revealed the facility will not condone resident abuse by anyone, including staff members legal guardians, sponsors, friends, or other individuals. Further review revealed the definitions of abuse were provided to assist staff members in recognizing incidents of abuse. Further review revealed sexual abuse defined as, but not limited to, sexual harassment, sexual coercion, or sexual assault. Continued review of the facility's policy revealed, upon receiving a report of suspected abuse, the charge nurse shall examine and interview the resident with findings of the examination recorded in the resident's medical record. Further review revealed when sexual abuse is suspected, the resident is not to	F 223			

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F 223	Continued From page 16 be bathed and clothing or linens should not be washed. Further review revealed the charge nurse should complete an incident form, notify the resident's physician, responsible party, and the administrator or designee. Review of the facility's policy titled, "Resident Rights" undated, revealed residents have the right to be free from verbal, sexual, physical or mental abuse, corporal punishment and involuntary seclusion. Record review revealed Resident #1 was admitted to the facility on 05/10/12 with diagnoses which included Mental Retardation, Scoliosis, and Anemia. Review of the Quarterly Minimum Data Set (MDS) dated 07/22/13, revealed the facility assessed Resident #1 to be unable to complete a Brief Interview for Mental Status (BIMS) and to be severely cognitively impaired. Record review revealed Resident #2 was admitted to the facility on 02/12/13 with diagnoses which include Altered Mental Status, Seizure Disorder, Obstructive Hydrocephalus, Schizophrenia, Degenerative Joint Disease, and Mental Retardation. Review of Quarterly Minimum Data Set (MDS), dated 05/14/13, revealed the facility assessed Resident #2 with a Brief Interview for Mental Status (BIMS) summary score of 11/15, indicating the resident was moderately impaired in cognition. Review of the Nursing Notes, dated 08/03/13 at 4:00 AM, revealed staff entered the closed door to Resident #1's room and found Resident #2 in his/her room with the resident. Interview with Resident #1's primary nurse and	F 223			

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F 223	Continued From page 17 charge nurse, Licensed Practical Nurse (LPN) #5, on 08/15/13 at 7:06 PM, revealed she found Resident #2 in Resident #1's room with the door closed. Further interview revealed Resident #1's left hip and buttocks were exposed and the blanket had wet spots on it. LPN #5 stated she had seen Resident #2 approximately five (5) or ten (10) minutes prior to the event. LPN #5 stated upon finding Resident #2 in Resident #1's room, she notified her Manager On Duty (MOD) who notified the Corporate Executive Officer (CEO) who called her for further information. Interview with Certified Nursing Aide (CNA) #3, on 08/20/13 at 10:05 AM, revealed she entered Resident #1's room immediately behind LPN #5. CNA #3 stated LPN #5 went to Resident #2 and she went to Resident #1. LPN #5 removed Resident #2 from Resident #1's room. Further interview revealed CNA #3 found Resident #1 lying on his/her right side in a fetal position with his/her pajama pants and adult brief pulled down under the buttocks with his/her buttocks completely exposed. Further interview revealed Resident #1 was found to have a wet substance on his/her hip, on the outer side of his/her adult brief, and on the resident's blanket. CNA #3 reported she stayed with Resident #1 briefly until CNA #2 bathed Resident #1. Continued interview revealed CNA #3 reported to LPN #5 that Resident #1's pajama pants and adult brief were pulled down and a wet substance was found on Resident #3's hip, on the outside of his/her brief, and on the blanket. Interview with LPN #2, on 08/14/13 at 6:53 PM, revealed she was the third person into the room and Resident #1 was lying on his/her right side in the fetal position with his/her pajama pants and	F 223			

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F 223 Continued From page 18
adult brief pulled down under the buttocks exposing Resident #1's buttocks. Further interview revealed she did not think Resident #1 was capable of pulling his/her own pajama pants and adult briefs down. LPN #2 stated Resident #1 did not appear to be in distress. Resident #1 was facing the wall with his/her eyes closed. LPN #2 stated she then went back to care for her assigned residents. Further interview with LPN #2, on 08/14/13 at 8:25 PM, revealed CNA #2 asked LPN #2 if she should bathe Resident #1. LPN #2 told CNA #2 to bathe Resident #1 because "I would want a bath if it happened to me", I would feel dirty".

F 223

Interview with CNA #2, on 05/15/13 at 7:47 PM, revealed she was on duty the night of 08/03/13. CNA #2 stated she was in Resident #1's room immediately after Resident #2 was removed. Further interview revealed Resident #1's pajama pants and adult brief were pulled down below Resident #1's buttocks. Further interview revealed CNA #2 pulled Resident #1's adult brief up. Continued interview revealed a wet substance was found on Resident #1's blanket, hip and outer surface of the adult brief. Continued interview revealed she asked LPN #2 if she should bathe Resident #1. Further interview revealed Resident #1 was bathed because Resident #2 could have sexually assaulted Resident #1. CNA #2 stated if this happened to her she would want someone to bathe her because she would feel dirty. CNA #2 stated she was not aware that she should not have bathed Resident #1.

Interview with CNA #1, on 08/14/13 at 7:54 PM, revealed she was the CNA that monitored Resident #2 immediately after LPN #5 removed

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F 223	<p>Continued From page 19</p> <p>the resident from the room. Further interview revealed Resident #2's zipper of his/her pants was down when the resident was found in the room.</p> <p>Interview with the Manager of Duty (MOD), on 08/16/13 at 3:34 PM, revealed she was notified by LPN #5 on 08/03/13 at approximately 4:30 AM of an incident involving Resident #2 being found in Resident #1's room with the door closed. Further interview revealed LPN #5 told her Resident #1's adult brief had been pulled down exposing his/her buttocks and the adult brief and linens had a wet sticky substance on them. The MOD stated she reported the information she received from LPN #5 to the CEO and also reported the staff were very upset. The MOD stated she was advised by the CEO that she (the CEO) would call LPN #5.</p> <p>Interview with the Corporate Executive Officer (CEO), on 08/14/13 at 8:55 PM, revealed she was advised of the incident on 08/03/13 at approximately 4:45 AM. Further interview revealed she was advised Resident #1 was found with his/her pajama pants and adult brief pulled down exposing Resident #1's buttocks and a wet substance was found on Resident #1's blanket. However, the CEO stated she did not think anything had happened after talking to LPN #5.</p> <p>Further interview, on 08/15/13 at 7:06 PM, with LPN #5 revealed she did not think anything had happened because Resident #2 could walk but he was in a wheel chair. Resident #1 had a fall mat beside his/her bed, Resident #2 could not remove his/her own pants, and Resident #2 was not in the room but maybe five (5) or ten (10) minutes and did not have enough time to do</p>	F 223		

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F 223 Continued From page 20
anything to Resident #1. Continued interview revealed Resident #2 could have gotten out of his/her wheel chair touched Resident #1 inappropriately and gotten back into his/her wheel chair.

Interview with the Owner of the facility, on 08/15/13 at 2:01 PM, revealed the incident of 08/03/13 was just "gossip" from a staff member that was now afraid for his/her job. The Owner stated Resident #2 was "just a wandering resident", she (the owner) was "one hundred (100%) percent certain, no way" a sexual assault happened. Further interview revealed "people were assuming the worst" and stated there was no evidence an altercation or anything had occurred.

Interview with two resident(s), whom the facility had assessed as being interviewable, revealed Resident #2 had a history of exhibiting inappropriate touching/behavior towards Resident #1.

Interview with Resident #4, on 08/16/13 at 12:59 PM, revealed Resident #4 had witnessed Resident #2 put his/her hand between Resident #1's legs. Continued interview revealed, Resident #4 advised staff to "keep an eye on" Resident #2 and keep him/her out of Resident #1's room. Further interview revealed Resident #4 did report his/her concerns to the Assistant Administrator/Social Services Director.

Interview with Resident #5, on 08/16/13 at 1:10 PM, revealed Resident #5 recalled specific incidents when Resident #2 would reach towards Resident #1's breast and Resident #5 would intervene prior to any actual touching. Resident

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F 223	<p>Continued From page 21</p> <p>#5 stated the residents had to look out for Resident #1 and keep Resident #2 away from Resident #1.</p> <p>Interview with the Assistant Administrator/Social Service Director (AA/SSD), on 08/21/13 at 10:44 AM, revealed she was not aware of Resident #2 making sexually inappropriate comments gestures or touching others.</p> <p>Interview with a State Police Detective on 08/16/13 at 2:30 PM revealed the State Police responded to the facility the evening of 08/03/13 after receiving an anonymous call to report an allegation of sexual assault. Continued interview revealed the Police Officers found no documented evidence related to the allegation, and no documented evidence Resident #1 had been evaluated by a physician. Further interview revealed during the process of the Police investigation the State Police requested the sexual assault examination.</p> <p>Further review of Resident #1's Nursing Notes revealed on 08/04/13 at 12:30 AM, Resident #1 was transferred to the emergency department for evaluation and labs, approximately twenty and a half (20 1/2) hours after staff was aware of the incident.</p> <p>Review of the Emergency Department notes, dated 08/04/13 at 1:05 AM, revealed Resident #1 presented to the Emergency Department for a possible sexual assault. Continued review revealed a sexual assault evidence collection examination was completed. The emergency Physician noted the nursing facility staff had bathed Resident #1 and changed and washed Resident #1's clothing and linens prior to seeking</p>	F 223		

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F 223	Continued From page 22 emergency care. Evidence from the sexual assault collection examination had not been processed at the time of the State Survey Agency's investigation. The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/13 that alleged removal of the IJ effective 08/20/13. Review of the AOC revealed the facility implemented the following: 1. The facility had addition formal assessments completed per policy for 100% skin assessments (as with all residents in facility) as of 08/20/13 to remove IJ. There was no indication of injury or harm. 2. Resident #2 was placed on close observation on 08/03/13 after the incident, due to becoming agitated until resident was transferred to another facility. 3. Social Services Director conducted a resident meeting on 08/19/13. No other residents voiced any concerns. The facility's Ombudsman attended the meeting. 4. All interviewable residents were assessed/reassessed by Social Service Director regarding feeling safe and informed residents what to do in the event of another resident coming into their rooms. 5. All staff (nursing, dietary, and housekeeping/laundry) was re-in-serviced by Administrator/other designees on Abuse policy and procedures including Physician and family notifications of 08/15/13. All staff (nursing, dietary, and housekeeping/laundry) will be	F 223			

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F 223	<p>Continued From page 23</p> <p>in-serviced/oriented to abuse policy, including reporting, prevention, intervention, notifications and detection upon hire. Additionally, staff will be re-in-serviced annually by Administration/Designee/Social Services Director.</p> <p>6. On 08/15/13, the Administrator in-serviced/re-in-serviced Department Managers/Managers On Duty/QI Members (Activities, Social Services, Medical Records, General All Department Staff, Human Resources, Business Office Manager, Director of Nursing, Nursing Managers, CEO) regarding proper notifications of individuals of abuse allegations.</p> <p>7. Nursing staff (CNAs, Nurses, and KMAs) in-serviced/re-in-serviced by the DON/designee on 08/15/13 regarding abuse policy/reporting, investigating abuse, assessment of residents for harm from abuse, and notifications to responsible parties regarding abuse and what to do to ensure other residents are not abused.</p> <p>8. Resident safety monitoring policy was updated by Administrator, Social Services Director, and CEO as of 08/15/13 to ensure that residents who are at risk for safety, including resident who may have the potential to cause harm to themselves or others were assessed, Nursing staff (Nurses, CNAs, KMAs) were in-serviced on change/update to policy by DON on 08/19/13.</p> <p>9. Nurses will continue to pass on at change of shift report any ongoing issues regarding changes in condition/issues/concerns and be discussed/addressed for monitoring, etc., and should be discussed daily (Mon. through Fri.) morning meetings held by Administrator/designee/QI team members/Department Managers.</p>	F 223		

