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

PRINTED: 03/30/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185418		C 03/16/2011

NAME OF PROVIDER OR SUPPLIER: BOYD NURSING & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 12800 PRINCELAND DRIVE, ASHLAND, KY 41102

(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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS An Abbreviated Survey Investigating ARO #KY 00015995 and ARO #KY 00016002 was initiated 03/14/11 thru 03/16/11. ARO #KY 00016002 was substantiated, with deficiencies cited at the highest S/S of a "D". ARO #KY 00015995 was substantiated, with no deficiencies.	F 000	To the best of my knowledge and belief, as an agent of Boyd Nursing & Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid Requirements.	
F 223 SS=D	483.13(b), 483.13(b)(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 by: Based on interview and record review, it was determined facility failed to protect one (1) of three (3) sampled residents from verbal abuse, (Resident #1). The findings include: Review of the facility's Abuse, Neglect and Exploration policy, dated 0/7/01/09 revealed the policy contained the seven (7) regulatory elements, but did not state residents would be free from abuse while in the facility. Interview with Registered Nurse (RN) #1, on 03/14/11 at 11:45 AM revealed she learned of the verbal exchange between Resident #1 and State Registered Nurse Aide (SRNA) #1 after SRNA #1	F 223	Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. It is the policy of Boyd Nursing and Rehabilitation Center that all residents be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. Resident #1 was assigned another SRNA on 01/15/11 date of occurrence. SRNA was suspended due to investigation on 01/17/2011 immediately following administration's notification of occurrence. Social Service Director spoke to Resident #1 on 01/17/2011 to determine if additional counseling was needed. Mood interview conducted with no indications of depression or distress noted. No further counseling required. The RN Supervisor was re-educated on	04/12/11

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 04/22/11

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 223	Continued From page 1 returned from taking a nutrition shake to Resident #1's room. Further interview revealed that upon SRNA #1's return to the station, she (SRNA #1) stated "a nurse needed to go back and deal with with the resident". RN#1 stated that when she entered Resident #1's room, she found the resident shaking and cursing, stating that SRNA #1 told him/her that he/she was going to get out of bed for the whole day. Interview with SRNA #3 on 03/14/11 at 3:45 PM revealed she heard SRNA #1 yelling and using inappropriate language to Resident #1 and Resident #1 responded to SRNA #1 with inappropriate language. Interview with Resident #2 (roommate at the time of the incident) on 03/14/11 at 5:05 PM revealed Resident #1 and SRNA #1 were both out of line and inappropriate with each other. Further interview revealed SRNA #1 was never inappropriate with him/her nor had he/she heard SRNA #1 be inappropriate with other residents. Interview with housekeeper #2 on 03/15/11 at 11:45 PM revealed she heard the "heated" exchange between Resident #1 and SRNA #1 two (2) doors down the hall. Further interview revealed SRNA #1 was's "loud and demanding". Housekeeper #2 further stated Resident #1 was verbally abusive to SRNA #1. Per the housekeeper the alleged perpetrator continued to work the remainder of of the week-end. Interview with SRNA #1 on 03/16/11 at 1:50 PM revealed that she would never threaten a resident and that she had never had any trouble with Resident #1 before that day and usually the resident would ask for her to be the caregiver.	F 223	recognizing and reporting abuse processes by the Administrator on 01/17/11. Social Service Director conducted review with facility residents on 01/17/11 and 01/18/11 to determine if any resident had potentially been exposed to any type of abuse that had not been reported and investigated. No other incidents were found. Administrator and DON reviewed Abuse, Neglect and Exploitation Policy included in the Resident Advocacy Protocol Manual on 03/21/11. Resident Advocacy Protocol Policy Statement states "All residents have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, neglect, involuntary seclusion and misappropriation of their property." No changes to policy were made. All facility staff received education regarding Facility Abuse Protocols by the Director of Nursing or designee as of 04/11/11. This education was all inclusive of the Facility Abuse Polices but special emphasis was placed on Definitions of Abuse, the protection aspect of the policy and the reporting aspect of the policy. The facility does not employ any agency staff. This information will be provided to new hires or any staff not included in the above education by the Staff Development Coordinator prior to assuming any direct care assignment. All staff are re-educated on the abuse policy at a minimum once a year by the Staff Development Coordinator in	

