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

PRINTED: 09/03/2013
FORM APPROVED
OMB NO. 0938-0391

RECEIVED SEP - 5 2013 Division of Healthcare Complaint Enforcement Branch

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185352		C 08/19/2013

NAME OF PROVIDER OR SUPPLIER
STANTON NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
31 DERICKSON LANE
STANTON, KY 40380

(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 standard survey (KY20524) was initiated on 08/06/13 and concluded on 08/07/13. The complaint was substantiated. Deficiencies were cited at F225 and F226, at a scope and severity of "G." On 08/13/13, after supervisory review, the abbreviated standard survey (KY20524) was reopened and Immediate Jeopardy was identified on 08/14/13 and determined to exist on 07/18/13. The facility was notified of the Immediate Jeopardy on 08/14/13. A partial extended survey was conducted on 08/19/13. The facility failed to ensure an allegation of abuse was reported immediately to the Administrator of the facility and to other officials in accordance with State law, including the State Survey and Certification agency as required after an allegation of abuse had been reported to the facility's Director of Nursing (DON). Resident #1's family stated in interviews on 08/06/13 and 08/07/13 that they reported to the DON on 07/18/13 that they had concerns that Resident #1 was being abused at the facility and that the resident's roommate had told them Licensed Practical Nurse #1 had yelled and pointed her finger at Resident #1 on 07/17/13. On 07/18/13, the Director of Nursing (DON) documented a complaint from Resident #1's family that staff was "repeatedly telling [Resident #1] that (he/she) didn't know anything because of (his/her) brain surgery and that (his/her) family didn't care anything about (him/her) and that's why (he/she) was here." However, interview with the DON on 08/06/13 revealed she "did not consider this an allegation of abuse" and failed to take any action	F 000	**F 225** 1. Resident #1 identified has had no further issues with any other employee. Resident was interviewed daily by the Regional Nurse Consultant, the Administrator, or licensed nurse beginning 8/8/2013 and has had no concerns. The attending physician was notified at the time the Administrator found out about the situation on 7/22/2013 by the Unit Manager. The resident was discharged to another LTC facility on 8/29/2013. The nurse who allegedly was verbally abusive toward the identified resident was suspended on 7/22/2013 an investigation began into the allegation. Time Cards and schedules were pulled to identify staff who may have worked with the resident and Nurse in question. No staff member was familiar with the incident in question. The resident did not identify the nurse in question, but her roommate did and she gave our Social Service Director a statement on 7/22/2013 that identified the nurse. The nurse in question did issue a written statement. The facility was not able to substantiate abuse, but determined the nurse was attempting to reorient the resident to the facility as she had been recently readmitted from a hospital stay. The resident was insistent she had not been out over night. The facility has discharged the nurse from employment	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 9/5/13

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 000	Continued From page 1 to immediately report the allegation to the Administrator of the facility and other State agencies as required. In addition, the facility failed to conduct a thorough investigation of the allegation and took no action to protect residents from further abuse/potential abuse until 07/22/13, four days later. Deficiencies were cited at 42 CFR 483.13 Resident Behavior and Facility Practices (F225 and F226) and 42 CFR 483.75 Administration (F490) at a scope and severity of "J." Substandard Quality of Care was identified at 42 CFR 483.13 Resident Behavior and Facility Practices (F225 and F226). An acceptable Allegation of Compliance was received on 08/15/13, and alleged removal of the Immediate Jeopardy on 08/14/13. The State Survey Agency determined the Immediate Jeopardy was removed on 08/14/13, prior to exit, which lowered the scope/severity to "D" while the facility monitors the effectiveness of systemic changes and quality assurance activities.	F 000	as it is felt she did communicate improperly with the resident. Additionally, the Director of Nurses was suspended on 8/9/2013 related to her not following proper policy and procedure and she was terminated on 08/15/2013. 2. All residents that were interview able were interviewed by a Social Worker and/or the Regional Nurse .This was completed on 8/9/2013 to identify any allegations of abuse, neglect or misappropriation. Residents were asked how they were treated, if they had concerns with any staff member and who to report any concerns with abuse to. Any issues identified were immediately reported to the OIG, APS, family, physician and local law enforcement.	
F 225 SS=J	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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	F 225	Social Worker or Business Office Associate telephoned or spoke to 22 families of residents that are not interview able to identify any allegations of abuse, neglect or misappropriation. This was completed on 8/12/2013. Families were asked if they had any concerns with abuse or neglect and if they knew who to report abuse or neglect concerns to. No allegations of abuse, neglect or misappropriation were received. This is ongoing for 5 residents daily.	

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F 225	Continued From page 2 or licensing authorities. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported 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. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's investigation and policy and procedures, it was determined the facility failed to ensure an allegation of abuse was reported immediately to the Administrator and to other officials in accordance with state law, including the state survey and certification agency, as required for one of three sampled residents (Resident #1). On 07/18/13 the Director of Nursing (DON) documented a complaint received from Resident #1's family member that staff was	F 225	Director of Nursing, Unit Manager or Treatment Nurse conducted head to toe skin assessments on all residents in center to identify any s/s physical abuse. This was completed 8/9/2013. No issues were identified. Regional Nurse Consultant reviewed all significant weight loss for July and August 2013 to identify any signs of neglect. This was completed on 8/9/2013.No issues were identified. This included looking at whether weight loss had been addressed was there feeding issues and was the physician and family aware. All staff that was working was reeducated by the DON, Unit Manager, Administrator, Education Training Director or Regional Nurse Consultant by 8/9/2013 to identify any allegations of abuse or neglect that had not been reported to the Administrator. No issues were identified. Education content - copy of the policy to report abuse/neglect was given to staff, who to report abuse to, what is abuse and all types of abuse and neglect was explained. Staff was questioned regarding areas of the policy and gave answers to confirm their understanding of the abuse neglect and exploitation policy. No staff has been permitted to work in the center since 8/8/2013 unless	

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F 225	Continued From page 3 "repeatedly" telling the resident that he/she "didn't know anything" because of his/her "brain surgery" and that the resident's family "didn't care anything about (him/her) and that's why (he/she) was here." However, interview with the DON on 08/06/13 at 1:15 PM revealed she "did not consider this an allegation of abuse" and failed to take any action to immediately report the allegation to the Administrator of the facility and state agencies as required. In addition, the facility failed to conduct a thorough investigation of the allegation and took no action to protect residents from further abuse/potential abuse until 07/22/13, four days after the allegation had been received. The facility's failure to immediately report an allegation of abuse, failure to protect residents from further abuse, and failure to investigate an allegation of abuse caused, or was likely to cause, serious injury, harm, impairment, or death to residents at the facility. Immediate Jeopardy and Substandard Quality of Care were determined to exist on 07/18/13. The facility was notified of the Immediate Jeopardy on 08/14/13. An acceptable Allegation of Compliance was received on 08/15/13, and alleged removal of the Immediate Jeopardy on 08/14/13. The state survey agency determined the Immediate Jeopardy was removed on 08/14/13, prior to exit, which lowered the scope/severity to "D" while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: Review of the facility's Concern/Grievance Policy, undated, revealed the Administrator would	F 225	re educated and received a copy of the abuse policy. DON/UM or Regional Nurse observed care being provided to 10 residents to identify any issues with care, handling or following the plan of care this was completed by 8/10/2013. No issues were identified. All nursing staff will be interviewed at the end of each shift by the Administrator/DON/UM/Charge Nurse or Regional Nurse. This began 8/9/2013 and will transition to five (5) employees per shift beginning 8/17/2013 to identify any reports of abuse or neglect reported to any staff member. After the four weeks the interviews will decrease to 4 interviews per month and remain ongoing until modified by the QA committee to sustain the removal. A complete narcotic count was completed by the Unit Manager on all halls on 8/09/2013 to identify any narcotics that were not counted correctly and if any medication was over or under what the count sheet says to rule out abuse or neglect. No issues were noted. Administrator and DON was immediately re educated regarding the abuse and neglect policy and policy for reporting abuse/recognizing abuse or	

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F 225	Continued From page 4 receive and log all Concern/Grievance forms after initiation, and take the Concern/Grievance form to the "next" daily "stand-up" meeting for review. According to the policy if the concern/grievance was determined to be an allegation of abuse or neglect it would be immediately reported to the proper authorities. Review of the facility's abuse policy, undated, revealed the facility "had designed and implemented processes which strive to ensure the prevention and reporting of resident abuse." The policy revealed all allegations of abuse would be reported to the Administrator and Director of Nursing (DON) immediately; and would be reported to state agencies and all other agencies as required. The policy defined verbal abuse as "oral, written, or gestured language that includes disparaging and derogatory terms to the resident or their families." The policy also revealed the facility would provide for the immediate safety of the resident upon identification of potential abuse, and would investigate and review each allegation thoroughly. Review of the facility's documentation revealed the facility initiated an abuse investigation on 07/22/13, after Adult Protective Services had entered the facility and informed the Administrator that an allegation of abuse to Resident #1 by Licensed Practical Nurse (LPN) #1 was being investigated. However, review of a Complaint/Grievance Report contained in the facility's investigation revealed the family had voiced concerns that Resident #1 was being abused at the facility to the DON on 07/18/13, The DON had documented on the form that Resident #1's family was concerned that staff was "repeatedly telling [Resident #1] that (he/she)	F 225	neglect allegations and neglect timely to identify any questions they had related to reporting. Content of Education: What is abuse, types of abuse, reporting requirement and who to report to .This was completed on 8/7/2013 by the Regional Nurse Consultant. A one time call light audit in 10 rooms was completed randomly on 8/9/2013 by the Regional Nurse Consultant to identify any issues with not answering the call light timely as relates to neglect. This is ongoing for 5 residents daily. Regional Nurse reviewed all grievances for the past 30 days to identify any grievance that had not been reported timely and per policy. The RNC also reviewed all Allegations of Abuse, Neglect and Exploitation submitted over the past three months to identify any Allegation of Abuse, Neglect and Exploitation that had not been reported and investigated timely and per policy. This was completed 8/9/2013. No issues were identified. Regional Nurse completed a one time meal monitoring to identify any resident who was not fed, did not receive assistance needed or was not served timely to rule out abuse or neglect this was completed on 8/9/2013 and ongoing. No issues were identified.	