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F 223	Continued From page 24 10. Department Managers/QI members/Managers on Duty will continue to monitor residents daily to ensure resident safety needs are met and complaints are addressed. Issues/concerns are documented on QI monitoring tool for Administration/designee review and follow up. The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Copies of skin assessments, performed by licensed staff, for all residents currently residing in the facility, as of 08/20/13, were reviewed. No concerns revealed during review of skin assessments. 2. Interviews with Licensed Practical Nurse (LPN) #5 and Certified Nursing Assistant (CNA) #2, on 08/15/13, revealed Resident #2 was on close observation until transferred out of the facility. 3. The facility provided a copy of the Resident Council meeting held on 08/19/13. Interview with Resident #5, on 08/23/13 at 3:15 PM, revealed the Resident meeting was held on 08/19/13 and the Social Services Director asked if any residents had any concerns that had not been addressed. 4. Interview with Resident #5, on 08/23/13 at 3:15 PM, and Resident #9, on 08/23/13 at 3:25 PM, revealed the Social Services Director had come into residents' rooms and discussed safety concerns as well as guidelines to use in case another resident should come into their rooms.	F 223		
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F 223	<p>Continued From page 25</p> <p>5. The facility provided a copy of in-service sign in sheet for 08/15/13 regarding training for all employees on abuse. Interview with Housekeeper #1, on 08/23/13 at 2:00 PM, revealed she had attended the in-service discussing abuse. Interview with Housekeeper #2, on 08/23/13 at 2:05 PM, revealed she had training on abuse and attended the in-service on 08/15/13. Interview with Laundry Staff, on 08/23/13 at 2:15 PM, revealed she had training on abuse on 08/15/13, which she stated was mandatory for all staff members. Interview with Dietary #1, on 08/23/13 at 2:20 PM, revealed she had attended the in-service on 08/15/13 related to abuse. Interview with Dietary #2, on 08/23/13 at 2:25 PM, revealed she has had training on abuse and attended the in-service on 08/15/13. Interview with Certified Nursing Assistant #2, on 08/15/13 at 7:41 PM, revealed she has had training on abuse and attended the in-service on 08/15/13.</p> <p>6. The facility provided a copy of sign-in sheets regarding the abuse training given for Department Managers, QI members, and Managers On Duty. Interview with Social Service Director, on 08/22/13 at 5:14 PM, revealed she has had training on abuse to include proper notifications and attended the inservice on 08/15/13. Interview with the Director of Nursing, on 08/21/13 at 11:29 AM, revealed she has had training on abuse to include proper notifications and attended the in-service on 08/15/13.</p> <p>7. The facility provided a copy of sign-in sheets regarding the abuse training given for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the abuse policies and procedures. Interview with</p>	F 223		

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F 223	<p>Continued From page 26</p> <p>LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on abuse policy and procedures this morning at the start of her shift.</p> <p>8. The facility provided a copy of sign-in sheets regarding the new monitoring policy training for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the new monitoring policy and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on the new monitoring policy and procedures this morning at the start of her shift.</p> <p>9. The 24 Hour Report/Change of Condition Reports from dates of 08/20/13 through 08/23/13 were reviewed and revealed staff nurses were documenting and reporting events for their shift. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the 24 Hour Report/Change of Condition was utilized in the Stand Up meetings for management and administrative follow up.</p> <p>10. The QI monitoring Tool, completed by management, from dates of 08/20/13 through 08/23/13 was reviewed and revealed managers were following up with areas of safety and resident needs noted on document tool. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the QI monitoring Tool was utilized by management staff while making rounds daily.</p>	F 223	SEE ATTACHED 9/16/13
F 225	483.13(c)(1)(ii)-(iii), (c)(2) - (4)	F 225	

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F 225 SS-J	<p>Continued From page 27</p> <p>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>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.</p>	F 225		

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F 225	Continued From page 28 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 have an effective system to ensure an alleged incident of sexual abuse was thoroughly investigated and reported immediately to the appropriate State Agencies for one (1) of nine (9) sampled residents (Resident #1). On 08/03/13 at 4:00 AM, Resident #2 was found in Resident #1's room with the door closed. Interview revealed Resident #1 was found in a fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his wheelchair with the zipper of his/her pants down. The facility was unable to produce an incident report for the occurrence of the alleged sexual abuse; proof of an investigation; nor documented evidence the appropriate agencies were notified regarding the alleged sexual abuse. (Refer to F223) Based on the above findings, it was determined the facility's failure to investigate an alleged incident of sexual abuse and to immediately report the incident to the appropriate State Agencies, was likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) was identified on 08/15/13 and was determined to exist on 08/03/13. The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/15 with the facility alleging removal of the Immediate	F 225			

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Jeopardy on 08/20/13. The Immediate Jeopardy was verified to be removed on 08/23/13, prior to exiting the facility on 08/23/13, with remaining non-compliance at 42 CFR 483.13, Resident Behavior and Facility Practice, F-225 Abuse, with a Scope and Severity of "D", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure all allegations of abuse were immediately reported to the appropriate State law authorities and all allegations of abuse were thoroughly investigated.

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The findings include:

Review of the facility's policy titled, "Abuse Reporting" undated, revealed upon receiving suspected reports of abuse, misappropriation of property, or neglect, the Administrator or designee should report the incident to the appropriate authorities.

Review of the facility's policy titled, "Accidents and Incidents" undated, revealed regardless of how minor an accident or incident may be, it should be reported to the department supervisor, and an Accident/Incident Report Form should be completed on the shift that the accident or incident occurred. Further review revealed the charge nurse and/or the department supervisor shall conduct an immediate investigation and submit it to the Director of Nursing Services.

The State Survey Agency requested the incident report and investigation; however, the facility denied all requests.

Review of Resident #1's Nursing Notes, dated 08/03/13 at 4:00 AM, revealed staff entered the

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F 225	<p>Continued From page 30</p> <p>closed door to Resident #1's room and found another resident in his/her room with the resident. Further record review revealed on 08/03/13 at 11:00 PM, an order was received from Resident #1's physician to transport Resident #1 to the emergency department for evaluation.</p> <p>Review of the Emergency Department notes, dated 08/04/13 at 1:05 AM, revealed Resident #1 presented to the emergency department for a possible sexual assault and a sexual assault evidence collection examination was completed.</p> <p>However, interview and record review revealed no documented evidence the facility completed an incident report; conducted a thorough investigation of the incident; or notified the appropriate State Agencies.</p> <p>Interview with Licensed Practical Nurse (LPN) #5, on 08/15/13 at 7:06 PM, revealed LPN #5 was Resident #1's primary nurse and charge nurse. Further review revealed she found Resident #2 in Resident #1's room and notified her Manager on Duty who notified the Corporate Executive Officer (CEO).</p> <p>Interview with the Manager of Duty (MOD), on 08/16/13 at 3:34 PM, revealed she was notified by LPN #5 on 08/03/13 at approximately 4:30 AM of an incident involving Resident #2 being found in Resident #1's room with the door closed and that Resident #1's adult brief had been pulled down exposing his/her buttocks and the adult brief and linens had a wet sticky substance on them. The MOD stated she reported the information she received from LPN #5 to the CEO and she was advised by the CEO that she (the CEO) would call LPN #5.</p>	F 225		

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F 225

Further interview with Licensed Practical Nurse (LPN) #5, on 08/15/13 at 7:06 PM, revealed the CEO called her for further information, but LPN #5 was not directed to complete an incident report. Further interview revealed, she was aware of the abuse policy, and did not follow the facility's policy to conduct an immediate investigation and document the incident because she did not think anything had happened.

Interview with the CEO, on 08/14/13 at 8:55 PM, revealed she did not report the incident to the appropriate State Agencies because she was told by the reporting nurse (LPN #5), nothing happened. Continued interview revealed she was told Resident #2 was found in Resident #1's room with the door closed. Further interview revealed she was told Resident #1's pajama pants and adult briefs were pulled down and exposed his/her buttocks. She was also advised a wet substance was found on Resident #1's blanket. Further interview revealed when the State Police initiated their investigation, she requested witness statements from immediate care providers for the night of 08/03/13; however, a thorough investigation was not completed because she did not think anything had happened.

Interview with CNA #1, on 08/14/13 at 7:54 PM, revealed the Corporate Executive Officer (CEO) requested witness statements from staff after the State Police initiated their investigations. However, interview revealed the CEO refused to take CNA #1's witness statement requesting CNA #1 re-write the statement including only facts of what she saw when she looked into the room. She stated the CEO wanted only what she saw, which was Resident #1 with his/her adult brief

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F 225	<p>Continued From page 32</p> <p>pulled down and blanket off. Further interview revealed CNA #1 was advised by the CEO, what Resident #2 had been doing before and after the incident was not relevant. CNA #1 stated she revised her statement; however, she gave her original statement to the State Police.</p> <p>Interview with Resident #1's legal guardian, on 08/21/13 at 1:58 PM, revealed she received a call on 08/04/13, with her phone's caller ID system identifying the caller to be from the facility, with a male voice stating he was a detective and the case [involving Resident #1] was closed. However, the Legal Representative confirmed with the police detective that he had not called her to advise the case was closed.</p> <p>Interview with the Assistant Administrator who was also Social Services Director, on 08/21/13 at 10:44 AM, revealed she was notified of the incident on 08/03/13 at approximately 9:30 AM. Further interview revealed she did not think anything had happened because Resident #2 was in a wheel chair and unable to walk and Resident #1 had a fall mat beside his/her bed. However, review of Resident #2's Nursing Notes dated 08/03/13 at 4:30 AM, revealed Resident #2 became agitated, got up out of his/her wheel chair, yelling foul curse words at staff, and was unable to be redirected.</p> <p>Interview with the Administrator, on 08/21/13 at 2:42 PM, revealed the Corporate Executive Officer (CEO) was on-call for 08/03/13. Further interview revealed the CEO notified her on 08/04/13 around 10:30 AM or 10:45 AM that Resident #2 was found in Resident #1's room with the door closed but had only been in the room less than five (5) minutes and staff removed</p>	F 225		

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Resident #2 immediately upon finding him/her. However, interview revealed she was not informed Resident #1's pajama pants and adult brief were pulled down and the blanket was wet with an unidentified substance. Continued interview revealed an incident report and investigation should have been completed. Further interview revealed the incident should have been reported per the facility's policy to the appropriate State Agencies.

The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/13 that alleged removal of the IJ effective 08/20/13. Review of the AOC revealed the facility implemented the following:

1. The facility had addition formal assessments completed per policy for 100% skin assessments (as with all residents in facility) as of 08/20/13 to remove IJ. There was no indication of injury or harm.
2. Resident #2 was placed on close observation on 08/03/13 after the incident, due to becoming agitated until resident was transferred to another facility.
3. Social Services Director conducted a resident meeting on 08/19/13. No other residents voiced any concerns. The facility's Ombudsman attended the meeting.
4. All interviewable residents were assessed/reassessed by Social Service Director regarding feeling safe and informed residents what to do in the event of another resident coming into their rooms.

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F 225	<p>Continued From page 34</p> <p>5. All staff (nursing, dietary, and housekeeping/laundry) was re-in-serviced by Administrator/other designees on Abuse policy and procedures including Physician and family notifications of 08/15/13. All staff (nursing, dietary, and housekeeping/laundry) will be in-serviced/oriented to abuse policy, including reporting, prevention, intervention, notifications and detection upon hire. Additionally, staff will be re-in-serviced annually by Administration/Designee/Social Services Director.</p> <p>6. On 08/15/13, the Administrator in-serviced/re-in-serviced Department Managers/Managers On Duty/QI Members (Activities, Social Services, Medical Records, General All Department Staff, Human Resources, Business Office Manager, Director of Nursing, Nursing Managers, CEO) regarding proper notifications of individuals of abuse allegations.</p> <p>7. Nursing staff (CNAs, Nurses, and KMAs) in-serviced/re-in-serviced by the DON/designee on 08/15/13 regarding abuse policy/reporting, investigating abuse, assessment of residents for harm from abuse, and notifications to responsible parties regarding abuse and what to do to ensure other residents are not abused.</p> <p>8. Resident safety monitoring policy was updated by Administrator, Social Services Director, and CEO as of 08/15/13 to ensure that residents who are at risk for safety, including resident who may have the potential to cause harm to themselves or others were assessed. Nursing staff (Nurses, CNAs, KMAs) were in-serviced on change/update to policy by DON on 08/19/13.</p> <p>9. Nurses will continue to pass on at change of</p>	F 225	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/23/2013
NAME OF PROVIDER OR SUPPLIER EDGEMONT HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 323 WEBSTER AVENUE CYNTHIANA, KY 41031		
(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)	
F 225	<p>Continued From page 35</p> <p>shift report any ongoing issues regarding changes in condition/issues/concerns and be discussed/addressed for monitoring, etc., and should be discussed daily (Mon. through Fri.) morning meetings held by Administrator/designee/QI team members/Department Managers.</p> <p>10. Department Managers/QI members/Managers on Duty will continue to monitor residents daily to ensure resident safety needs are met and complaints are addressed. Issues/concerns are documented on QI monitoring tool for Administration/designee review and follow up.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <ol style="list-style-type: none"> 1. Copies of skin assessments, performed by licensed staff, for all residents currently residing in the facility, as of 08/20/13, were reviewed. No concerns revealed during review of skin assessments. 2. Interviews with Licensed Practical Nurse (LPN) #5 and Certified Nursing Assistant (CNA) #2, on 08/15/13, revealed Resident #2 was on close observation until transferred out of the facility. 3. The facility provided a copy of the Resident Council meeting held on 08/19/13. Interview with Resident #5, on 08/23/13 at 3:15 PM, revealed the Resident meeting was held on 08/19/13 and the Social Services Director asked if any residents had any concerns that had not been addressed. 	F 225		