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F 223	Continued From page 2 Interview with SRNA #2 on 03/15/11 at 11:30 AM revealed she did not witness the verbal exchange between Resident #1 and SRNA #1. Further interview revealed Resident #1 was still upset when she delivered the breakfast tray. Additional interview revealed Resident #1 told her he/she wanted to see the Social Services Director (SSD) on Monday (01/17/11). SRNA #2 stated she reported the resident's request to the Supervisor (RN #1) that was at the desk when she returned from delivering the meal tray. Interview with Resident #1 on 03/16/11 revealed that he/she had had words with SRNA #1 but it was over and done with. Interview with SSD on 03/15/11 at 12 noon revealed she was unaware of the 01/15/11 exchange between Resident #1 and SRNA #1, until SRNA #2 had called her on 01/17/11. She further stated she should have been notified on the day of the incident (01/15/11). Interview with RN #1, Supervisor, on 03/15/11 at 1:40 PM revealed that because she had not heard the exchange and had heard both sides separately, she did not consider SRNA #1 to have been verbally abusive to Resident #1. Further interview revealed that SRNA #1 used a loud tone and was "to the point" all the time. She further stated that she had called the SSD on the day of the incident but could not remember the time. Interview with the Administrator and the Director of Nursing on 03/15/11 at 2:05 PM revealed that the Supervisor's (RN #1) explanation for not reporting the incident to Administration on the day it occurred was that she felt the situation had	F 223	utilizing Silver Chair, a computerized learning program, created especially for health care industries. Residents or the responsible party receive a copy of the facility abuse policy upon admission. All incident reports back to January 1, 2011 were reviewed by Administrator and Director of Nursing by 04/06/11 to determine if protection of a resident was initiated if needed. No incidents were found that required intervention for resident protection. The Social Services Director will randomly interview at least three residents per week for four weeks to ensure that any is allegation of misconduct has been reported and investigated as per protocols. Additionally, the DON/designee will conduct at least three random skin audits on non-interviewable residents for four weeks to ensure that any injuries of unknown origin have been reported and investigated as required. All incidents reports are reviewed Monday thru Friday at the daily Standup Meeting by the Administrator, Director of Nursing and Social Service Director to determine if additional follow-up is needed. Any unusual incident reports and the above audit information will be reviewed by the weekly Focus Committee. Results will also be reviewed monthly by the CQI Committee for further monitoring and continued compliance. This process will remain in place.	

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F 223	Continued From page 3 been diffused and did not see the exchange as verbal abuse. They stated the supervisor required re-education related to identifying and reporting abuse.	F 223		
F 224 SS=D	483.13(c) PROHIBIT 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 interview and record review, it was determined the facility failed to implement it's written policies and procedures for prohibiting abuse for one (1) of three (3) sampled residents (Resident #1) in that the facility staff failed to report an allegation of verbal in accordance with facility policy. The findings include: Review of the facility's Resident Advocacy Protocols revealed that staff are to report any abuse allegations to a supervisor immediately. The supervisor is to report the allegation to administrator or designee immediately. Furthermore, the policy stated the alleged perpetrator was to be suspended pending the outcome of the facility's investigation. Interview with RN #1, Supervisor, on 03/15/11 at 1:40 PM revealed that because she had not heard the exchange and had heard both sides	F 224	It is the policy of Boyd Nursing and Rehabilitation Center to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Resident #1 was assigned another SRNA on 01/15/11 date of occurrence. SRNA was suspended due to investigation on 01/17/2011 immediately following administration's notification of occurrence. The RN Supervisor was re-educated on recognizing and reporting abuse processes by the Administrator on 01/17/11. Social Service Director spoke to Resident #1 on 01/17/2011 to determine if additional counseling was needed. Mood interview conducted with no indications of depression or distress noted. No further counseling required. Social Service Director conducted review with facility residents on 01/17/11 and 01/18/11 to determine if any resident had potentially been exposed to any type of abuse that had not been reported and investigated. No other incidents were found. All facility staff received education regarding Facility Abuse Protocols by the	04/12/11

