

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

PRINTED: 10/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2011
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NAME OF PROVIDER OR SUPPLIER BOURBON HEIGHTS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SOUTH MAIN STREET PARIS, KY 40361
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey Investigating ARO#KY00017145 and ARO#KY00017230 was initiated on 10/06/11 and concluded on 10/10/11. ARO#KY00017145 was substantiated with no deficiency cited and ARO#KY00017230 was substantiated with a deficiency cited.</p> <p>F 228 SS-E 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy it was determined the facility failed to implement it's policies and procedures related to immediately suspending the alleged perpetrator for one (1) of three (3) sampled residents (Resident #2).</p> <p>The findings include:</p> <p>Review of the facility's undated policy on Abuse, Neglect and Exploitation, revealed in order to prevent further potential abuse, while the investigation is in progress, the alleged perpetrator will be immediately suspended.</p> <p>Review of Resident #2's medical record on 10/07/11 revealed the facility admitted Resident #2 on 01/18/09 with admitting diagnoses which included Dementia, Schizophrenia, and Anxiety. Review of the Minimum Data Set (MDS)</p>	F 000	<p style="text-align: center;">RECEIVED OCT 28 2011 BY: _____</p> <p>Resident was taken back to dining room by another employee after found to be in her room. Resident received one on one attention for the rest of the shift.</p> <p>Although every resident has the potential to be affected by the deficient practice, background checks are performed upon hire to rule out hiring perpetrators. Three inservices have been conducted since March 2011 to educate every employee on the types of abuse and the seven components of abuse.</p> <p>An inservice regarding the kinds of abuse and the types of abuse was conducted by the Director of Nursing for second shift employees on 9-26-11. The facility abuse policy was reviewed with staff with special emphasis on isolation identification and the timeliness of reporting as soon as identified.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 10/21/2011
FORM APPROVED
OMB NO. 0988-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2011
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NAME OF PROVIDER OR SUPPLIER BOURBON HEIGHTS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SOUTH MAIN STREET PARIS, KY 40361
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 226	<p>Continued From page 1</p> <p>Assessment, dated 09/29/11, revealed Resident #2's Brief Interview for Mental Status (BIMS) score was 02 which indicated severe impairment.</p> <p>Interview with License Practical Nurse (LPN) #1, on 10/07/11 at 10:47 AM, revealed on the day of the incident (09/26/11) it was reported to her at 8:00 PM, by State Registered Nursing Assistant (SRNA) #5 that Resident #2 had slapped SRNA #8 in the face in the dining room. Further interview revealed, SRNA #5 brought Resident #2 back to the dining room and sat with him/her to calm him/her down. Continued interview revealed LPN #1 further investigated the situation at 8:30 PM on the day of the incident (09/26/11) and to her discovery Resident #2 was placed in his/her room and the door had been shut and when she obtained this information she called Administration for direction. Additional interview revealed, LPN #1 should have asked more questions initially when it was brought to her attention, but she was busy. LPN #1 stated, the policy was to immediately suspend anyone when there was an allegation of abuse and this did not occur until after obtaining more information at 8:30 PM. LPN #1 further added, "I notified the Director of Nursing (DON) on or about 9:30 PM."</p> <p>Interview with SRNA #5, on 10/07/11 at 10:57 AM, revealed she was returning from lunch on 09/26/11 when the incident occurred. She stated she saw SRNA #8 walking briskly down the hallway pushing Resident #2 and placed him/her in his/her room and closed the door. she then went immediately and opened the door and took Resident #2 back to the dining room and sat with the resident to calm him/her. She stated the incident was at about 6:00 PM. SRNA #5 further</p>	F 226	<p>A mandatory inservice was conducted on 9-16-11 for all employees. Administrator attended a Train the trainer seminar on "Caring for dementia residents" held in Lexington in October 2011 by the Alzheimers Association Administrator will be conducting small group training for employees on how to deal with difficult residents beginning November 11, 2011.</p> <p>The alleged perpetrator was sent home and removed from the schedule per policy until investigation was complete.</p> <p>The Quality Assurance Comm. will conduct Mandatory Abuse inservices on a quarterly basis for one year. The employee was terminated after the investigation was completed. Abuse pop quizzes will be conducted on staff during weekly walk throughs conducted by management staff.</p>	10-26-11
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 10/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2011
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NAME OF PROVIDER OR SUPPLIER BOURBON HEIGHTS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SOUTH MAIN STREET PARIS, KY 40361
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 226	<p>Continued From page 2</p> <p>stated when she got Resident #2 calmed down, she told the nurse (LPN #1) who said she would take care of the situation.</p> <p>Interview with SRNA #8, on 10/10/11 at 12:08 PM, revealed shortly after the start of the shift on 09/26/11 the staff had been informed by LPN #1 that Resident #2 was going to be a 1:1 observation because of behaviors of aggravating other residents earlier in the day. Further interview revealed when Resident #2 was 1:1 a staff member was taken from the floor to provide this type of care. SRNA #8 stated, Resident #8 was "out of sorts" that day and he/she was very agitated and kept taking his/her pillow out of his/her wheelchair and one time when SRNA #8 reached to get the pillow, Resident #2 slapped her on the face and when this occurred SRNA #8 took Resident #2 to his/her room. She stated she just took Resident #2 to the room, shut the door, and left him/her. Further interview with SRNA #8 revealed she was sent home at about 10:00 PM.</p> <p>Interview with Social Services Director (SSD), on 10/07/11 at 2:20 PM, revealed she was notified late in the evening (she could not recall exact time) of the incident on 09/26/11 and she and the Director of Nursing (DON) went to the facility at approximately 9:30-9:45 PM to start the investigation. Further interview revealed, the incident should have been investigated when it was first reported and SRNA #8 should have been suspended immediately. The SSD further indicated SRNA #8 was suspended at 10:00 PM.</p> <p>Interview with the Administrator, on 10/10/11 at 12:35 PM, revealed she was notified of the incident regarding Resident #2 and SRNA #8 at</p>	F 226		
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 10/21/2011
FORM APPROVED
OMB NO. 0938-0891