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F 225	Continued From page 5 didn't know anything because of (his/her) brain surgery and that (his/her) family didn't care anything about (him/her) and that's why (he/she) was here." Interview with Resident #1's Family Member #1 on 08/06/13 at 2:09 PM, and Family Member #2 on 08/07/13 at 2:52 PM, revealed Resident #1 was upset when they arrived to visit on 07/18/13. The resident's roommate reported to them that Licensed Practical Nurse (LPN) #1 had "yelled and pointed her finger" at Resident #1 on 07/17/13. Both family members stated they reported the information, including the name of the alleged perpetrator to the DON on 07/18/13. The family members stated they had made it clear to the DON that they were concerned that Resident #1 was being abused at the facility and expected action to be taken. Family Member #2 stated the DON assured them she would take appropriate action including notification of all authorities as required. However, Family Member #2 stated he/she learned on 07/19/13 that the facility had not reported their concerns to state agencies and reported the incident to Adult Protective Services as an allegation of abuse. Interviews with Resident #1's roommate on 08/06/13 at 12:45 PM, and 08/07/13 at 3:40 PM, confirmed the roommate had reported to Resident #1's family that he/she had observed LPN #1 "yell at" and" point her finger" at Resident #1. Observation of Resident #1 on 08/06/13, at 10:05 AM revealed the resident to be in bed and in no acute distress. Although Resident #1 answered questions readily, the resident displayed confusion and cognitive impairment.	F 225	On 8/09/2013 the Administrator, DON and Regional Nurses phone numbers were posted at the entrance to the center to identify for residents, families or staff who they can contact at any time day or night to report abuse to. All new hires will be educated by the ETD upon hire and given a copy of the abuse policy and instructed who to contact if abuse or neglect is identified or reported. This will begin 8/8/2013. A resident council was held on 8/12 /2013 and the Administrator was present to identify any abuse or neglect concerns. None were noted. A QA meeting was held 8/12/2013 present: Administrator, DON, Regional Nurse Consultant, Housekeeping /Maintenance, Dietary, Unit Manager, ETD and Medical Records. This meeting was held to identify any further issues with abuse or neglect and to review our plan for removal of Immediate Jeopardy and date of removal. The Medical Director was made aware of the plan for removal. 3. Re education by the ETD regarding abuse and neglect, reporting abuse and neglect and who to report abuse and neglect to will be ongoing prior to staff starting their shift until all staff educated	

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F 225	Continued From page 6 Review of LPN #1's employee record revealed the LPN was suspended from employment at the facility on 07/22/13, after Adult Protective Services entered the facility to investigate the allegation of abuse. The facility's investigation unsubstantiated abuse by LPN #1, and she returned to work on 07/24/13. However, the facility later terminated the employee for being verbally inappropriate to Resident #1. The DON confirmed in an interview on 08/06/13 at 1:15 PM, that staff had called her on 07/18/13, because Resident #1's family had indicated they had some concerns. The DON stated she came to the facility and completed the Complaint/Grievance Report form as a result of the conversation with Resident #1's family. However, the DON stated Resident #1 had appeared confused on 07/18/13 when she was talking to the resident's family and, therefore, she had not viewed the complaint as an allegation of abuse. The DON acknowledged she had not immediately notified the Administrator or the state survey agency of the allegation and had not initiated an investigation or implemented measures to ensure residents were protected from further abuse. The DON stated she had not been informed at the time of the report on 07/18/13 of the name of the staff person that had reportedly made the comment to Resident #1 on 07/17/13. The DON stated "to the best" of her "recollection" she gave the Concern/Grievance report to the Administrator on 07/19/13, but stated it was not discussed in the "stand-up" meeting held on 07/19/13. Interviews conducted with the Administrator on 08/07/13 at 11:39 AM, and 08/19/13 at 1:05 PM,	F 225	.This began on 8/7/2013 and will be complete when 2 people return from medical leave one has returned and another is still off. All new hires will be educated by the ETD regarding abuse and neglect and given a copy of the abuse and neglect policy upon hire beginning 8/8/2013. Five interview able residents will be interviewed daily by the Administrator, DON.UM, Social Worker, Licensed Nurse from other centers or Regional Nurse Consultant x 4 week's .This will be completed to ensure any abuse, neglect or misappropriation is reported, investigated and recognized. Two family members of patients that are not interview able will be interviewed by the Administrator, DON, UM, Social Worker Licensed Nurse from other centers or regional nurse consultant this will begin 8/13/2013 x 4 weeks. To ensure we are not interviewing the same family members, we are keeping a list of resident family members who have been interviewed and contacting other resident family members. This will be done to ensure any abuse or neglect issues are reported and investigated timely per policy and abuse or neglect is recognized. After the four weeks interviews will decrease to 4 interviews per month and remain ongoing until	

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F 225	Continued From page 7 revealed the DON had "verbally" told him of the complaint/grievance reported on 07/19/13 by Resident #1's family. However, the Administrator stated the DON had reported that Resident #1 had been disoriented and therefore, the Administrator never considered the family's concerns an allegation of abuse. The Administrator stated he did not ask the DON any additional questions related to the complaint, did not attempt to contact Resident #1's family members, and had not reviewed the Concern/Grievance Form at that time. The Administrator stated the Concern/Grievance Report form was not discussed in the "stand-up" meeting on 07/19/13, because he had thought the issue was resolved. The Administrator stated he took no action to investigate or report the alleged abuse to the state survey agency until 07/22/13, when Adult Protective Services entered the facility to investigate an allegation of abuse related to Resident #1. The Administrator stated at that time LPN #1 was suspended from employment at the facility pending the outcome of the investigation. According to the Administrator, the facility was unable to substantiate abuse by LPN #1 to Resident #1 and the LPN returned to work at the facility on 07/24/13. However, the Administrator stated LPN #1 was later terminated from employment at the facility for being verbally inappropriate with Resident #1. --A review of the Allegation of Compliance (AOC) revealed the following: Beginning on 08/08/13, Resident #1 was interviewed daily by the Regional Nurse Consultant, the Administrator, or a Licensed Nurse to identify any concerns.	F 225	modified by the QA committee to sustain the removal. 5 head to toe skin assessments will be completed by the treatment nurse, DON, UM or ETD 5 x week to ensure no physical abuse is occurring and that any s/s of abuse is recognized. This will begin 8/12/2013 x 4 weeks. After the four weeks skin assessments will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. ETD,DON or UM to monitor care being provided to 4 residents daily 5x week x 6 weeks beginning 8/12/2013 to ensure handling, no abuse or neglect and that plan of care is followed. After the six weeks the monitoring of care will decrease to four monitors per month and remain ongoing until modified by the QA committee to sustain the removal. ETD, Administrator ,DON or RNC to interview at least 5 employees each shift x 4 weeks beginning 8/17/2013 to ensure that no abuse or neglect was reported to them, that they did not witness any abuse or neglect and that they know what abuse or neglect is or how to report it. After the four weeks the interviews will decrease to 4 interviews per month and remain	

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F 225	Continued From page 8 On 07/22/13, the facility suspended LPN #1, who was allegedly abusive to Resident #1, and an investigation was initiated. On 08/09/13, the Social Worker and/or Regional Nurse Consultant had completed interviews with all residents who were interviewable to identify any allegations of abuse or neglect. Beginning on 08/10/13, five interviewable residents will be interviewed daily by the Administrator, Interim DON, Unit Manager, Social Worker, Licensed Nurse, or the Regional Nurse Consultant for four weeks to ensure any abuse, neglect, or misappropriation is reported, investigated, and recognized. On 08/12/13, the Social Worker or Business Office Associate had contacted 22 families of residents who were unable to be interviewed to identify any allegations of abuse or neglect. The Social Worker or Business Office Associate continued to contact five families daily until 08/13/13, to identify any allegation of abuse or neglect. Beginning on 08/13/13, two family members of residents who are not interviewable will be interviewed by the Administrator, Interim DON, Unit Manager, Social Worker, or a Licensed Nurse. This will continue for four weeks and then decrease to four interviews per month until modified by the Quality Assurance (QA) Committee to sustain removal. To ensure the same family members are not being interviewed each time, a list of resident family members who have been interviewed is being maintained to ensure the facility interviews as many families as possible.	F 225	ongoing until modified by the QA committee to sustain the removal. Regional Nurse Consultant to monitor and review all grievances and Allegations of Abuse, Neglect and Exploitation 5 x week x 4 weeks beginning 8/10/2013 to ensure abuse or neglect allegations are received and investigated per policy. After the four weeks the reviews will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. Narcotic count to be completed by ETD, UM, or DON daily 5 x weekly beginning 8/9/2013 to rule out abuse or neglect. After the four weeks the counts will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. ETD, DON/Administrator or Regional Nurse Consultant or Medical Records to monitor one meal per day 5 x weekly beginning 8/12/2013 to ensure all residents are fed and trays are served timely to rule out neglect. After the four weeks the monitors will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal.	

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	185352		C 08/19/2013

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F 225	Continued From page 9 The Interim DON, Unit Manager, or Treatment Nurse conducted a head-to-toe skin assessment on all facility residents to identify any signs or symptom of abuse. This was completed on 08/09/13. Beginning on 08/12/13, five head-to-toe skin assessments will be completed weekly by the Treatment Nurse, Interim DON, Unit Manager, or Education Training Director. This will continue for four weeks and then the assessments will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. Reeducation of all facility staff by the Interim DON, Unit Manager, Administrator, Education Training Director, or Regional Nurse Consultant began on 08/07/13, and was completed on 08/09/13. A copy of the abuse policies/procedures was given to all staff. Staff was required to demonstrate understanding regarding the policy/procedures. No staff will be permitted to work in the facility until they have received reeducation and received a copy of the abuse policy/procedures. At the end of each shift all nursing staff having worked will be interviewed by the Administrator, Interim Director of Nursing, Unit Manager, Charge Nurse, or the Regional Nurse Consultant to identify any reports of abuse or neglect. This began on 08/09/13, and will continue until 08/17/13. Beginning on 08/17/13, the Education Training Director, Administrator, Interim DON, or Regional Nurse Consultant will interview a minimum of five	F 225	A weekly resident council meeting will be held with the Administrator or Regional Nurse present to ask residents about abuse or neglect and if they know who to report it to beginning 8/12/2013x 3 weeks. After the three weeks the meetings will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. 5 rooms will have call light monitoring completed randomly 7 x week x 3 weeks beginning 8/9/2013 by department managers to ensure call lights are answered timely and residents are being cared for per their poc and that no abuse or neglect is occurring. After the three weeks the call light monitoring will decrease to four per month and remain ongoing until modified by the QA committee to sustain the removal. 2 x week x four weeks turning and repositioning audits will be completed by the ETD to rule out neglect beginning 8/12/2013. After the four weeks the audits will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. Grievance forms placed at each nurse's station and at the front of the center to allow for staff completion and to encourage expression of concerns. This	

