

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

PRINTED: 03/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/06/2014
NAME OF PROVIDER OR SUPPLIER MUHLENBERG COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 440 HOPKINSVILLE ST. GREENVILLE, KY 42345		
(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			
F 225 SS=D	<p>An Abbreviated Survey investigating #KY21388 was conducted on 03/06/14 to determine the facility's compliance with Federal requirements. #KY21388 was substantiated with a deficiency cited at a scope and severity of a "D".</p> <p>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</p>	F 225	F225 - Deficiency - 483.13(c)(1)(ii)-(iii), (c)(2)-(4) - Please see attached Plan of Correction page 1 of 1.	3/26/14	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bucky J. [Signature] TITLE: Administrator (X6) DATE: 3/21/14

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>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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of the facility's investigation and policies and procedures, it was determined the facility failed to conduct a thorough investigation related to abuse for one (1) of four (4) sampled residents (Resident #1). Resident #1 alleged Certified Nursing Assistant (CNA) #1 hit him/her in the head while repositioning the resident in the bed during a supper meal. The facility failed to interview or perform skin assessments of residents who were cared for by CNA #1.</p> <p>The findings include:</p> <p>Review of the facility policies and procedures titled, "Abuse" and "Abuse Investigations", last revised 09/13, revealed "The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. A safe environment shall be provided to all residents that prohibits mistreatment, neglect, and abuse of residents and misappropriation of resident property. All alleged or suspected violations will be thoroughly investigated and further abuse will be prevented during the investigation process. The investigation shall include review of completed documentation forms; review of the resident's medical record to determine the events that led</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>up to the incident; interview the person reporting the incident; interview any witnesses to the incident; interview the resident, interview resident's Attending Physician as needed to determine the resident's cognitive function and medical condition; interview staff member who have had contact with the resident during the period of the alleged incident; interview the resident's roommate, family members and visitors as applicable; interview other residents to whom the accused employee provides care or service and review all events that lead up to the alleged incident."</p> <p>Record review revealed the facility admitted Resident #1 on 12/19/13 with diagnoses which included Hypertension, Epilepsy, Heart Disease; Hx of brain tumor removal in 2009 and, a small brain tumor inoperable.</p> <p>Observation of Resident #1, on 03/06/14 at 10:35 AM, revealed the resident was lying in the bed and he/she would not answer when spoken to. There was a darkened area around the left and right eye.</p> <p>Review of the facility's investigation completed by the Administrator revealed on 02/18/14 at approximately 5:55 PM, Resident #1 alleged Certified Nursing Assistant (CNA) #1 hit him/her in the head. CNA #1 confirmed he was in the resident's room and was attempting to reposition the resident when he/she accused him of hitting him/her in the head. CNA #2 was in the room and was witness to the alleged incident. Both CNAs left the room immediately and reported the allegation to the charge nurse and both were instructed to not return to the resident's room and were suspended pending investigation.</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #1, completed a head to toe skin assessment of Resident #1; with no issues identified and the resident continued to complain of a severe headache and that he/she had been struck in the head. RN #1 notified the Administrator and the Director of Nursing (DON) of the alleged incident and was instructed to place both CNAs involved on administrative suspension pending investigation. Resident #1's daughter was notified of the allegation. On 02/19/14, the resident's physician visited the resident along with the DON and LPN #2 and assessed the resident with findings of a dark purple discoloration under his/her left eye and no other areas of concern. Further review revealed the facility notified the appropriate state agencies and conducted an investigation which included interviews with the alleged perpetrators and other staff; however, there was no documented evidence the facility interviewed other interviewable residents or assessed non-interviewable residents that CNA #1 provided care to.</p> <p>Interview with CNA #1, on 03/06/14 at 1:45 PM, revealed he was attempting to reposition Resident #1 in the bed when the resident stated he/she had a bump to his/her head and the resident accused CNA #1 of hitting him/ her in the head. The CNA stated he was not aware he had hurt the resident and the resident does fight when staff provide care so the resident's head could have bumped his elbow. The CNA stated the resident yelled, "You hit me in the head". The CNA stated he reported the incident immediately to the charge nurse and was removed from duty pending investigation along with the other CNA in the room.</p>	F 225			

