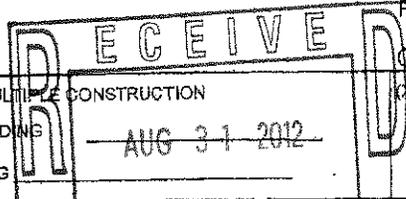


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/09/2012
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NAME OF PROVIDER OR SUPPLIER OWSLEY COUNTY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE AND ZIP CODE HIGWAY 101, BOX 250 BOONEVILLE, KY 41314
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F 000	INITIAL COMMENTS	F 000	<p>Preparation and execution of this plan of Correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge deficiencies below is not an admission that the alleged facts occurred as presented in the statements.</p> <p><u>F 225 (D)</u> <u>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</u></p> <p><i>Corrective Action for Residents Found to Have Been Affected</i> A physical exam was completed on Resident #5 at the time of the incident and the Social Services Coordinator and Administrator reviewed the incident at the time of the incident. There were no negative outcomes with Resident #5. The incident has been investigated by the appropriate agencies. The resident remains in the facility and has no memory of making any statements related to the incident.</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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Judy Perry* TITLE: *Administrator* (X6) DATE: *08/13/2012*

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>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 interviews, record reviews, and review of facility incident investigations it was determined the facility failed to protect one of five residents reviewed (Resident #5) from abuse. On 07/01/12, Resident #5 made an allegation of sexual abuse to facility staff. The facility failed to report the allegation to the State Survey Agency and Adult Protective Services as required.</p> <p>The findings include:</p> <p>Review of the facility's Policy on Abuse (no date) revealed, under the section titled Response and Reporting (at #5), all alleged violations would be reported immediately and all follow-up, findings and conclusions would be reported to the Department of Family and Health Services and the Office of Inspector General. Only the Administrator, Director of Nursing, and/or the Social Services Director would report to the required agencies.</p> <p>Review of the medical record of Resident #5 revealed the facility had admitted the resident on 05/20/10, with diagnoses that included Alzheimer's disease, senile dementia, depression, bronchitis, and hypertension. Further review of the medical record revealed a</p>	F 225	<p><i>How the Facility will Identify Other Residents Having the Potential to be Affected</i></p> <p>A resident council meeting was held on 08-31-2012 with information provided to residents regarding allegations of abuse and reporting allegations. Specific questions about the staff's treatment of residents as it relates to abuse were asked of randomly selected residents on 8-31-2012. A skilled nursing consultant inserviced the Administrator, Director of Nursing, and Social Services Coordinator on 08-09-2012 relating to the identification of allegations of abuse and when to report allegations of abuse.</p> <p><i>What Measures or Systemic Changes Will be Put in Place to Avoid Reoccurrence</i></p> <p>The Abuse Prohibition policies were reviewed by the skilled nursing consultant and the Administrator on 08-09-2012 with no changes noted. A skilled nursing consultant inserviced the Administrator, Director of Nursing and Social Services Coordinator on 08/09/2012 relating to the identification of allegations of abuse and when to report allegations of abuse.</p>	

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F 225	<p>Continued From page 2</p> <p>comprehensive assessment had been completed on 04/18/12. The facility assessed the resident to have clear speech and able to make his/her needs known. Continued review of the comprehensive assessment revealed the facility assessed the resident to require limited assistance of one staff person for transfers, bed mobility, and ambulation. Review of the Brief Interview for Mental Status (BIMS) revealed a score of 0 for the resident (scoring of 0-15 with 15 indicating no cognitive impairment and 0 being severely cognitively impaired).</p> <p>Review of the Resident Concern/Grievance Report for Resident #5 dated 07/01/12, revealed the resident alleged an incident of sexual abuse had occurred. According to the documentation, the resident had alleged two men came into the room, flip-flopped" the resident around, made the resident sore, and sexually abused the resident. Administrative personnel had been notified; however, there was no evidence the State Survey Agency or Adult Protective Services had been notified.</p> <p>Interview with the Social Services Director (SSD) on 08/08/12, at 1:58 PM, revealed her responsibility was to gather the information and begin the investigation. According to the SSD, a meeting had been conducted with administrative staff and the decision was made that abuse had not occurred.</p> <p>Interview with the Director of Nursing (DON) on 08/08/12, at 2:12 PM, revealed the DON did not feel the allegation was reportable and did not think abuse had occurred. According to the DON, administrative staff met together to discuss</p>	F 225	<p>Facility Plans to Monitor its Performance for Sustained Solutions</p> <p>The skilled nursing consultant will review allegations of abuse with the Administrator, Director of Nursing and Social Services Coordinator for two months to validate understanding of regulatory policy. All allegations of abuse will be reviewed by the Quality Assurance Committee at the monthly meeting.</p>	9-10-2012	

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F 225	Continued From page 3 the incident and after reviewing all the factors determined it was not necessary to report to the state agencies. Interview with the facility Administrator on 08/08/12, at 4:15 PM, revealed based on interviewing staff and family and review of the staff on duty, the Administrator did not believe abuse had occurred, did not feel the allegation was reportable, and acknowledged he/she had not reported the allegation to the State Survey Agency and Adult Protective Services in accordance with facility policy.	F 225		
F 498 SS=D	483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record review, review of facility policy/procedure, and review of facility in-service education records it was determined the facility failed to ensure nurse aides were able to demonstrate competency in skills and techniques necessary to care for residents' needs. Two of five residents reviewed (Residents #1 and #2) had sustained bruising related to gait belt use. Although the facility had provided education for nurse aides related to the use of gait belts, there was no evidence the facility had monitored staff use of the gait belts to ensure competency.	F 498	<u>F 498 - (D) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS</u> <i>Corrective Action for Residents Found to Have Been Affected</i> The caregivers were trained and competency tested (return demonstrations) on 08/06/2012 for the use of gait belts on Residents #1 and #2. <i>How the Facility will Identify Other Residents Having the Potential to be Affected</i> All residents have the potential to be affected by F 498. Caregivers were retrained and competency tested (return demonstrations) on 08/17/2012 regarding the use of gait belts.	

