

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

PRINTED: 09/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 09/27/2013
NAME OF PROVIDER OR SUPPLIER MUHLENBERG COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 440 HOPKINSVILLE ST. GREENVILLE, KY 42345		
(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 Based upon implementation of the acceptable PoC, the facility was deemed to be in compliance, 09/27/13 as alleged.	{F 000}			

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

TITLE

(X6) DATE

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 MUHLENBERG COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 440 HOPKINSVILLE ST. GREENVILLE, KY 42345	
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F 000	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>AMENDED 09/26/13 An abbreviated survey (KY #20613) was conducted on 09/03/13 through 09/04/13 to determine the facility's compliance with Federal requirements. KY #20613 was unsubstantiated with related deficiencies cited.</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</p>	F 225	<p>F225 Please see attached Page 1 for response to this deficiency.</p> 	09/27/13

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

TITLE

(X6) DATE

Bachy Jensen, N/A

Administrator

9/30/13

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>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 observation, interview, record review, facility's investigative report review and facility policy/procedure review it was determined the facility failed to report an injury of unknown origin and the results of the investigation of the injury of unknown origin to the appropriate state agency, for one (1) resident (#1), in selected sample of (3) three residents. Resident #1 was identified as having a bruise from the bottom left of lip down to the chin.</p> <p>The findings include:</p> <p>A review of the facility's policy titled, "Abuse/Mistreatment/Neglect of Residents and Misappropriation of Resident Funds", last revised 10/09, revealed "the LTC (long term care) facility shall 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 and to other officials in accordance with State law through established procedures. The results of all investigations shall be reported to the administrator or designated representative and to other officials in accordance with State law (including the State survey and certification agency) within 5 working days of the incident. It</p>	F 225			

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NAME OF PROVIDER OR SUPPLIER MUHLENBERG COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 440 HOPKINSVILLE ST. GREENVILLE, KY 42345		
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F 225	<p>Continued From page 2</p> <p>will be the responsibility of the Administrator to report the alleged incident immediately to the following agencies: Office of Inspector General (OIG). It will be the administrator or designee's responsibility to thoroughly investigate the alleged incident and to complete the investigation within five (5) working days of the incident. If indicated, a copy of the report will be sent to the State survey agency."</p> <p>A review of the facility's policy titled, "Incident/Accident Reporting", last revised 05/11, revealed "All staff shall complete a full report on any incident/accident occurring on LTC. All staff shall complete a full report on injuries discovered on LTC of known or unknown origin. The LTC Administrator and or the LTC Director of Nursing shall be responsible for coordinating all investigations of incidents occurring on LTC".</p> <p>Record review revealed the facility admitted Resident #1 on 06/28/13 with diagnoses to include Cirrhosis of Liver causing Abdominal Ascites, Kidney failure, Psoriasis, Cerebral Vascular Accident, and Dementia. A review of the admission Minimum Data Set (MDS) assessment, dated 07/04/13, revealed Resident #1's cognition was severely impaired.</p> <p>A review of the facility investigation, not dated, revealed Certified Nursing Assistant (CNA) #1 had entered Resident #1's room on 08/17/13 at 12:25 PM and noticed a bruise to left side of Resident #1's lip and reported the injury to Licensed Practical Nurse (LPN) #2 and Registered Nurse (RN) #1. CNA #1 and LPN #2 gave the resident a bath earlier that morning and the bruise was not present. Further review of the investigation revealed LPN #1 and CNA #2 had</p>	F 225			

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F 225	Continued From page 3 not noticed anything on Resident #1's lip during the night shift. CNA #1 and LPN #2 stated the resident's spouse had told them the resident pulls at his/her lip and messes with mouth all the time. The facility's investigation concluded the bruise most likely occurred due to resident pulling and grabbing at his/her lip as stated by spouse. Interview with Resident #1's spouse, on 09/03/13 at 4:00 PM, revealed he/she had asked the staff about the bruise on the resident's chin and was told the matter had been investigated and the facility was unable to determine what caused the bruise on the resident's chin. Interview with RN #2, on 09/04/13 at 1:00 PM, revealed she interview staff and no one knew how the injury had happened. The RN stated the incident was reported to the Director of Nursing (DON) and the Administrator. Interview with the DON, on 09/04/13 at 2:00 PM, revealed when the bruise was first found she did not know how it occurred. Interview with the Administrator, on 09/04/13 at 12:00 PM, 2:20 PM and 3:15 PM, revealed this was only injury of unknown origin the facility had in last three (3) months. The Administrator stated the conclusion of the investigation of resident #1's bruise to the lip was that it was an injury of unknown origin. The Administrator revealed she did not report the injury or the result of the facility's investigation to OIG.	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written	F 226	F226 Please see attached Page 2 for response to this deficiency.	9/27/13	

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F 226	<p>Continued From page 4</p> <p>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 observation, interview, record review, review of the facility's investigative report and facility policy review, it was determined the facility failed to follow their policy related to reporting an injury of unknown origin and reporting the results of their investigation, for one (1) resident (#1), in selected sample of three (3) residents, when Resident #1 was reported to have a bruise from the bottom left of the lip down to the chin.</p> <p>The findings include:</p> <p>A review of the facility's policy titled, "Abuse/Mistreatment/Neglect of Residents and Misappropriation of Resident Funds", last revised 10/09, revealed "the LTC (long term care) facility shall 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 and to other officials in accordance with State law through established procedures. The results of all investigations shall be reported to the administrator or designated representative and to other officials in accordance with State law (including the State survey and certification agency) within 5 working days of the incident. It will be the responsibility of the Administrator to report the alleged incident immediately to the following agencies: Office of Inspector General (OIG). It will be the administrator or designee's</p>	F 226			

