

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR EDUCATION AND MEDICAID SERVICES

PRINTED: 10/12/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185271	NAME A B WING BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 09/29/2011
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NAME OF PROVIDER OR SUPPLIER GLENVIEW HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 GLENVIEW DR. GLASGOW, KY 42141
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated survey was initiated on 09/27/11 and concluded on 09/29/11 to investigate KY16962. The Division of Health Care unsubstantiated the allegation due to a lack of sufficient evidence; however, unrelated deficiencies were cited at F226.	F 000	The submission of this plan of correction does not constitute an admission by the facility of the cited deficiencies or any violation of a regulation or standard of care. Also, we reserve the right to take further action, including any and all legal means necessary to resolve any disputes about the accuracy of this information.	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the Resident Abuse, Neglect, and Misappropriation Prevention Policy and Procedure, it was determined the facility failed to report an incident of alleged abuse to the State Agency for one (1) of three (3) sampled residents. Resident #1. The findings include: Review of the Resident Abuse, Neglect, and Misappropriation Prevention Policy and Procedure for the facility revealed abuse allegations would be initiated and investigated by the Administrator and reported to the local and state offices. Record review of a complaint, by Resident #1, revealed it was initiated on 05/03/11 by the Administrator. Resident #1 alleged CNA #1	F 226	F226 483.13 (c) 1. Resident #1 incident has been investigated by the local Protection and Permanency Office through the Department of Community Based Services, the Facility internal investigation, and the Office of Inspector General on 9/28/2011 and 9/29/2011. 2. All residents have the potential for unidentified allegations of abuse, therefore all reported incidents of alleged abuse will begin with the licensed nurse when filling out incident report. The incident report will be immediately routed to the DON who then will notify the administrator. The administrator will investigate the incident and report findings to the appropriate agencies. A Resident Abuse investigation Report Form will be completed by the Administrator to ensure all state and federal regulations have been followed along with the Facility Resident Abuse, Neglect and Misappropriation Prevention Policy and Procedure.	

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

Yvonne W. Cook

TITLE

Administrator

(X6) DATE

10/20/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing if 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

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FORM APPROVED
OME NO. 0936-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/29/2011
NAME OF PROVIDER OR SUPPLIER GLENVIEW HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 GLENVIEW DR. GLASGOW, KY 42141	
(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)

F 226 Continued From page 1

moved her in the bed improperly and broke her leg. The Record of Complaint included statements provided by staff present when the report of the allegation occurred on 05/03/11. The Record of Complaint did not indicate the allegation was reported to the State Agency or any other agencies.

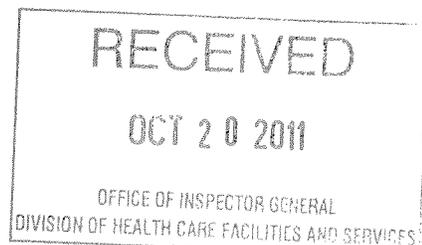
Review of the clinical record for Resident #1, revealed a radiology report dated 05/03/11 indicated a right femoral neck fracture (leg fracture), and an operative report dated 05/04/11 stating surgery with fixation of the leg fracture had occurred.

Interview, on 09/29/11 at 2:15 PM, with the Director of Nursing (DON) revealed she was told of the allegation of abuse reported by Resident #1 on 05/03/11. The DON told CNA #1 she would be suspended from work immediately, pending an investigation. She called the Administrator at home and reported the allegation and suspension of CNA #1. The Administrator was responsible for evaluating incidents and for determining the need to report to the State Agency.

Interview, on 09/29/11 at 3:00 PM, with the Administrator revealed the investigation of alleged abuse regarding Resident #1 was completed on 05/04/11, and included statements obtained by all staff involved in the alleged incident. The Administrator said it was concluded that Resident #1 could not positively identify the alleged perpetrator, no staff interviews were consistent with alleged abuse, and therefore the allegation of abuse could not be substantiated. The Administrator said it was her understanding that if the facility investigation did not substantiate

F 226 F226 cont

- On 10/22/2011, Sherri Likens-Staff Development performed an all employee staff in-service regarding the Facility Policy and Procedure for Resident Abuse, Neglect, and Misappropriation Prevention and Resident Abuse Investigation Form.
- On 10/27/2011, the quality assurance committee will review the Policy and Procedure for Resident Abuse, Neglect and Misappropriation Prevention and review any incidents reported involving a Resident Abuse Investigation Report Form. QA findings will be noted in the QA minutes and the system will continue to be monitored monthly for one year. 10/28/2011



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F 226	Continued From page 2 the claim, the facility was not required to report the allegation of abuse to the State Agency.	F 226			

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If continuation sheet Page 3 of 3
OCT 20 2011
OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES