

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

PRINTED: 10/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>10/11/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIDGEWOOD TERRACE NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>425 ISLAND FORD ROAD</b> <b>MADISONVILLE, KY 42431</b>		
(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 000}	INITIAL COMMENTS  Based upon implementation of the PoC, the facility was deemed in compliance, 10/10/13, as alleged.	{F 000}			

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

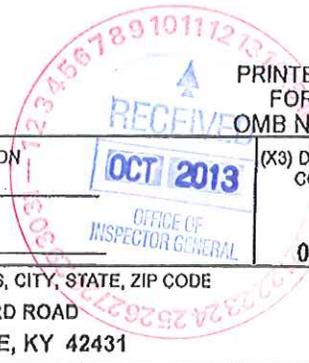
TITLE

(X6) DATE

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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NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD TERRACE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 426 ISLAND FORD ROAD MADISONVILLE, KY 42431
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F 000	INITIAL COMMENTS	F 000	Preparation and execution of this plan of Correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge deficiencies below is not an admission that the alleged facts occurred as presented in the statements.	
F 225 SS=D	483.13(c)(1)(II)-(III), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	F 225	<u>F 225 (D) INVESTIGATE/REPORT/ALLEGATIONS</u>  <i>Residents Found to Have Been Affected</i> Resident #1 is receiving medication as ordered by the physician. Resident #1 was interviewed by the Social Services Director on 10.3.2013 and no further allegations were reported. A psychosocial assessment was completed on Resident #1 on 8.23.2013 by the Social Service Director with no psychosocial affects reported. RN #1 is no longer employed at the facility. Resident allegations relating to inappropriate medication administration will be reported to the State Survey Agency and according to the reporting of allegations of abuse/neglect under F 225.	
	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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 10-10-13

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 225	<p>Continued From page 1</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and policy and procedure review, it was determined the facility failed to report allegations of abuse/ neglect to the State Survey Agency for two (2) residents (#1 and #2), in the selected sample of three (3) residents.</p> <p>The findings include:</p> <p>A review of the facility policy and procedure titled, "Policy on Abuse", undated, revealed the facility will actively promote the absence of abuse and neglect through the use of education and practice. The facility seeks to prohibit mistreatment, neglect, mental abuse, physical abuse, verbal abuse, sexual abuse, corporal punishment, involuntary seclusion, and misappropriation of personal property for all residents. As a matter of protection for residents, the facility promotes absence of abuse from all individuals. Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Misappropriation of Resident Property is defined as the deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. The process includes <del>assuring Response and Reporting of abusive</del></p>	F 225	<p>Resident #2 is receiving medication as ordered by the physician. The Director of Nursing completed a pain assessment on Resident #2 on 9.18.2013 and on this date the physician discontinued any orders for pain medication (Lortab). The employee involved in this incident is no longer employed by the facility. A psychosocial assessment was completed on Resident #2 on 10.3.2013 by the Social Service Director with no psychosocial affects reported. Any missing doses of medication, other than administration errors, will be reported to the State Survey Agency under the Misappropriation of Resident Property and according to the regulations related to reporting of allegations of abuse/neglect under F 225.</p> <p><i>Identification of Other Residents with the Potential to be Affected</i> All residents have the potential to be affected by F 225. Systemic and Monitoring actions listed below will include all residents who have the potential to be affected. On 9.18.2013 an audit of all narcotics was completed and all counts were accurate to the physician orders and the administration of narcotics (including Lortab).</p> <p><i>Measures Put in Place or Systemic Changes</i> On 9.18.2013 the Director of Nursing inserviced all licensed nursing staff on the appropriate reporting of allegations of abuse and definitions of abuse including misappropriation.</p>	
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F 225	<p>Continued From page 2 situations to the facility and to the required regulatory agencies.</p> <p>1. Record review revealed revealed the facility admitted Resident #1 on 05/25/13 with diagnoses to include Gout, Reflux, Restless Leg Syndrome and Abdominal pain. A review of the quarterly Minimum Data Set (MDS) assessment, dated 08/26/13, revealed the facility assessed Resident #1's cognition as cognitively intact.</p> <p>Interview with Resident #1, on 09/17/13 at 11:05 AM, revealed the resident reported he/she was given medication by Registered Nurse (RN) #1 from her personal supply. The resident thought it was a medication that was ordered for him/her or she wouldn't have taken it. The resident stated he/she did not know the medication type or name.</p> <p>Interview with RN #1, on 09/17/13 at 1:03 PM, revealed the facility made an allegation that he/she had given Resident #1 medications without a physicians order. The nurse denies she gave the resident any of her own medications. The nurse stated she participated in the Kentucky Alternative Recovery Effort (KARE) program and did not have any personal medications to give the resident. The nurse stated she resigned from the facility on 08/20/13 after being suspended pending the outcome of the investigation.</p> <p>An interview with the Director of Social Services, on 09/17/13 at 1:22 PM, revealed she was asked by the Administrator to speak with Resident #1. The resident reported that RN #1 had come into his/her room and administered the resident two (2) pills on two (2) different nights. The nurse reportedly stated the pills would help her to sleep.</p>	F 225	<p>On 9.23.2013 education was provided by a long-term care consultant to the Administrator, Director of Nursing, Unit Managers, Quality Assurance Nurse, Social Services Director and Social Services Designee. This education included types of abuse and the appropriate reporting of allegations of abuse.</p> <p>On 9.18.2013 the Director of Nursing educated charge nurses on medication management and medication administration and any related reporting that is required under F 225. Any missing medications or any reports of incorrect administration will be reported immediately to the Director of Nursing and the Administrator.</p> <p>A Quality Assurance (QA) tool is used for resident interviews each week. These interviews are completed by the management team and include triggers for the reporting of allegations of abuse to include misappropriation of personal property.</p> <p>The QA Nurse will complete monthly audits of medications to include narcotics to assure that appropriate medication management and medication administration is in place.</p>	
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F 225	<p>Continued From page 3</p> <p>An interview with the Director of Nursing (DON), on 09/18/13 at 9:03 AM, revealed RN #1 was employed by the facility in May 2013. Due to a contract with the Kentucky Board of Nursing (KBN) KARE program the nurse was unable to administer narcotics. It was reported to the DON Resident #1 had received medication from RN #1 and did not know what they were.</p> <p>An interview with the Administrator, on 09/18/13 at 11:50 AM, revealed the incident with Resident #1 was treated as a "resident concern", therefore she does not have an incident investigation for the incident. She reports that she did not complete paperwork nor felt the need to report the incident. She reports that she did look into the incident but was unable to substantiate the concern after conducting interviews.</p> <p>2. A review of the facility investigation, dated April 2013, revealed the facility had twenty-eight (28) Lortab missing on April 6, 2013. The investigation revealed the Lortab was taken by a former employee, who no longer works at the facility.</p> <p>An interview with the Administrator, on 09/18/13 at 2:10 PM, revealed she had found a folder in her office regarding twenty-eight (28) missing Lortab from Resident #2's supply in April 2013. This incident had occurred prior to her taking over as Administrator of the facility. To her knowledge, the incident was not reported.</p>	F 225	<p><i>Monitoring of Performance for Sustainment</i></p> <p>The results of the weekly resident interviews completed by the management team, allegations of abuse and the monthly medication audits completed by the QA Nurse will be presented to the QA Committee that meets monthly for their recommendations and follow-up.</p> <p><i>Date Corrected</i></p>	10-10-13
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Office of Inspector General