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F 225	<p>Continued From page 4</p> <p>Interview with CNA #2, on 03/06/14 at 2:35 PM, revealed Resident #1 was in the bed, eating cereal for supper as he/she normally does, when CNA #1 asked if he/she was finished eating and if he could pull him/her up in the bed. The CNA stated the resident's daughter had been there all day and had repositioned the resident on the right side and the resident did not want to be moved from that side and went crazy yelling "you hit me and I'm going to report that to my daughter." The CNA revealed the Charge Nurse came in and assessed the resident immediately and called the Administrator and CNA #1 and her were pulled from the floor and sent home pending the investigation.</p> <p>Interview with RN #1, on 03/06/14 at 2:45 PM, revealed she was working the day of the incident and it occurred around supper time. She stated she was at the nurses desk and CNA #1 and CNA #2 were picking up supper trays. The RN stated when CNA #1 attempted to straighten the resident in the bed so he/she could eat better, the resident accused him of hitting him/ her in the head. RN #1 stated when she entered the room the resident was holding the right side of his/her temple area. She state she assessed the resident and removed the CNAs from the floor. She stated she did not see any areas of bruising or concerns on the resident at the time of the assessment.</p> <p>Interview with LPN #1, on 03/06/14 at 4:00 PM, revealed she was on the unit on the other end of the hallway and came out of another residents room and saw everyone going into Resident #1's room, so she went to see what happened. The LPN stated the resident complained a CNA had hit him/her in the head. The LPN stated she</p>	F 225			

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F 225	<p>Continued From page 5</p> <p>assessed the resident but did not see any signs of abuse. She stated the resident had a history of behaviors and was rude and difficult to please.</p> <p>Interview with the Director of Nursing (DON), on 03/06/14 at 4:35 PM, revealed she was contacted around 6:00 PM on 02/18/14 about the incident and called the facility to ensure the Administrator had been called and was informed the Administrator was called and the staff was instructed to send the CNA's home pending investigation. The DON stated she saw the resident around 7:30 AM the next morning and there was a darkened area under the resident's left eye but that was normal for the resident. The DON revealed she did not assess or interview any other residents that the CNA had provided care for because she felt the residents were safe because the CNAs were removed from duty immediately and were not allowed to return to work until the investigation was completed.</p> <p>Interview with the Administrator, on 03/06/14 at 5:06 PM, revealed she told the staff to immediately pull the CNA's from duty and send them home. The Administrator stated she did not feel the need to assess and/or interview any other residents related to abuse because this was an isolated incident and she did not feel the other residents were in danger of harm.</p>	F 225			

F 225

1. Corrective action accomplished:
 - a) The Nursing Home Administrator has reviewed the following existing policies
 - ✓ Abuse (Attachment 1)
 - ✓ Abuse Investigations (Attachment 2)
 - ✓ Abuse Prevention Program (Attachment 3)
 - b) The Nursing Home Administrator along with the Director of Nursing and the Staff Development Coordinator compared all information in the Abuse Investigation policy with the actual regulation Tag F 225
 - ✓ One item was changed in the policy under "Investigation/Initial Reporting" section: #2
 - ✓ MCH Chief Executive Officer changed to MCH Chief Nursing Officer (Attachment #4) to reflect actual chain of reporting within the MCH structure
 - c) This updated policy has been placed in the Long Term Care Policy manual, email sent to all staff and also reviewed in the monthly staff meeting on 3/19/14
2. Identification of other potential resident who could be affected by the same deficient practice
 - a) The Nursing Home Administrator and Director of Nursing determined on 3/7/14 that all residents in the facility would be interviewed or examined
 - ✓ The Nursing Home Administrator privately met with all residents who could be interviewed (18 residents identified) Attachment #5
 - ✓ The Director of Nursing examined the residents identified as not able to be interviewed (12 residents identified) Attachment #6
 - b) No additional residents were identified during this review as having been affected by this deficient practice
3. Measures put in place to ensure deficient practice will not recur
 - a) Checklist has been developed to attach to the policy "Abuse Investigation" (Attachment #7)
 - b) This checklist is to be initiated by Charge Nurse/Licensed Nurse who learns of an allegation and then passed on to the appropriate staff in the chain of command
 - c) The completed checklist will be filed with the completed investigation
 - d) Education will be completed by all staff identified in section 2 of the "Abuse Investigation" policy (Attachment #8)
4. How will corrective action be monitored to ensure that the deficient practice will not recur
 - a) The Nursing Home Administrator or designee will review the checklist identified in #3 within 24 hours of the start of any investigation to verify that appropriate procedures are followed timely
5. Date of completion – 3/26/14

ATTACHMENT #1

Muhlenberg Community Hospital
Policy and Procedure

Long Term Care
Effective Date: 11/88
Revised Date: 9/13
Subject: Abuse

File: Section A

Policy Statement

POLICY

- I. The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.
- II. A safe environment shall be provided to all residents that prohibits mistreatment, neglect, and abuse of residents and misappropriation of resident property.
- III. The resident shall not be subjected to abuse by anyone, including but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardian, friends or other individuals.
- IV. The LTC Facility shall not employ individuals who have been found guilty of abusing/mistreating/neglecting residents by a court of law or who have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of property.
- V. LTC employees shall receive information and training at time of hire and annually regarding abuse prohibition practices for prevention as well as educational purposes.
- VI. Residents and families shall receive information (verbal and written) at the time of admission and periodically throughout their continued stay regarding prevention and reporting of abuse, neglect, or mistreatment.
- VII. All events shall be reviewed to identify any patterns or trends that may constitute abuse.
- VIII. The LTC Facility shall 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 and to other officials in accordance with State law through established procedures.
- IX. All alleged violations shall be thoroughly investigated and procedures shall be in place to prevent further abuse while the investigation is in progress.
- X. The results of all investigations shall be reported to the administrator or designated representative and to other officials in accordance with State law (including the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action shall be taken as outlined in the procedure.