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F 498	<p>Continued From page 4</p> <p>The findings include:</p> <p>Review of the facility policy/procedure, "Gait Belt Policy," no date, revealed gait belts were required to be used to promote safety during transfers and ambulation for residents requiring assistance.</p> <p>1. Review of the medical record of Resident #1 revealed the facility admitted the resident on 07/01/09, with diagnoses that included senile dementia, chronic obstructive pulmonary disease, and senile macular degeneration. Review of the significant change assessment for Resident #1 dated 02/01/12, revealed the facility assessed the resident to require extensive assistance of two staff persons for transfers. Additionally, the resident was assessed as severely cognitively impaired. On 08/05/12, Resident #1 was found to have bruising across the chest. Review of the facility's "Resident Concern/Grievance Report" dated 08/06/12, revealed the facility determined the bruising to the resident's chest was caused by use of a gait belt.</p> <p>Observation of Resident #1 on 08/08/12, at 2:00 PM, revealed the resident had an area to the chest from the right axilla (underarm) to the left axilla and from the top of the breasts to just below the areola of both breasts that was purple in color.</p> <p>2. Review of the medical record of Resident #2 revealed the facility admitted the resident on 07/01/09, with diagnoses that included senile dementia, dysphagia, congestive heart failure, and atrial fibrillation.</p>	F 498	<p><i>What Measures or Systemic Changes Will be Put in Place to Avoid Reoccurrence</i></p> <p>The Director of Nursing, Nurse Consultant and Administrator reviewed and revised the policies and procedures regarding the use of gait belts on 08/09/2012. Training and competency testing (return demonstrations) of caregivers on the use of gait belts were completed on 08/17/2012 by the Quality Assurance Nurse. Newly hired employees will have the updated training and competency testing (return demonstrations) in the orientation process.</p> <p><i>Facility Plans to Monitor its Performance for Sustained Solutions</i></p> <p>The Administrator will review the gait belt training and competency testing for two months to validate that caregivers are trained and competency tested per the facility policies and procedures. Training and competency testing on the use of gait belts will be reviewed by the Quality Assurance Committee at the monthly meeting.</p>	9-10-2012	

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F 498	<p>Continued From page 5</p> <p>No observations could be made of Resident #2. The resident was no longer in the facility.</p> <p>Review of the "Resident Concern/Grievance Report," dated 08/06/12, revealed a bruise had been discovered on Resident #2's abdomen on 08/06/12. The facility documented the bruise was related to gait belt use.</p> <p>Review of the facility's education records revealed staff was educated on use of the gait belt on 01/26/12, 03/22/12, 04/26/12, and 05/03/12. There was no evidence the facility had monitored staff performance related to use of gait belts to ensure staff was competent in the proper use of the gait belts.</p> <p>Interview with Certified Nursing Assistant (CNA) #3 on 08/08/12, at 3:20 PM, revealed the CNA received education related to the use of a gait belt. CNA #3 confirmed supervisory staff had not observed the CNA utilizing the gait belt for resident transfers.</p> <p>Interview with CNA #1 on 08/08/12, at 1:30 PM, revealed she had received education related to the use of a gait belt. According to CNA #1, the Therapy Department demonstrated use of the gait belt to staff. CNA #1 stated supervisory staff did not observe staff use of the gait belt for resident transfers.</p> <p>Interview with the Occupational Therapist (OT) on 08/08/12, at 2:45 PM, revealed the Therapy Department was responsible for training staff in the use of gait belts. According to the OT, staff was observed using the gait belt on each other during the educational offering. However,</p>	F 498			

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F 498	<p>Continued From page 6</p> <p>according to the OT, the Therapy Department had not monitored staff performance related to the use of the gait belts with residents to ensure they were competent before they utilized the gait belts for resident care.</p> <p>Interview with the Physical Therapist (PT) on 08/09/12, at 11:05 AM, revealed the Therapy Department presented the facility's staff education related to use of gait belts. The PT stated the education consisted of proper technique, how to modify for unique situations, and the importance of using a gait belt. According to the PT, a few staff members demonstrated use of the gait belt during the education in-service on each other. The PT stated the Therapy Department was not responsible to monitor staff competence related to use of the gait belt.</p> <p>Interview with the Staff Development Coordinator on 08/08/12, at 3:25 PM, revealed she did not monitor staff performance of use of the gait belts for resident transfers to ensure the gait belts were used properly. According to the Staff Development Coordinator, after each educational offering staff was required to complete a written test of the material. Continued interview with the Staff Development Coordinator on 08/09/12, at 11:00 AM, revealed the facility audited staff practice for several care issues but not gait belt use.</p> <p>Interview with the Director of Nursing (DON) on 08/08/12, at 2:12 PM, revealed she had not monitored staff performance related to the use of gait belts to ensure staff was competent and that the gait belts were utilized correctly.</p>	F 498		

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