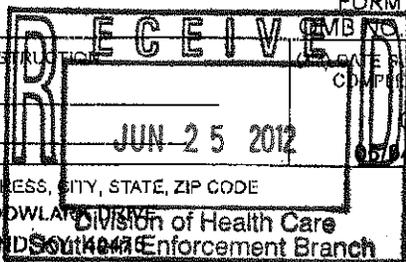


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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED 06/24/2012
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NAME OF PROVIDER OR SUPPLIER MADISON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 131 MEADOWLARK DIVISION of Health Care RICHMOND, SOUTH CAROLINA Enforcement Branch
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>An abbreviated standard survey (KY18443) was initiated on 05/31/12 and concluded on 06/04/12. The complaint was substantiated with deficient practice identified at "D" level, 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property, and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	F 225	<p>1. Resident #1 is no longer in the center. Medical Director has been notified of issue and investigation outcome by the Director of Nurses on 6/1/2012. Administrator notified Resident #1 by phone of investigation and outcome on 6/19/2012.</p> <p>2. All cognitive residents will be interviewed by the Social Service Director to identify abuse and neglect by 6/20/2012. Any allegation of any type of abuse will be immediately reported to the physician, family and reported to all government agencies per Extencicare policy. A skin assessment was completed on all residents on 6/13/2012 to identify any signs of abuse by the Director of Nurses(DON), Assistant Director of Nurses(ADON and Unit Manager(UM). Any issues identified were immediately reported to the physician and family. No signs of abuse or neglect were noted. All grievances from 5/23/2012 to 6/19/2012 will be reviewed by the Regional Director of Clinical Services on by 6/19/2012 to identify any issue that is considered abuse or neglect per Extencicare policy. Any issue identified will be immediately reported to the family, physician and all government agencies per EHSI policy. An employee file audit of all employees hired in the last 60 days(4/19/2012-6/19/2012) will be completed by the Business Office and Education Training Director by 6/20/2012 to identify if all required government background, OIG and Ky Board of Nursing Abuse Registry checks were completed per EHSI policy. Any issues identified will be immediately corrected.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Roy Baker</i>	TITLE Administrator	(X6) DATE 06/25/12
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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.

Received Time Jun. 25. 2012 5:08PM No. 8778

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NAME OF PROVIDER OR SUPPLIER MADISON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 131 MEADOWLARK DRIVE RICHMOND, KY 40475		
(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 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Interview, record review, review of facility policy, and review of facility investigations, it was determined the facility failed to ensure an allegation of abuse was immediately reported to the state survey and certification agency, failed to have evidence that an allegation of abuse had been thoroughly investigated, and failed to ensure that further potential abuse was prevented while the facility's investigation was in progress for one of three sampled residents (Resident #1). On 05/23/12, the facility's Administrator was made aware of an allegation of abuse, date unknown, that involved Resident #1. However, the facility did not report the allegation immediately to the appropriate state agencies, or thoroughly investigate the allegation, and permitted the alleged perpetrator (nurse) to provide direct care to residents at the facility during the facility's investigation.</p> <p>The findings include:</p> <p>A review of the facility's Abuse Procedure policy (last revised date of April 2012) revealed the facility would identify events that constitute abuse and would investigate any reported allegations of abuse or neglect. Further review of the facility policy revealed that during the facility investigation, any individual suspected of resident</p>	F 225	<p>3. Administrator was re educated on 6/4/2012 by the Regional Director of Clinical Services(RDCS) regarding EHSI policy and procedure for monitoring for and reporting any type of abuse. This education reviewed all types of abuse and neglect.</p> <p>All staff will be re educated regarding EHSI abuse and neglect policy by the Education Training Director, Director of Nurses, Assistant Director of Nurses and or the Unit Manger by 6/21/2012.</p> <p>All grievances will be reviewed by the RDCS at least weekly x 4 weeks beginning the week of 6/19/2012 to ensure any abuse or neglect allegation is reported, investigated and resolved.</p> <p>SSD to interview at least 5 cognitive residents weekly x 4 weeks beginning 6/21/2012 to ensure any allegation of abuse or neglect is reported, investigated and resolved.</p> <p>DON, ADON or UM to complete skin assessments on at least 5 residents weekly x 4 weeks beginning 6/20/2012 to ensure any signs of abuse or neglect is reported, investigated and resolved per EHSI policy.</p> <p>Department Managers were re educated by the RDCS on 6/4/2012 regarding EHSI policy for types of abuse and neglect, reporting of abuse and neglect, ensuring Administrator is aware of any allegation, required OIG, background checks, and KBN abuse registry check prior to employment.</p>		

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NAME OF PROVIDER OR SUPPLIER MADISON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 131 MEADOWLARK DRIVE RICHMOND, KY 40475		
(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 225	<p>Continued From page 2</p> <p>abuse or neglect would be suspended pending outcome of the investigation. In addition, according to policy, staff was required to report all alleged violations to the state agency as required.</p> <p>A review of the facility investigation revealed the facility Administrator was made aware on 05/23/12, of an allegation of verbal abuse that involved facility staff and Resident #1. The facility's investigation revealed the Administrator was notified by Resident #1 on 05/23/12, in writing, that Registered Nurse (RN) #1 had "screamed" at the resident. However, based on a review of documentation, the facility failed to initiate an investigation of the abuse at that time. Based on a review of the facility's investigation, no other residents were interviewed related to treatment received from facility staff named in the allegation of abuse. In addition, the facility's investigation revealed RN #1, suspected to have been involved in the allegation of abuse, continued to provide direct care to residents in the facility on 05/25/12, 05/26/12, and 05/27/12, prior to the conclusion of the facility's investigation.</p> <p>A review of the personnel record for RN #1 revealed the facility had conducted the required criminal background checks prior to her employment at the facility and there were no findings reported.</p> <p>An interview with Resident #1 on 05/31/12, at 4:45 PM, revealed the resident had reported in writing to the facility Administrator on 05/23/12, that RN #1 had verbally abused him/her. Further interview revealed Resident #1 stated, "I have not heard from him since I told him I was verbally</p>	F 225	<p>Any allegation of abuse beginning 6/20/2012 will be investigated by the Administrator, DON and Regional Nurse. Any employee involved will be suspended immediately and removed for work until investigation is complete. Weekly review of all allegations of abuse will be completed by the Administrator, DON, Regional Nurse and QA team beginning 6/20/2012 to ensure that any employee involved was immediately suspended and remain suspended until investigation was completed and abuse and/or neglect was determined.</p> <p>4. Quality Assurance Team (Administrator, DON, ADON, UM, SSD, Business Office Manager, RDCS and Medical Director) to meet weekly beginning 6/20/2012 to review audits/interviews and to ensure that any allegation of abuse was investigated, employee suspended immediately and remained suspended until investigation was complete and revise plan as needed based on audit outcomes until this issue is completely resolved.</p> <p>5. Date of Compliance 6/22/2012.</p>		

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

PRINTED: 06/25/2012
FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/04/2012
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NAME OF PROVIDER OR SUPPLIER MADISON HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 131 MEADOWLARK DRIVE RICHMOND, KY 40476
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F 225	<p>Continued From page 3 abused."</p> <p>An interview with the facility Administrator on 05/31/12, at 3:45 PM, confirmed he had been notified in writing by Resident #1 on 05/23/12, of an allegation of abuse. Further interview with the Administrator confirmed no other residents in the facility had been assessed or interviewed related to Resident #1's allegation of abuse from facility staff. The Administrator stated he had not notified state agencies of the allegation of abuse he received on 05/23/12, and RN #1 had not been removed from providing direct care until 05/30/12.</p>	F 225		