

MAY 22 2015

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

OFFICE OF INSPECTOR GENERAL  
OFFICE OF HEALTH CARE FACILITIES AND SERVICES

PRINTED: 05/20/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/15/2015
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-BASHFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 3535 BARDSTOWN ROAD LOUISVILLE, KY 40218		
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F 000	<p>INITIAL COMMENTS</p> <p>Amended 05/20/15</p> <p>An Abbreviated/Partial Extended Survey was initiated on 04/08/15 and concluded on 04/15/15. KY 23069 was investigated and the Division of Health Care substantiated KY 23069 with Immediate Jeopardy (IJ) identified on 04/09/15 and was determined to exist on 03/31/15 at 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225 and F226) at a scope and severity of a "J", and 42 CFR 483.20 Resident Assessment (F279) at a scope and severity of a "J". Substandard Quality of Care was identified at 42 CFR 483.13 Resident Behavior and Facility Practices. The facility was notified of the Immediate Jeopardy on 04/09/15.</p> <p>Interview and record review revealed the facility failed to have an effective system to report abuse and implement facility policy to prevent the potential for further abuse to occur. On 04/01/15 the facility received an allegation from Resident #2 regarding verbal abuse by Certified Nursing Assistant (CNA) #2 towards Resident #1 that occurred on 03/31/15 during second shift. The allegation revealed the CNA told the resident "don't touch me you son of a bitch" when Resident #1 grabbed the CNA's arm during a transfer at bathing time. This allegation was witnessed by Resident #2 and CNA #1. CNA #1 failed to report the allegation of verbal abuse to facility supervisors and administration; therefore, CNA #2, although not assigned to Resident #1, continued to work the remainder of the shift on that unit, which ended at 10:00 PM.</p> <p>The facility provided an acceptable Allegation of</p>	F 000			

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

TITLE

(X6) DATE

*[Signature]*

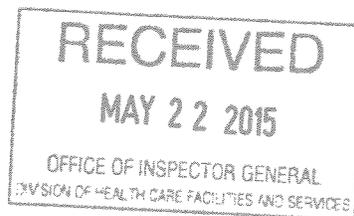
*Executive Director* 5/22/15

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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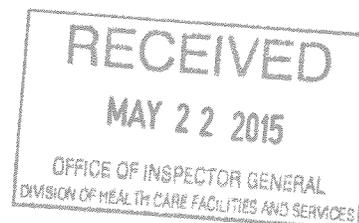
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F 000	Continued From page 1 Compliance (AOC) on 04/13/15 which alleged removal of the Immediate Jeopardy on 04/11/15. The State Survey Agency verified Immediate Jeopardy was removed on 04/11/15 as alleged prior to exit. The scope and severity was lowered to a "D" in 42 CFR 483.13 Resident Behavior and Facility Practices (F223, F225 and F226), and 42 CFR 483.20 Resident Assessment (F279) scope and severity lowered to a "D" while the facility implements and monitors the Plan of Correction for the effectiveness of systemic changes and quality assurance.	F 000	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution this plan correction does not constitute admission by the provider of the truth of the facts alleged or conclusions forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.		
F 223 SS=J	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION  The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.  The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy and investigation report, it was determined the facility failed to have an effective system to ensure one (1) of four (4) sampled residents (Resident #1) was free from verbal abuse. Interview and record review revealed on 04/01/15 Resident #2 reported to Licensed Practical Nurse (LPN) #2 he/she heard Certified Nursing Assistant (CNA) #2 say to Resident #1, "Don't grab me you son of a bitch" during a shower in the shower room on 03/31/15 during second shift. CNA #1 and CNA #2 were assisting	F 223	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/ INVOLUNTARY SECLUSION  i. How the corrective action will be accomplished for the affected resident: Resident #1 continues to reside at the Facility. On 4/1/15, an investigation was initiated by the Executive Director (ED), Director of Nursing Services (DNS), and Staff Development Coordinator (SDC). On 4/1/15, Resident #1, BIMS score 99, indicating she is non-Interviewable, was assessed by a licensed nurse to include a skin and pain assessment and psychosocial assessment with no negative findings. All staff were interviewed by SDC on 4/1/15 that had worked with C.N.A # 2 on 3/31/15 with no additional concerns voiced. The attending physician for Resident #1 was notified on 4/1/15. The responsible party for Resident #1 was notified on 4/1/15. CNA #1 received education regarding abuse and reporting of abuse on 4/1/15 and 4/2/15 by the (SDC).  CNA #2 was suspended on 4/1/15 by the (DNS) pending outcome of investigation, and Adult Protective Services and the Office of Inspector General were notified of the alleged verbal abuse. On 4/9/15 the SSD reassessed resident #1 and #2 for any psychosocial and/or emotional changes with no	4/21/15	



