

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



PRINTED: 04/09/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/27/2013
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NAME OF PROVIDER OR SUPPLIER SUPERIOR CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 CLAY STREET PADUCAH, KY 42001
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	DISCLAIMER: THE COMPLETION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION THAT THE FACILITY AGREES WITH THE DEFICIENCIES AS STATED IN THE 2567. THE FACILITY IS COMPLETING THE PLAN OF CORRECTION BECAUSE IT IS REQUIRED BY STATE AND FEDERAL LAW. THE FACILITY DISAGREES WITH AND DISPUTES THE DEFICIENCIES STATED IN THE 2567 AND RESERVES ITS RIGHT TO DO SO IN ANY OTHER FORUM AS NEEDED. FURTHER, THE FACILITY DISPUTES AND DISAGREES WITH THE ACCURACY OF STATEMENTS AND OTHER INFORMATION RELIED UPON IN THE 2567 IN SUPPORT OF THE ALLEGED DEFECIENCIES. THIS INCLUDES, BUT IS NOT LIMITED TO, ANY ALLEGED ACTION OR INACTION BY THE FACILITY THAT RESULTED IN OR CONTRIBUTED TO ANY INDIVIDUAL'S VIOLATION OF FACILITY POLICY. EMPLOYEES ARE ADEQUATELY EDUCATED AND TRAINED UPON HIRE AND ON AN ONGOING BASIS TO REPORT EVENTS REGARDING ABUSE, NEGLIGENCE OR MISAPPROPRIATION. THE FACILITY SATISFIED ITS REGULATORY OBLIGATIONS INVOLVING REPORTING AND NO DEFICIENT PRACTICE SHOULD HAVE BEEN CITED.	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy and procedure, it was determined the facility failed to ensure the facility's Abuse policy and procedure was implemented in a timely manner for one (1) residents (#1), in the selected sample of three (3) residents. On 03/02/13, State Registered Nurse Aide (SRNA) #1 and SRNA #2 observed SRNA #4 flick Resident #1 on the tip of the nose two times with her fingernail and told the resident to "be quiet while I change you". The incident was not reported to the Administrator until 03/07/13. This failure resulted in alleged perpetrator (SRNA #4) continuing to work with residents for two shifts after the alleged incident placing the residents at risk of abuse. The findings include:	F 226	<u>F226</u> 1) The staff person accused of the alleged disrespect was removed from the schedule immediately after the Administrator was made aware of the allegation on 3/7/13.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Joseph Shung TITLE: Asst. Administrator (X6) DATE: 4/18/13

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 226	<p>Continued From page 1</p> <p>A review of the Abuse and Neglect Reporting policy, undated, revealed all facility staff are required to report any observation, suspicion or information otherwise obtained related to possible abuse to their Supervisor, Department Head, Administrator, or designee, immediately. All residents are protected from care performed by any reported or suspected employee by immediate suspension of the employee.</p> <p>A record review revealed Resident #1 was admitted to the facility on 04/01/11 with diagnoses to include Altered Mental Status, Hypertension, Atrial Fibrillation, Subdural Hematoma, Anemia and Alzheimer's Disease.</p> <p>Interviews with SRNA #1 and SRNA #2, on 03/26/13 at 3:03 PM and 03/27/13 at 11:01 AM respectively, revealed they observed SRNA #4 flick the tip of the Resident #1's nose with her fingernail two times telling the resident "be quiet while I change you". SRNA #2 stated SRNA #4 often has a bad attitude with some residents and coworkers.</p> <p>Interview with the Administrator, on 03/26/13 at 3:33 PM, revealed the incidents were not reported to her until 03/07/13. She stated SRNA #1 and SRNA #2 stated they had reported the incident to the Charge Nurse #1 on 03/02/13; however, when she interviewed Charge Nurse (CN) #1, the CN denied staff had report this incident to her. The Administrator stated she immediately suspended the alleged perpetrator (SRNA) #4 and initiated an investigation. The Administrator stated the staff should have reported the incident immediately and SRNA #4 should have been</p>	F 226	<p>2) All residents have the potential to be affected by this practice.</p> <p>3) All staff were re-educated on the facility policy regarding abuse and their obligation to immediately report any abuse whether witnessed or suspected. If the action reoccurs, appropriate personnel action will be taken according to the facility policy.</p> <p>4) Staff education of the facility abuse policy will be conducted at the time of hire and annually. The staff development nurse will reeducate staff annually. Through the QA process, the staff development nurse will quarterly review the abuse policy as follows: First month – ten employees from the day shift Second month – five employees from the afternoon</p>		

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F 226	Continued From page 2 suspended immediately. A review of the time and attendance log revealed SRNA #4 was allowed to work 03/05/13 and 03/06/13 before she was suspended for the investigation. An interview with CN #1, on 03/27/13 at 8:35 AM, revealed she denied staff had made her aware of the alleged abuse on 03/02/13.	F 226	Third Month – five employees from the midnight shift 5) Correction date: 4/12/13	4/12/13	