

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

PRINTED: 11/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/04/2011
NAME OF PROVIDER OR SUPPLIER GREEN MEADOWS HEALTH CARE CENTER 1			STREET ADDRESS, CITY, STATE, ZIP CODE 310 BOXWOOD RUN ROAD MOUNT WASHINGTON, KY 40047	
(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	Green Meadows Health Care Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the residents. The plan of correction is submitted as a written allegation of compliance. Green Meadows Health Care Center's response to the Statement of Deficiencies and Plan of Correction does not constitute an admission that any deficiency is accurate. Further Green Meadows Health Care Center reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through Informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceedings.	
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy Resident Rights, it was determined the facility failed to promote care for the residents in a environment and manner that maintains and enhances each residents dignity and respect for one (1) of three (3) sampled residents. Resident #1 was forced to take a shower against his/her will.</p> <p>The finding includes:</p> <p>Review of the facility's Resident Rights Policy, dated 5/31/10, revealed Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights. The resident has the right to refuse treatment.</p>	F 241	<p>F241</p> <p>Licensed Practical Nurse (LPN) #3 was removed from direct resident care as soon as Administrator and Director of Nursing were notified of incident on 10/30/2011. LPN #3 was suspended pending investigation. LPN #3 is no longer and employee of facility. Resident #1 when interviewed reports he/she was not fearful of LPN#3 and was okay with LPN#3 providing care to him/her.</p>	12/05/11

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

TITLE

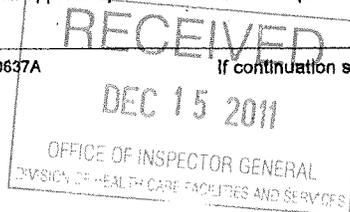
(X5) DATE

[Signature]

Administrator

12/15/2011

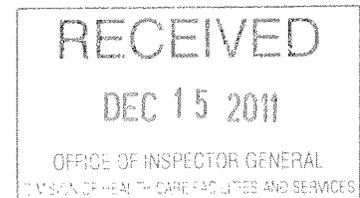
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 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 241	<p>Continued From page 1</p> <p>Interview with Certified Nursing Assistant (CNA) #1, on 11/2/11 at 1:25 PM, revealed she was on shower duty the day of 10/30/11. Resident #1 was offered a shower and Resident #1 refused his/her shower. CNA #1 then reported to Licensed Practical Nurse (LPN) #3 about Resident #1's refusal.</p> <p>Interview with LPN #3, on 11/03/11 at 11:10 AM, revealed CNA's went into the room of Resident #1 and the CNA's reported that Resident #1 refused his/her shower. Further Interview with CNA #1 revealed, LPN #3 grabbed CNA #3 to help with Resident #1. LPN #3 went into Resident #1's room and told Resident #1 it's time to get up and get out of bed. Then LPN #3 told CNA #3 to come on you are going to help me get Resident #1 up on the lift.</p> <p>Interview with CNA #3, on 11/02/11 at 1:25 PM, revealed she was asked to help get Resident #1 out of the bed but could not and reported to LPN #3 to leave Resident #1 alone. CNA #3 further stated, Resident #1 was knocking things off of his/her table and screaming. Then Resident #1 states "I have the right to refuse".</p> <p>Interview with Resident #1, on 11/03/11 at 1:10 PM, revealed he/she thought his/her rights were violated when he/she told LPN #3 that he/she did not want to take a shower.</p> <p>Interview with LPN #3, on 11/03/11 at 11:10 AM, revealed Resident #1 stated that he/she did not want to get up now. Resident #1 further stated he/she had the right to refuse his/her shower. LPN #3 stated yes you have the right to refuse</p>	F 241	<p>The care plan and certified nursing assistant assignment sheets were reviewed and revised to reflect resident's preferences for care including bathing.</p> <p>All residents of the facility have the potential to be affected should anyone force them to do something against his/her will. Residents who were interviewable on the unit LPN#3 has been assigned were interviewed to determine if they feel their rights may have been violated. No residents reported any concerns about their rights being violated. Residents were encouraged to voice concerns immediately.</p> <p>All current employees of the facility have been presented education specifically addressing honoring each resident's right to refuse treatment, while ensuring the care needs are met appropriately. All current employees have been informed of their need to again report their concerns if they have reported an incident they feel is inappropriate and they see their perceived perpetrator continuing to provide care. Staff has been advised to report to their immediate supervisor and if they feel more action(s) need to be taken following their reporting, then to report to agencies to include the Office of Inspector General, Adult Protective Services and Long Term Care Ombudsman office. This training was conducted by Staff Development</p>	



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F 241	Continued From page 2 and lifted Resident #1 to his/her wheelchair without the residents permission. Interview with the Director of Nursing (DON), on 11/03/11 at 12:50 PM, revealed Resident #1 refused to get up out of bed and Resident #1's rights were violated and could potentially be mental abuse. Interview with the Administrator, on 11/04/11 at 1:00 PM, revealed LPN #3 violated Resident #1's rights when she imposed on Resident #1 to do something that he/she did not want to do.	F 241	Coordinator on November 10, 2011 and November 11, 2011. A make-up in-service was conducted November 18, 2011. All employees are provided training on the facility's abuse/neglect policies and procedures during general orientation and on an annual basis during mandatory trainings. Residents will be asked at the monthly Resident Council meetings beginning January 2012 if they have any concerns about possible violations of their rights. Additionally residents and/or responsible parties will be asked about any concerns they may have regarding violation of resident rights during scheduled care plan meetings. All reported incidents alleging abuse/neglect are presented to the Quality Assessment and Assurance Committee on a monthly basis by the Director of Social Services. Additionally these reported incidents are discussed with Department Heads and Administrative staff during the morning meetings Monday through Friday. Opportunities for improvement are identified and additional staff education provided based on these discussions when warranted. Completion Date: December 05, 2011		