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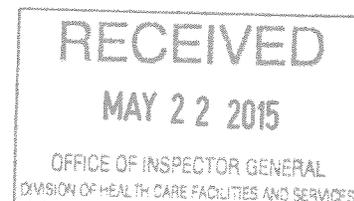
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F 223	<p>Continued From page 2</p> <p>Resident #1 during his/her shower by removing Resident #1's clothes and assisting Resident #1 into the shower. CNA #1 told CNA #2 that Resident #1 would hold onto both CNA's arms during the transfer. However, during the transfer when the resident grabbed both CNA's arms; CNA #2 said to Resident #1, "Don't touch me you son of a bitch". CNA #1 failed to report the allegation of verbal abuse to facility supervisors and administration; therefore, CNA #2, although not assigned to Resident #1, continued to work the remainder of the shift on that unit, which ended at 10:00 PM. (Refer to F225 and F226)</p> <p>The facility's failure to have an effective system in place to ensure residents remained free from abuse placed residents at risk for serious injury, harm, impairment or death. Immediate Jeopardy was identified on 04/09/15 and determined to exist on 03/31/15. The facility was notified of the Immediate Jeopardy on 04/09/15.</p> <p>The facility provided an acceptable Allegation of Compliance (AOC) on 04/13/15 which alleged removal of the Immediate Jeopardy on 04/11/15. The State Survey Agency verified the Immediate Jeopardy was removed on 04/11/15 as alleged prior to exit. The scope and severity was lowered to a "D", while the facility implements and monitors the Plan of Correction (POC) for effectiveness of systemic changes and quality assurance.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Abuse, dated 07/28/14, revealed patients had the right to be free of verbal, sexual, physical and mental abuse, corporal punishment, involuntary</p>	F 223	<p>changes noted. On 4/9/15 resident #1 behavior care plan and C.N.A assignment sheet were revised by LN and the additional interventions were added.</p> <p>ii. How corrective action will be accomplished for those residents having potential to be affected: All residents had the potential to be affected, although no further concerns were identified. On 4/1/15, the (SDC) and (DNS) interviewed a total thirteen residents that CNA #2 had provided care for the previous evening and there were no allegations of abuse noticed and no concerns with care provided. In addition, on 4/1/15 a total of six nursing staff that worked with CNA #2 the previous evening were interviewed by the (SDC) with no allegations of abuse noted and no concerns with care provided.</p> <p>On 10 April 2015, fifty-eight residents with a BIMS assessment score of nine or higher were interviewed utilizing the Abaqis Resident Interview Section G.; this was completed by the (SSD). There were no issues noted. Any concerns identified were addressed utilizing facility policy and procedure.</p> <p>On 10 April 2015, facility wide skin inspections of one hundred and fifteen residents were completed by licensed nursing staff to identify any variances in skin condition that were not previously documented. There were nine skin variations identified and these were addressed by Licensed Nurses utilizing facility policy and procedure. No variances were indicative of signs and symptoms of abuse.</p> <p>What measures will be put in place/systemic changes made to ensure correction: On 4/9/15 and 4/10/15, the (SDC) and (ADNS) initiated and performed education with all facility staff to include Kindred Bashford, Health Services Group (HSG) and Rehab Care on the facility abuse policy and procedure, to include, but not limited to, reporting abuse. Education included abuse types,</p>		



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F 223	Continued From page 3 seclusion, and neglect of the patient as well as mistreatment, neglect, and misappropriation of patient property.  Review of Resident #1's medical record revealed the facility admitted the resident on 07/09/11, with diagnoses of Vascular Dementia, Anxiety State and Toxic Encephalopathy. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 01/22/15, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score of ninety nine (99) which indicated the resident was unable to complete the interview and was not interviewable.  Review of Resident #1's Comprehensive Care Plan, dated 08/21/12, revealed the resident had an alteration in communication and potential for negative affect in psycho-social well-being as English was his/her second language, Korean being his/her first. Interventions included speaking slowly and clearly and use simple direct communication when talking to the resident and to use interpreter services when communicating critical information to the resident.  Review of the facility's initial Investigation Report, dated 04/01/15, and faxed to the State Survey Agency revealed Resident #2 told a nurse that a Certified Nurse Assistant (CNA) called Resident #2 a "Son of a bitch". Review of the final five (5) day investigation results, dated 04/08/15, for the 04/01/15 incident, revealed an assessment of Resident #1 was completed by a nurse and no physical or psychosocial changes were noted after the incident. Further review of the report revealed an interview with Resident #2 revealed he/she over heard one of the CNA's state "Don't grab me you son of a bitch" and this occurred	F 223	how and when to report . The following policy and procedure and training curriculum was reviewed by the District Director of Clinical Operations with no revisions made to the policies and procedures. The policies and procedure and training curriculum were as follows: POL 504-01 Abuse, PRO-51003 Abuse Prevention, POL-504-06 Reporting reasonable suspicion of crime, Federal Abuse, Neglect and Exploitation Definitions, and the Resident Abuse Acknowledgement was used to confirm comprehension of inservicing provided. As of April 10, 2015 one hundred eight facility staff, HSG and Rehab Care staff have been trained. No staff will be permitted to work after 10 April 2015 without having received the education prior to their scheduled shift. As of April 11, 2015, twenty-nine additional facility staff had received the education prior to working their scheduled shift. The SDC will continue to train all staff and agency staff upon hire, annually, and as necessary. Twelve random residents with a BIMS score of 9 or higher will be interviewed weekly beginning 4/13/15 by the (SSD) utilizing the Abaqis Resident Interview tool Section G until substantial compliance is achieved. At the time of identification of issues or concerns from random resident interviews if immediate action is needed the Executive Director and Director of Nursing will be responsible for ensuring proper follow-up. On evenings, nights and Weekends the Charge Nurse and/or RNWS will be responsible to notify the Executive Director and (DNS). Any issues identified, and concerns will be addressed utilizing facility policy and procedure. Twelve random staff members will be interviewed weekly beginning 4/13/15 by the (SDC) to include day, evening, night and weekend shifts in regards to abuse policy and procedure and reporting of abuse until substantial compliance is achieved. At the time of identification of issues or concerns from staff interviews and if immediate action is needed, , the Executive Director and Director or Nursing will be responsible for ensuring proper follow-up.		

