

Sep. 27. 2012 8:09AM

No. 7500 P. 4

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

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 188238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/06/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - VANCEBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 58 EASTMAN STREET VANCEBURG, KY 41179
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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		
F 228 SS=D	<p>An Abbreviated Survey Investigating KY#00019001 was initiated on 09/06/12 and concluded on 09/06/12. KY#00019001 was substantiated. A deficiency was cited with the highest scope and severity of a "D".</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</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 implement it's abuse process related to ensuring employees reported abuse in a timely manner for one (1) of three (3) sampled residents (Resident #1). State Registered Nurse Aide (SRNA) #2 failed to report an incident of verbal/sexual abuse.</p> <p>The findings include: Review of the facility's policy titled, "Reporting Alleged Violation", no date, revealed it was the responsibility of all employees to immediately report any alleged violation of abuse. Review of the medical record revealed the facility admitted Resident #1 on 12/03/11 with diagnoses which included Alzheimer's, Dementia with</p>	F 228	<p>1. Immediate protection was initiated for the resident identified. SRNA #1 was removed from resident's care area. Resident was interviewed and emotional support was provided by ADNS, DNS, and SSW. Physical assessment of the resident was completed by the DNS on 8/29/12, no injuries were identified. The resident's physician and family were notified. The resident was seen by the physician on 8/31/12.</p> <p>2. All residents have the potential to be affected. Social service will interview current in house residents with a BIM score of 13 or greater for complaints of mistreatment, neglect, abuse or misappropriation of property by October 9, 2012. Any issues identified will be addressed immediately and the results of the interview will be given to the ED.</p>	10/10/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE LNHA (X6) DATE 10/10/12

Deficiency statements ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that after 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 GOLDEN LIVINGCENTER - VANCEBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 58 EASTHAM STREET VANCEBURG, KY 41179		
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F 228	<p>Continued From page 1</p> <p>Depression, Anxiety and unspecified Psychosis. Review of the Admission Minimum Data Set (MDS) Assessment, dated 12/14/11, revealed the facility assessed Resident #1 as being cognitively impaired with a Brief Interview for Mental Status (BIMS) score of eleven (11) out of fifteen (15).</p> <p>Review of the facility's initial investigation, dated 08/29/12 (no time), revealed Resident #1 told the Certified Occupational Therapy Aide (COTA) that his/her aide had touched him/her inappropriately. The COTA immediately reported the allegation to Administration. Further review of the investigative report revealed SRNA #1 had made a sexual comment to SRNA #2 while in Resident #1's room and SRNA #2 failed to report the incident.</p> <p>An attempt was made to interview Resident #1, on 09/06/12 at 12:55 PM, but Resident #1 was unable to recall the incident.</p> <p>Attempts were made to interview the alleged perpetrator (SRNA #1) but the phone recording stated calls were not being accepted.</p> <p>Interview with SRNA #2, on 09/06/12 at 2:06 PM in the conference room, revealed she was passing ice when the alleged perpetrator told her she was "horny". She stated SRNA #1 was in Resident #1's room at the time of the comment. She further stated she was shocked and had no response to her comment.</p> <p>Re-interview with SRNA #2, on 09/06/12 at 3:10 PM in the conference room, revealed she knew what SRNA #1 said was verbal abuse and she should have reported it immediately.</p>	F 228	<p>3. The DNS/ADNS will re-educate the staff on the facility's abuse prevention policy by October 12, 2012. Emphasis will be placed on reporting suspected abuse, mistreatment, neglect and misappropriation of property. The DNS/ADNS will continue with abuse education on newly hired employees and will continue to educate the staff annually on abuse prevention. SRNA #1 was immediately removed from resident care area, after interview process</p> <p>SRNA #1 placed on suspension pending investigation on 08-29-2012. SRNA #1 was discharged from employment on 08-31-2012. SRNA #2 received disciplinary action on 08-31-2012 and was re-educated on Defining and Reporting Abuse on 08-30-2012 and Talking to People with Dementia and Appropriate and Inappropriate Conversations in presence of a Resident on 08-29-2012.</p>		

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F 226	Continued From page 2 Interview with the Assistant Director of Nursing (ADON), on 09/06/12 at 3:50 PM in the conference room, revealed SRNA #2 should have reported the comment immediately. Interview with the Administrator, on 09/06/12 at 4:00 PM in the conference room, revealed SRNA #2 had been re-educated on appropriate reporting procedures.	F 226	4. Social Services will audit 25% of residents with BIMS score of 13 or greater monthly for three months giving the outcomes to the ED. The ED will discuss outcomes with the Medical Director and report to monthly QA Committee. The QA Committee will determine if further action needs to be taken and will determine the continued time schedule for further audits.		