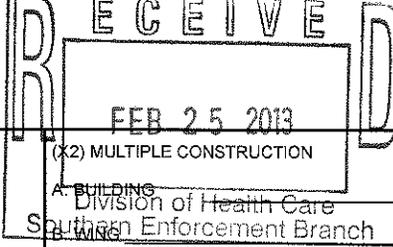


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185230	(X2) MULTIPLE CONSTRUCTION A. BUILDING Division of Health Care Surveys Enforcement Branch	(X3) DATE SURVEY COMPLETED C 02/06/2013
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522
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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
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F 000	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY19721) was conducted on 02/05-06/13. The complaint was substantiated. Deficient practice was identified at "D" level.</p>	F 000	<p>This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of this plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly. Furthermore, we request this Plan of Correction serve as our credible allegation of compliance.</p> <p style="text-align: center;"><u>Tag # F 225</u></p>	
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 to the administrator or his designated representative and to other officials in accordance</p>	F 225	<p>1. Please note a thorough investigation was completed: No abuse had occurred.</p> <p>2. The Director of Nursing completed interviews on 1/23/13 and 1/24/13 for each alert and oriented resident to determine if residents may have been abused. No complaints were made. Non-interviewable residents had a head to toe skin assessment completed by licensed nurses on 1/24/13 to determine if residents may have been abused. No indications of abuse were noted.</p> <p>3. An inservice was conducted on 1/24/13 with all staff regarding the</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Judith Brantam</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>2/22/13</i>
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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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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522		
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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:</p> <p>Based on interview, record review, and a review of the facility policy it was determined the facility failed to ensure an allegation of abuse was immediately reported to the state survey and certification agency for one of three sampled residents (Resident #1). On 01/23/13, the Director of Nursing (DON) was made aware of an allegation of abuse which involved Resident #1. A facility Investigation Report and interview revealed the allegation was investigated but was not reported to state agencies.</p> <p>The findings include:</p> <p>A review of the facility's policy titled Abuse, Mistreatment, and Neglect, undated, revealed when an incident of alleged resident abuse, mistreatment, or neglect was reported, the Administrator or DON would report the allegation to state agencies as required.</p> <p>A review of the medical record for Resident #1 revealed the facility admitted the resident on 02/18/11 with diagnoses of Diabetes, Unilateral Blindness, and Obstructive Sleep Apnea. A review of Resident #1's Annual Minimum Data Set (MDS) Assessment completed on 11/20/12</p>	F 225	<p>abuse policy, reporting of allegations of abuse, and ensuring the safety of residents.</p> <p>An inservice was also conducted by the RVP/RDCS for the ED/DON on 2/20/13 on reporting allegations of abuse timely.</p> <p>A mandatory inservice was provided on 2/8/13 by Misty Pugh, Ombudsman, regarding: 1) Types of abuse, neglect, and misappropriation of property and 2) Reporting obligations under the law for any suspected or alleged abuse situations.</p> <p>4. Five interviews per hallway of interviewable residents will be conducted by the Director of Social Services to ensure no abuse has occurred and not been reported. These interviews will be conducted weekly x 4 weeks then monthly x 2 months.</p> <p>Five skin assessments will be completed weekly x 4 weeks then monthly x 2 months by licensed nurses of non-interviewable residents to ensure no abuse has occurred and not been reported.</p> <p>Results of the interviews and skin assessments will be discussed with the Performance Improvement Committee to determine the need for further monitoring.</p>		

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F 225	<p>Continued From page 2</p> <p>revealed facility staff assessed the resident to be alert and oriented, and the facility assessed the resident to have no cognitive impairment. Further review revealed Resident #1 was assessed to require limited assistance of one staff member for dressing, toilet, and personal hygiene.</p> <p>An interview with Resident #1 on 02/05/13 at 3:05 AM, revealed the resident had reported to Certified Nursing Assistant (CNA) #10 and the Director of Nursing (DON) allegations of abuse by CNA #7, but was unable to recall the exact dates of the incidents or the day he/she reported it to CNA #10 and the DON. Resident #1 explained he/she was pinched by CNA #7 on two separate occasions. The resident stated, "They (referring to the DON and CNA #10) asked me if she meant to do it; I believe she did; I told them I thought she meant to."</p> <p>Interview with CNA #10 on 02/05/13 at 3:54 PM, revealed Resident #1 had made the allegation of abuse on 01/23/13, and CNA #10 stated she immediately notified the DON of the allegation.</p> <p>Interview with the DON on 02/05/13 at 1:05 PM, confirmed CNA #10 and Resident #1 had informed her of the allegations of abuse involving CNA #7 and Resident #1 on 01/23/13, and an investigation was immediately initiated. However, continued interview revealed the allegation was not reported to the appropriate state agencies. Although the DON voiced being aware of the facility's abuse policy and procedure, and the reporting requirements, the DON stated the allegation was not reported to state agencies because "I'm a new DON and continually learning."</p>	F 225	5. Date of Compliance – 2/22/13.		