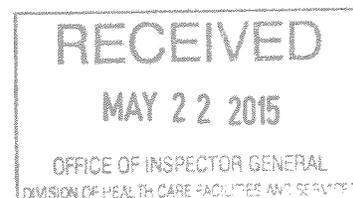




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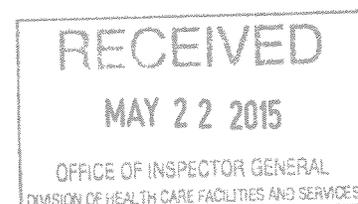
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F 223	Continued From page 5 heard CNA #2 say "Don't touch me you son of a bitch". CNA #1 stated she helped CNA #2 that evening in the shower room with Resident #1. She stated she helped remove Resident #1's clothes, and helped the resident onto the shower bed. She stated Resident #1 always holds on to the aides' arm when the resident gets into the shower. CNA #1 stated she tried to explain to CNA #2 how to take care of Resident #1 because that was CNA #2's first time in the shower room with the resident. CNA #1 then stated that's when Resident #1 held on to CNA #2's arm and CNA #2 said to the resident, "Don't touch me you son of a bitch". CNA #1 stated at the time she did not realize what CNA #2 said was abuse, so she did not report this incident to anyone, but she realized now it was abuse.  Interview with CNA #2, on 04/09/15 at 9:42 AM, revealed she did not remember saying anything inappropriate to or about Resident #1. CNA #2 stated that if she did say, "Don't touch me you son of a bitch", to the resident that she was sorry and it had to have just slipped out of her mouth.  Interview with the Administrator, on 04/09/15 at 2:30 PM, revealed an allegation of abuse was reported to him on 04/01/15 by Resident #2. He stated that LPN #2 asked him to come into the room of Resident #1 and #2 the morning of 04/01/15 sometime between 7:05 AM-7:15 AM. He stated Resident #2 told him the night before during a shower he/she overheard CNA #2 say "Don't touch me you son of a bitch". He stated he immediately left the residents' room and reported the allegation to the Director of Nursing Services (DNS). He then stated that CNA #2 was contacted, interviewed, and suspended due to the allegation. He stated CNA #1 was then contacted	F 223	The Medical Director was notified of immediate jeopardy on 9 April 2015 by the Executive Director and 10 April 2015 on the immediate jeopardy removal plan. The Medical Director was involved in the development of the immediate jeopardy removal plan including the review and approval of the monitoring tools. The Performance Improvement Committee has reviewed and approved this immediate jeopardy removal plan on 9 April 2015.  The Immediate jeopardy was removed on 11 April 2015.		



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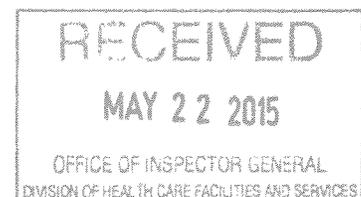
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F 223	Continued From page 6 and interviewed. The facility investigated the allegation and substantiated verbal abuse by CNA #2 towards Resident #1. The Administrator stated the employee was referred to Human Resources for further personnel action.  The facility provided an acceptable AOC on 04/13/15 that alleged removal of the Immediate Jeopardy on 04/11/15. Review of the AOC revealed the facility implemented the following:  1. On 04/09/15, Resident #1's care plan and the CNA Assignment Sheet were revised and additional behavior interventions were added.  2. On 04/09/15, the Social Services Director (SSD) re-assessed Residents #1 and #2.  3. On 04/01/15, the Director of Nursing Services (DNS) and Staff Development Coordinator (SDC) interviewed thirteen (13) residents that CNA #2 had provided care to on the day of the incident (03/31/15). In addition, a total of six (6) nursing staff who worked with CNA #2 (on the day of the incident) were interviewed.  4. On 04/09/15, the Unit Mangers (UMs), Wound Nurse and SSD reviewed one hundred and eleven (111) residents' behavior logs, care plans and two (2) concurrent weeks of Nurses' Notes for documented behaviors. Thirty (30) of these residents had additional interventions added to their care plans and CNA assignment sheets.  5. On 04/10/15, fifty-eight (58) residents with a BIMS score of nine (9) or higher were interviewed utilizing the Abaqis Resident Interview tool (Quality Management System standardized tool	F 223			



