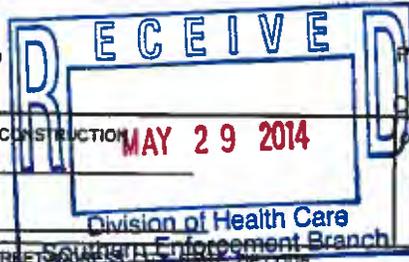


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

2nd SCD



PRINTED: 05/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/14/2014
NAME OF PROVIDER OR SUPPLIER BEREA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 601 RICHMOND ROAD BEREA, KY 40403	
(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	Berea Health Care Center does not believe and does not admit that any deficiencies existed before, during or after the survey. Berea Health Care Center reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings or administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds. Nor is it meant to establish any standard of care, contractual obligation or position. Berea Health Care Center reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potential applicable peer review, quality assurance or self critical examination privileges which Berea Health Care Center does not waive, and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Berea Health Care Center offers its responses, credible allegations of compliance and plan of correction as part of its on-going effort to provide quality care to residents.	
F 225 SS=D	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 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	F 225	F 225 It is and was on the day of survey, the policy of Berea Health Care Center to 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	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wicki... Adm. 5-27-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, a review of the facility's policy, and a review of the facility's investigation, the facility failed to ensure residents were protected from potential abuse during the course of the facility's investigation for one (1) of three (3) sampled residents (Resident #1). Interviews and a review of the facility's investigation revealed on 04/10/14, a representative from the State Ombudsman program informed administrative staff that Resident #1 reported to her on 04/06/14 that State Registered Nurse Aide (SRNA) #2 had been rough with the resident on 04/03/14 when the SRNA assisted him/her to bed. The State Ombudsman also reported to administrative staff that Resident #1 had stated the SRNA caused a skin tear to his/her left arm and had caused the resident to have hip pain. However, based on a review of the facility's investigation, the facility failed to immediately suspend staff accused of resident abuse until the results of the investigation had been completed and reviewed by the Administrator and failed to conduct interviews with other residents that the alleged perpetrator had been provided care and services in accordance with the facility's policy.</p> <p>The findings include: A review of the facility policy titled Abuse Investigations, dated 08/01/13, revealed staff</p>	F 225	<p>service as a nurse aide or other facility staff to the state nurse aide registry or licensing authorities.</p> <p>It is and was on the day of survey, the policy of Berea health Care Center to 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>It is and was on the day of survey, the policy of Berea Health Care Center to have evidence that all alleged violations are thoroughly investigated, and to prevent further potential abuse while the investigation is in progress.</p> <p>It is and was on the day of survey, the policy of Berea Health Care Center that the results of all investigations be reported to the administrator or his/her 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.</p> <p>1. On 04/10/14, the Ombudsman reported to the Assistant Administrator the accusation made to her by Resident #1 against a State Registered Nurse Aide (SRNA). The Administrator and Director of Nursing immediately interviewed Resident #1. At that time, the Director of Nursing and Charge</p>		

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F 225	<p>Continued From page 2</p> <p>accused of resident abuse would be suspended immediately until the results of the investigation had been completed and reviewed by the Administrator. Continued review of the policy revealed during the investigation of alleged abuse other residents that were provided care and services by the alleged perpetrator would be interviewed.</p> <p>A review of the medical record for Resident #1 revealed the facility admitted the resident on 09/11/02 with diagnoses that included a history of a Cerebrovascular Accident (CVA) and Chronic Obstructive Pulmonary Disease. A review of a Significant Change Minimum Data Set Assessment (MDS) dated 02/27/14, revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 15 which revealed the resident's cognition was intact.</p> <p>Review of the facility's investigation revealed on 04/10/14 a representative from the State Ombudsman program informed administrative staff that Resident #1 had reported to the State Ombudsman on 04/06/14, that State Registered Nurse Aide (SRNA) #2 had been rough with the resident on 04/03/14 when the SRNA assisted him to bed. The State Ombudsman also reported to administrative staff that Resident #1 had stated the SRNA caused a skin tear to his/her left arm and had caused the resident to have hip pain. Continued review of the facility investigation revealed facility staff had interviewed Resident #1 and the resident had stated SRNA #2 had "jerked his/her legs up" and hit the resident's arm when the SRNA "put up the bed rail." Further review of the investigation revealed the resident had a long history of the use of blood thinner medications</p>	F 225	<p>Nurse also conducted a head to toe skin assessment of Resident #1.</p> <p>The Administrator again interviewed Resident #1 on 04/15/14 and 04/29/14 to ensure that his/her needs were being met by staff and that he/she was having no problems. The Administrator reassured Resident #1 that we want him/her to be happy, not feel threatened, and to have his/her needs met. Staff will continue to encourage Resident #1 to voice any concerns or problems that he/she may have, assuring him/her that needs will be met and he/she will be free of neglect and abuse.</p> <p>On an on-going basis, Resident #1's skin will be assessed every other day to ensure that there are no unexplained tears or bruising.</p> <p>2. On admission, all residents and/or their responsible parties receive a copy of the Resident Rights informing them of their right to be free from abuse while a resident at this facility. This information also educates them of the types of abuse and how and to whom to report an allegation of abuse.</p> <p>At the monthly scheduled Resident Council Meetings, residents in attendance will be informed of their right to be free from abuse, the types of abuse, and how and to whom to report an allegation of abuse. This will be reviewed monthly for six months.</p> <p>For six months, the Quality Assurance Nurse will conduct monthly interviews of ten percent of the facility's residents per month who do not attend Resident Council Meetings to ensure that they are aware of their right to be free from</p>		