Procedure	Policy Interpretation and Implementation
Condemnation of Resident Abuse	1. Our facility does not condone resident abuse by anyone, including staff members, physicians, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, sponsors, other residents, friends, or other individuals.
Definitions	2. To help with recognition of incidents of abuse, the following definitions of abuse are provided:
"Abuse"	2.1 "Abuse" is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychological well-being. (This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain, or mental anguish.)
"Verbal Abuse"	2.2 "Verbal abuse" is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.
"Sexual Abuse"	2.3 "Sexual abuse" is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
"Involuntary Seclusion"	2.4 "Involuntary seclusion" is defined as separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommates) against the resident's will, or the will of the resident's legal representative. (Note: Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.)
"Mental Abuse"	2.5 "Mental abuse" is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.
"Neglect"	2.6 "Neglect" is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
"Physical Abuse"	2.7 Physical Abuse includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.
"Injury of Unknown Source"	2.7 "Injury of unknown source" is defined as an injury that meets both of the following conditions: *2.7.1 The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and *2.7.2 The injury is suspicious because of: *2.7.2.1 the extent of the injury; or *2.7.2.2 the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma); or *2.7.2.3 the number of injuries observed at one particular point in time; or *2.7.2.4 the incidence of injuries over time.
Screening of past abuse in potential employees	<p data-bbox="505 1686 613 1717"><u>Screening</u></p> <p data-bbox="505 1749 1442 1833">k. All potential LTC employees and any MCH employee/applicant who has the potential to work on LTC will be screened for any past history of abuse, mistreatment or neglect.</p>

<p>Identification of abuse</p>	<p>how and to whom they may report concerns, incidents and grievances as well as how they will receive feedback regarding the concerns they have expressed.</p> <p>4.2.1 This policy is reviewed completely.</p> <p>4.2.2 All staff have available names and phone numbers for reporting any concerns.</p> <p>5. All staff and especially supervisory staff will be trained to identify, correct and intervene in situations in which abuse and/or neglect and/or misappropriation of resident property is more likely to occur. This includes analysis of the following:</p> <p>5.1 Features of the physical environment that may make abuse and/or neglect more likely to occur, such as secluded areas of the facility.</p> <p>5.2 The deployment of staff on each shift in sufficient numbers to meet the needs of the residents, and assure that the staff have knowledge of the individual residents' care needs.</p> <p>5.3 The supervision of staff to identify inappropriate behaviors, such as derogatory language, rough handling, ignoring residents while giving care, directing residents who need toileting assistance to urinate or defecate in their beds.</p> <p>5.4 The assessment, care planning, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors, residents with self-injurious behaviors, residents with communication disorders, those that require heavy nursing care and/or are totally dependent on the staff.</p>
<p>Reviewing incidents to identify occurrences, patterns, trends that may constitute abuse</p>	<p><u>IDENTIFICATION</u></p>
<p>Reporting</p>	<p>6. Through review of all incidents occurring on LTC, we will be able to identify occurrences, patterns and trends that may constitute abuse.</p> <p>6.1 An incident report is completed on all occurrences for further review. (See LTC Policy: Incident Reporting)</p> <p>6.2 Each incident is logged into the "Incident Log" by date and time to track patterns and trends.</p> <p>6.3 If any pattern or trend is identified, this determines the direction for a more complete investigation.</p>
<p>Suspected abuse or incidents are reported immediately by personnel, residents, family members, visitors, etc.</p>	<p>7. Employees, facility consultants and/or Attending Physicians must immediately report any suspected abuse or incidents of abuse to the Long Term Care Administrator or LTC Director of Nursing. In their absence such reports may be made to the Charge Nurse on duty. Such reports may be made without fear of retaliation from the facility or its staff. If such incidents occur or are discovered after hours, the Administrator and/or Director of Nursing Services must be called and informed of such incident.</p> <p>The following information should be reported:</p> <ul style="list-style-type: none"> •The name(s) of the resident(s) to which the abuse or suspected abuse occurred; •The date and time that the incident occurred; •Where the incident took place; •The name(s) of the person(s) allegedly committing the incident, if known; •The name(s) of any witnesses to the incident; •The type of abuse that was committed (i.e., verbal, physical, sexual, neglect, etc.); and •Any other information that may be requested by management. <p>8. Any staff member or person affiliated with this facility who has witnessed or who believes that a resident has been a victim of mistreatment, abuse, neglect, or any</p>