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2011
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NAME OF PROVIDER OR SUPPLIER BOURBON HEIGHTS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SOUTH MAIN STREET PARIS, KY 40361
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 226	Continued From page 3 approximately 10:00 PM that evening by the DON. Further interview revealed, she felt the facility followed their policy when Administration was notified. The Administrator further indicated the incident occurred during the evening meal, but she could not recall the exact time when SRNA #8 was sent home.	F 226		
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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2011
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NAME OF PROVIDER OR SUPPLIER BOURBON HEIGHTS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SOUTH MAIN STREET PARIS, KY 40361
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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) COMPLETE DATE
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N 000	INITIAL COMMENTS A Complaint Survey Investigating ARO#KY00017145 and ARO#KY00017290 was conducted on 10/08/11, and concluded on 10/10/11. ARO#KY00017145 was substantiated with no deficiencies cited and ARO#KY00017290 was substantiated with a deficiency cited.	N 000	Resident was taken back to dining room by another employee after found to be in her room. Resident received one on one attention for the rest of the shift.	
N 105	902 KAR 20:300-5(3) Section 5. Resident Behavior & Fac, Practice (3) Staff treatment of residents. The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of residents. This requirement is not met as evidenced by: Based on interview, record review, and review of the facility's policy it was determined the facility failed to implement it's policies and procedures related to immediately suspending the alleged perpetrator for one (1) of three (3) sampled residents (Resident #2). The findings include: Review of the facility's undated policy on Abuse, Neglect and Exploitation, revealed in order to prevent further potential abuse, while the investigation is in progress, the alleged perpetrator will be immediately suspended. Review of Resident #2's medical record on 10/07/11 revealed the facility admitted Resident #2 on 01/18/08 with admitting diagnoses which included Dementia, Schizophrenia, and Anxiety. Review of the Minimum Data Set (MDS) Assessment, dated 09/20/11, revealed Resident #2's Brief Interview for Mental Status (BIMS) score was 02 which indicated severe impairment.	N 105	Although every resident has the potential to be affected by the deficient practice, background checks are performed upon hire to rule out hiring perpetrators. Three inservices have been conducted since March 2011 to educate every employee on the types of abuse and the seven components of abuse An inservice regarding the kinds of abuse and the types of abuse was conducted by the Director of Nursing for second shift employees on 9-26-11. The facility abuse policy was reviewed with staff with special emphasis on isolation identification and the timeliness of reporting as soon as identified.	