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F 223	Continued From page 7 used for resident abuse interviews) Section G.  6. On 04/10/15, skin assessments were completed facility wide, on one hundred and fifteen (115) residents. Nine (9) skin variations were identified.  7. UMs and/or the Registered Nurse Weekend Supervisor (RNWS) began review of the Daily Resident Behavior Logs and Nurses' Notes for unidentified behaviors.  8. The facility will interview twelve (12) random residents with BIMS score of nine (9) or higher, weekly beginning 04/13/15. These interviews will be conducted by the SSD utilizing the Abaqis Resident Interview tool Section G.  9. The facility will interview twelve (12) random staff members weekly (beginning 04/13/15) by the SDC regarding the abuse policy and procedures and reporting of abuse. This will continue until substantial compliance has been achieved.  10. On 04/09/15 and 04/10/15, the SDC and Assistant Director of Nursing Services (ADNS) initiated and performed education with all facility staff on the abuse policy and procedure, reporting abuse, abuse types and how, when and to whom to report abuse.  11. A Performance Improvement Committee including, but not limited to, the Executive Director (ED), DNS, UMs, SDC, SSD and Medical Director (MD), began meeting weekly to discuss all audit findings of residents' behavior logs, Nurses' Notes, random residents and staff interviews conducted.	F 223			



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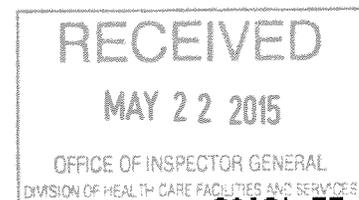
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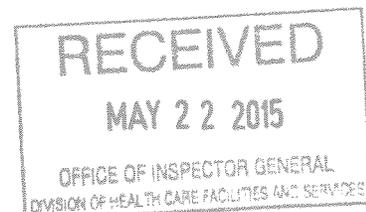
F 223	<p>Continued From page 8</p> <p>12. The Medical Director was notified of the Immediate Jeopardy on 04/09/15.</p> <p>Through observation, interview and record review the State Survey Agency validated the ACO on 04/09/15 as follows:</p> <p>1. Review, on 04/15/15, of Resident #1's care plan and CNA assignment sheet revealed they were both revised. The care plan had a new focus, goal and interventions added, this was dated 04/09/15. Interventions included approaching resident in calm manner at all times; explain care to resident before providing; play gospel music while providing care if resident becomes agitated or physically aggressive; and, ensure by laying a sheet over resident if (he/she) becomes agitated for a feeling of security and provide conversation while providing care. The CNA assignment sheet included the same interventions.</p> <p>Interview with the DNS, on 04/14/15 at 2:48 PM, revealed she updated Resident #1's care plan and CNA assignment sheet to reflect the resident's behaviors for grabbing out at staff while receiving care, including transfers and showering. The DNS stated the interventions included: approaching the resident in a calm manner; explain care to the resident before providing; and, lay a sheet over the resident for a sign of security.</p> <p>2. Interdisciplinary Progress Notes, dated 04/09/15, for Residents #1 and #2 were reviewed on 04/15/15. The SSD had assessed both residents and no emotional injuries were noted and no signs of sadness, anger or fearfulness were noted.</p>	F 223		
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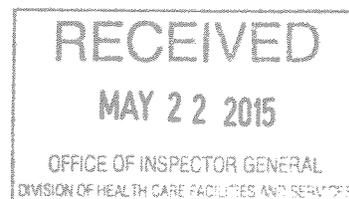
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F 223	Continued From page 9  Interview with the DNS, on 04/14/15 at 2:48 PM, revealed she had spoken with the SSD concerning the assessment performed and no emotional injuries or voiced fearfulness, sadness or anger were expressed by either resident during the assessment.  The Social Services Director was not available this date for interview.  3. The thirteen (13) residents interviews that were conducted by the SDC were reviewed on 04/15/15, with no concerns voiced by the residents regarding CNA #2.  Interviews conducted with Resident #3 on 04/08/15 at 5:00 PM; on 04/09/15 with Resident #4 at 10:10 AM; Resident #5 at 2:00 PM; Resident #6 at 2:10 PM; Resident #7 at 2:15 PM; Resident #8 at 2:20 PM; Resident #9 at 2:23 PM; and, on 04/15/15 with Resident #10 at 9:49 AM; Resident #11 at 10:04 AM; Resident #12 at 10:23 AM; Resident #13 at 10:47 AM; and, Resident #14 at 11:40 AM, revealed they all had no concerns with any staff members or any other residents hitting, yelling or saying anything inappropriate to them.  Observations, on 04/08/15, 04/09/15 and 04/15/15, of resident to resident and resident to staff interactions revealed no concerns.  4. The audit of the behavior logs, care plans and two (2) concurrent weeks of Nurses' Notes were reviewed on 04/15/15. The review revealed there were thirty (30) residents out of the one hundred and eleven (111) who had additional interventions added to their care plan and CNA assignment	F 223			



