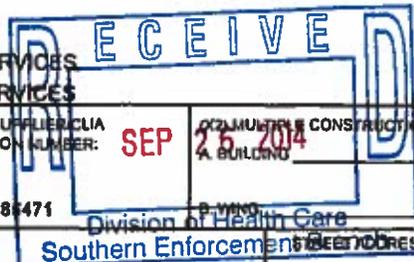


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/11/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18471	DATE OF MULTIPLE CONSTRUCTION A. BUILDING 25 2014 B. WING	(X3) DATE SURVEY COMPLETED C 08/27/2014
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NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER	ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	Response to F224. The following policies have been revised and implemented so that residents' property is properly protected while out to the hospital, discharged from the facility, or passes away while in our facility's care.	
F 224 SS=D	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN 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, a review of the facility's policy, and a review of the facility's investigation it was determined the facility failed to develop and implement written policies and procedures that prohibit misappropriation of resident property for one (1) of three (3) sampled residents (Resident #1). Interviews and a review of the facility investigation revealed Resident #1 expired on 08/10/14. On 08/11/14, upon gathering the resident's personal belongings, a locked box which belonged to the resident was located in the resident's room. Facility staff gave Resident #1's locked box to Registered Nurse (RN) #1 on 08/11/14, to secure until the resident's family picked it up from the facility. However, Resident #1's family visited the facility on 08/12/14 to retrieve the resident's personal property and facility staff was unable to locate the resident's locked box.	F 224	Facility Policy 6.18 titled, "Protection of Resident Property," has been revised to reflect a procedure that ensures resident's property is protected while residents are out to the hospital or emergency room. The policy instructs staff to lock up valuables in the Finance Office during normal business hours, or in the Charge Nurse Office's safe outside of normal business hours. The Facility Form titled, "Chain of Command Resident Belongings Form", will be used to identify other residents with the potential of being affected by the same deficient practice, as well as a means of monitoring. Resident Property Disposition Upon Discharge policy 5.19 in the administrative policy manual has also been revised under procedure #1 to reflect what is to be done with resident belongings once a resident has passed away during regular business hours as well as after regular business hours. See attached policy 5.19. As of 9/10/2014 all staff that are not off on leave have been in-serviced on the new changes to policy 5.19.1 to insure policy will be followed. All staff not on leave will be in-serviced on changes to Facility Policy #6.18 titled, "Protection of Resident Property," which includes the "Chain of Command Resident Belongings Form", by October 1, 2014. Upon notification of a resident's death, discharge, or transfer to hospital, the Nurse Managers, Charge Nurse, and security will check to ensure that resident's valuables have been stored safely in the appropriate location, as according to facility policy.	10/1/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 9/25/2014

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/27/2014
NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
(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 224	<p>Continued From page 1</p> <p>The findings include:</p> <p>A review of the facility's policy titled "Chain of Command Resident Belongings Form," not dated, revealed when a resident goes out to the hospital or the Emergency Room, and valuables aren't taken with the resident, the nurse on duty is to secure the resident's belongings at the security desk or the front office.</p> <p>A review of the facility policy titled "Abuse Prevention Program," not dated, revealed facility residents had the right to be free from abuse, corporal punishment, involuntary seclusion, and misappropriation of property.</p> <p>A review of the medical record for Resident #1 revealed the facility admitted the resident on 02/02/10 with diagnoses that included Diabetes and Hypertension. Continued review of the medical record revealed the resident expired in the facility on 08/10/14.</p> <p>A review of the facility's investigation revealed Resident #1's personal belongings, which included a locked box, was retrieved from the resident's room and given to RN #1 to secure for the family to pick up on 08/11/14. Continued review of the investigation revealed facility staff was unable to locate the locked box when the resident's family came to retrieve Resident #1's personal belongings on 08/12/14. Continued review of the investigation revealed the resident's locked box was never located.</p> <p>An interview with State Registered Nurse Aide (SRNA) #1 on 08/27/14 at 3:40 PM revealed she had retrieved a locked box from Resident #1's</p>	F 224			

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NAME OF PROVIDER OR SUPPLIER PAUL E PATTON EASTERN KY VETERANS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 VETERANS DRIVE HAZARD, KY 41701		
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F 224	<p>Continued From page 2</p> <p>room, when the resident's personal belongings were retrieved from the resident's room on 08/11/14. The SRNA stated she had given the locked box to her supervisor, RN #1, to be secured until it was picked up by the resident's family.</p> <p>An interview with RN #1 on 08/27/14 at 2:30 PM confirmed SRNA #1 had given her Resident #1's locked box, to be secured, on 08/11/14. The RN stated she placed the resident's locked box in the Nurse Manager's office on 08/11/14 and left the door to the office open when she left the office to continue her assigned duties. The RN stated she should have ensured the entrance to the Nurse Manager's office was locked and secured after she had placed Resident #1's locked box in the room on 08/11/14.</p> <p>An interview with the Director of Nursing (DON) on 08/27/14 at 5:00 PM revealed she had assisted in the investigation when it was learned on 08/12/14 that staff could not locate the locked box that had belonged to Resident #1. The DON stated RN #1 should have ensured the Nurse Manager's office door was locked and secured after she placed the locked box in the office on 08/11/14. Continued interview revealed the DON stated the resident's locked box was never located.</p>	F 224			