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F 225	<p>Continued From page 36</p> <p>4. Interview with Resident #5, on 08/23/13 at 3:15 PM, and Resident #9, on 08/23/13 at 3:25 PM, revealed the Social Services Director had come into residents' rooms and discussed safety concerns as well as guidelines to use in case another resident should come into their rooms.</p> <p>5. The facility provided a copy of in-service sign in sheet for 08/15/13 regarding training for all employees on abuse. Interview with Housekeeper #1, on 08/23/13 at 2:00 PM, revealed she had attended the in-service discussing abuse. Interview with Housekeeper #2, on 08/23/13 at 2:05 PM, revealed she had training on abuse and attended the in-service on 08/15/13. Interview with Laundry Staff, on 08/23/13 at 2:15 PM, revealed she had training on abuse on 08/15/13, which she stated was mandatory for all staff members. Interview with Dietary #1, on 08/23/13 at 2:20 PM, revealed she had attended the in-service on 08/15/13 related to abuse. Interview with Dietary #2, on 08/23/13 at 2:25 PM, revealed she has had training on abuse and attended the in-service on 08/15/13. Interview with Certified Nursing Assistant #2, on 08/15/13 at 7:41 PM, revealed she has had training on abuse and attended the in-service on 08/15/13.</p> <p>6. The facility provided a copy of sign-in sheets regarding the abuse training given for Department Managers, QI members, and Managers On Duty. Interview with Social Service Director, on 08/22/13 at 5:14 PM, revealed she has had training on abuse to include proper notifications and attended the inservice on 08/15/13. Interview with the Director of Nursing, on 08/21/13 at 11:29 AM, revealed she has had training on abuse to include proper notifications and attended the</p>	F 225		

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F 225	<p>Continued From page 37 in-service on 08/15/13.</p> <p>7. The facility provided a copy of sign-in sheets regarding the abuse training given for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the abuse policies and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on abuse policy and procedures this morning at the start of her shift.</p> <p>8. The facility provided a copy of sign-in sheets regarding the new monitoring policy training for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the new monitoring policy and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on the new monitoring policy and procedures this morning at the start of her shift.</p> <p>9. The 24 Hour Report/Change of Condition Reports from dates of 08/20/13 through 08/23/13 were reviewed and revealed staff nurses were documenting and reporting events for their shift. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the 24 Hour Report/Change of Condition was utilized in the Stand Up meetings for management and administrative follow up.</p> <p>10. The QI monitoring Tool, completed by management, from dates of 08/20/13 through 08/23/13 was reviewed and revealed managers were following up with areas of safety and</p>	F 225		
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F 225 Continued From page 38
resident needs noted on document tool.
Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the QI monitoring Tool was utilized by management staff while making rounds daily.

F 225

F 226 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES
SS=J

F 226

SEE ATTACHED 9/16/13

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 policies, it was determined the facility failed to have an effective system to ensure policy and procedures were implemented related to abuse for one (1) of nine (9) sampled residents (Resident # 1). On 08/03/13 at 4:00 AM, Resident #2 was found in Resident #1's room with the door closed. Interview revealed Resident #1 was found in a fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his wheelchair with the zipper of his/her pants down. There was no documented evidence the facility assessed the resident for injury, conducted an investigation, or reported the incident to the appropriate State Agencies per the facility's policy and procedures. (Refer to F223 and F225)

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F 226

Continued From page 39

F 226

Based on the above findings, it was determined the facility's failure to implement it's abuse policy and procedures was likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) was identified on 08/15/13 and was determined to exist on 08/03/13.

The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/15 with the facility alleging removal of the Immediate Jeopardy on 08/20/13. The Immediate Jeopardy was verified to be removed on 08/23/13, prior to exiting the facility on 08/23/13, with remaining non-compliance at 42 CFR 483.13, Resident Behavior and Facility Practice, F-226 Abuse, with a Scope and Severity of "D", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure abuse policy and procedures are implemented.

The findings include:

Review of the facility's policy titled, "Abuse Reporting" undated, revealed each person observing an incident of resident abuse or suspected resident abuse should immediately report the incident to the charge nurse. The charge nurse should complete an Incident Report Form and should examine and interview the resident and report all findings to the Administrator or designee. The policy stated if sexual abuse was suspected, DO NOT bathe the resident or wash the resident's clothes or linen. Further review revealed upon receiving suspected reports of abuse, misappropriation of property, or neglect, the Administrator or

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F 226	<p>Continued From page 40</p> <p>designee should report the incident to the appropriate authorities.</p> <p>Review of the facility's policy titled, "Abuse Investigation" undated, revealed all personnel were to promptly report any incident or suspected incident of resident abuse. Further review revealed when an incident or suspected incident of abuse is reported, the investigation should begin immediately. Continued review revealed the investigation should consist of the review of the completed incident report form; a review of the statement of the person reporting the incident; a review of the statements of any witnesses; an interview with the resident; a review of the resident's medical record; an interview with the resident's roommate; and, a review of all circumstances surrounding the incident.</p> <p>Review of Resident #1's Nursing Notes, dated 08/03/13 at 4:00 AM, revealed staff entered the closed door to Resident #1's room and found Resident #2 in his/her room with the resident.</p> <p>Staff interviews revealed Resident #1 was found lying on his/her right side in a fetal position with his/her pajama pants and adult brief pulled down under the buttocks with his/her buttocks completely exposed. There was a wet substance on his/her hip, on the outer side of his/her adult brief, and on the resident's blanket. However, record review revealed no documented evidence the resident was assessed for injury, an incident report was completed, an investigation of the incident was completed, or the appropriate State Agencies were notified per the facility's policies.</p> <p>Interview with Licensed Practical Nurse (LPN) #5, on 08/15/13 at 7:06 PM, revealed LPN #5 found</p>	F 226		
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F 226

Continued From page 41
Resident #2 in Resident #1's room and notified the Manager On Duty. Per interview she did not assess Resident #1 for any injuries related to the incident. LPN #5 stated LPN #2 assessed Resident #1. However, LPN #5 stated LPN #2's assessment of Resident #1 was he/she did not appear to be in distress and had his/her eyes closed. A skin assessment was not performed. LPN #5 also stated she was not directed to complete an incident report. Further interview revealed, she was aware of the abuse policy, however did not think anything had happened.

In addition, review of the Emergency Department notes, dated 08/04/13 at 1:05 AM, revealed when Resident #1 presented to the emergency department for a possible sexual assault, the Emergency Department Physician documented the nursing facility staff had bathed Resident #1 and changed and washed Resident #1's clothing and linens prior to seeking emergency care.

Interview with LPN #2, on 08/14/13 at 8:25 PM, revealed CNA #2 asked LPN #2 if she should bathe Resident #1. LPN #2 told CNA #2 to bathe Resident #1 although the facility's policy and procedures stated if sexual abuse was suspected, DO NOT bathe the resident or wash the resident's clothes or linen.

Interview with the Director of Nursing, on 08/22/13 at 5:14 PM, revealed staff should have followed the facility's policy to not bathe or wash clothing or linens.

Interview with the Corporate Executive Officer (CEO), on 08/14/13 at 8:55 PM, revealed she only obtained statements from the staff working on 08/03/13 after the State Police initiated their

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F 226	Continued From page 42 investigation. Per interview, she did not did not report the incident to the State Agencies, and did not complete a thorough investigation because she did not think anything had happened. Even though, the facility's policy and procedures revealed all suspected incidents of abuse were to be reported and upon receiving suspected reports of abuse, the Administrator or designee should report the incident to the appropriate State Agencies and investigations were to be conducted. Interview with the Administrator, on 08/21/13 at 2:42 PM, revealed an incident report and investigation should have been completed and the incident reported to the appropriate State Agencies per the facility's policy. The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/13 that alleged removal of the IJ effective 08/20/13. Review of the AOC revealed the facility implemented the following: 1. The facility had addition formal assessments completed per policy for 100% skin assessments (as with all residents in facility) as of 08/20/13 to remove IJ. There was no indication of injury or harm. 2. Resident #2 was placed on close observation on 08/03/13 after the incident, due to becoming agitated until resident was transferred to another facility. 3. Social Services Director conducted a resident meeting on 08/19/13. No other residents voiced any concerns. The facility's Ombudsman attended the meeting.	F 226			

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F 226	Continued From page 43 4. All interviewable residents were assessed/reassessed by Social Service Director regarding feeling safe and informed residents what to do in the event of another resident coming into their rooms. 5. All staff (nursing, dietary, and housekeeping/laundry) was re-in-serviced by Administrator/other designees on Abuse policy and procedures including Physician and family notifications of 08/15/13. All staff (nursing, dietary, and housekeeping/laundry) will be in-serviced/oriented to abuse policy, including reporting, prevention, intervention, notifications and detection upon hire. Additionally, staff will be re-in-serviced annually by Administration/Designee/Social Services Director. 6. On 08/15/13, the Administrator in-serviced/re-in-serviced Department Managers/Managers On Duty/QI Members (Activities, Social Services, Medical Records, General All Department Staff, Human Resources, Business Office Manager, Director of Nursing, Nursing Managers, CEO) regarding proper notifications of individuals of abuse allegations. 7. Nursing staff (CNAs, Nurses, and KMAs) in-serviced/re-in-serviced by the DON/designee on 08/15/13 regarding abuse policy/reporting, investigating abuse, assessment of residents for harm from abuse, and notifications to responsible parties regarding abuse and what to do to ensure other residents are not abused. 8. Resident safety monitoring policy was updated by Administrator, Social Services Director, and CEO as of 08/15/13 to ensure that residents who	F 226			

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F 226	Continued From page 44 are at risk for safety, including resident who may have the potential to cause harm to themselves or others were assessed, Nursing staff (Nurses, CNAs, KMAs) were in-serviced on change/update to policy by DON on 08/19/13. 9. Nurses will continue to pass on at change of shift report any ongoing issues regarding changes in condition/issues/concerns and be discussed/addressed for monitoring, etc., and should be discussed daily (Mon. through Fri.) morning meetings held by Administrator/designee/QI team members/Department Managers. 10. Department Managers/QI members/Managers on Duty will continue to monitor residents daily to ensure resident safety needs are met and complaints are addressed. Issues/concerns are documented on QI monitoring tool for Administration/designee review and follow up. The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Copies of skin assessments, performed by licensed staff, for all residents currently residing in the facility, as of 08/20/13, were reviewed. No concerns revealed during review of skin assessments. 2. Interviews with Licensed Practical Nurse (LPN) #5 and Certified Nursing Assistant (CNA) #2, on 08/15/13, revealed Resident #2 was on close observation until transferred out of the facility. 3. The facility provided a copy of the Resident	F 226			

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F 226	<p>Continued From page 45</p> <p>Council meeting held on 08/19/13. Interview with Resident #5, on 08/23/13 at 3:15 PM, revealed the Resident meeting was held on 08/19/13 and the Social Services Director asked if any residents had any concerns that had not been addressed.</p> <p>4. Interview with Resident #5, on 08/23/13 at 3:15 PM, and Resident #9, on 08/23/13 at 3:25 PM, revealed the Social Services Director had come into residents' rooms and discussed safety concerns as well as guidelines to use in case another resident should come into their rooms.</p> <p>5. The facility provided a copy of in-service sign in sheet for 08/15/13 regarding training for all employees on abuse. Interview with Housekeeper #1, on 08/23/13 at 2:00 PM, revealed she had attended the in-service discussing abuse. Interview with Housekeeper #2, on 08/23/13 at 2:05 PM, revealed she had training on abuse and attended the in-service on 08/15/13. Interview with Laundry Staff, on 08/23/13 at 2:15 PM, revealed she had training on abuse on 08/15/13, which she stated was mandatory for all staff members. Interview with Dietary #1, on 08/23/13 at 2:20 PM, revealed she had attended the in-service on 08/15/13 related to abuse. Interview with Dietary #2, on 08/23/13 at 2:25 PM, revealed she has had training on abuse and attended the in-service on 08/15/13. Interview with Certified Nursing Assistant #2, on 08/15/13 at 7:41 PM, revealed she has had training on abuse and attended the in-service on 08/15/13.</p> <p>6. The facility provided a copy of sign-in sheets regarding the abuse training given for Department Managers, QI members, and Managers On Duty.</p>	F 226		

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F 226	<p>Continued From page 46</p> <p>Interview with Social Service Director, on 08/22/13 at 5:14 PM, revealed she has had training on abuse to include proper notifications and attended the inservice on 08/15/13. Interview with the Director of Nursing, on 08/21/13 at 11:29 AM, revealed she has had training on abuse to include proper notifications and attended the in-service on 08/15/13.</p> <p>7. The facility provided a copy of sign-in sheets regarding the abuse training given for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the abuse policies and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on abuse policy and procedures this morning at the start of her shift.</p> <p>8. The facility provided a copy of sign-in sheets regarding the new monitoring policy training for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the new monitoring policy and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on the new monitoring policy and procedures this morning at the start of her shift.</p> <p>9. The 24 Hour Report/Change of Condition Reports from dates of 08/20/13 through 08/23/13 were reviewed and revealed staff nurses were documenting and reporting events for their shift. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the 24 Hour Report/Change of Condition was utilized in the</p>	F 226	

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F 226 Continued From page 47
Stand Up meetings for management and administrative follow up.

