

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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041	
(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 000 INITIAL COMMENTS

An abbreviated survey was initiated and concluded on 03/13/13 to investigate KY19891. The Division of Health Care substantiated the allegation with deficiencies cited.

F 224 483.13(c) PROHIBIT
SS=E MISTREATMENT/NEGLECT/MISAPPROPRIATN

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 observation, interview, record review, and review of the facility's Resident Information Guide and the Abuse and Neglect Policy and Procedure, it was determined the facility failed to prevent misappropriation of the resident's property for one (1) of the three (3) sampled residents (Resident #1) with the potential for affecting forty-five (45) of the one hundred twenty (120) residents residing at the facility. Forty-five residents utilized a key to a locked drawer. The facility knowingly provided these residents with a locking drawer for the storage of valuables that had a universal lock which any resident key would be able to unlock.

The findings include:

F 000

This plan of correction is being submitted in compliance with specific regulatory compliance. Neither its completion nor content is to be construed as an admission by the provider of the validity of any findings or citations contained herein.

F 224

F 224
1) A report was filed with law enforcement for Resident #1 missing rings on 3/5/13. Law enforcement has searched database and will continue checking database for the missing rings. Resident #1 was supplied a safe by community to store any valuables on 3/7/13. Resident #1 was educated on safe guarding the key for the safe by our Office Manager on 3/7/13. Community requested on 3/5/13 Resident #1 responsible party come to the community and inventory resident belongings. Responsible party did come to the community but Resident #1 declined to inventory belongings. Resident #1 on 3/25/13 was also given the option of storing any belongings in the community safe located in the executive director office but declined.
2) Household Coordinator, Social Worker, Director of Environmental Services and Office Manager met with all residents who were utilizing the locked nightstand drawer. Residents were informed the locking drawer provided for the storage of valuables

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

X *Harri A. Hers*

TITLE

X *Executive Director* *X*

(X6) DATE

4/3/2013

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.

APR 03 2013

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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 224 Continued From page 1

Review of the facility's Abuse and Neglect policy and procedure, revised 01/2010, revealed prevention techniques would be implemented in the center. Identify, correct, and intervene in a situation where abuse and/or neglect were more likely to occur.

Review of the Resident Information guide, not dated, revealed the facility would provide a locking drawer in the nightstand for each resident to accommodate any items of value. Drawer keys were made available upon request from the household staff.

Review of Resident #1's medical record revealed the facility admitted the resident in 2008. The facility assessed the resident as interviewable on the Quarterly Minimum Data Set (MDS), dated 01/28/13, with a brief interview of mental status (BIMS) score of 15, indicating intact cognition.

Interview with Resident #1, on 03/13/13 at 10:30 AM, revealed the resident was missing two (2) diamond rings from the locked drawer provided by the facility. The resident revealed he/she has had, and used the locked drawer of the nightstand since moving into the facility's current location. The resident revealed he/she stored the key in a desk drawer located next to the bedside table with the locking drawer. The resident revealed wearing the rings regularly and stored them in the locking drawer at night or when not wearing. The resident revealed the facility provided him/her with a floor safe after the incident, but revealed there was nothing left of value to store in the new safe.

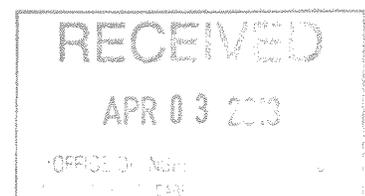
Observation of the resident's desk drawer, on

F 224

had a universal lock which any resident key would be able to unlock. Those residents wishing to continue using the locked drawer acknowledged their understanding of others being able to access the locked drawer. All Masonic Home of Louisville Sam Swope Care Center residents and responsible parties were informed they could deposit valuables in a safe located in our administration office and also offered the option of setting up a resident trust fund account.

3) Upon move in residents who move in to the community will be informed they can deposit valuables in a safe located in the rehabilitation households or our administration office and also offered the option of setting up a resident trust fund account. Medical Director along with the Executive Director reviewed facilities Abuse and Neglect Policy and Procedure on April 1, 2013 with no additions or changes needed to policy and procedure. Medical Director and Executive Director reviewed statement of deficiencies and discussed plan of correction on April 1, 2013.