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F 226	<p>Continued From page 5</p> <p>responsibility to thoroughly investigate the alleged incident and to complete the investigation within five (5) working days of the incident. If indicated, a copy of the report will be sent to the State survey agency."</p> <p>Record review revealed the facility admitted Resident #1 to the facility on 06/28/13 with diagnoses to include Cirrhosis of Liver causing Abdominal Ascites, Kidney Failure, Psoriasis, Cerebral Vascular Accident, and Dementia. A review of the admission Minimum Data Set (MDS) assessment, dated 07/04/13 revealed the facility assessed Resident #1's cognition as severely impaired.</p> <p>A review of the facility investigation, not dated, revealed Certified Nursing Assistant (CNA) #1 had entered Resident #1's room on 08/17/13 at 12:25 PM and noticed a bruise to left side of Resident #1's lip and reported the injury to Licensed Practical Nurse (LPN) #2 and Registered Nurse (RN) #1. CNA #1 and LPN #2 gave the resident a bath earlier that morning and the bruise was not present. Further review of the investigation revealed LPN #1 and CNA #2 had not noticed anything on Resident #1's lip during the night shift. CNA #1 and LPN #2 stated the resident's spouse had told them the resident pulls at his/her lip and messes with mouth all the time. The facility's investigation concluded the bruise most likely occurred due to resident pulling and grabbing at his/her lip as stated by spouse.</p> <p>Interview with Resident #1's spouse, on 09/03/13 at 4:00 PM, revealed he/she asked staff about the bruise on the resident's chin and was told the injury had been investigated and there had been no conclusion to how it happened.</p>	F 226			

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F 226	Continued From page 6 Interview with Resident #1's son, on 09/03/13 at 3:48 PM, revealed he was at the facility the day before and there was nothing on the resident's lip. He stated he was concerned because the darkened purple discoloration was on the left side of the resident's lip and down the side of the mouth to chin area. Interview with RN #2, on 09/04/13 at 1:00 PM, revealed she checked to see if an incident report had been done when she noticed the bruise. RN #2 stated when she finds an injury of unknown origin that an incident report is filled out and the DON and Administrator were made aware of the incident. Interview with the DON, on 09/04/13 at 2:00 PM, revealed that when an incident report is completed the staff are interviewed about the incident, and the family and physician are notified. The DON stated she interviewed the staff and wrote up the investigative report. Interview with the Administrator, on 09/04/13 at 12:00 PM, 2:20 PM and 3:15 PM, revealed an incident report and investigation was completed on this incident. The Administrator stated the conclusion of the investigation was the injury remained an injury of unknown origin. The Administrator revealed she failed to implement the facility's policy and procedure related to injuries of unknown origin because she failed to report the injury of unknown origin and the results of the investigation to OIG.	F 226			

F225 – Report of Allegation

1. Corrective action:
 - a. The Nursing Home Administrator sent an email to all LTC Staff to outline concerns and reinforce immediate reporting of any incident/accident of unknown origin to Administrator, DON or Charge Nurse (Attachment #1)
 - b. The Nursing Home Administrator reviewed the facility policy titled “Abuse/Mistreatment/Neglect of Residents/Misappropriation of Resident Funds”
 - c. This policy was revised and split into 3 separate policies titled “Abuse”; “Abuse Investigations” and “Abuse Prevention Program” (Attachments #2, 3 & 4)
 - d. The Nursing Home Administrator reviewed the facility policy titled “Incident/Accident Reporting” and provided updates and revisions to emphasize reporting any incidents/accidents of unknown origin (Attachment #5)

2. Identification of Other Residents
 - a. The Director of Nursing reviewed all reports of bruising/injury/accident of unknown origin reported for a 30 day period prior to these findings.
 - b. No additional residents were identified (Attachment # 6)

3. Systemic Measures to Assure Practice will not Recur
 - a. The Director of Staff Development provided education to all LTC Staff related to policy updates/changes including identification and reporting of incidents/accidents of unknown origin (Attachment #7)
 - b. Specific education was provided to Nursing Home Administrator, DON and all Charge Nurses to review regulatory guidelines for investigative procedure and reporting (Attachment #7)

4. Monitoring Corrective Action
 - a. The Director of Nursing will initially review all incidents/accidents to determine if any are of unknown origin and reportable to appropriate agencies
 - b. The Nursing Home Administrator will maintain a concurrent log of all incidents/accidents for historical review

5. Date of Completion: 9/27/13

F226 – Develop/Implement Policies

1. Corrective action:
 - a. The Nursing Home Administrator sent an email to all LTC Staff to outline concerns and reinforce immediate reporting of any incident/accident of unknown origin to Administrator, DON or Charge Nurse (Attachment #1)
 - b. The Nursing Home Administrator reviewed the facility policy titled “Abuse/Mistreatment/Neglect of Residents/Misappropriation of Resident Funds”
 - c. This policy was revised and split into 3 separate policies titled “Abuse”; “Abuse Investigations” and “Abuse Prevention Program” (Attachments #2, 3 & 4)
 - d. The Nursing Home Administrator reviewed the facility policy titled “Incident/Accident Reporting” and provided updates and revisions to emphasize reporting any incidents/accidents of unknown origin (Attachment #5)

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 - a. The Director of Nursing reviewed all reports of bruising/injury/accident of unknown origin reported for a 30 day period prior to these findings.
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5. Date of Completion: 9/27/13