10. The QI monitoring Tool, completed by management, from dates of 08/20/13 through 08/23/13 was reviewed and revealed managers were following up with areas of safety and resident needs noted on document tool. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the QI monitoring Tool was utilized by management staff while making rounds daily.

F 226

F 250 SS=J 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:
Based on interview, record review, review of Social Service Director Job Description, and the facility's policies, it was determined the facility failed to have an effective system to ensure residents in the facility received social services to attain and/or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. On 08/03/13 at 4:00 AM, Resident #2 was found in Resident #1's room with the door closed. Interview revealed Resident #1 was found in a fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's

F 250

SEE ATTACHED 9/16/13

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F 250	Continued From page 48 <p>buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his wheelchair with the zipper of his/her pants down. Interview also revealed Resident #2 had a history of exhibiting inappropriate touching of Resident #1. Record review revealed Resident #2 would stare into other residents' rooms, cuss in the hallways, and make sexual comments; however, there was no documented evidence the facility had addressed Resident #2's behavior.</p> <p>In addition, record review revealed Resident #2 had a history of abusive behaviors towards other residents in the facility with no documented evidence Social Services addressed and implemented interventions related to these abusive behaviors.</p> <p>The facility's failure to ensure an effective system was in place to ensure social services were provided in order to attain and/or maintain the highest practicable physical, mental, and psychosocial well-being of each resident was likely to cause risk for serious injury, harm or impairment or death. The Immediate Jeopardy was identified on 08/15/13, and determined to exist on 08/03/13. The facility was notified of the Immediate Jeopardy on 08/15/13.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/15 with the facility alleging removal of the Immediate Jeopardy on 08/20/13. The Immediate Jeopardy was verified to be removed on 08/23/13, prior to exiting the facility on 08/23/13, with remaining non-compliance at 42 CFR 483.15, Quality of Life, F-250 Provision of Medically Related Social Services, with a Scope and Severity of "D", while the facility develops and implements a Plan of</p>	F 250			

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F 250	Continued From page 49 Correction, and the facility's Quality Assurance continues to monitor compliance with systemic changes. The findings include: Review of the job description for Social Service Director (SSD) revealed Administrative Function of meeting with administration, medical and nursing staff, and other related departments in planning social services as needed. Further review revealed as a part of the Administrative Function, the Social Service Director was responsible for maintaining contact with the resident's family, involving them with non-medical progress reports and working with emotional problems including assisting resident/family with anxieties and stress caused by illness and admission to the facility, difficulties in coping with residual physical disabilities, fears related to helplessness and death, and the need for institutional and specialized care. Review of facility's policy "Behavior Policy", dated 06/07, revealed assessing/documenting new onset of behaviors or those behaviors that were not improving with treatment, monitoring for side effects and providing staff with information regarding behavior management via care plan, etc. Further review revealed nursing staff shall document in nurses notes of any concerns/changes (improvement/decline) with behaviors that require additional intervention or monitoring. Further review of the facility's policy revealed Social Services Designee (SSD) shall evaluate and document resident's mental health issues, past and present history of behavioral issues and shall incorporate with nursing information when documenting admission notes	F 250			

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F 250	Continued From page 50 for use with Resident Assessment Instrument (RAI) to develop an appropriate plan of care. Further review revealed the SSD shall document at least quarterly thereafter and as needed regarding any noted changes in conditions, interventions implemented to assure an appropriate plan of care was instituted. 1. Review of Resident #2's medical record revealed the facility admitted Resident #2 on 02/12/13 with diagnoses which include Altered Mental Status, Seizure Disorder, Obstructive Hydrocephalus, Schizophrenia, Degenerative Joint Disease, and Mental Retardation. Review of Quarterly Minimum Data Set (MDS), dated 05/14/13, revealed a Brief Interview for Mental Status (BIMS) summary score of 11/15, indicating the resident was moderately impaired in cognition. Also noted was no evidence of acute changes in mental status. Review of the Nursing Notes, dated 08/03/13 at 4:00 AM, revealed staff entered the closed door to Resident #1's room and found Resident #2 in his/her room with the resident. Interview with staff revealed Resident #1 was found lying on his/her right side in a fetal position with his/her pajama pants and adult brief pulled down under the buttocks with his/her buttocks completely exposed. A wet substance was found on his/her hip, on the outer side of his/her adult brief, and on the resident's blanket. Interview with Resident #5, on 08/16/13 at 1:10 PM, revealed Resident #5 thought Resident #2 "was a problem from the start". Resident #5 could not recall specific dates and times but did reveal specific incidents when Resident #2 would reach towards Resident #1's breast and Resident #5 would intervene prior to any actual touching. Resident #5 stated the residents had to look out	F 250			

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F 250 Continued From page 51
for Resident #1 and keep Resident #2 away from Resident #1.

Review of Resident #5's medical record revealed the facility admitted Resident #5 on 07/19/12 with diagnoses which include Dementia, Depression, and Alzheimer's disease. Review of Annual MDS, dated 07/13/13, revealed BIMS summary score of 11/15, indicating the resident was interviewable. Also noted was no evidence of acute changes in mental status.

Interview with Resident #4, on 08/16/13 at 12:59 PM, revealed Resident #4 had witnessed Resident #2 put his/her hand between Resident #1's legs. Continued interview revealed, Resident #4 advised staff to "keep an eye on" Resident #2 and keep him/her out of Resident #1's room. Further interview revealed Resident #4 did report his/her concerns to the Assistant Administrator/Social Services Director.

Further interview with Resident #5, on 08/16/13 at 1:10 PM, revealed Unsamped Resident A had come into Resident #5's room and stated Resident #2 had come into his/her room and started talking about killing people. Unsamped Resident A told Resident #5 he/she was afraid of Resident #2. Resident #5 stated he/she encouraged Unsamped Resident A to report the incident to staff. Resident #5 stated she was present when Unsamped Resident A met with the Social Worker to inform of his/her fear of Resident #2. According to Resident #5, the Social Worker informed Unsamped Resident A not to worry about Resident #2 because he/she "wouldn't hurt anyone".

Interview with Unsamped Resident A, on

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F 250	<p>Continued From page 52</p> <p>08/20/13 at 4:55 PM, revealed Unsampled Resident A was upset by Resident #2 coming into his/her room. Unsampled Resident A stated he/she informed staff of the incident but couldn't remember to whom he/she reported it nor when it was reported.</p> <p>Review of Unsampled Resident A's medical record revealed the facility admitted Unsampled Resident A on 01/30/13 with diagnoses with include Osteoarthritis, Pain in Limb, Spinal Stenosis, Low Back Pain, Peripheral Vascular Disease, Progressive Supranuclear Palsy, and Parkinsonism. Review of Quarterly MDS, dated 08/08/13, revealed BIMS summary score of 10/15, indicating the resident was interviewable.</p> <p>Interview with Social Services Director, on 08/21/13 at 10:45 AM, revealed she did not remember any resident discussing Resident #2 going into his/her room. The Social Worker further stated she didn't remember Resident #2 going into any other residents' room. The Social Worker stated if Resident #2 was in another resident's room, it was as a "wanted" visitor. The Social Worker stated she was not aware of Resident #2 making any sexual comments to staff or residents.</p> <p>2. Review of Resident #2's medical record revealed documented evidence of Resident #2's behavior towards residents and staff. However, record review revealed no evidence these behaviors were addressed by Social Services.</p> <p>Review of the Nurse's Note, written on 02/28/13 at 9:10 AM, revealed Resident #2 was verbally abusive to residents and staff. Review of Resident #2's care plan revealed no documented</p>	F 250	

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F 250	<p>Continued From page 53</p> <p>evidence of revision or interventions put into place due to this behavior.</p> <p>Review of Nurse's Note, dated 04/10/13 at 9:00 PM, revealed Resident #2 was extremely upset, agitated and threatening to hurt his roommate. There was no documented evidence the Social Worker addressed Resident #2's behaviors. Review of Resident #2's care plan revealed no revision or interventions put into place due to this occurrence.</p> <p>Review of Nurse's Note, dated 04/27/13 at 12:15 PM, revealed Resident #2 was often found staring into other residents' rooms, cussing in the hallways, and making sexual comments. There was no documented evidence the Social Services Director addressed these behaviors. Review of Resident #2's care plan revealed no revision or interventions put into place due to this behavior.</p> <p>Interview with the Social Service Director, on 08/21/13 at 10:44 AM, revealed she was not aware of Resident #2's behaviors that were documented in the resident's medical record. Even though the facility's behavior policy stated Social Services would evaluate and document resident's mental health issues, past and present history of behavioral issues, and incorporate nursing information to develop an appropriate plan of care.</p> <p>Further review of Nurse's Note, dated 05/20/13 at 6:30 PM, revealed Resident #2 was on the patio for smoke break and was yelling, cursing, and running into other residents with his/her wheel chair. There was no documented evidence the Social Services addressed this behavior and review of Resident #2's care plan revealed no</p>	F 250		
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F 250	<p>Continued From page 54</p> <p>revision or interventions put into place due to this behavior.</p> <p>Interview with the Social Service Director, on 08/21/13 at 10:45 AM, revealed she was unaware of the incident on 05/20/13 at 6:30 PM.</p> <p>However, interview with the DON, on 08/23/13 at 1:35 PM, revealed the 24 Hour Report/Change of Condition Reports, which were completed every day, were read during the morning meetings by supervisors and department heads.</p> <p>Review of facility's 24 Hour Report/Change of Condition Report, dated 05/20/13, revealed documentation that Resident #2 was yelling, cursing staff, running into residents, and staff was unable to redirect. However, Social Services failed to address this behavior and revise the resident's plan of care to prevent recurrence of this behavior and protect other residents.</p> <p>Interview with the Social Service Director, on 08/21/13 at 10:47 AM, revealed she was responsible for talking with residents and families regarding incidents in an investigation. Further interview revealed she was responsible for coordination of care within the facility to ensure residents received needed and required services. Further interview revealed she attended the morning meetings to discuss resident condition changes or pertinent information; however, she was unaware any residents were concerned with their safety, was unaware Resident #2 wandered into other resident rooms, was unaware Resident #2 had a history of staring into other resident rooms and was unaware Resident #2 had a history of making sexually inappropriate sexual comments.</p>	F 250		