4) Household coordinator, social worker and social services assistant will interview on abuse and neglect three residents on each of our six households every week for four weeks and report interview findings to Executive Director. Thereafter,



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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 224 Continued From page 2
03/13/13 at 10:30 AM, revealed 2 keys were located at the front of drawer which was visible immediately upon opening. Observation of the lock on the bedside table drawer revealed no scratches or dents.

Review of Resident #2's medical record revealed the facility admitted the resident on 02/25/13. The facility assessed the resident as interviewable utilizing the Admission MDS, dated 03/04/13, with a BIMS score of 15 which indicated the resident was cognitively intact.

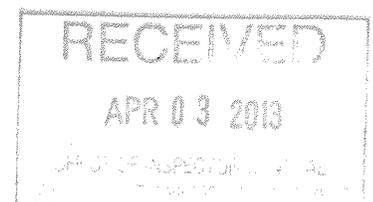
Observation of Resident #2, on 03/13/13 at 10:50 AM, revealed the resident's room was located on the same hall as Resident #1. Resident #2's locked drawer of the bedside table was slightly opened with the key lying inside of the drawer.

Interview with Resident #2, on 03/13/13 at 10:50 AM, revealed the facility did provided him/her with the key to the locked drawer, but did not currently use the drawer. The resident revealed he/she stored the key in the unlocked drawer and left the key unattended while out of the room. The resident revealed they were out of the room frequently for therapy and meals.

Review of Resident #3's medical record revealed the facility admitted the resident on 01/10/13. The facility assessed the resident as interviewable utilizing the Admission MDS, dated 01/25/13, with a BIMS score of 13 which indicated the resident was cognitively intact.

Observation of Resident #3, on 03/13/13 at 12:50 PM, revealed the locked drawer of the bedside table was slightly opened with the key hanging

F 224 household coordinator, social worker and social services assistant will interview three residents on each house for two months and report monthly findings to Executive Director. Results of interviews will be immediately addressed and findings presented by Executive Director to Quality Assurance committee and Medical Director monthly for further recommendations for three months and continue until the Quality Assurance team and Medical Director determines discontinuance is acceptable.
5) Compliance Date: April 12, 2013



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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE

F 224 Continued From page 3
out of the lock.

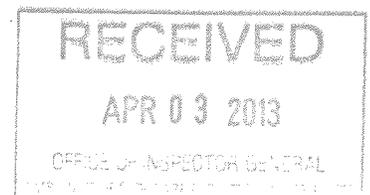
Interview with Resident #3, on 03/13/13 at 12:50 PM, revealed the facility provided the resident with the key to the locked drawer upon admission. The resident revealed he/she did not use the lock drawer. The resident revealed he/she was out of the room most of the morning while in therapy and left the key in the room unattended.

Interview with the Social Service Director/MDS Coordinator, on 03/13/13 at 2:50 PM, revealed the resident has had the rings for years and when not wearing them they were stored on a ring holder in the locked drawer of bedside table. The SSD/MDS Coordinator revealed administration could easily replace a key if it was lost because the key to the locked drawers were interchangeable. The SSD/MDS Coordinator revealed the key was a common key, therefore any key could open any residents drawer. The SSD/MDS revealed the resident's were not told the keys were interchangeable.

Interview with Certified Nursing Assistant (CNA) #2 and #3, on 03/13/13 at 3:54 PM, revealed empty rooms usually have the key to the locked drawers either in the lock or in the drawer.

Interview with Licensed Practical Nurse #1, on 03/13/13 at 4:00 PM, revealed she was aware the locked drawers had a common lock with a universal key. The LPN revealed the keys were kept in all rooms and if the room was empty the key was left in the drawer. The LPN revealed residents frequently take the key home upon discharge so the facility frequently had to replace