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F 225	Continued From page 10 employees each shift for four weeks to ensure that no abuse or neglect was reported to them, that they did not witness any abuse or neglect, and that they know what constitutes abuse or neglect and how to report it. After four weeks, the interviews will decrease to four interviews per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/07/13, the Regional Nurse Consultant reeducated the Administrator and DON regarding the abuse and neglect policy/procedures which included recognizing and reporting abuse allegations. On 08/09/13, the Regional Nurse Consultant completed reviewing all Concern/Grievance Report forms completed in the past 30 days to identify if any grievance had been reported that constituted an allegation of abuse that was not recognized. Beginning on 08/10/13, the Regional Nurse Consultant will monitor and review all grievances five times per week for four weeks to ensure any grievances received are reviewed to ensure if there was an allegation of abuse it was investigated and reported. After four weeks, the reviews will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/09/13, the Regional Nurse Consultant completed a review of all allegations of abuse and neglect submitted over the past three months to identify any allegation that had not been investigated or reported timely as required. Beginning on 08/10/13, the Regional Nurse	F 225	will be audited by the Business office assistant 5 x week x 4 weeks beginning 8/9/2013. After the four weeks the monitoring will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. 4. QA team consisting of at least Administrator, DON, ETD, Regional Nurse Consultant, Dietary, housekeeping/ maintenance and Medical Director to be in attendance or on the phone with team to be held one time a week x 4 weeks beginning week of 8/12/2013 than every 2 weeks x 4 weeks to review all audit findings and make recommendation for any change to plan. This is to be ongoing until issue completely resolved. **F 226** 1. Resident #1 identified has had no further issues with any other employee. Resident was interviewed daily by the Regional Nurse Consultant, the Administrator, or licensed nurse beginning 8/8/2013 and has had no concerns. The attending physician was notified at the time the Administrator found out about the situation on 7/22/2013 by the Unit Manager. The resident was discharged to another LTC facility on 8/29/2013. .	09/03/2013

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F 225	Continued From page 11 Consultant will monitor and review all allegations of abuse or neglect five times per week for four weeks to ensure abuse or neglect allegations are received and investigated per policy. After the four weeks, the reviews will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/09/13, the phone numbers of the Administrator, Interim DON, and Regional Nurse Consultant were posted at the entrance to the facility for residents, families, or staff to utilize for abuse reporting at any time. Beginning on 08/08/13, all newly hired employees will be educated by the Education Training Director on the facility's abuse policy/procedures, given a copy of the policy, and instructed who to contact if abuse or neglect was identified or reported. On 08/12/13, a resident council meeting was held with the Administrator to identify any abuse or neglect concerns. Beginning on 08/12/13 for three weeks, a weekly resident council meeting will be held with the Administrator or Regional Nurse Consultant to ask residents about abuse or neglect and to ensure they are knowledgeable on how to report it. After three weeks, the meetings will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. The facility held a Quality Assurance meeting on 08/12/13 with the Administrator, Interim DON, Regional Nurse Consultant, Housekeeping/Maintenance Director, Dietary	F 225	The nurse who allegedly was verbally abusive toward the identified resident was suspended on 7/22/2013 an investigation began into the allegation. Time Cards and schedules were pulled to identify staff who may have worked with the resident and Nurse in question. No staff member was familiar with the incident in question. The resident did not identify the nurse in question, but her roommate did and she gave our Social Service Director a statement on 7/22/2013 that identified the nurse. The nurse in question did issue a written statement. The facility was not able to substantiate abuse, but determined the nurse was attempting to reorient the resident to the facility as she had been recently readmitted from a hospital stay. The resident was insistent she had not been out over night. The facility has discharged the nurse from employment as it is felt she did communicate improperly with the resident. Additionally, the Director of Nurses was suspended on 8/9/2013 related to her not following proper policy and procedure and she was terminated on 08/15/2013. 2. All residents that were interview able were interviewed by a Social Worker and/or the Regional Nurse .This was completed on 8/9/2013 to identify any allegations of abuse, neglect or misappropriation. Residents were asked	

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F 225	Continued From page 12 Director, Unit Manager, Education Training Director, and Medical Records Director. The meeting was conducted to identify any issues related to abuse or neglect. On 08/09/13, Concern/Grievance Report forms were placed at each nurses' station and in the front lobby of the facility to allow for resident, family, or staff utilization. The Business Office Assistant will ensure the forms are in place five times per week for four weeks and then once per month and remain ongoing until modified by the QA Committee to sustain the removal. Beginning on 08/12/13 a meeting, consisting of QA Committee members including the Administrator, Interim DON, Education Training Director, Regional Nurse Consultant, Dietary, Housekeeping/Maintenance, and Medical Director to be in attendance or on the phone with the team, is to be held once a week for four weeks, and then every two weeks for four weeks, to review all audit findings and make recommendations for changes to the plan. This will be ongoing until all issues are resolved. --The State Survey Agency validated the corrective actions taken by the facility as follows: Review of facility documentation and an interview with Resident #1 on 08/19/13 at 12:48 PM revealed the Regional Nurse Consultant, the Administrator, or a Licensed Nurse was interviewing Resident #1 daily to identify any concerns. Review of an Employee Counseling/Disciplinary Report form dated 07/22/13, and interview with LPN #1 on 08/06/13 at 2:30 PM, revealed the	F 225	how they were treated, if they had concerns with any staff member and who to report any concerns with abuse to. Any issues identified were immediately reported to the OIG, APS, family, physician and local law enforcement. Social Worker or Business Office Associate telephoned or spoke to 22 families of residents that are not interview able to identify any allegations of abuse, neglect or misappropriation. This was completed on 8/12/2013. Families were asked if they had any concerns with abuse or neglect and if they knew who to report abuse or neglect concerns to. No allegations of abuse, neglect or misappropriation were received. This is ongoing for 5 residents daily. Director of Nursing, Unit Manager or Treatment Nurse conducted head to toe skin assessments on all residents in center to identify any s/s physical abuse. This was completed 8/9/2013. No issues were identified. Regional Nurse Consultant reviewed all significant weight loss for July and August 2013 to identify any signs of neglect. This was completed on 8/9/2013.No issues were identified. This included looking at whether weight loss had been addressed was there feeding	

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F 225	Continued From page 13 facility suspended LPN #1 from employment at the facility on 07/22/13. Review of facility documentation and random interviews conducted on 08/19/13 at 11:40 AM with Resident #2, at 11:42 AM with Resident #3, at 11:48 AM with Resident A, at 11:53 AM with Resident B, and at 11:57 AM with Resident C revealed the Social Worker and/or Regional Nurse Consultant had completed interviews with residents who were interviewable to identify any allegations of abuse or neglect on 08/09/13. Review of Resident Interview Sheets and interviews on 08/19/13 at 2:03 PM with the Administrator, at 3:30 PM with the Interim DON, at 2:35 PM with the Unit Manager, at 1:55 PM with the Social Worker, at 2:33 PM with Licensed Nurse #1, and at 2:09 PM with the Regional Nurse Consultant, revealed five interviewable residents had been interviewed daily since 08/10/13 to ensure any abuse, neglect, or misappropriation was reported, investigated, and recognized. Any issues identified were reported to the required authorities. Review of facility documentation on 08/19/13, and interviews with the Social Worker at 1:55 PM and with the Business Office Associate at 2:23 PM, revealed they had contacted 22 families as of 08/12/13, of residents who were unable to be interviewed to identify any allegations of abuse or neglect, and no concerns were identified. Review of facility documentation on 08/19/13 and interviews with the Administrator at 2:03 PM, the Interim DON at 3:30 PM, the Unit Manager at 2:35 PM, the Social Worker at 1:55 PM, and Licensed Nurse #1 at 2:33 PM revealed since	F 225	issues and was the physician and family aware. All staff that was working was reeducated by the DON, Unit Manager, Administrator, Education Training Director or Regional Nurse Consultant by 8/9/2013 to identify any allegations of abuse or neglect that had not been reported to the Administrator. No issues were identified. Education content - copy of the policy to report abuse/neglect was given to staff, who to report abuse to, what is abuse and all types of abuse and neglect was explained. Staff was questioned regarding areas of the policy and gave answers to confirm their understanding of the abuse neglect and exploitation policy. No staff has been permitted to work in the center since 8/8/2013 unless re educated and received a copy of the abuse policy. DON/UM or Regional Nurse observed care being provided to 10 residents to identify any issues with care, handling or following the plan of care this was completed by 8/10/2013. No issues were identified. All nursing staff will be interviewed at the end of each shift by the Administrator/DON/UM/Charge Nurse or Regional Nurse. This began 8/9/2013 and will transition to five (5) employees	

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F 225	Continued From page 14 08/13/13, two family members of residents who were not interviewable had been interviewed daily. Additionally, observations on 08/19/13, revealed a Family List was maintained of families who had been contacted. Review of Resident Skin Assessments on 08/19/13, and interviews with the Interim DON at 3:30 PM, with the Unit Manager at 2:35 PM, and with the Treatment Nurse at 3:38 PM revealed they had conducted head-to-toe skin assessments on all facility residents as of 08/09/13. No concerns related to abuse/neglect were identified. Review of Resident Skin Assessments on 08/19/13 and interviews with the Treatment Nurse at 3:38 PM, the Interim DON at 3:30 PM, the Unit Manager at 2:35 PM, and the Education Training Director at 3:49 PM, revealed five Resident Skin Assessments had been conducted from 08/12/13 through 08/16/13. No concerns related to abuse/neglect were identified. Review of in-service training records, employee sign-in sheets, and interviews with Certified Nursing Assistant (CNA) #10 at 3:05 PM, CNA #11 at 3:18 PM, CNA #12 at 3:25 PM, LPN #10 at 3:09 PM, and LPN #11 at 3:18 PM, revealed all facility staff had been reeducated by the Interim DON, Unit Manager, Administrator, Education Training Director, or Regional Nurse Consultant from 08/07/13 through 08/09/13. Interviews revealed all staff had received a copy of the abuse policies/procedures, and had been required to demonstrate understanding by completing a questionnaire regarding the policy/procedures.	F 225	per shift beginning 8/17/2013 to identify any reports of abuse or neglect reported to any staff member. After the four weeks the interviews will decrease to 4 interviews per month and remain ongoing until modified by the QA committee to sustain the removal. A complete narcotic count was completed by the Unit Manager on all halls on 8/09/2013 to identify any narcotics that were not counted correctly and if any medication was over or under what the count sheet says to rule out abuse or neglect. No issues were noted. Administrator and DON was immediately re educated regarding the abuse and neglect policy and policy for reporting abuse/recognizing abuse or neglect allegations and neglect timely to identify any questions they had related to reporting. Content of Education: What is abuse, types of abuse, reporting requirement and who to report to .This was completed on 8/7/2013 by the Regional Nurse Consultant. A one time call light audit in 10 rooms was completed randomly on 8/9/2013 by the Regional Nurse Consultant to identify any issues with not answering the call light timely as relates to neglect. This is ongoing for 5 residents daily.	