Reporting regardless of time lapse	other criminal offense shall immediately report, or cause a report to be made of, the mistreatment or offense. Failure to report such an incident may result in legal/criminal action being filed against the individual(s) withholding such information.
Physical examination of Residents involved in allegation of sexual abuse	9. All alleged violations shall be thoroughly investigated and procedures shall be in place to prevent further abuse while the investigation is in progress.
Documentation of Examination Findings	10. When an incident of resident abuse is suspected or confirmed, the incident must be immediately reported to facility management regardless of the time lapse since the incident occurred. Reporting procedures should be followed as outlined in this policy.
Monitoring the Reactions of the Abused Resident	11. Upon receiving reports of physical or sexual abuse, a licensed nurse or physician shall immediately examine the resident. Findings of the examination must be recorded in the resident's medical record. (Note: If sexual abuse is suspected, DO NOT bathe the resident or wash the resident's clothing or linen. Do not take items from the area in which the incident occurred.)
Providing Findings to DNS/Administrator	12. The person performing the examination must document the examination findings on approved forms, and obtain a written, signed, and dated statement from the person reporting the incident.
Confidentiality of Reports	13. Upon receiving information concerning a report of abuse, the Director of Nursing Services may request that a representative of the Social Services Department monitor the resident's reactions to and statements regarding the incident and his/her involvement in the investigation.
Inquiries	14. Unless the resident requests otherwise, the social service representative will give the Administrator and the Director of Nursing Services a written report of his/her findings.
	15. All phases of the investigation will be kept confidential in accordance with the facility's policies governing the confidentiality of medical records.
	16. Administrative policies governing the notification of the resident's representative (responsible party) and Attending Physician are located in our facility's resident rights policies and procedures.
	17. Inquiries concerning abuse reporting and investigations should be referred to the Administrator and/or to the Director of Nursing Services.
	18. Staff members and persons affiliated with this facility shall not knowingly: <ul style="list-style-type: none"> 18.1 Attempt, with or without threats or promises of benefit, to induce another to fail to report an incident of mistreatment or other offense; 18.2 Fail to report an incident of mistreatment or other offense; 18.3 Alter, change without authorization, destroy or render unavailable a report made by another; and/or 18.4 Screen reports or withhold information to reporting agencies.
	19. Cross reference "Abuse Investigation Policy".
References	
Approved by BIC Medical Committee	Date: _____

ATTACHMENT #2

<p>Muhlenberg Community Hospital Policy and Procedure</p> <p>File: Section A</p>	<p>Long Term Care Effective Date: 11/88 Revised Date: 9/13 Subject: Abuse Investigations</p>
Policy Statement	All reports of resident abuse, neglect and injuries of unknown source shall be promptly and thoroughly investigated by LTC Administrator or designee.
Procedure	Policy Interpretation and Implementation
<p>Investigation/Initial reporting</p> <p>Designee</p> <p>Agencies to report alleged incident to</p> <p>Investigation/further abuse prevention</p> <p>Employee suspension during investigation from resident care</p> <p>Investigation to be completed in 5 working days/written report</p> <p>Investigation components</p>	<p><u>INVESTIGATION/INITIAL REPORTING</u></p> <p>1. Any suspected violation involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of resident property are reported <i>immediately</i> to the administrator or designee to <i>start any investigation as soon as the report is received and make appropriate agency referrals.</i></p> <p>2. The designee may include:</p> <ul style="list-style-type: none"> •LTC Director of Nursing •LTC Clinical Care Coordinator •LTC Charge Nurse •MCH Nursing House Supervisor •MCH Chief Executive Officer <p>2.1 It will be the responsibility of the Administrator to report the alleged incident <i>immediately</i> to the following agencies:</p> <ul style="list-style-type: none"> •Office of Inspector General •Department of Community Based Services/Adult Protective Services •Long Term Care Ombudsman <p>3. All alleged or suspected violations will be thoroughly investigated and further abuse will be prevented during the investigation process.</p> <p>3.1 If any employee (including a supervisor) is suspected or accused of being involved in the alleged incident, the employee will be immediately suspended from resident care pending further investigation.</p> <p>3.2 It will be the administrator or designee's responsibility to thoroughly investigate the alleged incident and to complete the investigation within five (5) working days of the incident.</p> <p>4. The investigation shall include:</p> <ul style="list-style-type: none"> 4.1 Review the completed documentation forms; 4.2 Review the resident's medical record to determine events leading up to the incident; 4.3 Interview the person(s) reporting the incident; 4.4 Interview any witnesses to the incident; 4.5 Interview the resident (as medically appropriate); 4.6 Interview the resident's Attending Physician as needed to determine the resident's current level of cognitive function and medical condition; 4.7 Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; 4.8 Interview the resident's roommate, family members, and visitors as applicable;