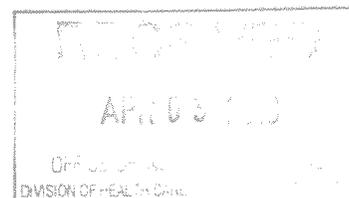
F 224



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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2013
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 224	<p>Continued From page 4 the keys.</p> <p>Interview with the Marsh House Leader, on 03/13/13 at 4:04 PM, revealed he distributed the keys to residents and kept a list of who was using the drawers and had a key. The House Leader revealed he was not aware of the keys being left in empty rooms. The House Leader revealed he was aware the lock keys were interchangeable, but never thought this was an issue because no one told the residents or the staff.</p> <p>Further interview with the Marsh House Leader, on 03/13/13 at 5:50 PM, revealed keys were sometimes left in empty rooms or residents leave the key out making it accessible to anyone. The House Leader revealed he would not be surprised to know staff are aware of the keys being interchangeable. The House Leader revealed the common lock did set up a situation where resident valuables were vulnerable.</p> <p>Interview with the Director of Nursing (DON), on 03/13/13 at 4:55 PM, revealed the facility provided a floor safe to Resident #1 to provide a sense of security, no one else was provided a floor safe. The DON revealed she was not aware of the locks until the investigation of the missing rings. The DON revealed she did not think this was a problem because it was not common knowledge and the keys were not left lying around. The DON revealed she had not monitored the keys because they had not had a problem with missing valuables.</p> <p>Interview with the Executive Director (ED), on 03/13/13 at 5:27 PM, revealed the House Leaders were responsible for the keys. The ED</p>	F 224		



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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 224 Continued From page 5
revealed housekeeping should be turning keys into the house leaders but this was not something that had been ingrained in them, so keys are sometimes left lying around, especially on Chandler, Walter, and Marsh house due to the number of residents there for rehabilitation and there for only a short time. The ED revealed campus security and the police inspected Resident #1's lock and said it did not appear to be tampered with.

Further interview with the ED, on 03/13/13 at 6:00 PM, revealed residents should be educated about security and storage of their key. The ED revealed the common lock had not been considered an issue until Resident #1 reported the missing rings. The ED revealed there were 45 residents with a key to their lock drawer. The ED revealed there was no set criteria or education as to who can use, how to use, or storage of the key.

F 224

RECEIVED
03/25/2013

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041
--	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

N 000 Initial comments

A complaint survey was initiated and concluded on 03/13/13 to investigate KY 19891. The Division of Health Care substantiated the allegation with deficiencies cited.

N 000

This plan of correction is being submitted in compliance with specific regulatory compliance. Neither its completion nor content is to be construed as an admission by the provider of the validity of any findings or citations contained herein.

N 105 902 KAR 20:046-11(1) Section 11. Storage and Service Areas

(1) Central storage room(s) with at least ten (10) square feet per bed for first fifty (50) beds; and five (5) square feet per bed for all beds over fifty (50), to be concentrated in one (1) area. This requirement is not met as evidenced by: Based on observation, interview, record review, and review of the facility's Resident Information Guide and the Abuse and Neglect Policy and Procedure, it was determined the facility failed to prevent misappropriation of the resident's property for one (1) of the three (3) sampled residents (Resident #1) with the potential for affecting forty-five (45) of the one hundred twenty (120) residents residing at the facility. Forty-five residents utilized a key to a locked drawer. The facility knowingly provided these residents with a locking drawer for the storage of valuables that had a universal lock which any resident key would be able to unlock.

N 105

N 105

1) A report was filed with law enforcement for Resident #1 missing rings on 3/5/13. Law enforcement has searched database and will continue checking database for the missing rings. Resident #1 was supplied a safe by community to store any valuables on 3/7/13. Resident #1 was educated on safe guarding the key for the safe by our Office Manager on 3/7/13. Community requested on 3/5/13 Resident #1 responsible party come to the community and inventory resident belongings. Responsible party did come to the community but Resident #1 declined to inventory belongings. Resident #1 on 3/25/13 was also given the option of storing any belongings in the community safe located in the executive director office but declined.
2) Household Coordinator, Social Worker, Director of Environmental Services and Office Manager met with all residents who were utilizing the locked nightstand drawer. Residents were informed the locking drawer provided for the storage of valuables

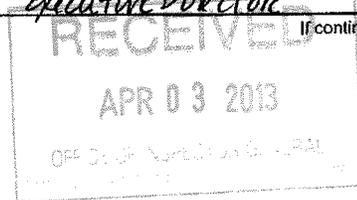
The findings include:

Review of the facility's Abuse and Neglect policy and procedure, revised 01/2010, revealed prevention techniques would be implemented in the center. Identify, correct, and intervene in a situation where abuse and/or neglect were more likely to occur.