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F 225	Continued From page 15 Review of facility documentation and interviews on 08/19/13 at 2:03 PM with the Administrator, at 3:30 PM with the Interim Director of Nursing, at 2:35 PM with the Unit Manager, at 2:09 PM with the Regional Nurse Consultant, with Certified Nursing Assistant (CNA) #10 at 3:05 PM, with CNA #11 at 3:18 PM, with CNA #12 at 3:25 PM, with LPN #10 at 3:09 PM, and with LPN #11 at 3:18 PM, revealed all staff was being interviewed at the end of each shift to identify any reports of abuse or neglect. Review of facility documentation on 08/19/13 and interviews with the Education Training Director at 3:49 PM, the Administrator at 2:03 PM, the Interim DON at 3:30 PM, and the Regional Nurse Consultant at 2:09 PM, revealed five staff members had been interviewed on 08/17/13 and 08/18/13. Interviews on 08/19/13, with the Regional Nurse Consultant at 2:09 PM, and with the Administrator at 2:03 PM, revealed the Regional Nurse Consultant had retrained the DON and Administrator on 08/07/13. The training focused on the facility's abuse and neglect policy/procedures which included recognizing and reporting abuse allegations. Review of a Grievance Face Sheet and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had reviewed all Concern/Grievance Report forms completed in the past 30 days on 08/09/13, to identify if any grievance had been reported which constituted an allegation of abuse that was not recognized. Review of a Grievance Face Sheet and interview with the Regional Nurse Consultant on 08/19/13	F 225	Regional Nurse reviewed all grievances for the past 30 days to identify any grievance that had not been reported timely and per policy. The RNC also reviewed all Allegations of Abuse, Neglect and Exploitation submitted over the past three months to identify any Allegation of Abuse, Neglect and Exploitation that had not been reported and investigated timely and per policy. This was completed 8/9/2013. No issues were identified. Regional Nurse completed a one time meal monitoring to identify any resident who was not fed, did not receive assistance needed or was not served timely to rule out abuse or neglect this was completed on 8/9/2013 and ongoing. No issues were identified. On 8/09/2013 the Administrator, DON and Regional Nurses phone numbers were posted at the entrance to the center to identify for residents, families or staff who they can contact at any time day or night to report abuse to. All new hires will be educated by the ETD upon hire and given a copy of the abuse policy and instructed who to contact if abuse or neglect is identified or reported. This will begin 8/8/2013.	

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F 225	Continued From page 16 at 2:09 PM, revealed she had reviewed all Concern/Grievance Report forms completed from 08/09/13 through 08/18/13 to identify if any grievance had been reported which constituted an allegation of abuse that was not recognized. Review of an Allegation of Abuse Binder on 08/19/13, and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had completed a review of all allegations of abuse and neglect submitted over the past three months to identify if any allegation had not been investigated or reported timely as required on 08/09/13. Review of an Allegation of Abuse Binder on 08/19/13, and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had completed a review of all allegations of abuse and neglect submitted from 08/10/13 through 08/18/13. Observation on 08/19/13 at 12:18 PM, revealed the phone numbers of the Administrator, Interim DON, and Regional Nurse Consultant were posted at the entrance to the facility. Review of Newly Hired employee files on 08/19/13, and an interview with LPN #11 at 3:15 PM, revealed she was educated upon hire on 06/19/12 by the Education Training Director on the facility's abuse policy/procedures, was given a copy of the policy, and was instructed who to contact if abuse or neglect is identified or reported. Review of Resident Council Meeting minutes dated 08/12/13, revealed a resident council meeting was held with the Administrator to	F 225	A resident council was held on 8/12 /2013 and the Administrator was present to identify any abuse or neglect concerns. None were noted. A QA meeting was held 8/12/2013 present: Administrator, DON, Regional Nurse Consultant, Housekeeping /Maintenance, Dietary, Unit Manager, ETD and Medical Records. This meeting was held to identify any further issues with abuse or neglect and to review our plan for removal of Immediate Jeopardy and date of removal. The Medical Director was made aware of the plan for removal. 3. Re education by the ETD regarding abuse and neglect, reporting abuse and neglect and who to report abuse and neglect to will be ongoing prior to staff starting their shift until all staff educated .This began on 8/7/2013 and will be complete when 2 people return from medical leave one has returned and another is still off. All new hires will be educated by the ETD regarding abuse and neglect and given a copy of the abuse and neglect policy upon hire beginning 8/8/2013. Five interview able residents will be interviewed daily by the Administrator, DON.UM, Social Worker, Licensed Nurse from other centers or Regional Nurse Consultant x 4 week's .This will	

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STREET ADDRESS, CITY, STATE, ZIP CODE: 31 DERICKSON LANE, STANTON, KY 40380

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F 225	Continued From page 17 identify any abuse or neglect concerns. No concerns were identified. Interviews on 08/19/13, at 2:03 PM with the Administrator, at 3:30 PM with the Interim DON, at 2:09 PM with the Regional Nurse Consultant, at 3:00 PM with the Housekeeping/Maintenance Director, at 3:05 PM with the Dietary Director, at 2:35 PM with the Unit Manager, at 3:49 PM with the Education Training Director, and at 2:26 PM with the Medical Records Director, revealed minutes from a Quality Assurance meeting dated 08/12/13 revealed a meeting was conducted to discuss the identified deficient practice and identify any issues related to abuse or neglect. Observations on 08/19/13 at 12:30 PM revealed Concern/Grievance Report forms were in place at each nurses' station and in the front lobby of the facility. Interview with the Medical Records Director on 08/19/13 at 2:26 PM revealed she was responsible to ensure the forms were in place at the designated areas five times per week.	F 225	be completed to ensure any abuse, neglect or misappropriation is reported, investigated and recognized. Two family members of patients that are not interview able will be interviewed by the Administrator, DON, UM, Social Worker Licensed Nurse from other centers or regional nurse consultant this will begin 8/13/2013 x 4 weeks. To ensure we are not interviewing the same family members, we are keeping a list of resident family members who have been interviewed and contacting other resident family members. This will be done to ensure any abuse or neglect issues are reported and investigated timely per policy and abuse or neglect is recognized. After the four weeks interviews will decrease to 4 interviews per month and remain ongoing until modified by the QA committee to sustain the removal.	
F 226 SS=J	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 a review of the facility's policy/procedures and	F 226	5 head to toe skin assessments will be completed by the treatment nurse, DON, UM or ETD 5 x week to ensure no physical abuse is occurring and that any s/s of abuse is recognized. This will begin 8/12/2013 x 4 weeks. After the four weeks skin assessments will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal.	

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F 226	Continued From page 18 investigations, it was determined the facility failed to ensure policies and procedures related to abuse were implemented for one of three sampled residents (Resident #1). On 07/22/13, the facility initiated an abuse investigation after Adult Protective Services informed the facility they were investigating an allegation of abuse of Resident #1 by Licensed Practical Nurse (LPN) #1. However, review of a Concern/Grievance Report form completed by the Director of Nursing (DON) on 07/18/13, revealed the family of Resident #1 had reported to the DON on 07/18/13 that staff was "repeatedly telling" Resident #1 "that (he/she) did not know anything" and the resident's "family didn't care anything about (him/her) and that is why (he/she) was here." However, the DON stated she did not view the concern voiced by the family of Resident #1 as an allegation of abuse, and took no action to report the allegation immediately to the Administrator, initiate an investigation, or protect residents in the facility from further abuse. The facility's failure to ensure policies and procedures were implemented to protect residents from abuse caused, or was likely to cause, serious injury, harm, impairment, or death to residents at the facility. The Immediate Jeopardy and Substandard Quality of Care were determined to exist on 07/18/13. The facility was notified of the Immediate Jeopardy on 08/14/13. An acceptable Allegation of Compliance was received on 08/15/13, and alleged removal of the Immediate Jeopardy on 08/14/13. The state survey agency determined the Immediate Jeopardy was removed on 08/14/13, prior to exit, which lowered the scope/severity to "D" while the facility monitors the effectiveness of systemic	F 226	ETD,DON or UM to monitor care being provided to 4 residents daily 5x week x 6 weeks beginning 8/12/2013 to ensure handling, no abuse or neglect and that plan of care is followed. After the six weeks the monitoring of care will decrease to four monitors per month and remain ongoing until modified by the QA committee to sustain the removal. ETD, Administrator ,DON or RNC to interview at least 5 employees each shift x 4 weeks beginning 8/17/2013 to ensure that no abuse or neglect was reported to them, that they did not witness any abuse or neglect and that they know what abuse or neglect is or how to report it. After the four weeks the interviews will decrease to 4 interviews per month and remain ongoing until modified by the QA committee to sustain the removal. Regional Nurse Consultant to monitor and review all grievances and Allegations of Abuse, Neglect and Exploitation 5 x week x 4 weeks beginning 8/10/2013 to ensure abuse or neglect allegations are received and investigated per policy. After the four weeks the reviews will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal.	

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F 226	Continued From page 19 changes and quality assurance activities. The findings include: Review of the facility's abuse policy and procedure, undated, revealed the facility had developed processes in an effort to prevent abuse and to ensure allegations of abuse were reported in an effort to provide residents a safe environment. The facility policies and procedures contained all required components of abuse prohibition, including identification, investigation, protection, and reporting of all abuse allegations. The policy also stated the Administrator was responsible for the assurance of the policy. Review of the facility's investigation initiated on 07/22/13, revealed Adult Protective Services entered the facility on 07/22/13, and reported to the Administrator they were investigating an allegation of abuse of Resident #1 by Licensed Practical Nurse #1. Interview with the Administrator on 08/07/13, at 11:39 AM, revealed at that time the facility immediately initiated an investigation and reported the alleged abuse to state agencies as required. A review of a Concern/Grievance Report form completed by the DON on 07/18/13, revealed the family of Resident #1 had reported to her on 07/18/13 they were "concerned" because they had been informed that staff was "repeatedly telling [Resident #1] that (he/she) did not know anything because of (his/her) brain surgery and that (his/her) family didn't care anything about (him/her) and that's why (he/she) was here." Documentation on the Complaint/Grievance Form revealed the Administrator had signed and dated the form on 07/19/13 and noted the facility	F 226	Narcotic count to be completed by ETD, UM, or DON daily 5 x weekly beginning 8/9/2013 to rule out abuse or neglect. After the four weeks the counts will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. ETD, DON/Administrator or Regional Nurse Consultant or Medical Records to monitor one meal per day 5 x weekly beginning 8/12/2013 to ensure all residents are fed and trays are served timely to rule out neglect. After the four weeks the monitors will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. A weekly resident council meeting will be held with the Administrator or Regional Nurse present to ask residents about abuse or neglect and if they know who to report it to beginning 8/12/2013x 3 weeks. After the three weeks the meetings will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. 5 rooms will have call light monitoring completed randomly 7 x week x 3 weeks beginning 8/9/2013 by department managers to ensure call lights are answered timely and residents are being	