<p>Notification of Ombudsman</p>	<p>4.9 Interview other residents to whom the accused employee provides care or services; and 4.10 Review all events leading up to the alleged incident.</p> <p>5 The following guidelines will be used when conducting interviews:</p> <p>5.1 Each interview will be conducted separately and in a private location; 5.2 The purpose and confidentiality of the interview will be explained thoroughly to each person involved in the interview process; and 5.3 Should a person disclose information that may be self-incriminating, that individual will be informed of his/her rights to terminate the interview until such time as his/her rights are protected (e.g., representation by legal counsel).</p> <p>6 The individual in charge of the abuse investigation will notify the ombudsman that an abuse investigation is being conducted. The ombudsman will be invited to participate in the review process.</p> <p>7 Should the ombudsman decline the invitation to participate in the investigation, that information will be noted in the investigation record. The ombudsman will be notified of the results of the investigation as well as any corrective measures taken.</p>
<p>Abuse by someone not employed by facility</p>	<p>8 If any abuse of a resident is suspected by a family member, friend, another resident, or any person not affiliated with the LTC Facility, the investigation will proceed as outlined above.</p> <p>9 While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to residents. Visits may only be made in designated areas approved by the Administrator.</p>
<p>Keep resident informed during progress of investigation</p>	<p>10 The Administrator will keep the resident and his/her representative informed of the progress of the investigation.</p>
<p>False reports</p>	<p>11 Should the investigation reveal that a false report was made/filed, the investigation will cease. Residents, family members, ombudsmen, state agencies, etc., will be notified of the findings.</p>
<p>Written report</p>	<p>12 Inquiries concerning abuse reporting and investigation should be referred to the Administrator or to the Director of Nursing Services.</p> <p>13. A written report of the investigation will be completed.</p> <p>13.1 This report will be logged in on the "Complaint and Investigation" log. 13.2 A copy of the report will be maintained in the administrator's office. 13.3 If indicated, a copy of the report will be sent to the Office of the Inspector General.</p>
<p>Protection of resident</p>	<p><u>PROTECTION</u></p> <p>14. If any abuse, mistreatment or misappropriation of property of a resident is suspected as outlined in the definitions, the resident will be assessed by licensed staff and immediately made secure.</p> <p>14.1 Residents will be protected from harm during an investigation by maintenance of strict confidentiality and any other measures deemed necessary by the staff that first assess the resident. 14.2 Any staff suspected or accused of abuse, mistreatment, neglect or misappropriation of property will be reassigned or temporarily suspended</p>

Reporting/Response	<p>until the investigation is concluded.</p>
	<p>14.2.1 If an employee is reassigned but remains in the facility, placement will be made in an office position away from resident care.</p> <p>14.3 As the investigation progresses, further protection for the resident may be deemed necessary and implemented.</p> <p><u>FINAL REPORTING/RESPONSE</u></p> <p>15. Following a complete investigation, the management of the incident will proceed according to the outcome of the investigation.</p> <p>15.1 If an employee is found guilty of abuse, mistreatment or misappropriation of property, he/she will be immediately discharged from employment. If necessary, appropriate action will be taken against the employee thorough a court of law and all appropriate regulatory agencies will be notified as noted in Section 2.1 including:</p> <p>15.1.1 A certified nurse aid found guilty of the above accusation will have his/her name entered into the State Nurse Aid Abuse Registry.</p> <p>15.1.2 A licensed staff member found guilty of the above accusation will be reported to their licensing board.</p> <p>15.1.3 If it is determined that any action by a court of law against a LTC employee is such that indicates the employee is unsuited to work in a nursing home, then this employee will also be reported to the nurse aid abuse registry or to the State licensing authority.</p> <p><i>NOTE: Reporting an employee to the appropriate authorities is not limited to mistreatment, neglect and abuse of residents and misappropriation of their property, but to any treatment of residents or others inside or outside the facility which the facility determines to be such that the individual should not work in a nursing home environment.</i></p> <p>15.2 If the employee is exonerated of guilt after the investigation is completed, he/she will be reinstated according to HR policy. (See HR Policy: "Corrective Action")</p> <p>15.3 If the abuse of a resident is confirmed against a family member, friend or another resident, or any person not affiliated with the LTC Facility, the appropriate authorities will be notified and action will be taken against that person through a court of law.</p>

References

Approved by LTC Medical Committee	Date: _____
Policy Revised	Date: _____ By: _____
	Date: _____ By: _____
	Date: _____ By: _____
	Date: _____ By: _____