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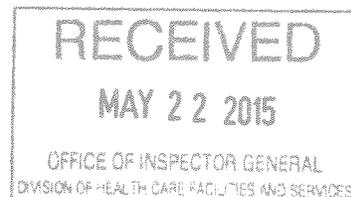
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F 223	<p>Continued From page 10 sheets.</p> <p>Interview with the ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs, care plans and Nurses' Notes were reviewed by the Performance Improvement Committee and each week newly identified behaviors would be reviewed by this committee.</p> <p>5. The fifty-eight (58) resident interviews, with residents who had BIMS assessment scores of nine (9) or higher, were reviewed on 04/15/15. The reviews revealed no concerns with abuse or neglect from staff members or any other residents in this facility.</p> <p>6. The skin assessments conducted on the one hundred and fifteen (115) residents were reviewed on 04/15/15. There were nine (9) residents who had skin variations identified that were not indicative of signs and symptoms of abuse.</p> <p>Interview with LPN #3, on 04/15/15 at 10:58 AM, revealed she assisted in conducting the skin assessments and care planned the new skin variances and updated the CNA assignment sheets.</p> <p>7. The UMs and/or RNWS completed audits on 04/10/15, 04/11/15, 04/12/15, 04/13/15 and 04/14/15 of the resident behavior logs and Nurses' Notes for unidentified behaviors. Review of these audits revealed any new behaviors were noted on a care plan, CNA assignment sheet and Nurses' Notes for those residents who were updated.</p> <p>Interview with the ED, on 04/15/15 at 1:30 PM,</p>	F 223		



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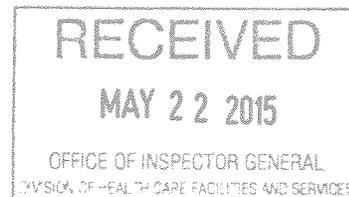
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F 223	<p>Continued From page 11 revealed the audit of the behavior logs would be reviewed by the Performance Improvement Committee and each week newly identified behaviors would be reviewed by this committee.</p> <p>8. Review of the Abaqis Resident interview tool Section G and resident interviews were reviewed on 04/15/15. These reviews revealed no voiced concerns from residents on abuse from staff members or any other residents.</p> <p>Interviews conducted with twelve (12) residents on 04/09/15 and five (5) residents on 04/15/15 revealed no voiced concerns with any staff members or any other residents concerning abuse.</p> <p>Observations, on 04/08/15, 04/09/15, 04/14/15; and, on 04/15/15, revealed no inappropriate interactions between residents and resident to staff.</p> <p>9. The Random Abuse/Neglect/Inappropriate Comment Questionnaire was reviewed on 04/15/15, revealed staff had not witnessed any type of abuse by another staff member, resident or family member here at this facility.</p> <p>Interview on 04/15/15 with CNA #7 at 1:32 PM, CNA #8 at 1:40 PM, CNA # 9 at 1:49 PM, CNA #10 at 2:00 PM and, CNA #11 at 2:09 PM, revealed they could name the seven (7) types of abuse, knew when to report abuse, to whom to report abuse and they had received in-service training on Abuse/Neglect.</p> <p>10. Review of training records and sign in sheets, dated for 04/09/15, 04/10/15, 04/11/15, 04/12/15 and 04/15/15, revealed a total of one hundred</p>	F 223			



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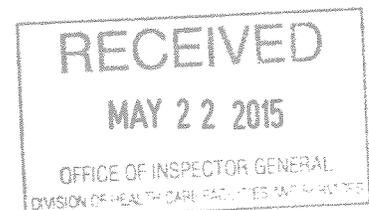
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F 223	<p>Continued From page 12 and thirty seven (37) staff were trained on resident rights, the facility's abuse policy including; types of abuse, how and when to report abuse.</p> <p>Interview on 04/14/15 with CNA #12 at 4:15 PM, CNA #13 at 4:25 PM, 04/15/15 with CNA #7 at 1:32 PM, CNA #8 at 1:40 PM, CNA #9 at 1:49 PM, CNA #10 at 2:00 PM, CNA #11 at 2:09 PM, LPN #3 at 10:58 AM, LPN #2 at 11:15 AM, LPN #4 at 12:45 AM and LPN #5 at 1:00 PM, revealed they had received in-service training on Abuse/Neglect and could recall the seven (7) types of abuse, knew when to report abuse, and to whom to report abuse.</p> <p>11. Review of the sign in sheet, dated 04/09/15, revealed the ED conducted a meeting to discuss and develop a credible acceptable Allegation of Compliance (AOC). A Performance Improvement Committee was created and will meet weekly to review audits of the daily review of resident behavior logs, Nurses' Notes for newly identified behaviors, random staff and resident interviews.</p> <p>Interview with the DNS and ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs and Nurses' Notes for newly identified behaviors, and the random residents and staff interviews would be reviewed each week by the Performance Improvement Committee.</p> <p>Interview with the DNS, on 04/15/15 at 1:30 PM, revealed she would continue to monitor nursing staff by random questioning and interviewing staff on abuse and neglect and continuing education.</p> <p>Interview with the ED, on 04/15/15 at 1:45 PM, revealed he would continue to monitor all staff by</p>	F 223			