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F 226	Continued From page 20 planned to resolve the complaint/grievance by instructing all staff to "not enter room unless accompanied by another staff member." Interviews conducted on 08/06/13 at 2:09 PM with Resident #1's Family Member #1 and on 08/07/13 at 2:52 PM with Family Member #2, revealed they had been informed by Resident #1's roommate on 07/18/13, that LPN #1 had "yelled and pointed her finger" at Resident #1 on 07/17/13. Family Member #2 stated Resident #1's roommate provided them with the name of the alleged perpetrator, LPN #1, and they verified LPN #1 had provided care to Resident #1 on 07/18/13. Family Member #2 stated his/her intentions were to notify the Long Term Care Ombudsman of the complaint, but within 30 minutes of asking LPN #1 for her name, the DON came to Resident #1's room and asked them if they had concerns regarding Resident #1. The resident's family members stated they "made it clear" to the DON that they were concerned that Resident #1 was being abused in the facility and that the resident's roommate had told them that LPN #1 had yelled and pointed her finger at Resident #1 on 07/17/13. Family Member #2 stated the DON assured them she would initiate an investigation, take appropriate action, and make all required notifications to state agencies. Interviews conducted with Resident #1's roommate on 08/06/13 at 12:45 PM and 08/07/13 at 3:40 PM, confirmed the roommate had told Resident #1's family on 08/17/13, that he/she had observed LPN #1 yell at and point her finger at Resident #1. In an interview on 08/06/13 at 1:15 PM, the DON confirmed staff called her at approximately 6:30	F 226	cared for per their poc and that no abuse or neglect is occurring. After the three weeks the call light monitoring will decrease to four per month and remain ongoing until modified by the QA committee to sustain the removal. 2 x week x four weeks turning and repositioning audits will be completed by the ETD to rule out neglect beginning 8/12/2013. After the four weeks the audits will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. Grievance forms placed at each nurse's station and at the front of the center to allow for staff completion and to encourage expression of concerns. This will be audited by the Business office assistant 5 x week x 4 weeks beginning 8/9/2013. After the four weeks the monitoring will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. 4. QA team consisting of at least Administrator, DON, ETD, Regional Nurse Consultant, Dietary, housekeeping/ maintenance and Medical Director to be in attendance or on the phone with team to be held one time a week x 4 weeks beginning week of 8/12/2013 than every 2 weeks x 4	

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F 226	Continued From page 21 PM on 07/18/13, because Resident #1's family appeared to have some concerns. The DON stated she came to the facility and talked to Resident #1's family and filled out the Concern/Grievance Report form. However, the DON stated that Resident #1 appeared to be confused at that time, and therefore she did not identify the concern to be an allegation of abuse. The DON reportedly took no immediate action to address the family's concerns or to ensure Resident #1 was protected from abuse at the facility. The DON denied Resident #1's family reported LPN #1 as the alleged perpetrator and acknowledged she exited the facility and LPN #1 remained in the facility to provide direct care to residents, including Resident #1. Based on interview, the DON failed to implement an investigation, failed to report the allegation to the Administrator and state authorities immediately, and failed to protect residents from further potential abuse. The DON stated she provided the Complaint/Grievance report form to the Administrator on 07/19/13. The Administrator stated in interview on 08/07/13 at 11:39 AM that although he had signed and dated the Concern/Grievance Report form on 07/19/13, he had not actually read the report form, and was basing his actions to have two staff members present when care was being provided to Resident #1 on the DON's verbal account to him that staff was attempting to redirect Resident #1 when she became confused and had misconstrued their actions. However, the Administrator took no further action to investigate to determine why the family or Resident #1 had misconstrued the staff's actions, or if the family or Resident #1 had alleged the actions to be abusive or neglectful. According to the Administrator,	F 226	weeks to review all audit findings and make recommendation for any change to plan. This is to be ongoing until issue completely resolved. **F 490** 1. Resident #1 identified has had no further issues with any other employee. Resident was interviewed daily by the Regional Nurse Consultant, the Administrator, or licensed nurse beginning 8/8/2013 and has had no concerns. The attending physician was notified at the time the Administrator found out about the situation on 7/22/2013 by the Unit Manager. The resident was discharged to another LTC facility on 8/29/2013. . The nurse who allegedly was verbally abusive toward the identified resident was suspended on 7/22/2013 an investigation began into the allegation. Time Cards and schedules were pulled to identify staff who may have worked with the resident and Nurse in question. No staff member was familiar with the incident in question. The resident did not identify the nurse in question, but her roommate did and she gave our Social Service Director a statement on 7/22/2013 that identified the nurse. The nurse in question did issue a written statement. The facility was not able to substantiate abuse, but determined the	09/03/2013

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F 226	Continued From page 22 Adult Protective Services (APS) entered the facility on 07/22/13 and informed him of the allegation of abuse and, at that time, an investigation was initiated and the facility's abuse policies/procedures were implemented. --A review of the Allegation of Compliance (AOC) revealed the following: Beginning on 08/08/13, Resident #1 was interviewed daily by the Regional Nurse Consultant, the Administrator, or a Licensed Nurse to identify any concerns. On 07/22/13, the facility suspended LPN #1 who was allegedly abusive to Resident #1, and an investigation was initiated. On 08/09/13, the Social Worker and/or Regional Nurse Consultant had completed interviews with all residents who were interviewable to identify any allegations of abuse or neglect. Beginning on 08/10/13, five interviewable residents will be interviewed daily by the Administrator, Interim DON, Unit Manager, Social Worker, Licensed Nurse, or the Regional Nurse Consultant for four weeks to ensure any abuse, neglect, or misappropriation is reported, investigated, and recognized. On 08/12/13, the Social Worker or Business Office Associate had contacted 22 families of residents who were unable to be interviewed to identify any allegations of abuse or neglect. The Social Worker or Business Office Associate continued to contact five families daily until 08/13/13, to identify any allegation of abuse or neglect.	F 226	nurse was attempting to reorient the resident to the facility as she had been recently readmitted from a hospital stay. The resident was insistent she had not been out over night. The facility has discharged the nurse from employment as it is felt she did communicate improperly with the resident. Additionally, the Director of Nurses was suspended on 8/9/2013 related to her not following proper policy and procedure and she was terminated on 08/15/2013. 2. All residents that were interview able were interviewed by a Social Worker and/or the Regional Nurse .This was completed on 8/9/2013 to identify any allegations of abuse, neglect or misappropriation. Residents were asked how they were treated, if they had concerns with any staff member and who to report any concerns with abuse to. Any issues identified were immediately reported to the OIG, APS, family, physician and local law enforcement. Social Worker or Business Office Associate telephoned or spoke to 22 families of residents that are not interview able to identify any allegations of abuse, neglect or misappropriation. This was completed on 8/12/2013. Families were asked if they had any concerns with abuse or neglect and if	

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F 226	Continued From page 23 Beginning on 08/13/13, two family members of residents who are not interviewable will be interviewed by the Administrator, Interim DON, Unit Manager, Social Worker, or a Licensed Nurse. This will continue for four weeks and then decrease to four interviews per month until modified by the Quality Assurance (QA) Committee to sustain removal. To ensure the same family members are not being interviewed each time, a list of resident family members who have been interviewed is being maintained to ensure the facility interviews as many families as possible. The Interim DON, Unit Manager, or Treatment Nurse conducted a head-to-toe skin assessment on all facility residents to identify any signs or symptoms of abuse. This was completed on 08/09/13. Beginning on 08/12/13, five head-to-toe skin assessments will be completed weekly by the Treatment Nurse, Interim DON, Unit Manager, or Education Training Director. This will continue for four weeks and then the assessments will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. Reeducation of all facility staff by the Interim DON, Unit Manager, Administrator, Education Training Director, or Regional Nurse Consultant began on 08/07/13, and was completed on 08/09/13. A copy of the abuse policies/procedures was given to all staff. Staff was required to demonstrate understanding regarding the policy/procedures. No staff will be permitted to work in the facility until they have	F 226	they knew who to report abuse or neglect concerns to. No allegations of abuse, neglect or misappropriation were received. This is ongoing for 5 residents daily. Director of Nursing, Unit Manager or Treatment Nurse conducted head to toe skin assessments on all residents in center to identify any s/s physical abuse. This was completed 8/9/2013. No issues were identified. Regional Nurse Consultant reviewed all significant weight loss for July and August 2013 to identify any signs of neglect. This was completed on 8/9/2013.No issues were identified. This included looking at whether weight loss had been addressed was there feeding issues and was the physician and family aware. All staff that was working was reeducated by the DON, Unit Manager, Administrator, Education Training Director or Regional Nurse Consultant by 8/9/2013 to identify any allegations of abuse or neglect that had not been reported to the Administrator. No issues were identified. Education content - copy of the policy to report abuse/neglect was given to staff, who to report abuse to, what is abuse and all types of abuse and neglect was explained. Staff was questioned	

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F 226	Continued From page 24 received reeducation and received a copy of the abuse policy/procedures. At the end of each shift all nursing staff having worked will be interviewed by the Administrator, Interim Director of Nursing, Unit Manager, Charge Nurse, or the Regional Nurse Consultant to identify any reports of abuse or neglect. This began on 08/09/13, and will continue until 08/17/13. Beginning on 08/17/13, the Education Training Director, Administrator, Interim DON, or Regional Nurse Consultant will interview a minimum of five employees each shift for four weeks to ensure that no abuse or neglect was reported to them, that they did not witness any abuse or neglect, and that they know what constitutes abuse or neglect and how to report it. After four weeks, the interviews will decrease to four interviews per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/07/13, the Regional Nurse Consultant reeducated the Administrator and DON regarding the abuse and neglect policy/procedures which included recognizing and reporting abuse allegations. On 08/09/13, the Regional Nurse Consultant completed reviewing all Concern/Grievance Report forms completed in the past 30 days to identify if any grievance had been reported which constituted an allegation of abuse that was not recognized. Beginning on 08/10/13, the Regional Nurse Consultant will monitor and review all grievances five times per week for four weeks to ensure any	F 226	regarding areas of the policy and gave answers to confirm their understanding of the abuse neglect and exploitation policy. No staff has been permitted to work in the center since 8/8/2013 unless re educated and received a copy of the abuse policy. DON/UM or Regional Nurse observed care being provided to 10 residents to identify any issues with care, handling or following the plan of care this was completed by 8/10/2013. No issues were identified. All nursing staff will be interviewed at the end of each shift by the Administrator/DON/UM/Charge Nurse or Regional Nurse. This began 8/9/2013 and will transition to five (5) employees per shift beginning 8/17/2013 to identify any reports of abuse or neglect reported to any staff member. After the four weeks the interviews will decrease to 4 interviews per month and remain ongoing until modified by the QA committee to sustain the removal. A complete narcotic count was completed by the Unit Manager on all halls on 8/09/2013 to identify any narcotics that were not counted correctly and if any medication was over or under what the count sheet says to rule out abuse or neglect. No issues were noted.	