ATTACHMENT #3

<p>Muhlenberg Community Hospital Policy and Procedure File: Section A</p>	<p style="text-align: center;">Long Term Care Effective Date: 9/13 Subject: Abuse Prevention Program</p>
<p>Policy Statement</p>	<p>I. Our facility will not condone any form of resident abuse and will continually monitor our facility's policies, procedures, training programs, systems, etc., to assist in preventing resident abuse.</p> <p>II. Our residents have the right to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion.</p>
<p>Procedure</p>	<p>Policy Interpretation and Implementation</p>
<p>Zero Tolerance of Abuse</p> <p>Contents of Abuse Prevention/Intervention Program</p>	<ol style="list-style-type: none"> 1. The facility's goal is to achieve and maintain an abuse-free environment. 2. Our abuse prevention/intervention program includes, but is not necessarily limited to, the following: <ol style="list-style-type: none"> 2.1 Training all staff and practitioners how to resolve conflicts appropriately; 2.2 Allowing staff to express frustration with their job, or in working with difficult residents; 2.3 Assisting or rotating staff working with difficult or abusive residents; 2.4 Informing residents and family members upon the resident's admission to the facility how and to whom to report complaints, grievances, and incidents of abuse; 2.5 Involving the resident/family group council in developing, monitoring and evaluating the facility's abuse prevention program; 2.6 Helping staff to deal appropriately with stress and emotions; 2.7 Training staff to understand and manage a resident's verbal or physical aggression; 2.8 Instructing staff about how cultural, religious and ethnic differences can lead to misunderstanding and conflicts; 2.9 Monitoring staff on all shifts to identify inappropriate behaviors toward residents (e.g., using derogatory language, rough handling of residents, ignoring residents while giving care, directing residents who need toileting assistance to urinate or defecate in their clothing/beds, etc.); 2.10 Assessing, care planning, and monitoring residents with needs and behaviors that may lead to conflict or neglect; 2.11 Assessing residents with signs and symptoms of behavior problems and developing and implementing care plans to address behavioral issues; 2.12 Conducting background investigations to avoid hiring persons or admitting new residents who have been found guilty (by a court of law) of abusing, neglecting, or mistreating individuals or those who have had a finding of such action entered into the state nurse aide registry or state sex offender registry; 2.13 Involving Attending Physicians and the Medical Director when findings of abuse have been determined; 2.14 Involving mental health professionals to help the staff manage difficult or aggressive residents; 2.15 Identifying areas within the facility that may make abuse and/or neglect more likely to occur (e.g., secluded areas) and monitoring these areas regularly; 2.16 Striving to maintain adequate staffing on all shifts to ensure that the needs of each resident are met; and 2.17 Encouraging all personnel, residents, family members, visitors, etc., to report any signs or suspected incidents of abuse to facility management immediately. 3. Our facility is committed to protecting our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal

Inquiries	<p>guardians, surrogates, sponsors, friends, visitors, or any other individual.</p> <ol style="list-style-type: none">4. Our facility conducts employee background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals.5. Comprehensive policies and procedures have been developed to aid our facility in preventing abuse, neglect, or mistreatment of our residents. Our abuse prevention program provides policies and procedures that govern, as a minimum:<ol style="list-style-type: none">5.1 Protocols for conducting employment background checks;5.2 Mandated staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, job burnout, dealing with violent behavior or catastrophic reactions, etc;5.3 Identification of occurrences and patterns of potential mistreatment/abuse;5.4 The protection of residents during abuse investigations;5.5 The development of investigative protocols governing resident abuse, theft/misappropriation of resident property, resident-to-resident abuse and resident-to-staff abuse;5.6 Timely and thorough investigations of all reports and allegations of abuse;5.7 The reporting and filing of accurate documents relative to incidents of abuse;5.8 An ongoing review and analysis of abuse incidents; and5.9 The implementation of changes to prevent future occurrences of abuse.6. Inquiries concerning our abuse prevention/intervention program should be directed to the Administrator or to the Director of Nursing Services.
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References