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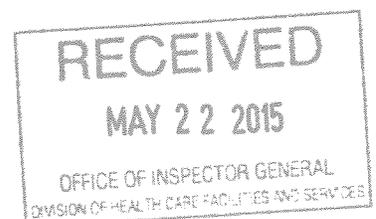
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F 223	Continued From page 13 random questioning and interviewing all staff on abuse and neglect and continuing education.  12. Interview with the ED, on 04/15/15 at 1:30 PM revealed the Medical Director had been contacted on 04/09/15 and notified of the Immediate Jeopardy and the removal plan of the Immediate Jeopardy.  On 04/15/15 notification of the Immediate Jeopardy and the notification of the removal plan was provided to the Medical Director were reviewed.  Post Survey Interview with the Medical Director, on 04/21/15 at 9:25 AM, revealed he received a call from the facility regarding the Immediate Jeopardy (IJ) and attended the Performance Improvement Committee meeting on 04/09/15 to discuss the IJ and had spoken with the Administrator on multiple occasions regarding the IJ.  Observation on 04/14/15 and 04/15/15 revealed the District Vice President was present at the facility throughout the survey until the Immediate Jeopardy was removed.	F 223	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution this plan correction does not constitute admission by the provider of the truth of the facts alleged or conclusions forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.		
F 225 SS=J	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	F 225	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  I. How the corrective action will be accomplished for the affected resident: Resident #1 continues to reside at the Facility. On 4/1/15, an investigation was initiated by the Executive Director (ED), Director of Nursing Services (DNS), and Staff Development Coordinator	4/21/15	



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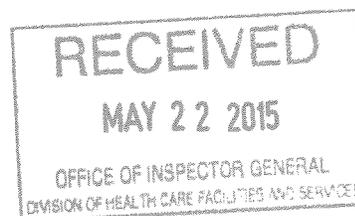
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F 225	<p>Continued From page 14</p> <p>court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy and investigation report, it was determined the facility failed to have an effective system in place to ensure all allegations of abuse were reported immediately to ensure residents were protected from further abuse for one (1) of four (4) sampled residents. (Resident #1). On 04/01/15 the facility received an allegation from</p>	F 225	<p>(SDC). On 4/1/15, Resident #1, BIMS score 99, indicating she is non-interviewable, was assessed by a licensed nurse to include a skin and pain assessment and psychosocial assessment with no negative findings. All staff were interviewed by SDC on 4/1/15 that had worked with C.N.A # 2 on 3/31/15 with no additional concerns voiced. The attending physician for Resident #1 was notified on 4/1/15. The responsible party for Resident #1 was notified on 4/1/15. CNA #1 received education regarding abuse and reporting of abuse on 4/1/15 and 4/2/15 by the (SDC). CNA #2 was suspended on 4/1/15 by the (DNS) pending outcome of investigation, and Adult Protective Services and the Office of Inspector General were notified of the alleged verbal abuse. On 4/9/15 the SSD reassessed resident #1 and #2 for any psychosocial and/or emotional changes with no changes noted. On 4/9/15 resident #1 behavior care plan and C.N.A assignment sheet were revised by LN and the additional interventions were added.</p> <p>II. How corrective action will be accomplished for those residents having potential to be affected: All residents had the potential to be affected, although no further concerns were identified. On 4/1/15, the (SDC) and (DNS) interviewed a total thirteen residents that CNA #2 had provided care for the previous evening and there were no allegations of abuse noticed and no concerns with care provided. In addition, on 4/1/15 a total of six nursing staff that worked with CNA #2 the previous evening were interviewed by the (SDC) with no allegations of abuse noted and no concerns with care provided.</p> <p>On 10 April 2015, fifty-eight residents with a BIMS assessment score of nine or higher were interviewed utilizing the Abaqis Resident Interview Section G.; this was completed by the (SSD). There were no issues noted. Any concerns identified were addressed utilizing facility policy and procedure.</p>		