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F 226	Continued From page 25 grievances received are reviewed to ensure if there was an allegation of abuse it was investigated and reported. After four weeks, the reviews will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/09/13, the Regional Nurse Consultant completed a review of all allegations of abuse and neglect submitted over the past three months to identify any allegation that had not been investigated or reported timely as required. Beginning on 08/10/13, the Regional Nurse Consultant will monitor and review all allegations of abuse or neglect five times per week for four weeks to ensure abuse or neglect allegations are received and investigated per policy. After the four weeks, the reviews will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/09/13, the phone numbers of the Administrator, Interim DON, and Regional Nurse Consultant were posted at the entrance to the facility for residents, families, or staff to utilize for abuse reporting at any time. Beginning on 08/08/13 all newly hired employees will be educated by the Education Training Director on the facility's abuse policy/procedures, given a copy of the policy, and instructed who to contact if abuse or neglect was identified or reported. On 08/12/13, a resident council meeting was held with the Administrator to identify any abuse or neglect concerns.	F 226	Administrator and DON was immediately re educated regarding the abuse and neglect policy and policy for reporting abuse/recognizing abuse or neglect allegations and neglect timely to identify any questions they had related to reporting. Content of Education: What is abuse, types of abuse, reporting requirement and who to report to .This was completed on 8/7/2013 by the Regional Nurse Consultant. A one time call light audit in 10 rooms was completed randomly on 8/9/2013 by the Regional Nurse Consultant to identify any issues with not answering the call light timely as relates to neglect. This is ongoing for 5 residents daily. Regional Nurse reviewed all grievances for the past 30 days to identify any grievance that had not been reported timely and per policy. The RNC also reviewed all Allegations of Abuse, Neglect and Exploitation submitted over the past three months to identify any Allegation of Abuse, Neglect and Exploitation that had not been reported and investigated timely and per policy. This was completed 8/9/2013. No issues were identified. Regional Nurse completed a one time meal monitoring to identify any resident who was not fed, did not receive	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185352		C 08/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STANTON NURSING AND REHABILITATION CENTER	31 DERICKSON LANE STANTON, KY 40380

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F 226	Continued From page 26 Beginning on 08/12/13, for three weeks a weekly resident council meeting will be held with the Administrator or Regional Nurse Consultant to ask residents about abuse or neglect and to ensure they are knowledgeable on how to report it. After three weeks, the meetings will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. The facility held a Quality Assurance meeting on 08/12/13 with the Administrator, Interim DON, Regional Nurse Consultant, Housekeeping/Maintenance Director, Dietary Director, Unit Manager, Education Training Director, and Medical Records Director. The meeting was conducted to identify any issues related to abuse or neglect. On 08/09/13, Concern/Grievance Report forms were placed at each nurses' station and in the front lobby of the facility to allow for resident, family, or staff utilization. The Business Office Assistant will ensure the forms are in place five times per week for four weeks, and then once per month and remain ongoing until modified by the QA Committee to sustain the removal. Beginning on 08/12/13, a meeting consisting of QA Committee members including the Administrator, Interim DON, Education Training Director, Regional Nurse Consultant, Dietary, Housekeeping/Maintenance, and Medical Director to be in attendance or on the phone with the team, is to be held once a week for four weeks, and then every two weeks for four weeks, to review all audit findings and make recommendations for changes to the plan. This will be ongoing until all issues are resolved.	F 226	assistance needed or was not served timely to rule out abuse or neglect this was completed on 8/9/2013 and ongoing. No issues were identified. On 8/09/2013 the Administrator, DON and Regional Nurses phone numbers were posted at the entrance to the center to identify for residents, families or staff who they can contact at any time day or night to report abuse to. All new hires will be educated by the ETD upon hire and given a copy of the abuse policy and instructed who to contact if abuse or neglect is identified or reported. This will begin 8/8/2013. A resident council was held on 8/12 /2013 and the Administrator was present to identify any abuse or neglect concerns. None were noted. A QA meeting was held 8/12/2013 present: Administrator, DON, Regional Nurse Consultant, Housekeeping /Maintenance, Dietary, Unit Manager, ETD and Medical Records. This meeting was held to identify any further issues with abuse or neglect and to review our plan for removal of Immediate Jeopardy and date of removal. The Medical Director was made aware of the plan for removal.	

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F 226	Continued From page 27 --The State Survey Agency validated the corrective actions taken by the facility as follows: Review of facility documentation and an interview with Resident #1 on 08/19/13 at 12:48 PM revealed the Regional Nurse Consultant, the Administrator, or a Licensed Nurse was interviewing Resident #1 daily to identify any concerns. Review of an Employee Counseling/Disciplinary Report form dated 07/22/13, and interview with LPN #1 on 08/06/13 at 2:30 PM, revealed the facility suspended LPN #1 from employment at the facility on 07/22/13. Review of facility documentation and random interviews conducted on 08/19/13 at 11:40 AM with Resident #2, at 11:42 AM with Resident #3, at 11:48 AM with Resident A, at 11:53 AM with Resident B, and at 11:57 AM with Resident C revealed the Social Worker and/or Regional Nurse Consultant had completed interviews with residents who were interviewable to identify any allegations of abuse or neglect on 08/09/13. Review of Resident Interview Sheets and interviews on 08/19/13 at 2:03 PM with the Administrator, at 3:30 PM with the Interim DON, at 2:35 PM with the Unit Manager, at 1:55 PM with the Social Worker, at 2:33 PM with Licensed Nurse #1, and at 2:09 PM with the Regional Nurse Consultant, revealed five interviewable residents had been interviewed daily since 08/10/13 to ensure any abuse, neglect, or misappropriation was reported, investigated, and recognized. Any issues identified were reported to the required authorities.	F 226	3. Re education by the ETD regarding abuse and neglect, reporting abuse and neglect and who to report abuse and neglect to will be ongoing prior to staff starting their shift until all staff educated .This began on 8/7/2013 and will be complete when 2 people return from medical leave one has returned and another is still off. All new hires will be educated by the ETD regarding abuse and neglect and given a copy of the abuse and neglect policy upon hire beginning 8/8/2013. Five interview able residents will be interviewed daily by the Administrator, DON.UM, Social Worker, Licensed Nurse from other centers or Regional Nurse Consultant x 4 week's .This will be completed to ensure any abuse, neglect or misappropriation is reported, investigated and recognized. Two family members of patients that are not interview able will be interviewed by the Administrator, DON, UM, Social Worker Licensed Nurse from other centers or regional nurse consultant this will begin 8/13/2013 x 4 weeks. To ensure we are not interviewing the same family members, we are keeping a list of resident family members who have been interviewed and contacting other resident family members. This will be done to ensure any abuse or neglect issues are reported and investigated	

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F 226	Continued From page 28 Review of facility documentation on 08/19/13, and interviews with the Social Worker at 1:55 PM, and with the Business Office Associate at 2:23 PM, revealed they had contacted 22 families as of 08/12/13, of residents who were unable to be interviewed to identify any allegations of abuse or neglect, and no concerns were identified. Review of facility documentation on 08/19/13 and interviews with the Administrator at 2:03 PM, the Interim DON at 3:30 PM, the Unit Manager at 2:35 PM, the Social Worker at 1:55 PM, and Licensed Nurse #1 at 2:33 PM, revealed since 08/13/13, two family members of residents who were not interviewable had been interviewed daily. Additionally, observations on 08/19/13, revealed a Family List was maintained of families who had been contacted. Review of Resident Skin Assessments on 08/19/13, and interviews with the Interim DON at 3:30 PM, the Unit Manager at 2:35 PM, and the Treatment Nurse at 3:38 PM, revealed they had conducted head-to-toe skin assessments on all facility residents as of 08/09/13. No concerns related to abuse/neglect were identified. Review of Resident Skin Assessments on 08/19/13 and interviews with the Treatment Nurse at 3:38 PM, the Interim DON at 3:30 PM, the Unit Manager at 2:35 PM, and the Education Training Director at 3:49 PM, revealed five Resident Skin Assessments had been conducted from 08/12/13 through 08/16/13. No concerns related to abuse/neglect were identified. Review of in-service training records, employee sign-in sheets, and interviews with Certified	F 226	timely per policy and abuse or neglect is recognized. After the four weeks interviews will decrease to 4 interviews per month and remain ongoing until modified by the QA committee to sustain the removal. 5 head to toe skin assessments will be completed by the treatment nurse, DON, UM or ETD 5 x week to ensure no physical abuse is occurring and that any s/s of abuse is recognized. This will begin 8/12/2013 x 4 weeks. After the four weeks skin assessments will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. ETD,DON or UM to monitor care being provided to 4 residents daily 5x week x 6 weeks beginning 8/12/2013 to ensure handling, no abuse or neglect and that plan of care is followed. After the six weeks the monitoring of care will decrease to four monitors per month and remain ongoing until modified by the QA committee to sustain the removal. ETD, Administrator ,DON or RNC to interview at least 5 employees each shift x 4 weeks beginning 8/17/2013 to ensure that no abuse or neglect was reported to them, that they did not witness any abuse or neglect and that	

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F 226	Continued From page 29 Nursing Assistant (CNA) #10 at 3:05 PM, CNA #11 at 3:18 PM, CNA #12 at 3:25 PM, LPN #10 at 3:09 PM, and LPN #11 at 3:18 PM, revealed all facility staff had been reeducated by the Interim DON, Unit Manager, Administrator, Education Training Director, or Regional Nurse Consultant from 08/07/13 through 08/09/13. Interviews revealed all staff had received a copy of the abuse policies/procedures, and had been required to demonstrate understanding by completing a questionnaire regarding the policy/procedures. Review of facility documentation and interviews on 08/19/13 at 2:03 PM with the Administrator, at 3:30 PM with the Interim Director of Nursing, at 2:35 PM with the Unit Manager, at 2:09 PM with the Regional Nurse Consultant, with Certified Nursing Assistant (CNA) #10 at 3:05 PM, with CNA #11 at 3:18 PM, with CNA #12 at 3:25 PM, with LPN #10 at 3:09 PM, and with LPN #11 at 3:18 PM, revealed all staff was being interviewed at the end of each shift to identify any reports of abuse or neglect. Review of facility documentation on 08/19/13 and interviews with the Education Training Director at 3:49 PM, the Administrator at 2:03 PM, the Interim DON at 3:30 PM, and the Regional Nurse Consultant at 2:09 PM, revealed five staff members had been interviewed on 08/17/13 and 08/18/13. Interviews on 08/19/13, with the Regional Nurse Consultant at 2:09 PM, and the Administrator at 2:03 PM, revealed the Regional Nurse Consultant had retrained the DON and Administrator on 08/07/13. The training focused on the facility's abuse and neglect policy/procedures which	F 226	they know what abuse or neglect is or how to report it. After the four weeks the interviews will decrease to 4 interviews per month and remain ongoing until modified by the QA committee to sustain the removal. Regional Nurse Consultant to monitor and review all grievances and Allegations of Abuse, Neglect and Exploitation 5 x week x 4 weeks beginning 8/10/2013 to ensure abuse or neglect allegations are received and investigated per policy. After the four weeks the reviews will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. Narcotic count to be completed by ETD, UM, or DON daily 5 x weekly beginning 8/9/2013 to rule out abuse or neglect. After the four weeks the counts will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. ETD, DON/Administrator or Regional Nurse Consultant or Medical Records to monitor one meal per day 5 x weekly beginning 8/12/2013 to ensure all residents are fed and trays are served timely to rule out neglect. After the four weeks the monitors will decrease to one per month and remain ongoing until	