Approved by the IMRC
Medical Committee

Date: _____

Policy
Revised

Date: _____

By: _____

Date: _____

By: _____

Date: _____

By: _____

Date: _____

By: _____

ATTACHMENT #4

<p>Muhlenberg Community Hospital Policy and Procedure</p> <p>File: Section A</p>	<p>Long Term Care Effective Date: 11/88 Revised Date: 3/14 Subject: Abuse Investigations</p>
Policy Statement	All reports of resident abuse, neglect and injuries of unknown source shall be promptly and thoroughly investigated by LTC Administrator or designee.
Procedure	Policy Interpretation and Implementation
<p>Investigation/Initial reporting</p> <p>Designee</p> <p>Agencies to report alleged incident to</p> <p>Investigation/further abuse prevention</p> <p>Employee suspension during investigation from resident care</p> <p>Investigation to be completed in 5 working days/written report</p> <p>Investigation components</p>	<p><u>INVESTIGATION/INITIAL REPORTING</u></p> <p>1. Any suspected violation involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of resident property are reported <i>immediately</i> to the administrator or designee to <i>start any investigation as soon as the report is received and make appropriate agency referrals.</i></p> <p>2. The designee may include:</p> <ul style="list-style-type: none"> •LTC Director of Nursing •LTC Clinical Care Coordinator •LTC Charge Nurse •MCH Nursing House Supervisor •MCH Chief Nursing Officer <p>2.1 It will be the responsibility of the Administrator to report the alleged incident <i>immediately</i> to the following agencies:</p> <ul style="list-style-type: none"> •Office of Inspector General •Department of Community Based Services/Adult Protective Services •Long Term Care Ombudsman <p>3. All alleged or suspected violations will be thoroughly investigated and further abuse will be prevented during the investigation process.</p> <p>3.1 If any employee (including a supervisor) is suspected or accused of being involved in the alleged incident, the employee will be immediately suspended from resident care pending further investigation.</p> <p>3.2 It will be the administrator or designee's responsibility to thoroughly investigate the alleged incident and to complete the investigation within five (5) working days of the incident.</p> <p>4. The investigation shall include:</p> <ul style="list-style-type: none"> 4.1 Review the completed documentation forms; 4.2 Review the resident's medical record to determine events leading up to the incident; 4.3 Interview the person(s) reporting the incident; 4.4 Interview any witnesses to the incident; 4.5 Interview the resident (as medically appropriate); 4.6 Interview the resident's Attending Physician as needed to determine the resident's current level of cognitive function and medical condition; 4.7 Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; 4.8 Interview the resident's roommate, family members, and visitors as applicable;

<p>Notification of Ombudsman</p>	<p>4.9 Interview other residents to whom the accused employee provides care or services; and 4.10 Review all events leading up to the alleged incident.</p> <p>5 The following guidelines will be used when conducting interviews:</p> <p>5.1 Each interview will be conducted separately and in a private location; 5.2 The purpose and confidentiality of the interview will be explained thoroughly to each person involved in the interview process; and 5.3 Should a person disclose information that may be self-incriminating, that individual will be informed of his/her rights to terminate the interview until such time as his/her rights are protected (e.g., representation by legal counsel).</p> <p>6 The individual in charge of the abuse investigation will notify the ombudsman that an abuse investigation is being conducted. The ombudsman will be invited to participate in the review process.</p> <p>7 Should the ombudsman decline the invitation to participate in the investigation, that information will be noted in the investigation record. The ombudsman will be notified of the results of the investigation as well as any corrective measures taken.</p>
<p>Abuse by someone not employed by facility</p>	<p>8 If any abuse of a resident is suspected by a family member, friend, another resident, or any person not affiliated with the LTC Facility, the investigation will proceed as outlined above.</p> <p>9 While the investigation is being conducted, accused individuals not employed by the facility will be denied unsupervised access to residents. Visits may only be made in designated areas approved by the Administrator.</p>
<p>Keep resident informed during progress of investigation</p>	<p>10 The Administrator will keep the resident and his/her representative informed of the progress of the investigation.</p>
<p>False reports</p>	<p>11 Should the investigation reveal that a false report was made/filed, the investigation will cease. Residents, family members, ombudsmen, state agencies, etc., will be notified of the findings.</p>
<p>Written report</p>	<p>12 Inquiries concerning abuse reporting and investigation should be referred to the Administrator or to the Director of Nursing Services.</p> <p>13. A written report of the investigation will be completed.</p> <p>13.1 This report will be logged in on the "Complaint and Investigation" log. 13.2 A copy of the report will be maintained in the administrator's office. 13.3 If indicated, a copy of the report will be sent to the Office of the Inspector General.</p>
<p>Protection of resident</p>	<p><u>PROTECTION</u></p> <p>14. If any abuse, mistreatment or misappropriation of property of a resident is suspected as outlined in the definitions, the resident will be assessed by licensed staff and immediately made secure.</p> <p>14.1 Residents will be protected from harm during an investigation by maintenance of strict confidentiality and any other measures deemed necessary by the staff that first assess the resident. 14.2 Any staff suspected or accused of abuse, mistreatment, neglect or misappropriation of property will be reassigned or temporarily suspended</p>