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F 250	Continued From page 55 The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/13 that alleged removal of the IJ effective 08/20/13. Review of the AOC revealed the facility implemented the following: 1. The facility had addition formal assessments completed per policy for 100% skin assessments (as with all residents in facility) as of 08/20/13 to remove IJ. There was no indication of injury or harm. 2. Resident #2 was placed on close observation on 08/03/13 after the incident, due to becoming agitated until resident was transferred to another facility. 3. Social Services Director conducted a resident meeting on 08/19/13. No other residents voiced any concerns. The facility's Ombudsman attended the meeting. 4. All interviewable residents were assessed/reassessed by Social Service Director regarding feeling safe and informed residents what to do in the event of another resident coming into their rooms. 5. All staff (nursing, dietary, and housekeeping/laundry) was re-in-serviced by Administrator/other designees on Abuse policy and procedures including Physician and family notifications of 08/15/13. All staff (nursing, dietary, and housekeeping/laundry) will be in-serviced/oriented to abuse policy, including reporting, prevention, intervention, notifications and detection upon hire. Additionally, staff will be re-in-serviced annually by	F 250		

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F 250	Continued From page 56 Administration/Designee/Social Services Director. 6. On 08/15/13, the Administrator in-serviced/re-in-serviced Department Managers/Managers On Duty/QI Members (Activities, Social Services, Medical Records, General All Department Staff, Human Resources, Business Office Manager, Director of Nursing, Nursing Managers, CEO) regarding proper notifications of individuals of abuse allegations. 7. Nursing staff (CNAs, Nurses, and KMAs) in-serviced/re-in-serviced by the DON/designee on 08/15/13 regarding abuse policy/reporting, investigating abuse, assessment of residents for harm from abuse, and notifications to responsible parties regarding abuse and what to do to ensure other residents are not abused. 8. Resident safety monitoring policy was updated by Administrator, Social Services Director, and CEO as of 08/15/13 to ensure that residents who are at risk for safety, including resident who may have the potential to cause harm to themselves or others were assessed, Nursing staff (Nurses, CNAs, KMAs) were in-serviced on change/update to policy by DON on 08/19/13. 9. Nurses will continue to pass on at change of shift report any ongoing issues regarding changes in condition/issues/concerns and be discussed/addressed for monitoring, etc., and should be discussed daily (Mon. through Fri.) morning meetings held by Administrator/designee/QI team members/Department Managers. 10. Department Managers/QI members/Managers on Duty will continue to	F 250		
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F 250 Continued From page 57
monitor residents daily to ensure resident safety needs are met and complaints are addressed. Issues/concerns are documented on QI monitoring tool for Administration/designee review and follow up.

The State Survey Agency validated the implementation of the facility's AOC as follows:

1. Copies of skin assessments, performed by licensed staff, for all residents currently residing in the facility, as of 08/20/13, were reviewed. No concerns revealed during review of skin assessments.
2. Interviews with Licensed Practical Nurse (LPN) #5 and Certified Nursing Assistant (CNA) #2, on 08/15/13, revealed Resident #2 was on close observation until transferred out of the facility.
3. The facility provided a copy of the Resident Council meeting held on 08/19/13. Interview with Resident #5, on 08/23/13 at 3:15 PM, revealed the Resident meeting was held on 08/19/13 and the Social Services Director asked if any residents had any concerns that had not been addressed.
4. Interview with Resident #5, on 08/23/13 at 3:15 PM, and Resident #9, on 08/23/13 at 3:25 PM, revealed the Social Services Director had come into residents' rooms and discussed safety concerns as well as guidelines to use in case another resident should come into their rooms.
5. The facility provided a copy of in-service sign in sheet for 08/15/13 regarding training for all employees on abuse. Interview with

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F 250	<p>Continued From page 58</p> <p>Housekeeper #1, on 08/23/13 at 2:00 PM, revealed she had attended the in-service discussing abuse. Interview with Housekeeper #2, on 08/23/13 at 2:05 PM, revealed she had training on abuse and attended the in-service on 08/15/13. Interview with Laundry Staff, on 08/23/13 at 2:15 PM, revealed she had training on abuse on 08/15/13, which she stated was mandatory for all staff members. Interview with Dietary #1, on 08/23/13 at 2:20 PM, revealed she had attended the in-service on 08/15/13 related to abuse. Interview with Dietary #2, on 08/23/13 at 2:25 PM, revealed she has had training on abuse and attended the in-service on 08/15/13. Interview with Certified Nursing Assistant #2, on 08/15/13 at 7:41 PM, revealed she has had training on abuse and attended the in-service on 08/15/13.</p> <p>6. The facility provided a copy of sign-in sheets regarding the abuse training given for Department Managers, QI members, and Managers On Duty. Interview with Social Service Director, on 08/22/13 at 5:14 PM, revealed she has had training on abuse to include proper notifications and attended the inservice on 08/15/13. Interview with the Director of Nursing, on 08/21/13 at 11:29 AM, revealed she has had training on abuse to include proper notifications and attended the in-service on 08/15/13.</p> <p>7. The facility provided a copy of sign-in sheets regarding the abuse training given for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the abuse policies and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received</p>	F 250		
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F 250	Continued From page 59 training on abuse policy and procedures this morning at the start of her shift. 8. The facility provided a copy of sign-in sheets regarding the new monitoring policy training for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the new monitoring policy and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on the new monitoring policy and procedures this morning at the start of her shift. 9. The 24 Hour Report/Change of Condition Reports from dates of 08/20/13 through 08/23/13 were reviewed and revealed staff nurses were documenting and reporting events for their shift. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the 24 Hour Report/Change of Condition was utilized in the Stand Up meetings for management and administrative follow up. 10. The QI monitoring Tool, completed by management, from dates of 08/20/13 through 08/23/13 was reviewed and revealed managers were following up with areas of safety and resident needs noted on document tool. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the QI monitoring Tool was utilized by management staff while making rounds daily.	F 250			
F 280 SS=J	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged	F 280	SEE ATTACHED 9/16/13		

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F 280	<p>Continued From page 60</p> <p>incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policies, it was determined the facility failed to have an effective system to evaluate and revise residents' care plans when a resident's status changed for one (1) of nine (9) sampled residents (Resident #2). Resident #2 had a documented history of verbal outburst, inappropriate touching, wandering in other residents' rooms, and running into other residents with his/her wheel chair. However, review of Resident #2's Care Plan revealed no documented evidence the facility revised the care plan to include interventions to address these behaviors. On 08/03/13 at 4:00 AM, Resident #2 was found in Resident #1's room with the door closed. Interview revealed Resident #1 was found in a</p>	F 280		
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F 280	<p>Continued From page 61</p> <p>fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his/her wheelchair with the zipper of his/her pants down. (Refer to F223 and F250)</p> <p>Based of the above findings, it was determined the facility's failure to to evaluate and revise residents' care plans when a change in status occurred was likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) were identified on 08/15/13 and was determined to exist on 08/03/13.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/15 with the facility alleging removal of the Immediate Jeopardy on 08/20/13. The Immediate Jeopardy was verified to be removed on 08/23/13, prior to exiting the facility on 08/23/13, with remaining non-compliance at 42 CFR 483.20, Resident Assessment, F-280 Revision of Care Plans, with a Scope and Severity of "D", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of facility's policy "Behavior Policy", dated 06/07, revealed assessing/documenting new onset of behaviors or those behaviors that were not improving with treatment, monitoring for side effects and providing staff with information</p>	F 280	

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F 280	<p>Continued From page 62</p> <p>regarding behavior management via care plan, etc. Further review revealed nursing staff shall document in nurses notes of any concerns/changes (improvement/decline) with behaviors that require additional intervention or monitoring. Further review of the facility's policy revealed Social Services Director (SSD) shall evaluate and document resident's mental health issues, past and present history of behavioral issues and shall incorporate with nursing information when documenting admission notes for use with Resident Assessment Instrument (RAI) to develop an appropriate plan of care. Further review revealed the SSD shall document at least quarterly thereafter and as needed regarding any noted changes in conditions, interventions implemented to assure an appropriate plan of care was instituted.</p> <p>Review of facility's policy, "Care Plans - Comprehensive Policy", no date, revealed care plans should be revised as changes in the resident's condition dictated.</p> <p>Review of Resident #2's medical record revealed the facility admitted Resident #2 on 02/12/13 with diagnoses which include Altered Mental Status, Seizure Disorder, Obstructive Hydrocephalus, Schizophrenia, Degenerative Joint Disease, and Mental Retardation. Review of Quarterly Minimum Data Set (MDS), dated 05/14/13, revealed a Brief Interview for Mental Status (BIMS) summary score of 11/15 indicating the resident was moderately impaired in cognition. Also noted was no evidence of acute changes in mental status.</p> <p>Interview with Resident #5, on 08/16/13 at 1:10 PM, revealed specific incidents when Resident #2</p>	F 280			

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F 280 Continued From page 63
would reach towards Resident #1's breast and Resident #5 would intervene prior to any actual touching. Resident #5 stated the residents had to look out for Resident #1 and keep Resident #2 away from Resident #1.

Interview with Resident #4, on 08/16/13 at 12:59 PM, revealed Resident #4 had witnessed Resident #2 put his/her hand between Resident #1's legs. Resident #4 advised staff to "keep an eye on" Resident #2 and keep him/her out of Resident #1's room and Resident #4 reported his/her concerns to the Social Services Director.

Review of Resident #2's Care Plan for Aggression, dated 02/12/13, revealed nursing staff to monitor moods and behaviors and document daily on the Mood and Behavior Tracker. The goal was for Resident #2 to have no moods/behaviors go undetected within the next assessment period. The interventions were implemented as needed to redirect, convey acceptance of resident during period of inappropriate behavior, always ask for help if resident becomes abusive/resistive, keep environment calm and relaxed, remove from public area when behavior is unacceptable, encourage diversional activities, change staff if resident will allow another staff to complete care, avoid over stimulation, assist to toilet or change brief as needed, position for comfort and assess for hunger or thirst. The only revisions to the care plan noted were for medication changes. Further review revealed a notation in the comment section of the comprehensive plan of care dated 05/2013 "Goals Met cont. POC". The resident's care plan did not address inappropriate touching of other residents.

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Review of the Nursing Notes, dated 08/03/13 at 4:00 AM, revealed staff entered the closed door to Resident #1's room and found Resident #2 in his/her room with the resident. Interview with staff revealed Resident #1 was found lying on his/her right side in a fetal position with his/her pajama pants and adult brief pulled down under the buttocks with his/her buttocks completely exposed. A wet substance was found on his/her hip, on the outer side of his/her adult brief, and on the resident's blanket.

2. Review of Resident #2's medical record revealed Resident #2 exhibited behaviors towards residents and staff. However, review of the resident's plan of care revealed no changes in interventions to address these behaviors.

Review of Resident #2's Mood and Behaviors Monthly Assessment, 02/2013, revealed verbal and physical abuse documented on 02/28/13. Other behaviors were also documented to include other behavioral symptoms not directed toward others, rejection of care, inattention and disorganized thinking. No documentation indicating intervention of medication was used. Outcomes were recorded as unchanged and the resident's care plan was not revised. Review of the Nurse's Note, dated 02/28/13 at 9:10 AM, revealed Resident #2 to be verbally abusive to other residents and staff and extremely upset and unable to be redirected. Further review of the medical record revealed Resident #2 received PRN dose of Ativan for agitation/anxiety. However, review of the Care Plan revealed no documented evidence the facility revised the care plan to included updated interventions to address the behaviors.

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Review of Resident #2's Mood and Behaviors Monthly Assessment, 04/2013, revealed no abusive behaviors documented although other behaviors such as inattention and disorganized thinking were documented. No documentation indicating intervention of medication was used. Outcomes were recorded as unchanged. However, review of Resident #2's Nurse's Notes, dated 04/09/13 at 7:00 AM, revealed Resident #2 was up in his/her wheel chair roaming the facility making sexual remarks to staff. Resident #2 was redirected with positive results. Review of Resident #2's Nurse's Note, dated 04/10/13 at 9:00 PM, revealed Resident #2 was extremely upset and agitated. Review revealed Resident #2 threatened to hurt his/her room mate. At this time Resident #2 received PRN dose of Ativan for agitation/anxiety. Review of Resident #2's Nurse's Notes, dated 04/27/13 at 12:15 PM, revealed Resident #2 was often found starrng in other resident rooms, cussing in hallways and making sexual comments. Review of Resident #2's Nurse's Note, dated 04/28/13 at 5:30 PM, revealed Resident #2 was yelling and cussing in the hall, threatening to fight other residents and staff, packing his/her personal belongings. Further review revealed Resident #2 received PRN dose of Ativan for agitation/anxiety. However, review of the care plan revealed no documented evidence the care plan was revised to include any additional interventions to address Resident #2's behaviors.

