

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

PRINTED: 03/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2012
NAME OF PROVIDER OR SUPPLIER THE RICHWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1012 RICHWOOD WAY LA GRANGE, KY 40031		
(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	F 225 Completion Date April 20, 2012		
F 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported</p>	F 225	<p>1.) The facility took specific measures to correct the violations on March 13, 2012. On March 13, 2012 the facility did an additional investigation of the missing ring and money for resident A. The investigation was conducted by the Social Service Director (SSD). The SSD interviewed resident A, the family and staff. After the investigation was concluded it was identified that there was money missing as stated by the resident and her family member, but the exact amount was not established. In interviews with staff, staff was unaware of how much money resident A had or that she had money, only that she had stated back in December that money was missing. As for the missing ring, it is unclear what ring is missing. Also it was indicated that this ring has been missing for a very long time, and</p>		

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

Elisia Inagi

TITLE

Administrator

(X5) DATE

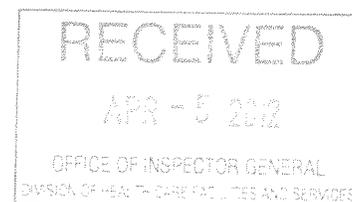
X 4/4/12

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 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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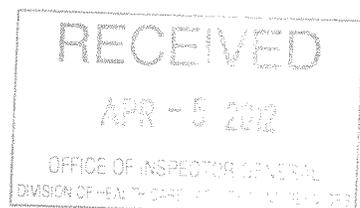
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F 225	<p>Continued From page 1</p> <p>to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy it was determined the facility failed to investigate and report an alleged misappropriation of funds for one resident of three (3) sampled residents and one (1) unsampled resident. Resident A reported missing \$100 and a ring on 01/07/12. The allegation was not formally investigated or reported to any outside agency.</p> <p>The findings include:</p> <p>Review of facility policy, Investigating Incidents of Theft and/or Misappropriation of Resident Property, revealed the investigation should consist of the following: interview with the person reporting the missing items; an interview with any witness; an interview with the resident (as medically appropriate); interviews with staff members (on all shifts) having contact with the resident during the last 48 hours; interview with the resident's roommate, family members, and visitors; a search of the laundry room and a search of the resident's room for the missing item. Should an alleged or suspected case of misappropriation of resident property be reported, the facility administrator, or his/her designee, will</p>	F 225	<p>had been reported on several occasions that it was missing. The ring has been searched for many times throughout the years that resident A has lived at the facility. Resident A does have a lot of costume jewelry in her room that she enjoys taking out, spreading out all over her bed. This information was revealed by staff during the investigation. Also during the investigation staff stated that resident A does not allow the staff to "look through, or touch her things". Resident A does have a lock box that was supplied by her family and has been encourage to use it to store her valuable things. Resident A does have a care plan dated November 9, 2010 and updated every quarter (2/9/2011, 5/7/2011, 8/1/2011, 10/17/2011, 1/7/2012, 3/22/2012) that states "I also experience excessive anxiety or worry and accuse staff of stealing." On January 9, 2012 resident A's care had the added problem of "I have altered</p>		



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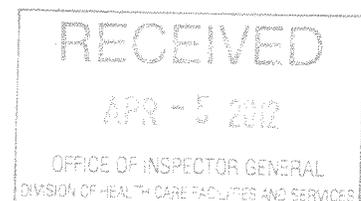
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F 225	<p>Continued From page 2</p> <p>notify the following persons or agencies of such incident, as appropriate: State Licensing and Certification Agency; Ombudsman; Resident Representative, Adult Protective Services and Law Enforcement Officials.</p> <p>Record review, of Resident A's clinical record, revealed on 01/07/12 LPN #1 charted Resident A stated some of his/her personal belongings were missing and that people were stealing from him/her. Resident A stated to LPN #1 that no one would do anything about it. LPN #1 charted that he filled out a paper with the descriptions of the items in question and placed the paper under the social service's door. On 01/09/12 the Social Services Director (SSD) charted Resident A reported someone took the purse out of his/her pocket while sleeping. The SSD charted Resident A would not allow the resident's room to be searched. An entry in the resident's care plan, on 01/09/12, revealed an initiated problem concerning accusing staff of taking personal belongings. The next entry in Resident A's clinical record by the SSD, on 01/23/12, revealed the missing items could not be found. The SSD charted that she had spoken to the Power of Attorney's wife and informed her the facility is not responsible for lost jewelry or money and money should be kept in lock box or business office account.</p> <p>Review of facility's Missing Article Report, dated 01/22/12, revealed the son of Resident A was asking about the follow up of a previous report of missing items. There was a note by the SSD which stated she had spoken to Resident A's son and explained the resident would not allow staff to search the room and explained to the son the</p>	F 225	<p>thought processes related to accusing staff of taking my personal belongings and items.”</p> <p>The resident's family member was contacted to reveal the outcome of the investigation.</p> <p>2.) On March 14, 2012 the Social Service Director reviewed missing item forms that indicated misappropriation of resident's funds/property to identify any other residents that could be affected by this deficient practice. There were no additional residents identified.</p> <p>3.) On March 15, 2012 the Social Service Director was inserviced by the Administrator on what misappropriation of resident funds/property is, how to handle a case of misappropriation of resident funds/property, how to investigate a situation of misappropriation of resident funds/property, and when to report the incident to the administrator. The administrator reviewed the current facility abuse policy on March 15, 2012</p>		