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F 225	<p>Continued From page 3</p> <p>and had a history of a skin tear to the left elbow since 02/04/14 that had healed and reopened due to the resident's poor skin integrity and the resident's "scratching" the area. The investigation further revealed the resident had a history of complaints of hip pain and had received a narcotic pain medication scheduled four times a day, since 11/08/13. Review of the investigation revealed the facility interviewed SRNA #2 related to the incident and, based on the facility's findings, unsubstantiated the resident's allegation. Continued review of the investigation revealed the facility reassigned SRNA #2 and the SRNA no longer provided direct care to Resident #1. However, the facility failed to immediately suspend SRNA #2 until the results of the investigation had been completed and reviewed by the Administrator; and failed to conduct interviews with other residents that the alleged perpetrator had provided care and services for in accordance with the facility's policy.</p> <p>A review conducted on 04/14/14 of SRNA #2's personnel record revealed the SRNA had been employed at the facility approximately four years. Based on the review, SRNA #2 had not received any disciplinary actions while at the facility, and there was no documentation the SRNA had previously been named in an allegation of abuse.</p> <p>An interview conducted with Resident #1 on 04/14/14 at 10:28 AM revealed the resident was unable to recall the exact date but acknowledged he/she had reported to "the other state lady" (Ombudsman) (date unknown) that on 04/03/14 or 04/04/14 (exact time and date unknown) State Registered Nurse Aide (SRNA) #2 "put me in the bed rough and hit my elbow on the bedrail" and had caused a skin tear to the resident's left</p>	F 225	<p>abuse, the types of abuse, and how and to whom to report an allegation of abuse.</p> <p>On an on-going basis, head to toe skin check will be conducted by Charge Nurses every other day on all residents. This will give the Charge Nurses the opportunity to assess residents who are unable to communicate to ensure that they are free of unexplained injuries.</p> <p>3. All staff members (nursing, dietary, housekeeping, and maintenance) have been re-educated by the Staff Development Nurse regarding the Resident Protection Policy on 04/15/14. All staff were re-educated on the types of abuse (verbal, mental, physical abuse, sexual abuse, neglect, involuntary seclusion, and misappropriation of property). The Staff Development Nurse also informed staff members how and whom to report an allegation of abuse. Per facility policy, the Administrator will be notified immediately of any alleged violations. The accused will be immediately suspended pending the outcome of an investigation.</p> <p>The Staff Development Nurse will continue to conduct in-service training on resident abuse, types of abuse, and how and whom to report abuse allegations to all new hires during orientation. Annually and as needed, all staff members will continue to be in-serviced on abuse.</p> <p>Additionally, in the staff lounge, the Staff Development Nurse has posted the types of abuse, how and to whom to report an allegation of abuse as a reminder for staff.</p> <p>On an on-going basis, the Quality Assurance Nurse will interview five</p>		

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F 225	<p>Continued From page 4</p> <p>forearm. However, the resident stated he/she had not reported the incident to facility staff. The interview did not reveal the resident had experienced hip pain as a result of the transfer.</p> <p>An interview conducted with SRNA #1 on 04/14/14 at 11:30 AM revealed she assisted SRNA #2 when Resident #1 was transferred to bed on 04/03/14. The SRNA stated SRNA #2 was not rough with the resident during the transfer, the resident had not complained of any discomfort, and had not sustained a skin tear during the transfer on 04/03/14.</p> <p>An interview conducted with SRNA #2, the alleged perpetrator, on 04/14/14 at 11:50 AM revealed she and SRNA #1 transferred Resident #1 to bed on 04/03/14. The SRNA stated the resident had not complained of any hip pain, and had not sustained a skin tear during the transfer. The SRNA stated she had not been rough with the resident during the transfer on 04/03/14.</p> <p>An interview conducted with the facility's Administrator on 04/14/14 at 4:00 PM revealed on 04/10/14, a representative from the State Ombudsman program informed her of an allegation of abuse that involved Resident #1. The Administrator acknowledged SRNA #2 had been named as the alleged perpetrator. According to the Administrator, SRNA #2 was reassigned to another unit to provide direct care to other facility residents during the facility's investigation. The Administrator further acknowledged the facility had not conducted interviews with other residents that had been cared for by the alleged perpetrator as outlined in the facility policy because she speaks with residents daily and if "there was a concern with</p>	F 225	<p>percent of staff members per month to ensure that they can list the types of abuse and how and to whom they would report an allegation of abuse.</p> <p>4. The Quality Assurance Nurse will provide the Director of Nursing copies of the resident interviews monthly for six months. The Director of Nursing will review to ensure that interviews have been conducted and that interventions that have been implemented are effective. The Director of Nursing will forward copies monthly to the Administrator.</p> <p>If a resident makes an allegation at the time of the interview, the Quality Assurance Nurse will immediately notify the Director of Nursing and an investigation will be launched. If the Director of Nursing determines that the interventions put in place are not effective, she will report the information to the Administrator. The Administrator will review the process again and take the information to the Quality Assurance Committee to re-evaluate and to put a new system in place to ensure that all residents are free of abuse, all allegations are investigated, and the accused is suspended pending the outcome of an investigation.</p> <p>5. May 9, 2014.</p>		

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F 225	Continued From page 5 abuse, the residents would have told me." The Administrator stated that as a result of the investigation the resident's allegation was determined to be unsubstantiated and SRNA #2 continued to be employed at the facility. The Administrator further stated SRNA #2 had never been named in an allegation of abuse before this incident.	F 225			