Review of Resident #2's Mood and Behaviors Monthly Assessment, 05/2013, revealed no abusive behaviors documented although other behaviors were documented to include inattention and disorganized thinking. No documentation indicating intervention of medication was used.

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F 280	Continued From page 66 Outcomes were record as unchanged. However, review of Resident #2's Nurse's Note, dated 05/13/13 at 11:00 PM, revealed Resident #2 required frequent redirection from conversation with staff regarding sexual overtones. Review of Resident #2's Nurse's Note, dated 05/20/13 at 6:30 PM, revealed Resident #2 was on the patio outside, very agitated, going through the trash can, yelling, cursing and running into other residents and unable to be redirected. Further review revealed Resident #2 received PRN dose of Ativan for agitation/anxiety at 7:00 PM. Review of Resident #2's Nurse's Note, dated 05/31/13 at 2:45 PM, revealed Resident #2 was cussing and threatening staff and other residents. Resident #2 received PRN dose of Ativan for agitation/anxiety. However, review of the care plan revealed no documented evidence the care plan was revised with interventions to address the behaviors. Review of Resident #2's Mood and Behaviors Monthly Assessment, 07/2013, revealed physically abusive behaviors documented on 07/01/13. Other behaviors were noted on 07/01/13, 07/02/13, 07/20/13, 07/22/13, 07/23/13 and 07/24/13 to include other behavioral symptoms not directed toward staff, rejection of care, inattention, disorganized thinking and delusions. No documentation indicating intervention of medication was used. Outcomes were record as unchanged. However, review of Resident #2's Nurse's Note, dated 07/26/13 at 10:30 AM, revealed the Inter-Disciplinary Team (IDT) reviewed the resident's behaviors from evening shift. Further review stated Resident #2 became very angry and irate, cussing at other staff, throwing things. Resident #2 received PRN dose of Ativan for agitation/anxiety. Review of	F 280			

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F 280	<p>Continued From page 67</p> <p>Resident #2's Nurse's Note, dated 07/26/13 at 8:15 PM, revealed Resident #2 was yelling and stating to staff to get away or he/she would hurt staff. Resident #2 was cursing other residents when they told him to shut up. Resident #2 was unable to be re-directed. Resident #2 received PRN dose of Ativan for agitation/anxiety. However, review of the care plan revealed no documented evidence the care plan was revised to include addition interventions to address the behaviors.</p> <p>Review of Resident #2's Mood and Behaviors Monthly Assessment, from 08/01/13 to 08/03/13, revealed no abusive behaviors documented although other behaviors were documented to include inattention and disorganized thinking. No documentation indicating intervention of medication was used. Outcomes were record as unchanged. However, review of Resident #2's Nurse's Note, dated 08/03/13 at 4:30 AM, revealed Resident #2 was roaming in the hall and became agitated and unable to redirect. Further review revealed Resident #2 got up out of his/her wheel chair saying he/she was leaving, resident yelling and cursing staff unable to redirect. Resident #2 received PRN dose of Ativan for agitation/anxiety at 4:50 AM.</p> <p>Interview with the Director of Nursing (DON), on 08/21/13 at 11:30 AM, revealed the Mood and Behavior Tracking sheets were probably not accurate due to not recording interventions of medications given and the effectiveness of the interventions.</p> <p>Interview with the Social Service Director, on 08/21/13 at 10:59 AM, revealed it was her responsibility to coordinate services in the facility</p>	F 280		

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F 280	<p>Continued From page 68</p> <p>to ensure residents received the care and services that they needed. She stated she did, at times revise care plans.</p> <p>Interview with the Chief Executive Officer (CEO), on 08/21/13 at 1230 PM, revealed she was not able to determine if the Mood and Behavior Tracking sheets were an accurate assessment of the resident's behavior if the sheets were missing important details, due to not having a medical background.</p> <p>Interview with the Administrator, on 08/21/13 at 2:40 PM, revealed she does not review the Mood and Behavior tracking sheets to assess residents. The Administrator stated she looked at the nurse's notes, medications, and Physician's orders to assess behaviors. She further stated the Social Service Director was responsible for review the Mood and Behavior tracking sheet and revising the care plan accordingly.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/13 that alleged removal of the IJ effective 08/20/13. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> 1. The facility had addition formal assessments completed per policy for 100% skin assessments (as with all residents in facility) as of 08/20/13 to remove IJ. There was no indication of injury or harm. 2. Resident #2 was placed on close observation on 08/03/13 after the incident, due to becoming agitated until resident was transferred to another facility. 	F 280		

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F 280	<p>Continued From page 69</p> <p>3. Social Services Director conducted a resident meeting on 08/19/13. No other residents voiced any concerns. The facility's Ombudsman attended the meeting.</p> <p>4. All interviewable residents were assessed/reassessed by Social Service Director regarding feeling safe and informed residents what to do in the event of another resident coming into their rooms.</p> <p>5. All staff (nursing, dietary, and housekeeping/laundry) was re-in-serviced by Administrator/other designees on Abuse policy and procedures including Physician and family notifications of 08/15/13. All staff (nursing, dietary, and housekeeping/laundry) will be in-serviced/oriented to abuse policy, including reporting, prevention, intervention, notifications and detection upon hire. Additionally, staff will be re-in-serviced annually by Administration/Designee/Social Services Director.</p> <p>6. On 08/15/13, the Administrator in-serviced/re-in-serviced Department Managers/Managers On Duty/QI Members (Activities, Social Services, Medical Records, General All Department Staff, Human Resources, Business Office Manager, Director of Nursing, Nursing Managers, CEO) regarding proper notifications of individuals of abuse allegations.</p> <p>7. Nursing staff (CNAs, Nurses, and KMAs) in-serviced/re-in-serviced by the DON/designee on 08/15/13 regarding abuse policy/reporting, investigating abuse, assessment of residents for harm from abuse, and notifications to responsible parties regarding abuse and what to do to ensure other residents are not abused.</p>	F 280		

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F 280 Continued From page 70

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8. Resident safety monitoring policy was updated by Administrator, Social Services Director, and CEO as of 08/15/13 to ensure that residents who are at risk for safety, including resident who may have the potential to cause harm to themselves or others were assessed. Nursing staff (Nurses, CNAs, KMAs) were in-serviced on change/update to policy by DON on 08/19/13.

9. Nurses will continue to pass on at change of shift report any ongoing issues regarding changes in condition/issues/concerns and be discussed/addressed for monitoring, etc., and should be discussed daily (Mon. through Fri.) morning meetings held by Administrator/designee/QI team members/Department Managers.

10. Department Managers/QI members/Managers on Duty will continue to monitor residents daily to ensure resident safety needs are met and complaints are addressed. Issues/concerns are documented on QI monitoring tool for Administration/designee review and follow up.

The State Survey Agency validated the implementation of the facility's AOC as follows:

1. Copies of skin assessments, performed by licensed staff, for all residents currently residing in the facility, as of 08/20/13, were reviewed. No concerns revealed during review of skin assessments.

2. Interviews with Licensed Practical Nurse (LPN) #5 and Certified Nursing Assistant (CNA) #2, on 08/15/13, revealed Resident #2 was on close observation until transferred out of the

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F 280	Continued From page 71 facility. 3. The facility provided a copy of the Resident Council meeting held on 08/19/13. Interview with Resident #5, on 08/23/13 at 3:15 PM, revealed the Resident meeting was held on 08/19/13 and the Social Services Director asked if any residents had any concerns that had not been addressed. 4. Interview with Resident #5, on 08/23/13 at 3:15 PM, and Resident #9, on 08/23/13 at 3:25 PM, revealed the Social Services Director had come into residents' rooms and discussed safety concerns as well as guidelines to use in case another resident should come into their rooms. 5. The facility provided a copy of in-service sign in sheet for 08/15/13 regarding training for all employees on abuse. Interview with Housekeeper #1, on 08/23/13 at 2:00 PM, revealed she had attended the in-service discussing abuse. Interview with Housekeeper #2, on 08/23/13 at 2:05 PM, revealed she had training on abuse and attended the in-service on 08/15/13. Interview with Laundry Staff, on 08/23/13 at 2:15 PM, revealed she had training on abuse on 08/15/13, which she stated was mandatory for all staff members. Interview with Dietary #1, on 08/23/13 at 2:20 PM, revealed she had attended the in-service on 08/15/13 related to abuse. Interview with Dietary #2, on 08/23/13 at 2:25 PM, revealed she has had training on abuse and attended the in-service on 08/15/13. Interview with Certified Nursing Assistant #2, on 08/15/13 at 7:41 PM, revealed she has had training on abuse and attended the in-service on 08/15/13.	F 280			

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F 280	<p>Continued From page 72</p> <p>6. The facility provided a copy of sign-in sheets regarding the abuse training given for Department Managers, QI members, and Managers On Duty. Interview with Social Service Director, on 08/22/13 at 5:14 PM, revealed she has had training on abuse to include proper notifications and attended the inservice on 08/15/13. Interview with the Director of Nursing, on 08/21/13 at 11:29 AM, revealed she has had training on abuse to include proper notifications and attended the in-service on 08/15/13.</p> <p>7. The facility provided a copy of sign-in sheets regarding the abuse training given for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the abuse policies and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on abuse policy and procedures this morning at the start of her shift.</p> <p>8. The facility provided a copy of sign-in sheets regarding the new monitoring policy training for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the new monitoring policy and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on the new monitoring policy and procedures this morning at the start of her shift.</p> <p>9. The 24 Hour Report/Change of Condition Reports from dates of 08/20/13 through 08/23/13 were reviewed and revealed staff nurses were documenting and reporting events for their shift.</p>	F 280		

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F 280	Continued From page 73 Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the 24 Hour Report/Change of Condition was utilized in the Stand Up meetings for management and administrative follow up. 10. The QI monitoring Tool, completed by management, from dates of 08/20/13 through 08/23/13 was reviewed and revealed managers were following up with areas of safety and resident needs noted on document tool. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the QI monitoring Tool was utilized by management staff while making rounds daily.	F 280			
F 490 SS-J	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility's policy, it was determined the facility failed to be administered in a manner which enables it to attain or maintain the highest practicable physical well-being of each resident related to provision of care. The facility failed to ensure abuse and care plan policies and procedures were implemented by staff. The facility failed to develop and implement a behavior management program to ensure residents' behaviors that could lead to conflict were assessed, care planned, and	F 490	SEE ATTACHED 9/16/13		

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F 490

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monitored. The facility's administration failed to ensure Social Services related to residents' behaviors was involved in assessing and implementing interventions to ensure care plan revision to ensure resident behaviors were addressed to ensure resident safety.

F 490

On 08/03/13 at 4:30 AM, Resident #2 was found in Resident #1's room with the door closed. Interview revealed Resident #1 was found in a fetal position on his/her side with the pajama pants and adult brief pulled down below the buttocks and the buttocks were exposed. A wet substance was found on Resident #1's buttocks, blanket, and on the outside of the adult brief. Interview revealed Resident #2 was sitting in his wheelchair with the zipper of his/her pants down. Interview and record review revealed Resident #1 was not assessed for injury, nor was the resident's Physician or Responsible Party immediately notified of the incident. Interview and record review revealed the facility failed to investigate the incident and report the incident to the appropriate State Agencies. Interview also revealed Resident #2 had a history of exhibiting inappropriate touching of Resident #1. Record review revealed Resident #2 would stare into other residents' rooms, cuss in the hallways, and make sexual comments; however, there was no documented evidence the facility had addressed Resident #2's behavior. (Refer to F157, F223, F225, F226, F250, and F280)

Based on the above findings it was determined the facility's failure to have an effective system in place to ensure the facility was administered in a manner that enabled it to use its resources effectively and efficiently was likely to cause serious injury, harm, impairment, or death.