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F 224	Continued From page 4 separately, she did not consider SRNA #1 to have been verbally abusive to Resident #1. Further interview revealed that SRNA #1 used a loud tone and was "to the point" all the time. She further stated that she had called the SSD on the day of the incident but could not remember the time. Interview with the Social Services Director (SSD) on 03/15/11 at 12 noon revealed per facility policy, any allegation of abuse is to be reported immediately. The reporting process is for staff to report to a supervisor, the supervisor is to report to the administrator or designee and that person would immediately begin an investigation. Interview with the Administrator and the Director of Nursing on 03/15/11 at 2:05 PM revealed that the Supervisor's (RN #1) explanation for not reporting the incident to Administration on the day it occurred was that she felt the situation had been diffused and did not see the exchange as verbal abuse. The Administrator explained the failure to report the allegation, per the facility's policy resulted in re-education of the Supervisor. Interview with housekeeper #2 on 03/15/11 at 11:45 PM revealed the alleged perpetrator continued to work the remainder of of the week-end.	F 224	Director of Nursing or designee as of 04/11/11. This education was all inclusive of the Facility Abuse Polices but special emphasis was placed on Definitions of Abuse, the protection aspect of the policy and the reporting aspect of the policy. The facility does not employ any agency staff. This information will be provided to new hires or any staff not included in the above education by the Staff Development Coordinator prior to assuming any direct care assignment. All staff are re-educated on the abuse policy at a minimum once a year by the Staff Development Coordinator in utilizing Silver Chair, a computerized learning program, created especially for health care industries. Residents or the responsible party receive a copy of the facility abuse policy upon admission. All incident reports back to January 1, 2011 were reviewed by Administrator and Director of Nursing on 04/06/11 to determine if reporting was initiated if needed. No incident was found that required reporting. **(continued)**	
F 225 SS=D	483.13(c)(1)(ii)-(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;	F 225		

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F 224	Continued From page 4 separately, she did not consider SRNA #1 to have been verbally abusive to Resident #1. Further interview revealed that SRNA #1 used a loud tone and was "to the point" all the time. She further stated that she had called the SSD on the day of the incident but could not remember the time. Interview with the Social Services Director (SSD) on 03/15/11 at 12 noon revealed per facility policy, any allegation of abuse is to be reported immediately. The reporting process is for staff to report to a supervisor, the supervisor is to report to the administrator or designee and that person would immediately begin an investigation. Interview with the Administrator and the Director of Nursing on 03/15/11 at 2:05 PM revealed that the Supervisor's (RN #1) explanation for not reporting the incident to Administration on the day it occurred was that she felt the situation had been diffused and did not see the exchange as verbal abuse. The Administrator explained the failure to report the allegation, per the facility's policy resulted in re-education of the Supervisor. Interview with housekeeper #2 on 03/15/11 at 11:45 PM revealed the alleged perpetrator continued to work the remainder of of the week-end.	F 224	**(F224 continued)** The Social Services Director will randomly interview at least three residents per week for four weeks to ensure that any is allegation of misconduct has been reported and investigated as per protocols. Additionally, the DON/designee will conduct at least three random skin audits on non-interviewable residents for four weeks to ensure that any injuries of unknown origin have been reported and investigated as required. All incidents reports are reviewed Monday thru Friday at the daily Standup Meeting by the Administrator, Director of Nursing and Social Service Director to determine if additional follow-up is needed. Any unusual incident reports and the results of the above listed audits will be reviewed by the weekly Focus Committee. Results will also be reviewed monthly by the CQI Committee for further monitoring and continued compliance. This process will remain in place.	
F 225 SS=D	483.13(c)(1)(ii)-(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;	F 225		