<p>Reporting/Response</p>	<p>until the investigation is concluded.</p> <p>14.2.1 If an employee is reassigned but remains in the facility, placement will be made in an office position away from resident care.</p> <p>14.3 As the investigation progresses, further protection for the resident may be deemed necessary and implemented.</p> <p><u>FINAL REPORTING/RESPONSE</u></p> <p>15. Following a complete investigation, the management of the incident will proceed according to the outcome of the investigation.</p> <p>15.1 If an employee is found guilty of abuse, mistreatment or misappropriation of property, he/she will be immediately discharged from employment. If necessary, appropriate action will be taken against the employee through a court of law and all appropriate regulatory agencies will be notified as noted in Section 2.1 including:</p> <p>15.1.1 A certified nurse aid found guilty of the above accusation will have his/her name entered into the State Nurse Aid Abuse Registry.</p> <p>15.1.2 A licensed staff member found guilty of the above accusation will be reported to their licensing board.</p> <p>15.1.3 If it is determined that any action by a court of law against a LTC employee is such that indicates the employee is unsuited to work in a nursing home, then this employee will also be reported to the nurse aid abuse registry or to the State licensing authority.</p> <p><u>NOTE:</u> Reporting an employee to the appropriate authorities is not limited to mistreatment, neglect and abuse of residents and misappropriation of their property, but to any treatment of residents or others inside or outside the facility which the facility determines to be such that the individual should not work in a nursing home environment.</p> <p>15.2 If the employee is exonerated of guilt after the investigation is completed, he/she will be reinstated according to HR policy. (See HR Policy: "Corrective Action")</p> <p>15.3 If the abuse of a resident is confirmed against a family member, friend or another resident, or any person not affiliated with the LTC Facility, the appropriate authorities will be notified and action will be taken against that person through a court of law.</p>
	<p>References</p>
<p>Approved by LTC Medical Committee</p>	<p>Date: _____</p>
<p>Policy Revised</p>	<p>Date: _____ By: _____</p>
	<p>Date: _____ By: _____</p>
	<p>Date: _____ By: _____</p>
	<p>Date: _____ By: _____</p>

ATTACHMENT #5

Muhlenberg Community Hospital LTC Investigation Report

On 3/7/14, 18 residents were interviewed by the undersigned in private. Each was asked the following questions:

- 1) Have you ever been hit or mistreated by any LTC Staff?
- 2) Have you ever witnessed any LTC staff hit or mistreat another resident?
- 3) Who would you report an incident to?
- 4) Are you afraid to talk to the Administrator or any LTC supervisor to report an incident?

No residents indicated that they had been hit/mistreated or observed any other resident being hit/mistreated by any LTC staff. All residents said that would report an incident to their nurse and none said they were afraid to report anything to the administrator.

Signature: Becky Jagers, NHA 3/7/14
Becky Jagers, NHA Date

ATTACHMENT #6

Muhlenberg Community Hospital LTC Investigation Report

On 3/7/14, 12 residents were examined by the Director of Nursing for signs of abuse or mistreatment. The following guidelines were used for each resident examined:

- 1) Observe entire body for bruises, redness and edema
- 2) Observe for any indication of fear of being examined/touched

No bruises of unknown origin were found. There were no marks of redness or symptoms of unexpected edema.

Signature: Carolyn Carroll, RN 3-7-14
Carolyn Carroll, DON Date

ATTACHMENT #7

Allegation of Abuse Checklist (To be completed by Charge Nurse of LTC Unit immediately once allegation made)

- Ensure resident is safe
- Remove staff member that allegation has been made against from resident care immediately.
- Full head to toe assessment completed on resident. Documenting any areas of bruising, skin tear, any noted issues.
- Report to Becky Jagers NHA and/or Carolyn Carroll DON. (If after hours NHA or DON will still need to be notified immediately in addition to MCH Nursing Supervisor immediately)
- Assess any other residents the staff member provided care to for any possible abuse or neglect.

Completed by _____ Date: _____

Investigation (To be completed by NHA, DON, or designee) Must be investigated and completed within 5 working days of incident.

- Report incident immediately to following agencies (OIG, Adult Protective Services, LTC Ombudsman)
- Review completed documentation forms
- Review medical record to determine events leading up to the incident
- Interview person(s) reporting the incident
- Interview any witnesses to the incident
- Interview the resident (as medically appropriate)
- Interview the residents attending physician as needed to determine the resident's current level of cognitive function and medical condition
- Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident
- Interview the resident's roommate, family members, and visitors as applicable

- _____ Interview other resident's to whom the accused employee provides care and services to. On the residents whom cannot communicate perform physical assessment.
- _____ Review all events leading up to alleged incident
- _____ Ombudsman notified of results of investigation should they decline to participate in review process.
- _____ If the allegation of abuse made against someone not affiliated with the LTC facility, the individual will be denied unsupervised access to resident during investigation.
- _____ The Administrator, DON, or designee will keep the resident and his/her representative informed of the progress of the investigation.
- _____ Written report will be completed of investigation and logged in on the "Complaint and Investigation" log. This will be maintained in the administrators office.
- _____ If indicated, a copy of the report will be sent to the OIG
- _____ If an employee found guilty of abuse, mistreatment, or misappropriation of property, he/she will be immediately discharged from employment. If necessary, appropriate action will be taken against employee through a court of law and all appropriate regulatory agencies will be notified.
- _____ If abuse confirmed against a family member, friend or another resident, or any person not affiliated with the LTC facility, the appropriate authorities will be notified and action will be taken against that person through a court of law.

Completed by: _____ Date of completion of investigation: _____

Additional notes: _____
