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

PRINTED: 09/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185210	A. BUILDING ____ B. WING ____	C 09/05/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE JAMES B. HAGGIN MEMORIAL HOSPITAL	454 LINDEN AVENUE HARRODSBURG, KY 40330

(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 An Abbreviated Survey investigating KY#00018970 was initiated on 09/04/12 and concluded on 09/05/12. KY#00018970 was substantiated with deficiencies cited with the highest scope and severity of a "D".	F 000	Please see attached.	
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, it was determined the facility failed to implement its abuse policy related to ensuring an employee who had been accused of resident abuse was reassigned to a non-resident care area or suspended until the results of the investigation had been reviewed by the Administrator. The facility allowed two (2) aides, who the facility deemed had been accused of abuse by Resident #1, to continue to provide direct care to other residents for four (4) days while the facility was completing its investigation. The findings include: Review of the facility's policy titled "Procedure for investigating an allegation of Abuse, Neglect or Misappropriation of Resident Property", dated 10/2003, revealed employees accused of resident	F 226		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kelly Wirkmanski	DON of ECF	9/25/12

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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NAME OF PROVIDER OR SUPPLIER: THE JAMES B. HAGGIN MEMORIAL HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE: 454 LINDEN AVENUE, HARRODSBURG, KY 40330

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F 226	Continued From page 1 abuse were to be removed from resident care duties until the investigative findings were reviewed by the Administrator. Review of the medical record revealed the facility admitted Resident #1, on 06/19/09, with diagnoses which included Parkinson's Disease, Malnutrition and Hypothyroidism. Review of a Quarterly Minimum Data Set (MDS) Assessment, dated 06/26/12, revealed the facility assessed Resident #1 as being moderately impaired in cognition, with a Brief Interview for Mental Status score of twelve out of fifteen, (12/15). Review of the facility reported incident report, dated August 15, 2012, revealed Resident #1 reported to Registered Nurse (RN) #1 that he/she was "rough handled" the night before when he/she was assisted to bed. The resident stated it felt like a finger was poked through his/her back. Continued review revealed RN #1 reported Resident #1 had two (2) reddened discolored areas. The report further stated Resident #1 was unable to give a good description of the aides. Continued review of the report revealed the facility informed staff, the aides common from the last two nights of Resident #1's care, were not to provide care for either resident in Room 260. Review of the facility's five (5) day report, dated August 20, 2012, with no signature, revealed Resident #1 stated he/she was being rolled for care to be provided and he/she felt like he/she was poked by a finger nail. Interview with the Extended Care Facility (ECF) Coordinator, on 09/04/12 at 4:00 PM, revealed based on Resident #1's initial description of two	F 226		

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THE JAMES B. HAGGIN MEMORIAL HOSPITAL	464 LINDEN AVENUE HARRODSBURG, KY 40330

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F 226	Continued From page 2 (2) female aides with long hair, the decision was made to not let long haired staff care for the resident to prevent further distress to the resident and the two (2) long haired staff members would be investigated per facility policy. She further stated the two (2) long haired staff were not suspended or removed from resident care duties during the investigation. An attempt was made to interview Resident #1 on 09/04/12 at 11:40 AM, but Resident #1 was unable to give any information related to the allegation. Interview with the Chief Nursing Officer (CNO), on 09/05/12 at 9:00 AM, revealed Resident #1's recall of the events kept changing but the (2) long haired staff members would be removed from caring for Resident #1. Further Interviews with the ECF Coordinator and CNO, on 09/05/12 at 10:00 AM, revealed that the facility had failed to reassign the alleged perpetrators to a non-resident care area or suspend them for the full length of the investigation per the facility's policy.	F 226		

THE JAMES B. HAGGIN MEMORIAL HOSPITAL
EXTENDED CARE FACILITY
SURVEY COMPLETION DATE September 5, 2012

PLAN OF CORRECTION

483.13(c) – Develop/Implement 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.

F226 S/S=D **Completion Date: October 5, 2012**

Corrective Action For Residents Found To Have Been Affected By The Deficient Practice:

This facility found no residents affected; the resident with the complaint received no care from the aides potentially involved. The investigation results found no conclusive evidence of abuse.

The Facility Will Identify Other Residents Having the Potential to Be Affected by the Same Deficient Practice:

Although all other residents had the potential to be adversely affected, no other residents were adversely affected and no other residents had any complaints of rough care.

Measures To Be Put In Place Or Systemic Changes Made To Ensure The Deficient Practices Will Not Recur:

The facility will ensure any team members accused of abuse in any form will be removed from resident care duties during the course of the investigation as per policy. The policy will be updated and definitions refined to more clearly identify "accused" team members. Abuse education was completed prior to the survey to ensure all team members can identify types of abuse, reporting requirements and the components of our policy. Education of the revised policy will be provided to the ECF team members by ECF Coordinator by October 5, 2012.

How The Facility Plans To Monitor Its Performance To Ensure Solutions Are Sustained:

The Quality Assurance Committee will be responsible to review and ensure the policy is revised, approved and communicated to all team members. Any reports of abuse are brought to the QA Committee during their monthly meetings on an ongoing basis by the ECF Coordinator, CNO or Administrator.