TITLE Administrator
(X6) DATE 10-28-11
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100024	(K2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(K3) DATE SURVEY COMPLETED C 10/10/2011
NAME OF PROVIDER OR SUPPLIER BOURBON HEIGHTS NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SOUTH MAIN STREET PARIS, KY 40361		
(K4) 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)	(K5) COMPLETE DATE
N 105	Continued From page 1 Interview with License Practical Nurse (LPN) #1, on 10/07/11 at 10:47 AM, revealed on the day of the incident (09/26/11) it was reported to her at 8:00 PM, by State Registered Nursing Assistant (SRNA) #5 that Resident #2 had slapped SRNA #6 in the face in the dining room. Further interview revealed, SRNA #6 brought Resident #2 back to the dining room and sat with him/her to calm him/her down. Continued interview revealed LPN #1 further investigated the situation at 8:30 PM on the day of the incident (09/26/11) and to her discovery Resident #2 was placed in his/her room and the door had been shut and when she obtained this information she called Administration for direction. Additional interview revealed, LPN #1 should have asked more questions initially when it was brought to her attention, but she was busy. LPN #1 stated, the policy was to immediately suspend anyone when there was an allegation of abuse and this did not occur until after obtaining more information at 8:30 PM. LPN #1 further added, "I notified the Director of Nursing (DON) on or about 8:30 PM." Interview with SRNA #5, on 10/07/11 at 10:57 AM, revealed she was returning from lunch on 09/26/11 when the incident occurred. She stated she saw SRNA #6 walking briskly down the hallway pushing Resident #2 and placed him/her in his/her room and closed the door. she then went immediately and opened the door and took Resident #2 back to the dining room and sat with the resident to calm him/her. She stated the incident was at about 8:00 PM. SRNA #5 further stated when she got Resident #2 calmed down, she told the nurse (LPN #1) who said she would take care of the situation. Interview with SRNA #6, on 10/10/11 at 12:08 PM, revealed shortly after the start of the shift on	N 105	A mandatory inservice was conducted on 9-16-11 for all employees. Administrator attended a Train the trainer seminar on "Caring for dementia residents" held in Lexington in October 2011 by the Alzheimers Association Administrator will be conducting small group training for employees on how to deal with difficult residents beginning November 11, 2011. The alleged perpetrator was sent home and removed from the schedule per policy until investigation was complete. The Quality Assurance Comm. will conduct Mandatory Abuse inservices on a quarterly basis for one year. The employee was terminated after the investigation was completed. Abuse pop quizzes will be conducted on staff during weekly walk throughs conducted by management staff.	10-26-

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100024	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/10/2011
NAME OF PROVIDER OR SUPPLIER BOURBON HEIGHTS NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SOUTH MAIN STREET PARIS, KY 40361		
(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) COMPLETE DATE
N 106	<p>Continued From page 2</p> <p>09/26/11 the staff had been informed by LPN #1 that Resident #2 was going to be a 1:1 observation because of behaviors of aggravating other residents earlier in the day. Further interview revealed when Resident #2 was 1:1 a staff member was taken from the floor to provide this type of care. SRNA #8 stated, Resident #8 was "out of sorts" that day and he/she was very agitated and kept taking his/her pillow out of his/her wheelchair and one time when SRNA #8 reached to get the pillow, Resident #2 slapped her on the face and when this occurred SRNA #8 took Resident #2 to his/her room. She stated she just took Resident #2 to the room, shut the door, and left him/her. Further interview with SRNA #8 revealed she was sent home at about 10:00 PM.</p> <p>Interview with Social Services Director (SSD), on 10/07/11 at 2:20 PM, revealed she was notified late in the evening (she could not recall exact time) of the incident on 09/26/11 and she and the Director of Nursing (DON) went to the facility at approximately 9:30-9:45 PM to start the investigation. Further interview revealed, the incident should have been investigated when it was first reported and SRNA #8 should have been suspended immediately. The SSD further indicated SRNA #8 was suspended at 10:00 PM.</p> <p>Interview with the Administrator, on 10/10/11 at 12:35 PM, revealed she was notified of the incident regarding Resident #2 and SRNA #8 at approximately 10:00 PM that evening by the DON. Further interview revealed, she felt the facility followed their policy when Administration was notified. The Administrator further indicated the incident occurred during the evening meal, but she could not recall the exact time when SRNA #8 was sent home.</p>	N 106		



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL**

Steven L. Beshear
Governor

Connie Payne, Director
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Janie Miller
Secretary

Mary Reinle Begley
Inspector General

October 31, 2011

Ms. Angela Forsythe
Bourbon Heights Nursing Home
2000 South Main Street
Paris, KY 40361-1166

Re: Complaint #KY00017230 and KY00017145

Dear Ms. Forsythe:

Thank you for submitting your proposed plan of correction regarding the deficiencies identified during the abbreviated standard survey completed on October 10, 2011.

We are accepting your allegation of compliance and presume that substantial compliance was achieved by October 26, 2011, as alleged in your plan of correction. Therefore, we are not recommending the remedies referred to in the initial notice dated October 21, 2011, to the Centers for Medicare and Medicaid Services Regional Office at this time.

If you should have questions regarding this information, please contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Andrea Willhite".

Andrea Willhite, RN
Regional Program Manager

AW/scm