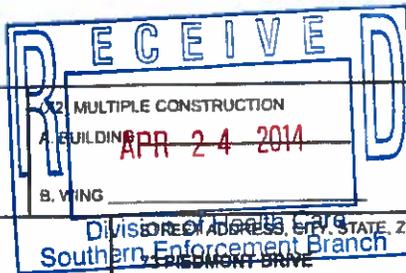


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185200	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 02/27/2014
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NAME OF PROVIDER OR SUPPLIER
LETCHER MANOR

ADDRESS, CITY, STATE, ZIP CODE
75 FIDELITY DRIVE
WHITESBURG, KY 41858

(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 F 225 SS=D	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY21349) was initiated on 02/24/14 and concluded on 02/27/14. The complaint was unsubstantiated with deficient practice identified at "D" level.</p> <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 to the administrator or his designated representative and to other officials in accordance</p>	F 000 F 225	<p>Letcher Manor does not believe nor does the facility admit that any deficiencies exist. Letcher Manor reserves all rights to contest the survey findings through informal dispute resolution, appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard of care, contract, obligation or position. Letcher Manor reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Letcher Manor does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceeding. Letcher Manor offers its responses, credible allegations of compliance and plan of correction as part of its on-going effort to provide quality care to our residents. Letcher Manor strives to provide the highest quality of care while ensuring the rights and safety of all residents.</p> <p><u>F225 483.13(c)(1) (ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</u></p> <p>Letcher Manor strives to provide a safe environment while providing care and services for our residents.</p> <p>It is the policy of this facility that all personnel promptly report any incident or suspected</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Carla E. Bosman* TITLE: *Administrator* (X5) DATE: *March 22, 2014*

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>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 observation, interviews, record review, and a review of the facility's investigation and policies and procedures, it was determined the facility failed to ensure staff reported alleged violations of mistreatment, neglect, or abuse immediately to the Administrator of the facility for one of four sampled residents (Resident #1). Interviews and a review of the facility's investigation revealed State Registered Nurse Aide (SRNA) #4 reported a bruise on Resident #1's upper arm to nursing staff on 01/26/14. However, during the course of the facility's investigation it was learned SRNA #10 had observed the bruise on the resident's arm on 01/21/14, 01/22/14, and 01/23/14 but had failed to report the bruise to nursing staff or the Administrator.</p> <p>The findings include:</p> <p>A review of the facility's policy titled "Reporting Abuse to Facility Management," dated 08/01/13, revealed an "injury of unknown source" was defined as: the source of the injury had not been observed by any person or the source of the injury could not be explained by the resident. The policy revealed staff, or the person that observed the injury, was to report the injury immediately to the Administrator or Director of Nursing.</p>	F 225	<p>incident of resident abuse, including injuries of unknown source. It is the policy of this facility that all reports of resident abuse, neglect and injuries of unknown source shall be promptly and thoroughly investigated by facility management. All suspected violations or substantiated incidents of abuse will be immediately reported to appropriate state agencies and other entities or individuals as may be required by law. Staff is provided education to this policy upon orientation and annually. It is the goal of this facility to achieve and maintain an abuse free environment.</p> <p>This is evidenced as follows:</p> <ol style="list-style-type: none"> 1. Resident #1 did not express, either verbally or non-verbally, any concern, psychosocial, signs of pain, or any other adverse affects in regards to the bruise. The bruise was identified to be the result of an emergency room automatic blood pressure cuff. No mistreatment, abuse or neglect was indicated. SRNA #10 was aware of the facility policy to report bruising. SRNA #10 was re-educated immediately following the discovery of non-reporting, and was again re-educated on February 28th, 2014. SRNA #10 verbalized understanding of the appropriate reporting processes. 2. To identify other residents who may have the potential to be affected, assessments were conducted from February 26th to March 5th, 2014 for all residents via head-to-toe skin assessments. No unreported bruising issues were identified or noted. No mistreatment, abuse or neglect were 		