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N 000	INITIAL COMMENTS  A complaint survey (KY #20704) was conducted on 09/17/13 through 09/18/13 to determine the facility's compliance with State licensure requirements. KY #20704 was substantiated with regulatory violations identified.	N 000	Preparation and execution of this plan of Correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge deficiencies below is not an admission that the alleged facts occurred as presented in the statements.	
N 110	902 KAR 20:300-5(3)(d) Section 5. Resident Behavior & Fac. Practice  (3) Staff treatment of residents. (d) The facility shall document alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the administrator of the facility or to other officials in accordance with KRS Chapters 209 and 620.  This requirement is not met as evidenced by: Based on interview, record review and policy and procedure review, it was determined the facility failed to report allegations of abuse/ neglect to the State Survey Agency for two (2) residents (#1 and #2), in the selected sample of three (3) residents.  The findings include:  A review of the facility policy and procedure titled, "Policy on Abuse", undated, revealed the facility will actively promote the absence of abuse and neglect through the use of education and practice. The facility seeks to prohibit mistreatment, neglect, mental abuse, physical	N 110	<u>N 110 INVESTIGATE/REPORT/ALLEGATIONS</u>  <i>Date Corrected</i>  <i>Specific Measures Utilized to Correct</i> Resident #1 is receiving medication as ordered by the physician. Resident #1 was interviewed by the Social Services Director on 10.3.2013 and no further allegations were reported. A psychosocial assessment was completed on Resident #1 on 8.23.2013 by the Social Service Director with no psychosocial affects reported. RN #1 is no longer employed at the facility. Resident allegations relating to inappropriate medication administration will be reported to the State Survey Agency and according to the reporting of allegations of abuse/neglect under F-225.	10-10-13

