

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

PRINTED: 05/29/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>186325</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/15/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAL TURNER REHAB AND SPECIALTY CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>456 BURNLEY RD. SCOTTSVILLE, KY 42164</b>
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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 investigating Complaint KY#23193 was conducted on 05/12/15 through 05/15/15. KY#23193 was substantiated with deficiencies cited at a Scope and Severity of a "D".	F 000	This plan of correction is offered as an attempt to provide the highest level of quality services possible to our residents and is not an admission that the deficiencies cited are correct.	
F 224 SS=D	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN  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 facility policy review, it was determined the facility failed to ensure one (1) of three (3) sampled residents (Resident #1) was free from mistreatment related to Certified Nurse Aide (CNA) #1 physically striking and using profanity in reference to Resident #1.  The findings include:  Review of the facility's policy titled, "Suspected Abuse or Neglect", last revised 08/2012, revealed each resident has the right to be free from psychological/emotional abuse. Psychological/emotional abuse is the infliction of mental anguish caused by actions or verbal assault against a resident's well-being.	F 224	1. CNA #1 was placed on Investigatory Leave on April 23, 2015. An investigation into the incident began immediately. Following completion of the investigation, CNA #1 was returned to work and given a final written warning. A final written warning is the last step in the disciplinary process prior to separation. CNA #1 was advised that another incident of this nature would result in termination. A complete Skin Assessment was completed on Resident #1 by our LPN on April 23, 2015 with no findings of skin integrity issues related to abuse or neglect. A Skin Assessment Follow-up was completed on Resident #1 by our RN on April 24, 2015 with no findings of skin integrity issues related to abuse or neglect. 2. On April 24, 2015, LPN staff completed Skin Assessments on the 10 residents who received care from CNA #1. There were no findings of skin integrity issues related to abuse or neglect. Interviews were completed by the Interim Director of Nursing on May 1, 2015 with 5 residents with a BIM Score of 13 to 15 that were able to verbally respond who received care from CNA #1. The response from all 5 residents indicated they had not been treated in an abusive, neglectful, or disrespectful manner. 3. The Education Department provided required classroom training sessions	6/4/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jacqueline H. Woodward TITLE: Administrator (X6) DATE: 6/4/15

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 224	<p>Continued From page 1</p> <p>Record review revealed the facility admitted Resident #1 on 08/28/11 with diagnoses which included Intellectual Disability and Delusional Disorder. Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/16/15, revealed the facility assessed Resident #1's cognition as severely impaired, which indicated the resident was not interviewable.</p> <p>Interview with the Director of Nursing, on 05/15/15 at 9:35 AM, a student Nurse Aide (NA) witnessed CNA #1 speaking roughly to Resident #1 using profanity in reference to the resident who was not willing to comply with a shower. After the resident stood up from the wheelchair, CNA #1 struck the resident on the buttock area.</p> <p>Interview with CNA #1, on 05/15/15 at 11:00 AM, revealed on 04/23/15 she attempted to get Resident #1 to take a shower. CNA #1 stated the resident started to sit down before getting to the shower chair so she struck the resident on the buttock area and told him/her to walk backward to the chair before sitting down. CNA #1 stated she had used profanity directed to the resident refusing to stand.</p> <p>Interview with the Administrator, on 05/14/15 at 2:22 PM, revealed abuse was a physical nature, markings or not, and if anyone had seen anyone inflict harm, use inappropriate language, disrespect or threaten a resident, this was a violation of the resident's right to dignity. She stated she expected the staff to adhere to this policy.</p>	F 224	<p>starting on April 24, 2015 for all staff in the facility on Suspected Abuse or Neglect: Avoiding Detecting and Reporting. Objectives of the training was Suspected Abuse, Types of Abuse, Safe Spot, What and When to Report Suspected Abuse, Resident Rights, Dignity and Respect, Managing Anger and Anxiety, and Therapeutic Boundaries; completed June 4, 2015. CNA #1 was counseled by the Administrator and Human Resource Strategic Partner on May 11, 2015 to emphasize the importance of ensuring the residents remain free of mistreatment, neglect, and abuse. CNA #1 completed the CMS Hand in Hand Dementia Classroom Training on May 18, 2015. Effective June 1, 2015, the Social Worker will complete monthly interviews with 10 residents for a period of three consecutive months to ensure residents are free of mistreatment, neglect, and abuse. Effective June 1, 2015, the Unit Supervisors will observe monthly Skin Assessments of 10 residents who are non-verbal for a period of three consecutive months to ensure residents are free of mistreatment, neglect, and abuse.</p> <p>4. Results of the Monthly Interviews will be submitted to the DON for a period of three consecutive months to ensure Performance Improvement.</p> <p>5. Completion date for the deficiency 6/4/15</p>	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY	F 241		

