

R E C E I V E D
MAR - 2 2012

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

PRINTED: 02/21/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185221	(X2) MULTIPLE SURVEY OR REEVALUATION A. DURING THIS SURVEY B. WING _____	(X3) DATE SURVEY COMPLETED C 02/08/2012
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NAME OF PROVIDER OR SUPPLIER SALYERSVILLE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 671 PARKWAY DRIVE SALYERSVILLE, KY 41465
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(K4) 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)	(K5) COMPLETION DATE
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F.000	INITIAL COMMENTS An abbreviated standard survey (KY17601) was conducted on 02/07-08/12. The allegation was substantiated. Deficient practice was identified at 'D' level.	F.000	F225	
F.225 SS=D	483.13(c)(1)(I)-(III), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance	F.225	F225	1. Resident #1 no longer resides in the center, but follow up testing to define drug tier revealed this drug was positive and was given per order. Resident #2 remains in the center and fracture is resolving. Medical Director was made aware of both issues on 2/8/2012 by the Director of Nursing with no orders noted. 2. Director of Nursing (D.O.N) and Regional Director of Clinical Operations(RDCO) to review all accident and incident reports from 1/1/2012-2/29/2012 to identify any accident and incident report that did not have a known cause immediately noted. This will be completed by 3/6/2012. Any A/I report that did not have an immediate cause noted will be immediately investigated and the center Administrator will immediately notify the appropriate state agencies per EHSI policy. DON/UM and /or RDCO to review Nurses notes in all records from the time period of 1/1/2012 - 2/29/2012 by 3/6/2012 to identify any injury noted in the record. Any issues identified will be immediately reported to the appropriate state agencies and investigated per EHSI policy. DON/Unit Managers(U.M.) to review narcotic count book from the period of 1/1/2012- 2/29/2012 to identify if any narcotic has not been counted per EHSI policy. This will be completed by 3/6/2012. Any issue found will be immediately reported to the Medical Director and the appropriate state agencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sharon Hardy, Administrator TITLE: Administrator DATE: 3/2/12

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 and plans are disclosable 30 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2012
NAME OF PROVIDER OR SUPPLIER SALYERSVILLE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 671 PARKWAY DRIVE SALYERSVILLE, KY 41466		
(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 225	<p>Continued From page 1</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policies/procedures, it was determined the facility failed to ensure that allegations of alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, were reported immediately to the state survey and certification agency for two of three sampled residents (Residents #1 and #2). It was alleged facility staff misappropriated Resident #1's medication and, as a result, failed to administer the medication to Resident #1. Additionally, the facility assessed Resident #2 to have sustained an injury to the left foot and ankle of unknown origin. However, the facility failed to report the allegations to the appropriate state agencies as required.</p> <p>The findings include:</p> <p>A review of the facility's Procedure for Prevention and Reporting: Resident Mistreatment, Neglect, Abuse, Including Injuries of Unknown Source, and Misappropriation of Resident Property revealed the facility would immediately report all allegations of abuse, neglect, injury of unknown source, or misappropriation of resident property to all state agencies as required. The facility defined neglect as failure to provide goods and</p>	F 225	<p>3. RDCO to re educate DON/ Administrator/UM and Education Training Director regarding EHSI abuse and neglect policy that includes misappropriation and reporting to the appropriate state agencies by 3/5/2012.</p> <p>ETD to re educate nursing staff regarding EHSI p/p for abuse and neglect that includes misappropriation and reporting to the appropriate state agencies by 3/9/2012.</p> <p>DON/UM to monitor narcotic count book to ensure all narcotics are accounted for and given per physician orders 2 x weekly x 4 weeks beginning 3/8/2012.</p> <p>DON /UM to count 5 medications on each medication cart 1x weekly x 4 weeks beginning 3/8/2012 to ensure medications are given per physicians order.</p> <p>DON/UM/ETD to review nurses notes in 10 random records weekly beginning on 3/8/2012 x 4 weeks.</p> <p>RDCO /UM to review all accident /incident reports x 4 weeks beginning 3/8/2012 to ensure a cause is immediately established and if further investigation needed.</p> <p>4. Quality Assurance Team (Administrator, DON, UM, ETD, Life Enrichment Director and Social Services Director) to review all audit findings and make recommendation monthly beginning 3/2012 and this will be ongoing until all issues resolved.</p> <p>5. Date of Compliance 3/10/2012.</p>		