Review of the Resident Information guide, not dated, revealed the facility would provide a

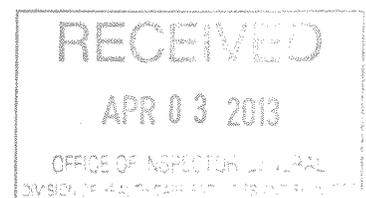
X *Heidi A. Hers*
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Executive Director* *X* (X6) DATE *4/3/2013*



Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2013
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041		
(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) COMPLETE DATE
N 105	<p>Continued From page 1</p> <p>locking drawer in the nightstand for each resident to accommodate any items of value. Drawer keys were made available upon request from the household staff.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident in 2008. The facility assessed the resident as interviewable on the Quarterly Minimum Data Set (MDS), dated 01/28/13, with a brief interview of mental status (BIMS) score of 15, indicating intact cognition.</p> <p>Interview with Resident #1, on 03/13/13 at 10:30 AM, revealed the resident was missing two (2) diamond rings from the locked drawer provided by the facility. The resident revealed he/she has had, and used the locked drawer of the nightstand since moving into the facility's current location. The resident revealed he/she stored the key in a desk drawer located next to the bedside table with the locking drawer. The resident revealed wearing the rings regularly and stored them in the locking drawer at night or when not wearing. The resident revealed the facility provided him/her with a floor safe after the incident, but revealed there was nothing left of value to store in the new safe.</p> <p>Observation of the resident's desk drawer, on 03/13/13 at 10:30 AM, revealed 2 keys were located at the front of drawer which was visible immediately upon opening. Observation of the lock on the bedside table drawer revealed no scratches or dents.</p> <p>Review of Resident #2's medical record revealed the facility admitted the resident on 02/25/13. The facility assessed the resident as interviewable utilizing the Admission MDS, dated 03/04/13, with a BIMS score of 15 which indicated</p>	N 105	<p>had a universal lock which any resident key would be able to unlock. Those residents wishing to continue using the locked drawer acknowledged their understanding of others being able to access the locked drawer. All Masonic Home of Louisville Sam Swope Care Center residents and responsible parties were informed they could deposit valuables in a safe located in our administration office and also offered the option of setting up a resident trust fund account.</p> <p>3) Upon move in residents who move in to the community will be informed they can deposit valuables in a safe located in the rehabilitation households or our administration office and also offered the option of setting up a resident trust fund account. Medical Director along with the Executive Director reviewed facilities Abuse and Neglect Policy and Procedure on April 1, 2013 with no additions or changes needed to policy and procedure. Medical Director and Executive Director reviewed statement of deficiencies and discussed plan of correction on April 1, 2013.</p> <p>4) Household coordinator, social worker and social services assistant will interview on abuse and neglect three residents on each of our six households every week for four weeks and report interview findings to Executive Director. Thereafter, household coordinator, social worker</p>	



Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041
--	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

N 105 Continued From page 2

the resident was cognitively intact.

Observation of Resident #2, on 03/13/13 at 10:50 AM, revealed the resident's room was located on the same hall as Resident #1. Resident #2's locked drawer of the bedside table was slightly opened with the key lying inside of the drawer.

Interview with Resident #2, on 03/13/13 at 10:50 AM, revealed the facility did provide him/her with the key to the locked drawer, but did not currently use the drawer. The resident revealed he/she stored the key in the unlocked drawer and left the key unattended while out of the room. The resident revealed they were out of the room frequently for therapy and meals.

Review of Resident #3's medical record revealed the facility admitted the resident on 01/10/13. The facility assessed the resident as interviewable utilizing the Admission MDS, dated 01/25/13, with a BIMS score of 13 which indicated the resident was cognitively intact.

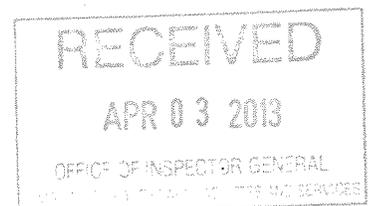
Observation of Resident #3, on 03/13/13 at 12:50 PM, revealed the locked drawer of the bedside table was slightly opened with the key hanging out of the lock.

