

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

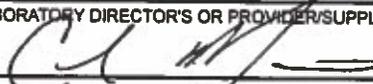
PRINTED: 09/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/14/2015
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NAME OF PROVIDER OR SUPPLIER FAIR OAKS HEALTH SYSTEMS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13 SPARKS AVENUE JAMESTOWN, KY 42629
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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	INITIAL COMMENTS	F 000		
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>Preparation and execution of this plan of correction does not constitute admission 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 and executed solely because it is required by federal and state law.</p> <p>F 225 Abuse Staff Treatment of Residents The 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 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>Criteria 1: The allegation of misappropriation of resident property for Resident #2 was found to be unsubstantiated by the facility and OIG. The missing property has not been located.</p> <p>Criteria 2: All residents have the potential to be affected by this alleged deficient practice. An audit of all reportable allegations occurring during the past 30 days was conducted by the contracted Nurse Consultant on 10/5/15 to determine compliance with facility policy and State/Federal regulatory guidelines were consistently followed. The</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10-6-15
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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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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 interview, record review, and facility policy review it was determined the facility failed to report an allegation of misappropriation of resident property in a timely manner and in accordance with state law for one (1) of three (3) sampled residents (Resident #2). An allegation of misappropriation of Resident #2's property was reported to facility staff on 08/23/15. However, the facility did not report the allegation to the appropriate state agency until 08/25/15.</p> <p>The findings include:</p> <p>Review of the facility policy, "Abuse Prohibition Policy," undated, revealed when an incident or suspected incident of resident abuse, neglect, misappropriation of resident property, or injury of unknown origin was reported, the administrator would immediately notify the State Licensing and Certification Agency. Further review of the facility policy revealed the facility would report immediately all alleged violations and all substantiated incidents to the state agency.</p> <p>Review of the facility investigation report revealed an allegation of misappropriation of property was made on 08/23/15 alleging Resident #2's gold wedding band was missing.</p> <p>Review of the state agency initial report revealed</p>	F 225	<p>audit by the contracted Nurse consultant on 10/5/15 revealed only one reportable allegation had occurred in the past 30 days, and no concerns were identified.</p> <p>Criteria 3: The Director of Nursing (DON), and administrator have received in-service education on the implementation of the Allegation of Abuse/ Neglect Checklist (see Attachment A) and the facility policy and State/Federal regulatory guidelines for timely reporting of allegations of mistreatment, neglect, or abuse (including injuries of unknown source and misappropriation of resident property) to the required state agencies and the proper authorities as provided by the contracted Nurse Consultant on 09/30/15.</p> <p>Facility Owner has received in-service education on the implementation of the Allegation of Abuse/ Neglect Checklist (see Attachment A) and the facility policy and State/Federal regulatory guidelines for timely reporting of allegations of mistreatment, neglect, or abuse (including injuries of unknown source and misappropriation of resident property) to the required state agencies and the proper authorities as provided by the contracted Nurse Consultant on 10/5/15.</p> <p>Criteria 4: The CQI indicator (see Attachment B) for the monitoring of compliance with the facility abuse policy, including, but not limited to, timely reporting of allegations to the appropriate authorities, will be utilized monthly X 2 months and then quarterly thereafter as per the CQI calendar, under the supervision of the Administrator.</p>	

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F 225	<p>Continued From page 2</p> <p>the report was made to the state agency on 08/25/15.</p> <p>Review of Resident #2's medical record revealed the facility admitted Resident #2 on 03/07/08 with diagnoses that include Senile Dementia, Psychosis, Depression, Congestive Heart Failure, Rheumatoid Arthritis, Anxiety, and Osteoarthritis. Review of Resident #2's most recent Minimum Data Set (MDS) assessment dated 08/07/15 revealed the facility assessed Resident #2 to have a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident #2 was unable to be interviewed due to cognitive status.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 09/14/15 at 4:40 PM revealed she was working on 08/23/15 when State Registered Nurse Aide (SRNA) #2 reported to her that she (SRNA #2) had noticed Resident #2's ring was missing. Continued interview with LPN #1 revealed she contacted the facility Director of Nursing (DON) immediately to report the allegation.</p> <p>Interview with SRNA #2 on 09/14/15 at 5:53 PM revealed she was working on 08/23/15 and while providing care for Resident #2 she noticed that Resident #2 did not have his/her gold wedding band on his/her finger as usual. Further interview with SRNA #2 revealed she reported Resident #2's missing ring to LPN #1 immediately.</p> <p>Interview with the facility Director of Nursing (DON) on 09/14/15 at 6:58 PM revealed she was notified of the allegation of misappropriation of Resident #2's property on 08/23/15 at approximately 5:30 PM. Further interview with the facility DON revealed she notified the facility</p>	F 225	<p>Findings below the required threshold of 100% will result in a plan of correction to address the identified areas.</p> <p>Criteria 5: October 6, 2015</p>	10/6/15	

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F 225	Continued From page 3 owner on 08/24/15 at approximately 9:30 AM. Interview with the facility Administrator on 09/14/15 at 7:18 PM revealed he reported the allegation to the state agency within 24 hours as required. Continued interview with the facility Administrator revealed he was out of town when the allegation occurred and had contacted the facility owner and asked him to report the incident to the state agency. Further interview with the facility Administrator revealed the facility owner had accidently put the incorrect date on the reporting form and that the allegation was reported to the facility on 08/24/15 and not on 08/23/15.	F 225			