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F 490	<p>Continued From page 75</p> <p>Immediate Jeopardy was identified on 08/15/13, and was determined to exist on 08/03/13.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/15 with the facility alleging removal of the Immediate Jeopardy on 08/20/13. The Immediate Jeopardy was verified to be removed on 08/23/13, prior to exiting the facility on 08/23/13, with remaining non-compliance at 42 CFR 483.75, Administration, F-490 Effective Administration/Resident Well-Being, with a Scope and Severity of "D", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure compliance with systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Resident Rights" undated, revealed the residents had the right to be free from verbal, sexual, physical or mental abuse, corporal punishment, and involuntary seclusion. Continued review revealed the facility must implement procedures that protect the resident from abuse, neglect or mistreatment, or misappropriation of property. Further review revealed in the event of an alleged violations involving resident treatment, the facility was required to report it to the appropriate officials and all alleged violations must be thoroughly investigated and the results reported. Further review revealed the facility must provide a safe environment.</p> <p>Review of the facility's policy titled, "Abuse Reporting" undated, revealed the definitions of Abuse, Verbal abuse, Sexual abuse, Physical</p>	F 490		
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F 490	Continued From page 76 abuse, Involuntary seclusion, Mental abuse, Neglect and Misappropriation of resident property were each defined in the policy. Further review revealed each person observing an incident of resident abuse or suspected resident abuse should be immediately reported to the charge nurse. Review further revealed the charge nurse should complete an Incident Report Form and should examine and interview the resident and report all findings to the Administrator or designee. Additionally, review of the facility's policy stated if sexual abuse was suspected, DO NOT bathe the resident or wash the resident's clothes or linen. Review of the facility's policy titled, "Care Plans - Comprehensive" undated, revealed the Comprehensive Care Plan was designed to incorporate identified problem areas and incorporate risk factors associated with the identified problem areas. Further review revealed the Care Plans were revised as changes in the resident's condition dictates. Review of the facility's policy titled, "Behavior Policy" dated 06/07, revealed Social Services (SS) should evaluate and document resident's mental health issues, past and present history of behavioral issues and shall incorporate said information with nursing information when documenting to develop an appropriate plan of care. Further review revealed SS should document at least quarterly thereafter and as needed regarding any noted changes in conditions, interventions implemented to assure appropriate plan of care is instituted. Further review revealed residents exhibiting behaviors that posed an immediate threat/harm to themselves or others will have	F 490			

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physician/responsible party notified for request to discharge to hospital for assuring safety. Further review revealed the residents would receive individualized interventions based on behaviors until transportation could be arranged.

Interview and record review revealed the facility had been knowledgeable of Resident #2's history of abusive/inappropriate behaviors since 02/28/13; however, failed to assess, care plan, and monitor Resident #2 related to these abusive behaviors. Record review revealed Resident #2 had made sexual comments to staff, and resident interviews revealed residents had witnessed Resident #2 inappropriately touch Resident #1. Residents reported they had told facility staff and stated they were concerned for Resident #1. However, interviews with staff revealed they denied being informed of this behavior.

Review of the Nursing Notes, dated 08/03/13 at 4:00 AM, revealed staff entered the closed door to Resident #1's room and found Resident #2 in his/her room with the resident. Staff interviews revealed Resident #1's left hip and buttocks were exposed and Resident #1 was found to have a wet substance on his/her hip, on the outer side of his/her adult brief, and on the resident's blanket. However, this incident was not immediately reported to Resident #1's physician or legal representative and the resident was not assessed by the facility for injury. In addition, the facility failed to conduct a thorough investigation, and failed to notify the appropriate State Agencies.

Interview with the Corporate Executive Officer (CEO), on 08/14/13 at 8:55 PM, revealed she did not report the incident to the appropriate State Agencies because she was told by the reporting

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F 490	Continued From page 78 nurse(LPN #5), nothing happened. Further interview revealed when the State Police initiated their investigation, she requested witness statements from immediate care providers for the night of 08/03/13; however, a thorough investigation was not completed because she did not think anything had happened. Interview with the Director of Nursing, on 08/21/13 at 11:29 AM, revealed her expectations would be to follow the facility's policies. Further interview revealed Resident #2 should have been care planned for behaviors with interventions in place to monitor Resident #2 and protect the other residents. Further interview revealed all incidents should be documented, investigated and reported to the appropriate State Agencies. Interview with the Administrator, on 08/21/13 at 2:42 PM, revealed facility policy and procedures should be followed; an incident report and investigation should be completed for all allegations of abuse; and, the allegation should be reported to the appropriate State Agencies. The facility provided an acceptable credible Allegation of Compliance (AOC) on 08/23/13 that alleged removal of the UJ effective 08/20/13. Review of the AOC revealed the facility implemented the following: 1. The facility had addition formal assessments completed per policy for 100% skin assessments (as with all residents in facility) as of 08/20/13 to remove UJ. There was no indication of injury or harm. 2. Resident #2 was placed on close observation on 08/03/13 after the incident, due to becoming	F 490			

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F 490	Continued From page 79 agitated until resident was transferred to another facility. 3. Social Services Director conducted a resident meeting on 08/19/13. No other residents voiced any concerns. The facility's Ombudsman attended the meeting. 4. All interviewable residents were assessed/reassessed by Social Service Director regarding feeling safe and informed residents what to do in the event of another resident coming into their rooms. 5. All staff (nursing, dietary, and housekeeping/laundry) was re-in-serviced by Administrator/other designees on Abuse policy and procedures including Physician and family notifications of 08/15/13. All staff (nursing, dietary, and housekeeping/laundry) will be in-serviced/oriented to abuse policy, including reporting, prevention, intervention, notifications and detection upon hire. Additionally, staff will be re-in-serviced annually by Administration/Designee/Social Services Director. 6. On 08/15/13, the Administrator in-serviced/re-in-serviced Department Managers/Managers On Duty/QI Members (Activities, Social Services, Medical Records, General All Department Staff, Human Resources, Business Office Manager, Director of Nursing, Nursing Managers, CEO) regarding proper notifications of individuals of abuse allegations. 7. Nursing staff (CNAs, Nurses, and KMAs) in-serviced/re-in-serviced by the DON/designee on 08/15/13 regarding abuse policy/reporting, investigating abuse, assessment of residents for	F 490			

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F 490	<p>Continued From page 80</p> <p>harm from abuse, and notifications to responsible parties regarding abuse and what to do to ensure other residents are not abused.</p> <p>8. Resident safety monitoring policy was updated by Administrator, Social Services Director, and CEO as of 08/15/13 to ensure that residents who are at risk for safety, including resident who may have the potential to cause harm to themselves or others were assessed, Nursing staff (Nurses, CNAs, KMAs) were in-serviced on change/update to policy by DON on 08/19/13.</p> <p>9. Nurses will continue to pass on at change of shift report any ongoing issues regarding changes in condition/issues/concerns and be discussed/addressed for monitoring, etc., and should be discussed daily (Mon. through Fri.) morning meetings held by Administrator/designee/QI team members/Department Managers.</p> <p>10. Department Managers/QI members/Managers on Duty will continue to monitor residents daily to ensure resident safety needs are met and complaints are addressed. Issues/concerns are documented on QI monitoring tool for Administration/designee review and follow up.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Copies of skin assessments, performed by licensed staff, for all residents currently residing in the facility, as of 08/20/13, were reviewed. No concerns revealed during review of skin assessments.</p>	F 490		
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F 490 Continued From page 81

2. Interviews with Licensed Practical Nurse (LPN) #5 and Certified Nursing Assistant (CNA) #2, on 08/15/13, revealed Resident #2 was on close observation until transferred out of the facility.

3. The facility provided a copy of the Resident Council meeting held on 08/19/13. Interview with Resident #5, on 08/23/13 at 3:15 PM, revealed the Resident meeting was held on 08/19/13 and the Social Services Director asked if any residents had any concerns that had not been addressed.

4. Interview with Resident #5, on 08/23/13 at 3:15 PM, and Resident #9, on 08/23/13 at 3:25 PM, revealed the Social Services Director had come into residents' rooms and discussed safety concerns as well as guidelines to use in case another resident should come into their rooms.

5. The facility provided a copy of in-service sign in sheet for 08/15/13 regarding training for all employees on abuse. Interview with Housekeeper #1, on 08/23/13 at 2:00 PM, revealed she had attended the in-service discussing abuse. Interview with Housekeeper #2, on 08/23/13 at 2:05 PM, revealed she had training on abuse and attended the in-service on 08/15/13. Interview with Laundry Staff, on 08/23/13 at 2:15 PM, revealed she had training on abuse on 08/15/13, which she stated was mandatory for all staff members. Interview with Dietary #1, on 08/23/13 at 2:20 PM, revealed she had attended the in-service on 08/15/13 related to abuse. Interview with Dietary #2, on 08/23/13 at 2:25 PM, revealed she has had training on abuse and attended the in-service on 08/15/13. Interview with Certified Nursing Assistant #2, on

F 490

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

PRINTED: 10/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2013
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NAME OF PROVIDER OR SUPPLIER EDGEMONT HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 323 WEBSTER AVENUE CYNTHIANA, KY 41031
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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 490	Continued From page 82 08/15/13 at 7:41 PM, revealed she has had training on abuse and attended the in-service on 08/15/13. 6. The facility provided a copy of sign-in sheets regarding the abuse training given for Department Managers, QI members, and Managers On Duty. Interview with Social Service Director, on 08/22/13 at 5:14 PM, revealed she has had training on abuse to include proper notifications and attended the inservice on 08/15/13. Interview with the Director of Nursing, on 08/21/13 at 11:29 AM, revealed she has had training on abuse to include proper notifications and attended the in-service on 08/15/13. 7. The facility provided a copy of sign-in sheets regarding the abuse training given for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the abuse policies and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on abuse policy and procedures this morning at the start of her shift. 8. The facility provided a copy of sign-in sheets regarding the new monitoring policy training for nursing staff. Interview with LPN #4, on 08/23/13 at 2:10 PM revealed she attended training regarding the new monitoring policy and procedures. Interview with LPN #6, on 08/23/13 at 2:25 PM, revealed she has been on vacation and was just returning to work this date. LPN #6 stated she received training on the new monitoring policy and procedures this morning at the start of her shift.	F 490		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/02/2013
FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/23/2013
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F 490	Continued From page 83 9. The 24 Hour Report/Change of Condition Reports from dates of 08/20/13 through 08/23/13 were reviewed and revealed staff nurses were documenting and reporting events for their shift. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the 24 Hour Report/Change of Condition was utilized in the Stand Up meetings for management and administrative follow up. 10. The QI monitoring Tool, completed by management, from dates of 08/20/13 through 08/23/13 was reviewed and revealed managers were following up with areas of safety and resident needs noted on document tool. Interview with the Director of Nursing on, 08/23/13 at 11:35 AM, revealed the QI monitoring Tool was utilized by management staff while making rounds daily.	F 490			

ABUSE INVESTIGATION

POLICY STATEMENT

It is the policy of this facility that all personnel promptly report any incident or suspected incident of resident abuse, neglect, or misappropriation of property.

PROCEDURES

1. When an incident or suspected incident of abuse, neglect or misappropriation of property is reported, the investigation will begin immediately.
2. The Administrator/designee will provide to the person in charge of the investigation a copy of the Incident Report Form and any supporting documents relative to the investigation.
3. The representative's investigation shall consist of:
 - a. A review of the completed Incident Report Form;
 - b. A review of the statement of the person(s) reporting the incident;
 - c. A review of the statements of any witnesses to the incident;
 - d. An interview with the resident (if possible);
 - e. A review of the resident's medical record;
 - f. (Interview with the resident's roommate, if possible;
 - g. A review of all circumstances surrounding the incident.
4. While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to the resident. Visits may only be made in designated areas approved by the administrator.
5. Employees of this facility that have been accused of resident abuse will be removed from resident care duties immediately pending investigation or until the results of the investigation have been reviewed by the Administrator.
6. The administrator/designee will keep the resident and his/her representative (sponsor) informed of the progress of the investigation.
7. The results of the representative's investigation will be recorded in a written report.
8. A copy of the completed investigation report will be provided to the administrator within five (5) working days of the reported incident.
9. The administrator/designee will inform the resident and his/her representative (sponsor) of the findings of the investigation and corrective action taken.
10. Inquiries concerning abuse reporting and investigation should be referred to the Administrator or the Assistant Administrator.

X 

Quality Assurance Hotline

If you have a concern about the facility,
please call and talk with the owner Bonnie.

859-953-0294



X

Resident Council Minutes
August 7, 2013

Meeting Facilitator: Act. Dir. and
CFO, and Ombudsman

Attendees:

Discussion from last meeting approved. Resident Rights reviewed and accepted, including wondering residents.

No new policies or procedures at this time.