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NAME OF PROVIDER OR SUPPLIER SALYERSVILLE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 271 PARKWAY DRIVE SALYERSVILLE, KY 41465		
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F 225	<p>Continued From page 2</p> <p>services necessary to avoid physical harm, mental anguish, or mental illness; misappropriation of resident property as deliberate misplacement, exploitation, or wrongful use of a resident's belongings without the resident's consent; and injuries of unknown source as any injury that was not observed by any person or the resident could not explain the source of the injury.</p> <p>1. The facility admitted Resident #1 on 11/25/11, and the resident was diagnosed with Depression and Anxiety. A review of Resident #1's Minimum Data Set assessment completed on 12/06/11, revealed the facility had assessed the resident to have no cognitive impairment or behavioral symptoms. A review of Resident #1's Comprehensive Care Plan dated 12/01/11, revealed the facility had initiated interventions related to Resident #1's use of Klonopin for the treatment of Anxiety. During the investigation Resident #1 was out of the facility and had been admitted to an acute care hospital.</p> <p>Based on interview and record review, a state agency for adult protection informed the facility on 02/03/12, that an allegation had been made that the facility failed to administer Resident #1's Klonopin (a controlled benzodiazepine medication used to treat Anxiety) which was ordered by the physician and as a result the resident required hospitalization. Facility nurses had also allegedly stolen Resident #1's Klonopin for their personal use. A review of documentation revealed the facility initiated an investigation of the allegation on 02/03/12, and was unable to substantiate the allegation. However, upon receipt of the allegation the facility failed to report the allegation</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>of resident neglect and misappropriation of property to the state survey and certification agency as required.</p> <p>The Administrator stated in interview on 02/07/12, at 5:00 PM, that she was responsible to ensure all allegations were reported to the state agencies but stated, "Usually we have already reported anything they (state protection agency) come in on, so I just didn't think."</p> <p>2. The facility admitted Resident #2 on 07/24/86, and the resident was diagnosed with Hemiplegia and a history of a Cerebrovascular Accident. A review of Resident #2's Minimum Data Set assessment completed on 11/24/11, and Comprehensive Care Plan updated 01/25/12, revealed the facility assessed the resident to have severe cognitive impairment, and to require extensive assistance of two staff persons and a mechanical lift for bed mobility and transfers. Additionally, the facility had assessed Resident #1 to be nonambulatory and bedfast. Resident #1 was observed on 02/08/12, at 11:45 AM, to be in bed, alert, and able to answer short direct questions appropriately.</p> <p>A review of an incident report dated 01/22/12, at 10:00 PM, revealed staff discovered Resident #2's left foot and ankle swollen and discolored and the resident complained of pain. The facility contacted Resident #2's physician who instructed the facility to obtain an x-ray of the resident's left foot and ankle. A review of an x-ray report for Resident #2 dated 01/23/12, revealed Resident #2 had suffered a non-displaced transverse acute or subacute fracture of the left distal tibia. Facility staff was unaware of how the injury occurred and</p>	F 225			

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F 226	Continued From page 4 initiated an injury of unknown origin investigation but the facility failed to notify the state survey and certification agency as required. The Administrator stated in an interview on 02/08/12, at 1:20 PM, "I know it was a reportable," (referring to the injury of unknown origin) "but after the investigation was completed, we didn't think anyone had done it on purpose," and therefore failed to report the injury of unknown origin as required. The Administrator was unable to give an exact date of the completion of their investigation.	F 226			

Salyersville Health Care Center
571 Parkway Drive
Salyersville, Ky 41465

Amendment to POC survey 2/7/12 and 2/8/12

Addition to F225

#3. RDCO to re-educate Director of Nursing, Administrator, Unit Managers, and Director of Education and Training regarding EHSI abuse and neglect policy which includes misappropriation and reporting injuries of unknown origin to the appropriate state agencies immediately. This was completed on 3/5/12.

RDCO/DON/UM to review all A/I reports x 4 weeks to identify if the cause was immediately established beginning 3/8/12, if the cause not identified immediately, the injury of unknown origin will be immediately reported to the Administrator and DON and will be reported immediately.

Respectfully yours,

Kaye Wilson RN, RDCO
Kaye Wilson RN RDCO
1-502-558-9679