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F 241	<p>Continued From page 2</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review it was determined the facility failed to promote care for residents in a manner and in an environment that maintains or enhances one (1) of three (3) sampled residents dignity and respect in full recognition of his or her individuality (Resident #1) . While providing a shower, Certified Nurse Aide (CNA) #1 stated profanity toward Resident #1 and struck him/her on the buttock while the resident was attempting to sit into a shower chair.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Our Code of Conduct", dated 2009, revealed staff should respect the resident's dignity, privacy, comfort and should treat each resident with consideration, courtesy and respect.</p> <p>Record review revealed the facility admitted Resident #1 on 06/28/11 with diagnoses which included Intellectual Disability and Delusional Disorder. Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/16/15, revealed the facility assessed Resident #1's cognition as severely impaired, which indicated the resident was not interviewable.</p> <p>On 05/15/15 at 11:00 AM, an interview with CNA #1, revealed she cared for Resident #1 on</p>	F 241	<p>1. CNA #1 was placed on Investigatory Leave on April 23, 2015. A complete Skin Assessment was completed on Resident #1 by our LPN on April 23, 2015 with no findings of skin integrity issues related to abuse or neglect. A Skin Assessment Follow-up was completed on Resident #1 by our RN on April 24, 2015 with no findings of skin integrity issues related to abuse or neglect.</p> <p>2. On April 24, 2015, LPN staff completed Skin Assessments on the 10 residents who received care from CNA #1. There were no findings of skin integrity issues related to abuse or neglect. Interviews were completed by the Interim Director of Nursing on May 1, 2015 with 5 residents with a BIM Score of 13 to 15 that were able to verbally respond who received care from CNA #1. The response from all 5 residents indicated they had not been treated in an abusive, neglectful, or disrespectful manner.</p> <p>3 The Education Department provided required training sessions starting on April 24, 2015 for all staff in the facility on Suspected Abuse or Neglect: Avoiding Detecting and Reporting. Objectives of the training was Suspected Abuse, Types of of Abuse, Safe Spot, What and When to Report Suspected Abuse, Resident Rights, Dignity and Respect, Managing Anger and Anxiety, and Therapeutic Boundaries. CNA #1 was counseled by the Administrator and Human Resource Strategic Partner on May 11, 2015 to</p>	6/4/2015
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NAME OF PROVIDER OR SUPPLIER  CAL TURNER REHAB AND SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 486 BURNLEY RD. SCOTTSVILLE, KY 42164	
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F 241	Continued From page 3 04/23/15 while providing a shower. She stated the resident was refusing to stand to transfer to the shower chair so she when to the door of the shower room to get help. Upon returning she stated she made a comment using profanity toward the resident. In addition, while transferring him to the shower chair the resident attempted to sit down and she struck him on the buttock to remind them not to sit down to early.  Interview with the Administrator, on 05/14/15 at 2:22 PM, revealed abuse was of a physical nature, markings or not, if anyone has seen anyone inflected harm, inappropriate language, disrespect or threatening a resident, this is a violation of the resident's right to dignity. She expect that the staff to adhere to this policy.	F 241	emphasize the importance of ensuring residents are treated with Dignity and Respect. CNA #1 completed the CMS Hand in Hand Dementia Classroom Training on May 18, 2015. Effective June 1, 2015, the Social Worker will complete monthly interviews with 10 residents for a period of three consecutive months to ensure residents are treated with Dignity and Respect. 4. Results of the Monthly Observations will be submitted to the DON for a period of three consecutive months to ensure Performance Improvement. 5. Completion date for the deficiency 6/4/2015	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and policy review, it was determined the facility failed to provide care to one (1) of three (3) sampled residents according to the resident's written plan of care (Resident #1). The staff failed to follow the care plan for Resident #1 related to providing opportunity for positive interaction and allowing adequate time to respond to request.  The findings include:	F 282	1. On May 15, 2015 the Comprehensive Care Plan for Resident #1 was corrected by the Interim Director of Nursing to ensure the facility provides consistent, continuous and comprehensive care to the resident for the completion of Activities for Daily Living. 2. The Activities for Daily Living Care Plans for all residents were reviewed and updated by the Unit Supervisors and MDS Coordinator to ensure consistent, continuous and comprehensive care is provided to the residents; completed on June 4, 2015. 3. The Administrator provided reeducation May 18, 2015 to the Unit Supervisors and MDS Coordinator to ensure	6/4/2015