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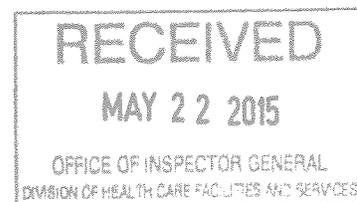
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F 225	<p>Continued From page 15</p> <p>Resident #2 regarding verbal abuse by Certified Nursing Assistant (CNA) #2 towards Resident #1 that occurred on 03/31/15 during second shift. The allegation revealed the CNA told the resident "don't touch me you son of a bitch" when Resident #1 grabbed the CNA's arm during a transfer at bathing time. This allegation was witnessed by Resident #2 and CNA #1. CNA #1 failed to report the allegation of verbal abuse to facility supervisors and administration; therefore, CNA #2, although not assigned to Resident #1, continued to work the remainder of the shift on that unit, which ended at 10:00 PM. (Refer to F223 and F226)</p> <p>The facility's failure to have an effective system in place to ensure all allegations of abuse were reported immediately and ensure residents were protected from further abuse placed residents at risk for serious injury, harm, impairment or death. Immediate Jeopardy was identified on 04/09/15 and determined to exist on 03/31/15. The facility was notified of the Immediate Jeopardy on 04/09/15.</p> <p>The facility provided an acceptable Allegation of Compliance (AOC) on 04/13/15 which alleged removal of the Immediate Jeopardy on 04/11/15. The State Survey Agency verified the Immediate Jeopardy was removed on 04/11/15 as alleged prior to exit. The scope and severity was lowered to a "D", while the facility implements and monitors the Plan of Correction (POC) for effectiveness of systemic changes and quality assurance.</p> <p>The finding include:</p> <p>Review of the facility's policy regarding Abuse,</p>	F 225	<p>On 10 April 2015, facility wide skin inspections of one hundred and fifteen residents were completed by licensed nursing staff to identify any variances in skin condition that were not previously documented. There were nine skin variations identified and these were addressed by Licensed Nurses utilizing facility policy and procedure. No variances were indicative of signs and symptoms of abuse.</p> <p>III. What measures will be put in place/systemic changes made to ensure correction: On 4/9/15 and 4/10/15, the (SDC) and (ADNS) initiated and performed education with all facility staff to include Kindred Bashford, Health Services Group (HSG) and Rehab Care on the facility abuse policy and procedure, to include, but not limited to, reporting abuse. Education included abuse types, how and when to report. The following policy and procedure and training curriculum was reviewed by the District Director of Clinical Operations with no revisions made to the policies and procedures. The policies and procedure and training curriculum were as follows: POL 504-01 Abuse, PRO-51003 Abuse Prevention, POL-504-06 Reporting reasonable suspicion of crime, Federal Abuse, Neglect and Exploitation Definitions, and the Resident Abuse Acknowledgement was used to confirm comprehension of inservicing provided. As of April 10, 2015 one hundred eight facility staff, HSG and Rehab Care staff have been trained. No staff will be permitted to work after 10 April 2015 without having received the education prior to their scheduled shift. As of April 11, 2015, twenty-nine additional facility staff had received the education prior to working their scheduled shift. The SDC will continue to train all staff and agency staff upon hire, annually, and as necessary. Twelve random residents with a BIMS score of 9 or higher will be interviewed weekly beginning 4/13/15 by the (SSD) utilizing the Abaqis Resident Interview tool Section G until substantial compliance is achieved.</p>		



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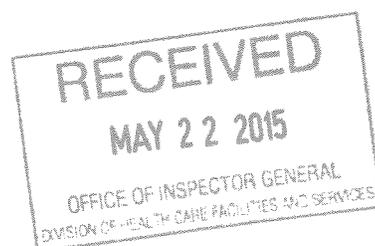
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F 225	<p>Continued From page 16</p> <p>dated 07/28/14, revealed the center staff must report all alleged violations involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of resident property, immediately to a senior clinician, operational leader at the facility, or call the Compliance Hotline. In addition, the policy stated a staff member implicated in an abuse/neglect situation, regardless of discipline, would be immediately removed from any resident contact, interviewed and version of event documented, and suspended pending investigation results.</p> <p>Review of the facility's five (5) day follow up investigation report, dated 04/08/15, revealed on 04/01/15, Resident #2 reported to Licensed Practical Nurse (LPN) #2 he/she heard Certified Nursing Assistant (CNA) #2 say to Resident #1, "Don't grab me you son of a bitch". Resident #1 was assessed and no psychosocial or physical changes were noted. CNA #1 stated herself and CNA #2 helped Resident #1 during his/her shower by removing Resident #1's clothes and assisting Resident #1 into the shower. CNA #1 stated in the report that Resident #1 held onto both her and CNA #2 arms and CNA #2 said to Resident #1, "Don't touch me you son of a bitch". Continued review of the Investigation Report revealed LPN #2 stated Resident #2 came to her and mentioned he/she saw CNA #2 being rough with Resident #1 during a shower the night before (03/31/15). Resident #2 stated to LPN #2 he/she heard CNA #2 state, "Don't grab me you son of a bitch" while helping Resident #1 with his/her shower. Resident #2 stated to LPN #2 this incident occurred during a shower and transfer when Resident #1 grabbed at CNA #2's arm.</p>	F 225	<p>At the time of identification of issues or concerns from random resident interviews if immediate action is needed the Executive Director and Director of Nursing will be responsible for ensuring proper follow-up. On evenings, nights and Weekends the Charge Nurse and/or RNWS will be responsible to notify the Executive Director and (DNS). Any issues identified, and concerns will be addressed utilizing facility policy and procedure.</p> <p>Twelve random staff members will be interviewed weekly beginning 4/13/15 by the (SDC) to include day, evening, night and weekend shifts in regards to abuse policy and procedure and reporting of abuse until substantial compliance is achieved. At the time of identification of issues or concerns from staff interviews and if immediate action is needed, the Executive Director and Director of Nursing will be responsible for ensuring proper follow-up. On evenings, nights and Weekends the Charge Nurse and/or RNWS will be responsible to notify the Executive Director and (DNS). Any concerns identified will be addressed utilizing the facility policy and procedure.</p> <p>On 4/16/15 contact information including, APS, OIG, Ombudsman and the Elder Abuse hotline were placed at all the nursing stations for quick access.</p> <p>IV. How the facility plans to monitor its performance to make sure the solutions are sustained: Any findings of abuse identified during the random resident and staff interviews or otherwise, will be reviewed immediately and again reviewed during the daily audits by the UM. The ED and DNS will be responsible to direct proper follow up according to the facility policies and procedures and the credible allegation of compliance. On evenings and night and weekends the charge nurse and or RNWS will be responsible to notify ED and DNS for proper follow up.</p>	