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F 225	<p>Continued From page 2</p> <p>A review of the facility policy titled "Recognizing Signs and Symptoms of Abuse/Neglect," not dated, revealed bruises were to be reported promptly.</p> <p>A review of an investigation conducted by the facility, dated 01/26/14, revealed SRNA #4 had reported to nursing staff on 01/26/14 that she observed a bruise to Resident #1's upper arm. However, the investigation revealed SRNA #10 observed the bruise on the resident's arm on 01/21/14, 01/22/14, and 01/23/14 when she bathed the resident. According to the facility's investigation, the SRNA had not reported the bruise to the nursing staff when she initially observed the bruise because she asked Resident #1 if he/she had shown the bruise to the nurse and the resident had informed her that he/she had reported the bruise to a "nurse."</p> <p>A review of the medical record revealed the facility admitted Resident #1 on 12/30/13 with diagnoses that included seizures, dementia, and hypertension. A review of Resident #1's admission Minimum Data Set (MDS) assessment, dated 01/11/14, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 1 and was not interviewable.</p> <p>A review of a Weekly Nurse's Note, dated 01/20/14, in the resident's medical record revealed the resident had scattered ecchymotic (discoloration) areas to his/her bilateral upper extremities.</p> <p>Continued review of the medical record revealed a nurse documented on 01/21/14, at 12:50 AM that Resident #1 had experienced a "seizure like activity" and was transferred to the Emergency</p>	F 225	<p>verbalized, or observed during this review. No other residents were found to have been affected. Other residents are not anticipated to be affected due to the implementation of #4 below.</p> <p>3. To ensure the practice will not recur, educational in-services were conducted, by the Staff Coordinator, on March 14th, 2014 with all staff regarding appropriate reporting processes, including the procedure for reporting injuries of unknown origin (bruises), mistreatment, abuse and neglect. This was conducted along with the Dementia Hand-in-Hand training video which emphasizes this topic. All staff included were: licensed and registered nurses, SRNAs, CMTs, courtesy aides, environmental, dietary, activity, administrative, as well as nurse aides in training. During the time frame of January 20th through February 7th, 2014 the shift supervisors conducted SRNA shift in-services regarding proper reporting processes for injuries of unknown origin. SRNA #10 was re-educated as noted in #1 above. All new hires shall be oriented to appropriate reporting processes for the above mentioned issues, and shall acknowledge this education was provided upon new hire orientation. Appropriate reporting policies shall be reviewed with staff if a concern is identified. In-services shall be conducted annually with all staff in regards to proper reporting procedures as noted above.</p>		

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F 225	<p>Continued From page 3</p> <p>Department by ambulance at 1:00 AM. Further review of the documentation revealed a nurse in the Emergency Department (ED) of the hospital telephoned the facility on 01/21/14 at 1:10 AM to inform the facility the resident was "yelling, cussing, and fighting staff" in the ED. Documentation revealed the facility readmitted the resident on 01/21/14 at 4:30 AM and noted there was "no changes noted to the resident's skin" and that the resident had "no complaints of pain."</p> <p>Observations on 02/24/14 and 02/25/14 of Resident #1 revealed the resident had a staff member sitting one on one with the resident at all times. Further observations revealed the resident, unless asleep, was constantly moving his/her arms and legs and got in and out of bed often.</p> <p>Interview was attempted with Resident #1 on 02/24/14 and 02/25/14; however, the resident mumbled constantly and was unable to be understood.</p> <p>Interview on 02/25/14 at 10:27 AM with SRNA #4 revealed she provided care to Resident #1 on 01/26/14 and observed a bruise on the resident's left upper arm. The interview further revealed the SRNA had not been told about the bruise on the resident's arm in report and therefore completed a "skin body" sheet and reported the bruise to the nurse.</p> <p>Interview on 02/24/14 at 4:30 PM with the Director of Nursing (DON) confirmed staff reported the bruise to Resident #1's upper arm to a nurse on 01/26/14 and the nurse immediately informed the DON. In addition, the DON stated</p>	F 225	<p>4. To ensure solutions are sustained in regards to the adherence to the reporting policy, the Director of Nursing shall implement Quality Assurance measures, by the method of survey, observation and assessment. A ten (10) percent sample selection of all residents shall be conducted. This shall include a sample survey from alert and oriented residents, and/or observation of non-verbal, cognitively impaired and dependent residents. The QA Coordinator shall oversee skin assessment reviews and compliance on a quarterly basis, and shall evaluate annually for on-going review. Evaluation reports will be distributed by the QA Coordinator to the Director of Nursing for review and appropriate action to be taken as necessary. If solutions are not maintained, dependent upon the cause, corrective action shall be implemented, including, but not limited to: #3 as mentioned above shall be initiated again, and/or sampling increased, and/or increase in periodic monitoring.</p> <p>5. F225 <u>March 14, 2014</u></p>	<u>March 14, 2014</u>	