Interview with Resident #3, on 03/13/13 at 12:50 PM, revealed the facility provided the resident with the key to the locked drawer upon admission. The resident revealed he/she did not use the lock drawer. The resident revealed he/she was out of the room most of the morning while in therapy and left the key in the room unattended.

Interview with the Social Service Director/MDS Coordinator, on 03/13/13 at 2:50 PM, revealed

N 105

and social services assistant will interview three residents on each house for two months and report monthly findings to Executive Director. Results of interviews will be immediately addressed and findings presented by Executive Director to Quality Assurance committee and Medical Director monthly for further recommendations for three months and continue until the Quality Assurance team and Medical Director determines discontinuance is acceptable.
5) Compliance Date: April 12, 2013



Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
--	---	---	---

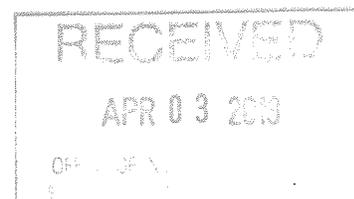
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041
---	---

(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) COMPLETE DATE
N 105	<p>Continued From page 3</p> <p>the resident has had the rings for years and when not wearing them they were stored on a ring holder in the locked drawer of bedside table. The SSD/MDS Coordinator revealed administration could easily replace a key if it was lost because the key to the locked drawers were interchangeable. The SSD/MDS Coordinator revealed the key was a common key, therefore any key could open any residents drawer. The SSD/MDS revealed the resident's were not told the keys were interchangeable.</p> <p>Interview with Certified Nursing Assistant (CNA) #2 and #3, on 03/13/13 at 3:54 PM, revealed empty rooms usually have the key to the locked drawers either in the lock or in the drawer.</p> <p>Interview with Licensed Practical Nurse #1, on 03/13/13 at 4:00 PM, revealed she was aware the locked drawers had a common lock with a universal key. The LPN revealed the keys were kept in all rooms and if the room was empty the key was left in the drawer. The LPN revealed residents frequently take the key home upon discharge so the facility frequently had to replace the keys.</p> <p>Interview with the Marsh House Leader, on 03/13/13 at 4:04 PM, revealed he distributed the keys to residents and kept a list of who was using the drawers and had a key. The House Leader revealed he was not aware of the keys being left in empty rooms. The House Leader revealed he was aware the lock keys were interchangeable, but never thought this was an issue because no one told the residents or the staff.</p> <p>Further interview with the Marsh House Leader, on 03/13/13 at 5:50 PM, revealed keys were sometimes left in empty rooms or residents leave</p>	N 105		

RECEIVED
APR 03 2013
OFFICE OF INSPECTOR GENERAL
STATE OF MISSOURI

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041	
(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) COMPLETE DATE
N 105	<p>Continued From page 4</p> <p>the key out making it accessible to anyone. The House Leader revealed he would not be surprised to know staff are aware of the keys being interchangeable. The House Leader revealed the common lock did set up a situation were resident valuables were vulnerable.</p> <p>Interview with the Director of Nursing (DON), on 03/13/13 at 4:55 PM, revealed the facility provided a floor safe to Resident #1 to provide a sense of security, no one else was provided a floor safe. The DON revealed she was not aware of the locks until the investigation of the missing rings. The DON revealed she did not think this was a problem because it was not common knowledge and the keys were not left lying around. The DON revealed she had not monitored the keys because they had not had a problem with missing valuables.</p> <p>Interview with the Executive Director (ED), on 03/13/13 at 5:27 PM, revealed the House Leaders were responsible for the keys. The ED revealed housekeeping should be turning keys into the house leaders but this was not something that had been ingrained in them, so keys are sometimes left lying around, especially on Chandler, Walter, and Marsh house due to the number of residents there for rehabilitation and there for only a short time. The ED revealed campus security and the police inspected Resident #1's lock and said it did not appear to be tampered with.</p> <p>Further interview with the ED, on 03/13/13 at 6:00 PM, revealed residents should be educated about security and storage of their key. The ED revealed the common lock had not been considered an issue until Resident #1 reported the missing rings. The ED revealed there were</p>	N 105	



Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2013
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 240 MASONIC HOME DRIVE MASONIC HOME, KY 40041
--	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

N 105 Continued From page 5
45 residents with a key to their lock drawer. The ED revealed there was no set criteria or education as to who can use, how to use, or storage of the key.

N 105