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F 224	Continued From page 4 separately, she did not consider SRNA #1 to have been verbally abusive to Resident #1. Further interview revealed that SRNA #1 used a loud tone and was "to the point" all the time. She further stated that she had called the SSD on the day of the incident but could not remember the time. Interview with the Social Services Director (SSD) on 03/15/11 at 12 noon revealed per facility policy, any allegation of abuse is to be reported immediately. The reporting process is for staff to report to a supervisor, the supervisor is to report to the administrator or designee and that person would immediately begin an investigation. Interview with the Administrator and the Director of Nursing on 03/15/11 at 2:05 PM revealed that the Supervisor's (RN #1) explanation for not reporting the incident to Administration on the day it occurred was that she felt the situation had been diffused and did not see the exchange as verbal abuse. The Administrator explained the failure to report the allegation, per the facility's policy resulted in re-education of the Supervisor. Interview with housekeeper #2 on 03/15/11 at 11:45 PM revealed the alleged perpetrator continued to work the remainder of of the week-end.	F 224		
F 225 SS=D	483.13(c)(1)(ii)-(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;	F 225	It is the policy of Boyd Nursing and Rehabilitation Center to 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	04/12/11

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F 225	Continued From page 5 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 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to report an abuse allegation in accordance with their abuse policy for one (1) of three (3) residents (Resident #1). The findings include:	F 225	through established procedures (including to the State survey and certification agency). Resident #1was immediately separated from SRNA by RN Supervisor changing assignments. SRNA was immediately suspended on 01/17/11 upon administration knowledge of incident. Social Service Director spoke to Resident #1 on 01/17/2011 to determine if additional counseling was needed. Mood interview conducted with no indications of depression or distress noted. No further counseling required. The RN Supervisor was re-educated on recognizing and reporting abuse processes by the Administrator on 01/17/11. The importance of implementing facility abuse policies was reiterated with the RN Supervisor at this time. All incident reports back to January 1, 2011 were reviewed by Administrator and Director of Nursing on 04/06/11 to determine if reporting was initiated if needed. No incident was found that required reporting. Education regarding the importance of implementing all aspects of facility policies regarding Resident Advocacy Protocols was provided to all staff by Staff Development Nurse as of 04/11/11. The facility does not employ any agency staff. This information will be provided to new hires or any staff	

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F 225	Continued From page 6 Interview with the SSD on 03/15/11 at 12 noon revealed that the facility policy is for any allegation to be reported to the administrator or designee immediately. She further stated she (administrator on call for 01/15/11) was not notified of the allegation, until State Registered Nurse Aide (SRNA) #2 called her on 01/17/11. Interview with RN #1, Supervisor, on 03/15/11 at 1:40 PM revealed that because she had not heard the exchange and had heard both sides separately, she did not consider SRNA #1 to have been verbally abusive to Resident #1. Further interview revealed that SRNA #1 used a loud tone and was "to the point" all the time. She further stated that she had called the SSD on the day of the incident but could not remember the time. Review of the resident's clinical record and facility's investigation found no documented evidence the allegation of abuse was reported immediately (on 01/15/11) per the facility's policy. Review of the Investigative Report revealed the preliminary investigation of the alleged abuse which occurred on 01/15/11 was not started until 01/17/11 (two (2) days later).	F 225	not included in the above education by the Staff Development Coordinator prior to assuming any direct care assignment. All staff are re-educated on the abuse policy at a minimum once a year by the Staff Development Coordinator utilizing Silver Chair, a computerized learning program, created especially for health care industries. Residents or the responsible party receive a copy of the facility abuse policy upon admission. The Social Services Director will randomly interview at least three residents per week for four weeks to ensure that any is allegation of misconduct has been reported and investigated as per protocols. Additionally, the DON/designee will conduct at least three random skin audits on non-interviewable residents for four weeks to ensure that any injuries of unknown origin have been reported and investigated as required. All incidents reports are reviewed Monday thru Friday at the daily Standup Meeting by the Administrator, Director of Nursing and Social Service Director to determine if additional follow-up is needed. Any unusual incident reports and the results of the above listed audits will be reviewed by the weekly Focus Committee. Results will also be reviewed monthly by the CQI Committee for further monitoring and continued compliance. This process will remain in place.	