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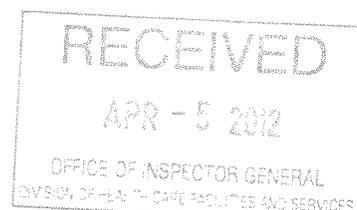
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F 225	<p>Continued From page 3</p> <p>Importance of keeping cash in a personal account.</p> <p>Interview with Resident A, on 03/13/12 at 5:15 PM, revealed he/she had about \$100 from Christmas gifts in a change purse and shortly after Christmas someone took the money. Resident A stated it was reported but nothing was done about it and the staff did not act very concerned about it. According to Resident A the money was kept in a change purse in his/her pocket and one morning the change purse was gone.</p> <p>Interview with Resident A's son, on 03/13/12 at 5:32 PM, revealed his parent had somewhere between \$100 and \$150 from Christmas gifts in a change purse that was always kept in a pocket of a robe that was always worn. He reported that money was taken in January. There was also some jewelry missing at the same time. He stated most of the jewelry was inexpensive costume jewelry, but one ring belonged to his grandmother, and had much sentimental value. He stated he spoke with the SSD about the missing items and she said the facility was investigating but he never heard the end result of that investigation. He had to contact the facility about the outcome of the investigation and he never heard any resolution. He stated he brought in a lock box for Resident A.</p> <p>Interview with the Social Services Director, on 03/13/12 at 4:15 PM, revealed she stated the event was not reported because the resident would not allow them to search the room. The SSD further stated she did not believe the resident had any money. She stated no other</p>	F 225	<p>to ensure the proper steps to follow in reporting incidents of misappropriation of resident's funds/property. On March 30, 2012 the Administrator reviewed the current abuse policy regarding misappropriation of resident's funds/property and an updated policy was developed on April 2, 2012. The policy will be reviewed by the Director of Nursing and Medical Director for approval by April 10, 2012. Once the revised policy is approved the administrator will in-service the Social Service Director on April 10, 2012 regarding the new policy. On April 20, 2012 by the Administrator and Educational Director the facility will be inserviced on the revised policy.</p> <p>4.) Daily (Monday thru Friday) starting April 2, 2012 the Social Service Director will bring missing item reports to the department manager's morning meeting. At that time the Social Service Director will go over the</p>	



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F 225	Continued From page 4 staff was interviewed concerning the incident because they could not prove the resident had any money.	F 225	items that have been reported missing, and indicated the status of the item for example; found, not found, still looking. Any missing item report that indicates misappropriation of funds/property the Social Service Director will report it to the Administrator immediately. Once the Administrator reviews the report and if the report indicated the need for further action the Administrator will immediately contact Local Law Enforcement, State Licensing and Certification Agency, Ombudsman, and Adult Protective Services. Monthly starting April 26, 2012 the Social Service Director will provide the Quality Assurance team a report of the number of missing items reported for the prior month. The monthly missing item QA report will include, but is not limited to; the type of items reported missing, the number of items located, the number of items still being		



searched for, and the number of closed reports. Monthly starting April 26, 2012 the Administrator will report to the Quality Assurance team a report of any incidents of misappropriation of resident funds/property that was reported to outside agencies. The report will include but is not limited to what the missing item was, the outcome of the investigation, and the outcome of the outside agencies investigation.