New business and open topics discussed: Residents discussed and voted on a special meal for next month. Salmon Patties, Tuna Patties Substitute, Scalloped Potatoes, Broccoli, Asparagus Substitute, Yeast Rolls and Banana Pudding. Going on an outing to Cracker Barrel, and interested in a Hayride.

Laundry/Housekeeping - no new concerns
Dietary - no new concerns
Maintenance - no new concerns
Social Services - no new concerns
Nursing - no new concerns
Activities - no new concerns

Concerns will be addressed with each department head.

Next Resident Council Meeting will be scheduled on Sept 4, 2013 at 11:00 a.m.

F tag

State Tag

157

N018

164

N039

223

N104

225

N105
N108

226

N130

256

N192

280

N316

290

Resident Council Meeting
8-19-2013
Started 2:00 pm
Time Adjorned 2:25 pm

Directed by _____, SW and _____; AD
Residents approved for meeting to be lead by social services.

Residents in attendance:

President of Council is

Reviewed resident rights with attending residents. Reviewd rights including privacy, dignity, voicing grievances, restraints, abuse and exercising rights. Also discussed gossip among peers. We reviewed the right to be in a safe environment free from harm and unwanted visitors. Discussed situations where peers may wander into a room and what to do if an unwanted person enters the room. All residents are aware to use the call light for assistance, yell out if in need of urgent assistance and to report any concerns to staff, nurse, any dept head. Residents are aware of rights and participated in discussion time. Time allowed for questions and answers. Those present feel comfortable and safe in facility and are aware of how to voice concerns for themselves and others.
All in favor to adjorn.

Next meeting tentatively scheduled for 9-4-2013.

Resident Council Minutes
September 4, 2013

Meeting Facilitator: Act. Dir. and DON.
Started 11:00 am
Time Adjourned 11:45 am

Attendees:

Discussion from last meeting approved. Resident Rights reviewed and accepted, including Abuse, Notification of Changes in condition to POA and Physican, Right to privacy, Report any complaints or concerns or if they feel unsafe for any reason, Social Services Quality of life support if needed for feeling unsafe, to be a part of their care planning process, and about the environment being safe and free from accidents. Working on putting together a Hay Ride in October.

No new policies or procedures at this time.

New business and open topics discussed: Residents discussed and voted on a special meal for next month. Sloppy Joe, Tater Tots, Cole Slaw, and Brownie with Ice Cream. Resident Choice activity for September is Ring Toss.

Laundry/Housekeeping - no new concerns

Dietary – no new concerns

Maintenance - no new concerns

Social Services - no new concerns

Nursing – no new concerns

Activities – no new concerns

Concerns will be addressed with each department head.

Next Resident Council Meeting will be scheduled on October 2, 2013
at 2:00 pm

Resident Council Meeting Scheduled 10/2/13.

Ombudsman _____ phoned Activity Director, _____ on Wednesday morning around 8:15 to inform her that she would not be able to attend the meeting, that she had a funeral to attend that afternoon. Ombudsman to come in the following week to attend another resident council meeting regarding residents rights.

Social worker, _____ informed of ombudsman having to cancel meeting. Social worker placed call to _____ to verify she would not be attending to see if someone from the office could attend in her place. No answer, no voicemail options at 1:15 pm. Social Worker then placed a call to Ombudsman Office in Lexington to _____ to see if anyone could act on _____'s behalf. No answer at office. Call placed to office again at 1:28 pm. Spoke with receptionist who stated that _____ was out to lunch and would have her call me as soon as she returned. Gave her my name and message. Call placed to office again at 2:00 pm and 2:04 pm. No answer, just a recording stating they were with clients. Social worker then called local APS office to see if anyone would be available to attend a council meeting regarding resident rights and abuse. No one available at that time. Call placed to _____, regional APS, to see if she could send someone, she was unavailable to talk at that time.

Social Worker, _____ attended resident council meeting with the consent of all residents in attendance.

Resident Council Meeting
10/2/13

Started 2:00 pm, refreshments with the Activity Director,

Directed by _____ SW and _____ AD

Residents in Attendance:

Minutes read and approved.

Residents rights read and discussed. Examples given and discussed. Reviewed rights including dignity, privacy, grievances, and abuse. Discussed the different types of abuse and gave examples of all. All residents in attendance participated in the discussion. Reviewed what to do if a resident wanders into their room. Discussed the right to be free from harm. All residents in attendance had no concerns with anyone wandering into their rooms. All felt safe and free from harm. All residents participated in question and answer time. All questions/concerns addressed.

No concerns with dignity issues.

Residents voted for Lucky Dog to be the resident activity of choice.

Residents voted for the choice meal to be Homemade Chili w/crackers, Pimento Cheese/PBJ Sandwiches, Pineapple Upside Down Cake.

All in favor to adjourn. Meeting adjourned at 2:55 pm

Next meeting tentatively scheduled for 11/6/13 at 11:00 am

Social Worker received call from _____ at 3:50 pm. SW explained the reason of call to her. She thanked SW for calling earlier.

Resident Council Minutes
OCTOBER 9, 2013

Meeting Facilitator: _____ ombudsman, _____ Activity
Director, and _____ another ombudsman to help with the game

Attendees:

I opened the meeting at 2:00 p.m. and asked for permission for _____ and Mary to conduct the Resident Rights Bingo game. All the residents voted and approved.

The residents enjoyed playing this game and were given the opportunity to ask questions they might have and to make sure that each resident and each right was clearly understood. Residents were not bashful and learned a great deal about their rights. The meeting was closed at 3:30 p.m.

Next Resident Council Meeting will be scheduled on November 6, 2013 at 11:00 a.m..

Resident Council Minutes
NOVEMBER 6, 2013

Meeting Facilitator:

Attendees:

Discussions from last meeting approved, Residents Rights reviewed, and accepted

No new policies or procedures at this time.

New Business and open topics discussed: Discussed with residents any new concerns or issues, these were address with appropriate Department heads and are being addressed. Residents new choice meal for the month is Ham, Baked Beans, scalloped potatoes, Dressed Eggs and Apple Pie.

Laundry/housekeeping – no new concerns

Dietary – no new concerns

Maintenance – no new concerns

Social Services – no new concerns

Nursing – no new concerns

Activities – no new concerns

Next Resident Council Meeting will be scheduled on November 6, 2013 at 11:00 a.m..

Resident/Rooms List	OK	Room # and Action Needed	Area/Misc East/North(circle)	OK	Area and Action Needed-Additional Comments in General
Clean/Hygiene needs met-shaven, hair groomed, nails clean, appropriate/clean attire, no odors, supv. Is adequate to prevent accidents, good oral care, Food preferences honored. Rights honored			Hall/Unit; Floors clean (not sticky. Nothing on Floors and free of clutter		
Special need equipment in place (see care Plan for specifics) bed/body alarms in place, mat on floor, respiratory equip. in place/clean, splints, special therapy positioning devices, etc. Side Rails per order (properly positioned at all times)			All equipment cleaned according to schedule shower chairs, w/c geri-chairs, pumps, hoier lifts, ice coolers etc./No ext. Cords.		
Linens clean and bed made - free of odors/food crumbs (no frayed linens)			All items on one side of hallway-safe pass.		
Clutter Free-nothing on floor-trash cans in room does not contain diapers/ect. Room looks tidy overall.			Trash can/sharps containers not more than 3/4 full		
Water pitcher/ice and water - unless NPO			Dining Rms clean/dust free		
Suction machine covered and emptied - O2 tubing dated and bagged when not in use			Nsg stations clean and HIPPA maintained		
Call-light within reach-working			Hskeeping carts locked		
Tables/Misc. clean including under bed and furniture.			No equip. in hallway free of hazzards-carts/lifts		
Food in appropriate containers-no food left if needing refrigerated, Beverages/Food is served palatable, attractive at prope temp			Mointoring of hand-washing/knocking on doors		
Bathroom-clean and odor free.			Call lights being answered quickly		
Commode-base/bowl clean/grout clean			STAFFING: name badges/gait belts on		
Privacy curtain clean and neat-privacy provided in/out of rooms			Appropriate attire/clean jewelry not appr.		
Any complaints noted by residents.			Professional to others		
Maintenance request form filled out for: (please complete)			Not C/O staffing etc.		
Torn or marred equipment/furniture (ie. wheelchairs, cushions, mats, etc.)			Staying busy, talking with resident, not each other.		
Handrails tight.			Other environmental issue		
Clean Vents and high dusting					

F157 N018
F164 N039

F223 N104
F225 N105
F226 N108

F250 N130
F280 N192
F092 N211

F282
F309

Revised 8/19/13



Edgemont Healthcare

Monitoring Policy

It is the policy of Edgemont Healthcare to assess all residents for risk of safety, including residents who may have the potential to cause harm to themselves or others. If resident is found to be at risk, they shall be placed on a 15 minute monitoring schedule as follows:

Q 15 minutes while awake

Q 15 minutes while sleeping

If no additional safety issues are noted within a 24 hour period, continue monitoring resident every hour for 24 additional hours. At which time the resident will be reevaluated by interdisciplinary team for any further need to continue monitoring.



8/26/13

F 223
N 104
F 225
N 105
F 226
N 108

ELDER ABUSE



it's a crying shame

Right Spunners. Right Now!

In 2008 the state Long Term Care Ombudsman programs nationally investigated 17,741 complaints of abuse, gross neglect, and exploitation on behalf of nursing home and board and care residents.

- Among seven types of abuse categories, physical abuse was the most common type reported.

(National Ombudsman Reporting System Data Tables, 2008, Washington, DC, U.S. Administration on Aging.)

F 223

- In a case involving an Ohio nursing home, a resident was abused by a staff member who "yanked" him out of bed, "strammed" him into a chair, closed off the resident's nose with his hand to cut off his airway, pried back the resident's throat, verbally abused him, and let him fall to the floor. The staff person was not disciplined and continued to work at the facility.
- In another case involving an Ohio nursing home, a resident was observed with severe lacerations on the ear, skin tears, and bruising on his neck and hands. When asked by two staff members who had hurt him, the resident replied, "He'll beat me up again if I tell you." Later, the resident identified a male aide, who confessed to abusing the resident.

RMS

Blair Southern, RN, MSW

- In an Ohio nursing home, a resident with dementia abused 13 other residents over a ten month period, including sexually assaulting a female resident, punching and slapping numerous residents in the face, and striking another resident in the head with a coffee mug.
- In one Florida nursing home, a staff person forced a call light from a resident's hand, placed it out of reach, and refused to comply with the resident's requests for assistance on numerous occasions. When the resident required a bedpan at night, the staff person did not provide it, forcing the resident to urinate in bed and wait until morning for a diaper to be changed.

(Waxman, H.A., 2001. Abuse of residents is a major problem in U.S. nursing homes. Special Investigator Division Committee on Government Reform U.S. House of Representatives.)

RMS

Blair Southern, RN, MSW

Each resident has the right to be free from abuse, neglect, mistreatment, misappropriation of resident property, corporal punishment, and involuntary seclusion.



RMS

Residents must not be subjected to abuse by anyone, including

but not limited to:

- All facility staff;
- Other residents;
- Privileged Physicians;
- Consultants or Volunteers;
- Staff of other agencies serving the resident;
- Family members or legal guardians;
- Friends; or
- Other individuals

RMS

- **Abuse:** The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
- **Neglect:** Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
- **Mistreatment:** A definition is not provided at this time.
- **Misappropriation of Resident Property:** The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

RMS REGULATORY MANAGEMENT SYSTEMS

State Caution, Best Flow

- **Injury of Unknown Source:** An injury should be classified as an "injury of unknown source" when both of the following conditions are met (CMS F-225 Interpretive Guidelines):
 1. The source of injury was not observed by any person or the source of the injury could not be explained by the resident; AND
 2. The injury is suspicious because of the extent of the injury or the location of the injury (e.g. the injury is located in an area not generally vulnerable to trauma); OR the number of injuries observed at one particular point in time; OR the incidence of injuries over time.

RMS REGULATORY MANAGEMENT SYSTEMS

State Caution, Best Flow

483.13 (b) Abuse.

The resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.



RMS

483.13 (c) Staff Treatment of Residents

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

RMS

483.13 (c)(1)(ii): The facility must not employ individuals who have been:

1. Found guilty of abusing, neglecting, or mistreating residents by a court of law; or
2. Have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents, or misappropriation of their property.

RMS

Nurse Aide, Nurse Aide

483.13 (c)(1)(iii): The facility must 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.

RMS

Nurse Aide, Nurse Aide