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F 225	<p>Continued From page 4</p> <p>she initiated an investigation of the incident on 01/26/14, and telephoned Licensed Practical Nurse (LPN) #1 at home on 01/26/14 to inform her of the incident. According to the DON, LPN #1 assisted with the investigation of the allegation when the LPN returned to the facility on 01/27/14.</p> <p>Interview on 02/25/14 at 11:45 AM with Licensed Practical Nurse (LPN) #1 revealed staff had reported the bruise to the nurse on the weekend, and the nurse informed the DON. According to LPN #1, the DON informed her of the incident on 01/26/14 and she assisted with the investigation when she came to work the next day. LPN #1 stated it was learned that staff had not reported the bruise on Resident #1's arm until 01/26/14. However, according to LPN #1, it was learned from interviews during the investigation the bruise was initially observed by SRNA #10 on 01/21/14. LPN #1 stated she assessed the bruise on 01/27/14 and stated the bruise looked like a band around the upper arm that was consistent with a blood pressure cuff on the arm. LPN #1 also stated facility staff had provided one to one supervision of Resident #1 while the resident was admitted to the facility because the resident had a cervical fracture.</p> <p>Interview on 02/25/14 at 3:05 PM with SRNA #10 revealed the SRNA provided one to one supervision of Resident #1 on 01/21/14, 01/22/14, and 01/23/14 and had bathed the resident on those days. SRNA #10 confirmed she had observed a bruise to the resident's left upper arm and had asked the resident if he/she had shown the bruise to the nurse and the resident responded "yes." SRNA #10 stated she thought the bruise had been reported and did not report the bruise to the nurse. In addition, SRNA #10</p>	F 225		

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F 225	<p>Continued From page 5</p> <p>stated she did not think that she needed to complete a "skin body sheet" because the resident stated he/she had shown the bruise to a nurse.</p> <p>A review of the SRNA Shift Education, dated 01/20/14 (the day before SRNA #10 observed the bruise on Resident #1's arm), revealed the facility had instructed staff to fill out a "skin body" sheet (a form that had an outline of the front and back of a human body for staff to document the location of an injury) if an area/injury was found on a resident, and to report the injury to the nurse.</p> <p>Interviews on 02/25/14 with SRNA #2 at 10:19 AM, SRNA #4 at 10:37 AM, SRNA #5 at 10:43 AM, SRNA #7 and SRNA #8 at 1:15 PM, and SRNA #9 at 1:32 PM revealed they were to complete a "skin body sheet" if they observed any skin issues on a resident and give the form to the nurse immediately.</p> <p>Interview on 02/24/14 at 4:30 PM with the Administrator and the Director of Nursing (DON) revealed when staff reported the bruise to Resident #1's upper arm to the nurse on 01/26/14, the nurse immediately informed the DON, and the DON initiated an investigation of the incident on 01/26/14. The interview further revealed it was discovered through interviews during the investigation that SRNA #10 had initially observed the bruise on 01/21/14; however, the SRNA had asked the resident if he/she had shown the bruise to the nurse and the resident had told the SRNA that she had. Further interview revealed it was learned that two other SRNAs had observed the bruise on Resident #1's arm but had been told in shift report that the area</p>	F 225		

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F 225	Continued From page 6 had already been reported to the nursing staff. Continued interview revealed Resident #1 had been transferred to the hospital on 01/21/14 and it was reported to the facility by the ED staff that the resident had been combative and had to be "held" in order to obtain his/her vital signs. The interviews with the Administrator and the DON revealed Resident #1's bruise was on the left upper arm with the appearance of a band around the arm where a blood pressure cuff would be placed. The Administrator and the DON stated it had been determined as a result of the investigation that the bruise was caused by the blood pressure cuff that had been used when the resident was at the ED. Further interview revealed the facility had "recently" re-trained facility staff to complete a "skin body" sheet when any area was identified on a resident and report the area to the nurse. Continued interview revealed SRNA #10 had attended the in-service and had also recently completed an orientation at the facility that also included staff responsibility to report injuries immediately.	F 225			