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F 226	Continued From page 30 included recognizing and reporting abuse allegations. Review of a Grievance Face Sheet and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had reviewed all Concern/Grievance Report forms completed in the past 30 days on 08/09/13, to identify if any grievance had been reported which constituted an allegation of abuse that was not recognized. Review of a Grievance Face Sheet and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had reviewed all Concern/Grievance Report forms completed from 08/09/13 through 08/18/13 to identify if any grievance had been reported which constituted an allegation of abuse that was not recognized. Review of an Allegation of Abuse Binder on 08/19/13, and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had completed a review of all allegations of abuse and neglect submitted over the past three months to identify if any allegation had not been investigated or reported timely as required on 08/09/13. Review of an Allegation of Abuse Binder on 08/19/13, and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had completed a review of all allegations of abuse and neglect submitted from 08/10/13 through 08/18/13. Observation on 08/19/13 at 12:18 PM, revealed the phone numbers of the Administrator, Interim DON, and Regional Nurse Consultant were posted at the entrance to the facility.	F 226	modified by the QA committee to sustain the removal. A weekly resident council meeting will be held with the Administrator or Regional Nurse present to ask residents about abuse or neglect and if they know who to report it to beginning 8/12/2013x 3 weeks. After the three weeks the meetings will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. 5 rooms will have call light monitoring completed randomly 7 x week x 3 weeks beginning 8/9/2013 by department managers to ensure call lights are answered timely and residents are being cared for per their poc and that no abuse or neglect is occurring. After the three weeks the call light monitoring will decrease to four per month and remain ongoing until modified by the QA committee to sustain the removal. 2 x week x four weeks turning and repositioning audits will be completed by the ETD to rule out neglect beginning 8/12/2013. After the four weeks the audits will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal.	

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F 226	Continued From page 31 Review of Newly Hired employee files on 08/19/13, and an interview with LPN #11 at 3:15 PM, revealed she was educated upon hire on 06/19/12 by the Education Training Director on the facility's abuse policy/procedures, was given a copy of the policy, and instructed who to contact if abuse or neglect is identified or reported. Review of Resident Council Meeting minutes dated 08/12/13, revealed a resident council meeting was held with the Administrator to identify any abuse or neglect concerns. No concerns were identified. Interviews on 08/19/13, at 2:03 PM with the Administrator, at 3:30 PM with the Interim DON, at 2:09 PM with the Regional Nurse Consultant, at 3:00 PM with the Housekeeping/Maintenance Director, at 3:05 PM with the Dietary Director, at 2:35 PM with the Unit Manager, at 3:49 PM with the Education Training Director, and at 2:26 PM with the Medical Records Director, revealed minutes from a Quality Assurance meeting dated 08/12/13 revealed a meeting was conducted to discuss the identified deficient practice and identify any issues related to abuse or neglect. Observations on 08/19/13 at 12:30 PM revealed Concern/Grievance Report forms were in place at each nurses' station and in the front lobby of the facility. Interview with the Medical Records Director on 08/19/13 at 2:26 PM revealed she was responsible to ensure the forms were in place at the designated areas five times per week.	F 226	Grievance forms placed at each nurse's station and at the front of the center to allow for staff completion and to encourage expression of concerns. This will be audited by the Business office assistant 5 x week x 4 weeks beginning 8/9/2013. After the four weeks the monitoring will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. 4. QA team consisting of at least Administrator, DON, ETD, Regional Nurse Consultant, Dietary, housekeeping/ maintenance and Medical Director to be in attendance or on the phone with team to be held one time a week x 4 weeks beginning week of 8/12/2013 than every 2 weeks x 4 weeks to review all audit findings and make recommendation for any change to plan. This is to be ongoing until issue completely resolved.	09/03/2013
F 490 SS=J	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING	F 490		

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F 490	Continued From page 32 A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's investigation, and a review of policy/procedures it was determined facility Administration failed to ensure its resources, including policies related to abuse and neglect, were used effectively and efficiently to maintain the highest practicable physical, mental, and psychosocial well-being for one of three sampled residents (Resident #1). On 07/18/13, Resident #1's family members reported to the Director of Nursing (DON) that they were concerned Resident #1 was being abused by staff. However, Administration failed to ensure abuse policies and procedures were implemented. The facility failed to initiate an investigation of the allegation, failed to protect residents from further abuse, and failed to report the allegation of abuse immediately to state agencies when the allegation was reported to the DON on 07/19/13. (Refer to F225 and F226.) The Administration's failure to ensure facility policies/procedures related to abuse prevention were implemented caused, or was likely to cause, serious injury, harm, impairment, or death to residents at the facility. Immediate Jeopardy and Substandard Quality of Care were determined to exist on 07/18/13. The facility was notified of the Immediate Jeopardy on 08/14/13.	F 490		

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F 490	Continued From page 33 An acceptable Allegation of Compliance was received on 08/15/13, and alleged removal of the Immediate Jeopardy on 08/14/13. The state survey agency determined the Immediate Jeopardy was removed on 08/14/13, prior to exit, which lowered the scope/severity to "D" while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: A review of the facility's policy and procedure related to abuse, undated, revealed the facility had developed policies in an effort to prevent abuse and to ensure allegations of abuse were reported appropriately. The facility's policies and procedures defined verbal abuse as oral, written, or gestured language including disparaging and derogatory terms to the resident or family members. According to the policy, abuse was prohibited and allegations of abuse would be investigated, residents protected from further potential abuse during the course of the investigation, and allegations would be immediately reported to the state agency. The policy also revealed the Administrator was responsible for ensuring compliance with the policy and allegations of abuse would be reported to state agencies. A review of the facility's investigation revealed Adult Protective Services (APS) entered the facility on 07/22/13 to initiate an allegation that facility staff, Licensed Practical Nurse (LPN) #1, had abused Resident #1. Based on documentation, the facility initiated an investigation of the alleged abuse of Resident #1 on 07/22/13.	F 490		

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F 490	Continued From page 34 A review of a Concern/Grievance Report form completed and dated by the DON on 07/18/13, revealed Resident #1's family had reported concerns that Resident #1 was being abused by staff. However, interview with the DON on 08/06/13 at 1:15 PM revealed the DON failed to investigate the allegation because Resident #1 had appeared confused when she was speaking to the resident's family on 07/18/13. In addition, the DON failed to immediately report the family members' concerns as suspected abuse to the state agencies, failed to initiate an investigation, and failed to ensure residents, including Resident #1, were protected for further potential abuse during the facility's investigation. The DON stated she submitted the Concern/Grievance form to the Administrator on 07/19/13. The Administrator acknowledged in interview conducted on 08/07/13 at 11:39 AM that the DON had given him the Concern/Grievance form on 07/19/13, and verbally described to him that Resident #1's family had voiced concerns. According to the Administrator, the DON informed him there had been a misunderstanding, and staff had only been attempting to reorient Resident #1 after the resident had been confused. The Administrator stated at that point he felt the concern had been addressed, and he failed to read the documentation on the form. The Administrator stated he implemented a plan to have two staff members present in the room when care was provided to Resident #1. The Administrator stated he did not implement the facility's abuse policy/procedures, and took no action to ensure an investigation was initiated, residents were protected, and that the allegation was reported to the state survey agency as	F 490		

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F 490	Continued From page 35 required. According to the Administrator, at the time of the allegation investigation by the state agency on 08/06/13, the facility had not identified the concerns that family members of Resident #1 had reported to the DON on 07/18/13 as an allegation of abuse, and had not taken any action to investigate or report the family members' concerns immediately to the state agency as required, a timeframe of 19 days after the DON had received and documented the allegation. --A review of the Allegation of Compliance (AOC) revealed the following: Beginning on 08/08/13, Resident #1 was interviewed daily by the Regional Nurse Consultant, the Administrator, or a Licensed Nurse to identify any concerns. On 07/22/13, the facility suspended LPN #1 who was allegedly abusive to Resident #1, and an investigation was initiated. On 08/09/13, the Social Worker and/or Regional Nurse Consultant had completed interviews with all residents who were interviewable to identify any allegations of abuse or neglect. Beginning on 08/10/13, five interviewable residents will be interviewed daily by the Administrator, Interim DON, Unit Manager, Social Worker, Licensed Nurse, or the Regional Nurse Consultant for four weeks to ensure any abuse, neglect, or misappropriation is reported, investigated, and recognized. On 08/12/13, the Social Worker or Business Office Associate had contacted 22 families of residents who were unable to be interviewed to	F 490		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	185352		C 08/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STANTON NURSING AND REHABILITATION CENTER	31 DERICKSON LANE STANTON, KY 40380

(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 490	Continued From page 36 identify any allegations of abuse or neglect. The Social Worker or Business Office Associate continued to contact five families daily until 08/13/13, to identify any allegation of abuse or neglect. Beginning on 08/13/13, two family members of residents who are not interviewable will be interviewed by the Administrator, Interim DON, Unit Manager, Social Worker, or a Licensed Nurse. This will continue for four weeks and then decrease to four interviews per month until modified by the Quality Assurance (QA) Committee to sustain removal. To ensure the same family members are not being interviewed each time, a list of resident family members who have been interviewed is being maintained to ensure the facility interviews as many families as possible. The Interim DON, Unit Manager, or Treatment Nurse conducted a head-to-toe skin assessment on all facility residents to identify any signs or symptom of abuse. This was completed on 08/09/13. Beginning on 08/12/13, five head-to-toe skin assessments will be completed weekly by the Treatment Nurse, Interim DON, Unit Manager, or Education Training Director. This will continue for four weeks and then the assessments will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. Reeducation of all facility staff by the Interim DON, Unit Manager, Administrator, Education Training Director, or Regional Nurse Consultant began on 08/07/13 and was completed on	F 490		