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F 282	<p>Continued From page 4</p> <p>Review of the facility's policy titled, "Care Plans", dated 07/2012, revealed the facility must provide consistent, continuous and comprehensive care to all residents.</p> <p>Record review revealed the facility admitted Resident #1 on 06/28/11 with diagnoses which included Intellectual Disability and Delusional Disorder. Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/16/15, revealed the facility assessed Resident #1's cognition as severely impaired, which indicated the resident was not interviewable.</p> <p>Review of Resident #1's Comprehensive Care Plan, dated 04/24/15, revealed staff should allow adequate time to respond, repeat request as necessary and do not rush resident.</p> <p>Interview with Certified Nurse Aide (CNA) #1, on 05/15/15 at 11:00 AM, revealed she was assigned to showers on 04/23/15 and when she attempted to get Resident #1 to a shower chair she used profanity toward the resident and struck the resident on the buttock area with her hand when he attempted to sit down.</p> <p>Interview with the Director of Nursing (DON), on 05/15/15 at 9:35 AM, revealed the care plan was to assist with the care of each resident's individual needs. She stated she trusted the CNAs to determine if a resident was weaker at the time and if they needed additional assistance. She revealed she expected the care plan to be followed for each resident.</p>	F 282	<p>Comprehensive Care Plans are developed that provide consistent, continuous and comprehensive care that allow direct care staff to have an understanding of the expected outcomes.</p> <p>Effective June 1, 2015, the Unit Supervisors will complete Care Plan reviews of 10 residents for a period of three consecutive months to ensure the Care Plans are consistent, continuous, and comprehensive.</p> <p>Effective June 1, 2015 the MDS Coordinator will assess 10 direct care staff for three consecutive months by observing their demonstration of the Care Plan tasks to ensure that direct care staff have an understanding of the expected outcome.</p> <p>4. Results of the Monthly Reviews will be submitted to the DON for a period of three consecutive months to ensure Performance Improvement</p> <p>5. Completion date for the deficiency 6/4/15</p>	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431	<p>1. On May 12, 2015 the Manager of Facility Operations assessed the Medication Cart for B Hall rooms 19 thru 29 and C Hall rooms 1 thru 18.</p>	6/4/2015

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F 431	<p>Continued From page 5</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 431	<p>Repairs were completed to ensure the automatic locking mechanism was engaging appropriately for medications to be maintained in locked compartments as of May 12, 2015.</p> <p>On May 12, 2015, RN #2 and LPN #1 were counseled by the Interim Director of Nursing to emphasize the importance of ensuring medications are under the direct observation of the person administering the medications or locked in the Medication Cart.</p> <p>2. On May 12, 2015 the Manager of Facility Operations assessed the two additional Medication Carts for B Hall 1 thru 18 and C Hall 19 thru 29 to ensure the automatic locking mechanism was engaging appropriately to ensure medications were maintained in locked compartments.</p> <p>3. The Administrator and Interim Director of Nursing reeducated the RN, LPN, and CMT staff on the Medication Administration Policy and Medication Cart Policy. Completed on 5/31/15. The Manager of Facility Operations reset the auto secure setting on the four medication cards to a delay of two minutes. Completed 6/4/15. The Unit Supervisors will complete 10 Medication Cart Reviews monthly for a period of three consecutive months to ensure Medication Carts are locked and secured when not in use.</p>	
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F 431	<p>Continued From page 6</p> <p>Based on observation, interview and review of facility's policy and procedure, the facility failed to store all drugs and biologicals in locked compartments. During facility tour, observations were made of a medication cart parked on the hallway unattended and left unlocked.</p> <p>Interview with the Interim Director of Nursing (DON), on 05/12/15 at 3:45 PM, revealed there were approximately fifty-five (55) residents who were wanderers either ambulatory or by wheelchair.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Administration of Medication", last revised 08/2014, revealed the medication cart should be kept locked at all times except when in use.</p> <p>Review of the facility's medication cart setting identified as "CTECP bldg. #4", revealed an auto secure setting to have a delay of five (5) minutes.</p> <p>1. Observation on 05/12/15 at 2:14 PM, revealed a Medication Cart stored on the hallway between Resident Rooms C2 and C4. The Medication Cart was left unattended and unlocked. Registered Nurse (RN) #2 who was the medication nurse was observed to be in a resident room and out of site of the cart.</p> <p>Interview with RN #2, on 05/12/15 at 2:14 PM, revealed the medication cart can be unlocked by a key, badge scan or code entry. She stated she thought the Medication Cart would lock itself after a period of time but did not know how long.</p> <p>2. Observation on 05/12/15 at 2:23 PM, revealed</p>	F 431	<p>4. Results of the Monthly Reviews will be submitted to the DON for a period of three consecutive months to ensure Performance Improvement.</p> <p>5. Completion date for the deficiency. 6/4/2015</p>	
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F 431	<p>Continued From page 7</p> <p>an unlocked Medication Cart was outside Resident Room B19 for twenty-seven minutes. At 2:50 PM, Licensed Practical Nurse (LPN) #1 approached the cart, opened the medication cart drawer, withdrew a medication and closed the drawer and walked away without locking the medication cart.</p> <p>Interview with LPN #1, on 05/12/15 at 2:51 PM, revealed she was in charge of the Medication Cart parked outside room B19. She stated she was responsible for the security of that Medication cart. She revealed the cart was not locked at the time of the observation and the cart should never be left unlocked if she is out of site of the cart.</p> <p>Further interview with the Interim DON, on 05/12/15 at 3:45 PM, revealed if a nurse was out of site of a medication cart she expected the nurse to ensure the Medication Cart was locked and secured. She stated anyone walking by could get medications out of the cart. She revealed the medication carts would automatically lock after a certain time but she did not know the time. She stated the cart failed to lock itself because the power button was turned off on both Medication Carts.</p>	F 431		