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F 225	Continued From page 3 Interview with the Administrator on 02/05/13 at 6:00 PM, revealed the DON had informed her of the allegation of abuse made by Resident #1, but stated she could not recall the date or time she was notified. The Administrator explained, "The DON came to me and told me that a resident had reported being pinched by a CNA, and I told her to report it." However, the Administrator took no action to ensure the allegation was reported as required, stating, "I never thought any more about it."	F 225			

R E C E I V E D
FEB 25 2013

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100521	(X2) MULTIPLE CONSTRUCTION A. BUILDING Division of Health Care B. State Southern Enforcement Branch	(X3) DATE SURVEY COMPLETED C 02/06/2013
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522
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N 000	INITIAL COMMENTS A complaint investigation (KY19721) was conducted on 02/05-06/13. The allegation was substantiated with deficient practice identified.	N 000	<p>This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of this plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly. Furthermore, we request this Plan of Correction serve as our credible allegation of compliance.</p> <p style="text-align: center;"><u>Tag # N 110</u></p> <ol style="list-style-type: none"> 1. Please note a thorough investigation was completed: No abuse had occurred. 2. The Director of Nursing completed interviews on 1/23/13 and 1/24/13 for each alert and oriented resident to determine if residents may have been abused. No complaints were made. Non-interviewable residents had a head to toe skin assessment completed by licensed nurses on 1/24/13 to determine if residents may have been abused. No indications of abuse were noted. 3. An inservice was conducted on 1/24/13 with all staff regarding the 	
N 110	<p>902 KAR 20:300-5(3)(d) Section 5. Resident Behavior & Fac. Practice</p> <p>(3) Staff treatment of residents. (d) The facility shall document alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the administrator of the facility or to other officials in accordance with KRS Chapters 209 and 620.</p> <p>This requirement is not met as evidenced by: Based on interview, record review, and a review of the facility policy it was determined the facility failed to ensure an allegation of abuse was immediately reported to the state survey and certification agency for one of three sampled residents (Resident #1). On 01/23/13, the Director of Nursing (DON) was made aware of an allegation of abuse which involved Resident #1. A facility Investigation Report and interview revealed the allegation was investigated but was not reported to state agencies.</p> <p>The findings include:</p> <p>A review of the facility's policy titled Abuse, Mistreatment, and Neglect, undated, revealed when an incident of alleged resident abuse, mistreatment, or neglect was reported, the Administrator or DON would report the allegation</p>	N 110		

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/06/2013
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522		
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Judith Brantam
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Executive Director
(X8) DATE
2/22/13

Office of Inspector General

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522		
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N 110	<p>Continued From page 1</p> <p>to state agencies as required.</p> <p>A review of the medical record for Resident #1 revealed the facility admitted the resident on 02/18/11 with diagnoses of Diabetes, Unilateral Blindness, and Obstructive Sleep Apnea. A review of Resident #1's Annual Minimum Data Set (MDS) Assessment completed on 11/20/12 revealed facility staff assessed the resident to be alert and oriented, and the facility assessed the resident to have no cognitive impairment. Further review revealed Resident #1 was assessed to require limited assistance of one staff member for dressing, toilet, and personal hygiene.</p> <p>An interview with Resident #1 on 02/05/13 at 3:05 AM, revealed the resident had reported to Certified Nursing Assistant (CNA) #10 and the Director of Nursing (DON) allegations of abuse by CNA #7, but was unable to recall the exact dates of the incidents or the day he/she reported it to CNA #10 and the DON. Resident #1 explained he/she was pinched by CNA #7 on two separate occasions. The resident stated, "They (referring to the DON and CNA #10) asked me if she meant to do it; I believe she did; I told them I thought she meant to."</p> <p>Interview with CNA #10 on 02/05/13 at 3:54 PM, revealed Resident #1 had made the allegation of abuse on 01/23/13, and CNA #10 stated she immediately notified the DON of the allegation.</p> <p>Interview with the DON on 02/05/13 at 1:05 PM, confirmed CNA #10 and Resident #1 had informed her of the allegations of abuse involving CNA #7 and Resident #1 on 01/23/13, and an investigation was immediately initiated. However, continued interview revealed the allegation was not reported to the appropriate state agencies.</p>	N 110	<p>abuse policy, reporting of allegations of abuse, and ensuring the safety of residents.</p> <p>An inservice was also conducted by the RVP/RDCS for the ED/DON on 2/20/13 on reporting allegations of abuse timely.</p> <p>A mandatory inservice was provided on 2/8/13 by Misty Pugh, Ombudsman, regarding: 1) Types of abuse, neglect, and misappropriation of property and 2) Reporting obligations under the law for any suspected or alleged abuse situations.</p> <p>4. Five interviews per hallway of interviewable residents will be conducted by the Director of Social Services to ensure no abuse has occurred and not been reported. These interviews will be conducted weekly x 4 weeks then monthly x 2 months.</p> <p>Five skin assessments will be completed weekly x 4 weeks then monthly x 2 months by licensed nurses of non-interviewable residents to ensure no abuse has occurred and not been reported.</p> <p>Results of the interviews and skin assessments will be discussed with the Performance Improvement Committee to determine the need for further monitoring.</p>	

Office of Inspector General

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N 110	<p>Continued From page 2</p> <p>Although the DON voiced being aware of the facility's abuse policy and procedure, and the reporting requirements, the DON stated the allegation was not reported to state agencies because "I'm a new DON and continually learning."</p> <p>Interview with the Administrator on 02/05/13 at 6:00 PM, revealed the DON had informed her of the allegation of abuse made by Resident #1, but stated she could not recall the date or time she was notified. The Administrator explained, "The DON came to me and told me that a resident had reported being pinched by a CNA, and I told her to report it." However, the Administrator took no action to ensure the allegation was reported as required, stating, "I never thought any more about it."</p>	N 110	<p>5. Date of Compliance – 2/22/13.</p>		