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F 490	Continued From page 37 08/09/13. A copy of the abuse policies/procedures was given to all staff. Staff was required to demonstrate understanding regarding the policy/procedures. No staff will be permitted to work in the facility until they have received reeducation and received a copy of the abuse policy/procedures. At the end of each shift all nursing staff having worked will be interviewed by the Administrator, Interim Director of Nursing, Unit Manager, Charge Nurse, or the Regional Nurse Consultant to identify any reports of abuse or neglect. This began on 08/09/13, and will continue until 08/17/13. Beginning on 08/17/13, the Education Training Director, Administrator, Interim DON, or Regional Nurse Consultant will interview a minimum of five employees each shift for four weeks to ensure that no abuse or neglect was reported to them, that they did not witness any abuse or neglect, and that they know what constitutes abuse or neglect and how to report it. After four weeks, the interviews will decrease to four interviews per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/07/13, the Regional Nurse Consultant reeducated the Administrator and DON regarding the abuse and neglect policy/procedures which included recognizing and reporting abuse allegations. On 08/09/13, the Regional Nurse Consultant completed reviewing all Concern/Grievance Report forms completed in the past 30 days to identify if any grievance had been reported which constituted an allegation of abuse that was not	F 490		

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F 490	Continued From page 38 recognized. Beginning on 08/10/13, the Regional Nurse Consultant will monitor and review all grievances five times per week for four weeks to ensure any grievances received are reviewed to ensure if there was an allegation of abuse it was investigated and reported. After four weeks, the reviews will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/09/13, the Regional Nurse Consultant completed a review of all allegations of abuse and neglect submitted over the past three months to identify any allegation that had not been investigated or reported timely as required. Beginning on 08/10/13, the Regional Nurse Consultant will monitor and review all allegations of abuse or neglect five times per week for four weeks to ensure abuse or neglect allegations are received and investigated per policy. After the four weeks, the reviews will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. On 08/09/13, the phone numbers of the Administrator, Interim DON, and Regional Nurse Consultant were posted at the entrance to the facility for residents, families, or staff to utilize for abuse reporting at any time. Beginning on 08/08/13 all newly hired employees will be educated by the Education Training Director on the facility's abuse policy/procedures, given a copy of the policy, and instructed who to contact if abuse or neglect was identified or reported.	F 490		

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F 490	Continued From page 39 On 08/12/13, a resident council meeting was held with the Administrator to identify any abuse or neglect concerns. Beginning on 08/12/13 for three weeks, a weekly resident council meeting will be held with the Administrator or Regional Nurse Consultant to ask residents about abuse or neglect and to ensure they are knowledgeable on how to report it. After three weeks, the meetings will decrease to one per month and remain ongoing until modified by the QA Committee to sustain the removal. The facility held a Quality Assurance meeting on 08/12/13 with the Administrator, Interim DON, Regional Nurse Consultant, Housekeeping/Maintenance Director, Dietary Director, Unit Manager, Education Training Director, and Medical Records Director. The meeting was conducted to identify any issues related to abuse or neglect. On 08/09/13, Concern/Grievance Report forms were placed at each nurses' station and in the front lobby of the facility to allow for resident, family, or staff utilization. The Business Office Assistant will ensure the forms are in place five times per week for four weeks, and then once per month and remain ongoing until modified by the QA Committee to sustain the removal. Beginning on 08/12/13, a meeting consisting of QA Committee members including the Administrator, Interim DON, Education Training Director, Regional Nurse Consultant, Dietary, Housekeeping/Maintenance, and Medical Director to be in attendance or on the phone with	F 490		

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F 490	Continued From page 40 the team, is to be held once a week for four weeks, and then every two weeks for four weeks, to review all audit findings and make recommendations for changes to the plan. This will be ongoing until all issues are resolved. --The state survey agency validated the corrective actions taken by the facility as follows: Review of facility documentation and an interview with Resident #1 on 08/19/13 at 12:48 PM revealed the Regional Nurse Consultant, the Administrator, or a Licensed Nurse was interviewing Resident #1 daily to identify any concerns. Review of an Employee Counseling/Disciplinary Report form dated 07/22/13, and interview with LPN #1 on 08/06/13 at 2:30 PM, revealed the facility suspended LPN #1 from employment at the facility on 07/22/13. Review of facility documentation and random interviews conducted on 08/19/13 at 11:40 AM with Resident #2, at 11:42 AM with Resident #3, at 11:48 AM with Resident A, at 11:53 AM with Resident B, and at 11:57 AM with Resident C revealed the Social Worker and/or Regional Nurse Consultant had completed interviews with residents who were interviewable to identify any allegations of abuse or neglect on 08/09/13. Review of Resident Interview Sheets and interviews on 08/19/13 at 2:03 PM with the Administrator, at 3:30 PM with the Interim DON, at 2:35 PM with the Unit Manager, at 1:55 PM with the Social Worker, at 2:33 PM with Licensed Nurse #1, and at 2:09 PM with the Regional Nurse Consultant, revealed five interviewable	F 490		

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F 490	Continued From page 41 residents had been interviewed daily since 08/10/13 to ensure any abuse, neglect, or misappropriation was reported, investigated, and recognized. Any issues identified were reported to the required authorities. Review of facility documentation on 08/19/13, and interviews with the Social Worker at 1:55 PM, and the Business Office Associate at 2:23 PM, revealed they had contacted 22 families as of 08/12/13, of residents who were unable to be interviewed to identify any allegations of abuse or neglect, and no concerns were identified. Review of facility documentation on 08/19/13 and interviews with the Administrator at 2:03 PM, the interim DON at 3:30 PM, the Unit Manager at 2:35 PM, the Social Worker at 1:55 PM, and Licensed Nurse #1 at 2:33 PM, revealed since 08/13/13, two family members of residents who were not interviewable had been interviewed daily. Additionally, observations on 08/19/13, revealed a Family List was maintained of families who had been contacted. Review of Resident Skin Assessments on 08/19/13, and interviews with the Interim DON at 3:30 PM, the Unit Manager at 2:35 PM, and the Treatment Nurse at 3:38 PM, revealed they had conducted head-to-toe skin assessments on all facility residents as of 08/09/13. No concerns related to abuse/neglect were identified. Review of Resident Skin Assessments on 08/19/13 and interviews with the Treatment Nurse at 3:38 PM, the Interim DON at 3:30 PM, the Unit Manager at 2:35 PM, and the Education Training Director at 3:49 PM, revealed five Resident Skin Assessments had been conducted from 08/12/13	F 490		

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F 490	Continued From page 42 through 08/16/13. No concerns related to abuse/neglect were identified. Review of in-service training records, employee sign-in sheets, and interviews with Certified Nursing Assistant (CNA) #10 at 3:05 PM, CNA #11 at 3:18 PM, CNA #12 at 3:25 PM, LPN #10 at 3:09 PM, and LPN #11 at 3:18 PM, revealed all facility staff had been reeducated by the Interim DON, Unit Manager, Administrator, Education Training Director, or Regional Nurse Consultant from 08/07/13 through 08/09/13. Interviews revealed all staff had received a copy of the abuse policies/procedures, and had been required to demonstrate understanding by completing a questionnaire regarding the policy/procedures. Review of facility documentation and interviews on 08/19/13 at 2:03 PM with the Administrator, at 3:30 PM with the Interim Director of Nursing, at 2:35 PM with the Unit Manager, at 2:09 PM with the Regional Nurse Consultant, with Certified Nursing Assistant (CNA) #10 at 3:05 PM, CNA #11 at 3:18 PM, CNA #12 at 3:25 PM, LPN #10 at 3:09 PM, and LPN #11 at 3:18 PM, revealed all staff was being interviewed at the end of each shift to identify any reports of abuse or neglect. Review of facility documentation on 08/19/13 and interviews with the Education Training Director at 3:49 PM, the Administrator at 2:03 PM, the Interim DON at 3:30 PM, and the Regional Nurse Consultant at 2:09 PM, revealed five staff members had been interviewed on 08/17/13 and 08/18/13. Interviews on 08/19/13, with the Regional Nurse Consultant at 2:09 PM, and the Administrator at	F 490		

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F 490	Continued From page 43 2:03 PM, revealed the Regional Nurse Consultant had retrained the DON and Administrator on 08/07/13. The training focused on the facility's abuse and neglect policy/procedures which included recognizing and reporting abuse allegations. Review of a Grievance Face Sheet and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had reviewed all Concern/Grievance Report forms completed in the past 30 days on 08/09/13, to identify if any grievance had been reported which constituted an allegation of abuse that was not recognized. Review of a Grievance Face Sheet and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had reviewed all Concern/Grievance Report forms completed from 08/09/13 through 08/18/13 to identify if any grievance had been reported which constituted an allegation of abuse that was not recognized. Review of an Allegation of Abuse Binder on 08/19/13, and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had completed a review of all allegations of abuse and neglect submitted over the past three months to identify if any allegation had not been investigated or reported timely as required on 08/09/13. Review of an Allegation of Abuse Binder on 08/19/13, and interview with the Regional Nurse Consultant on 08/19/13 at 2:09 PM, revealed she had completed a review of all allegations of abuse and neglect submitted from 08/10/13 through 08/18/13.	F 490		

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F 490	Continued From page 44 Observation on 08/19/13 at 12:18 PM, revealed the phone numbers of the Administrator, Interim DON, and Regional Nurse Consultant were posted at the entrance to the facility. Review of Newly Hired employee files on 08/19/13, and an interview with LPN #11 at 3:15 PM, revealed she was educated upon hire on 06/19/12 by the Education Training Director on the facility's abuse policy/procedures, was given a copy of the policy, and was instructed who to contact if abuse or neglect is identified or reported. Review of Resident Council Meeting minutes dated 08/12/13, revealed a resident council meeting was held with the Administrator to identify any abuse or neglect concerns. No concerns were identified. Interviews on 08/19/13, at 2:03 PM with the Administrator, at 3:30 PM with the Interim DON, at 2:09 PM with the Regional Nurse Consultant, at 3:00 PM with the Housekeeping/Maintenance Director, at 3:05 PM with the Dietary Director, at 2:35 PM with the Unit Manager, at 3:49 PM with the Education Training Director, and at 2:26 PM with the Medical Records Director, revealed minutes from a Quality Assurance meeting dated 08/12/13 revealed a meeting was conducted to discuss the identified deficient practice and identify any issues related to abuse or neglect. Observations on 08/19/13 at 12:30 PM revealed Concern/Grievance Report forms were in place at each nurses' station and in the front lobby of the facility. Interview with the Medical Records Director on 08/19/13 at 2:26 PM revealed she was responsible to ensure the forms were in	F 490		

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F 490	Continued From page 45 place at the designated areas five times per week.	F 490		

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