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

*Michael B. Curtis*

TITLE

*Administrator*

(X8) DATE

10-10-13

STATE FORM

6899

NSG211

If continuation sheet 1 of 4

Office of Inspector General

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N 110	<p>Continued From page 1</p> <p>abuse, verbal abuse, sexual abuse, corporal punishment, involuntary seclusion, and misappropriation of personal property for all residents. As a matter of protection for residents, the facility promotes absence of abuse from all individuals. Neglect is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Misappropriation of Resident Property is defined as the deliberate misplacement, exploitation or wrongful, temporary or permanent use of a resident's belongings or money without the residents consent. The process includes assuring Response and Reporting of abusive situations to the facility and to the required regulatory agencies.</p> <p>1. Record review revealed revealed the facility admitted Resident #1 on 05/25/13 with diagnoses to include Gout, Reflux, Restless Leg Syndrome and Abdominal pain. A review of the quarterly Minimum Data Set (MDS) assessment, dated 08/26/13, revealed the facility assessed Resident #1's cognition as cognitively intact.</p> <p>Interview with Resident #1, on 09/17/13 at 11:05 AM, revealed the resident reported he/she was given medication by Registered Nurse (RN) #1 from her personal supply. The resident thought it was a medication that was ordered for him/her or she wouldn't have taken it. The resident stated he/she did not know the medication type or name.</p> <p>Interview with RN #1, on 09/17/13 at 1:03 PM, revealed the facility made an allegation that he/she had given Resident #1 medications without a physicians order. The nurse denies she gave the resident any of her own medications. The nurse stated she participated in the Kentucky Alternative Recovery Effort (KARE) program and</p>	N 110	<p>Resident #2 is receiving medication as ordered by the physician. The Director of Nursing completed a pain assessment on Resident #2 on 9.18.2013 and on this date the physician discontinued any orders for pain medication (Lortab). The employee involved in this incident is no longer employed by the facility. A psychosocial assessment was completed on Resident #2 on 10.3.2013 by the Social Service Director with no psychosocial affects reported. Any missing doses of medication, other than administration errors, will be reported to the State Survey Agency under the Misappropriation of Resident Property and according to the regulations related to reporting of allegations of abuse/neglect under F 225.</p> <p>All residents have the potential to be affected by F 225. Systemic and Monitoring actions listed below will include all residents who have the potential to be affected. On 9.18.2013 an audit of all narcotics was completed and all counts were accurate to the physician orders and the administration of narcotics (including Lortab).</p> <p><i>Measures Put in Place or Systemic Changes</i> On 9.18.2013 the Director of Nursing inserviced all licensed nursing staff on the appropriate reporting of allegations of abuse and definitions of abuse including misappropriation.</p>	
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N 110	<p>Continued From page 2</p> <p>did not have any personal medications to give the resident. The nurse stated she resigned from the facility on 08/20/13 after being suspended pending the outcome of the investigation.</p> <p>An interview with the Director of Social Services, on 09/17/13 at 1:22 PM, revealed she was asked by the Administrator to speak with Resident #1. The resident reported that RN #1 had come into his/her room and administered the resident two (2) pills on two (2) different nights. The nurse reportedly stated the pills would help her to sleep.</p> <p>An interview with the Director of Nursing (DON), on 09/18/13 at 9:03 AM, revealed RN #1 was employed by the facility in May 2013. Due to a contract with the Kentucky Board of Nursing (KBN) KARE program the nurse was unable to administer narcotics. It was reported to the DON Resident #1 had received medication from RN #1 and did not know what they were.</p> <p>An interview with the Administrator, on 09/18/13 at 11:50 AM, revealed the incident with Resident #1 was treated as a "resident concern", therefore she does not have an incident investigation for the incident. She reports that she did not complete paperwork nor felt the need to report the incident. She reports that she did look into the incident but was unable to substantiate the concern after conducting interviews.</p> <p>2. A review of the facility investigation, dated April 2013, revealed the facility had twenty-eight (28) Lortab missing on April 6, 2013. The investigation revealed the Lortab was taken by a former employee, who no longer works at the facility.</p>	N 110	<p>On 9.23.2013 education was provided by a long-term care consultant to the Administrator, Director of Nursing, Unit Managers, Quality Assurance Nurse, Social Services Director and Social Services Designee. This education included types of abuse and the appropriate reporting of allegations of abuse.</p> <p>On 9.18.2013 the Director of Nursing educated charge nurses on medication management and medication administration and any related reporting that is required under F 225. Any missing medications or any reports of incorrect administration will be reported immediately to the Director of Nursing and the Administrator.</p> <p>A Quality Assurance (QA) tool is used for resident interviews each week. These interviews are completed by the management team and include triggers for the reporting of allegations of abuse to include misappropriation of personal property.</p> <p>The QA Nurse will complete monthly audits of medications to include narcotics to assure that appropriate medication management and medication administration is in place.</p>	
	An interview with the Administrator, on 09/18/13			

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N 110	Continued From page 3  at 2:10 PM, revealed she had found a folder in her office regarding twenty-eight (28) missing Lortab from Resident #2's supply in April 2013. This incident had occurred prior to her taking over as Administrator of the facility. To her knowledge, the incident was not reported.	N 110	The results of the weekly resident interviews completed by the management team, allegations of abuse and the monthly medication audits completed by the QA Nurse will be presented to the QA Committee that meets monthly for their recommendations and follow-up.	