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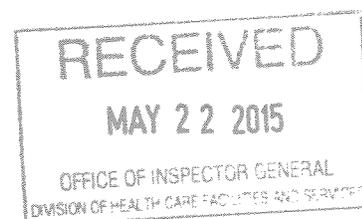
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F 225	<p>Continued From page 17</p> <p>Interview with Resident #2, on 04/08/15 at 4:30 PM, revealed he/she heard CNA #2 say, "Don't touch me you son of a bitch", to Resident #1 on 03/31/15. The resident stated Resident #1 could not speak for himself/herself that's why he/she reported it to LPN #2 the next morning (04/01/15).</p> <p>Interview with CNA #1, on 04/09/15 at 9:00 AM, revealed on 03/31/15 during the second shift she heard CNA #2 say "Don't touch me you son of a bitch" when Resident #1 held on to CNA #2's arm. CNA #1 stated at that time she didn't realize what CNA #2 said would be considered abuse, but realized now that it was verbal abuse. She stated that she did not report this incident to anyone due to not realizing it was abuse. She stated the resident could have had a decline in health due to the verbal abuse and she had failed to report verbal abuse immediately after it happened.</p> <p>Interview with LPN #2, on 04/09/15 at 7:45 AM, revealed Resident #2 reported an allegation of verbal abuse to her last week when she reported to work at 7:00 AM on 04/01/15 which involved CNA #2. Resident #2 reported he/she heard CNA #2 call Resident #1 a "son of a bitch", after Resident #1 grabbed CNA #2's arm to hold on.</p> <p>Record review on 04/14/15 of the Daily Staffing Schedule dated for 03/31/15, revealed CNA #2 worked the second shift from 2:00 PM-10:00 PM on 03/31/15 on the One Hundred (100) unit where Resident #1 resided.</p> <p>Interview with the Administrator, on 04/09/15 at 2:30 PM, revealed an allegation of abuse was reported to him on 04/01/15 by Resident #2 and he immediately reported the allegation to the</p>	F 225	<p>These daily audit findings will be reviewed at the weekly PI committee meetings with tracking and trending completed by DNS. The weekly PI meetings are to continue for the next 3 months. The frequency of the audits will increase or decreased based on the findings. The weekly committee meeting was initiated on 4/9/15. The meetings are of date 4/16/15 (no concerns noted) 4/20/15 (no concerns). After 4/20/15, the weekly audits were reviewed with no concerns identified. At that time, the PI committee that included Medical Director, deemed the audits valid and appropriate and approved the continuation of the current plan until substantial compliance is achieved. The performance improvements weekly findings will be further reviewed and monitored through the monthly PI process. The members of PI committee may include but is not limited to the Executive Director, Director of Nursing Services, Unit Managers, Staff Development Coordinator, Social Service Director and Medical Director.</p> <p>The Medical Director was notified of immediate jeopardy on 9 April 2015 by the Executive Director and 10 April 2015 on the immediate jeopardy removal plan. The Medical Director was involved in the development of the Immediate jeopardy removal plan including the review and approval of the monitoring tools. The Performance Improvement Committee has reviewed and approved this immediate jeopardy removal plan on 9 April 2015.</p> <p>The immediate jeopardy was removed on 11 April 2015.</p>		



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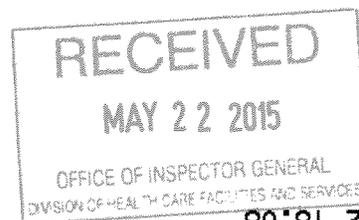
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F 225	<p>Continued From page 18</p> <p>Director of Nursing. Per interview, CNA #2 was interviewed and suspended her due to the allegation.</p> <p>Further interview with the Administrator, on 04/09/15 at 5:30 PM, revealed CNA #1 should have reported the allegation of abuse immediately but she failed to do so. This failure resulted in CNA #2 continuing to provide care to residents on the unit.</p> <p>The facility provided an acceptable AOC on 04/13/15 that alleged removal of the Immediate Jeopardy on 04/11/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> <li>1. On 04/09/15, Resident #1's care plan and the CNA Assignment Sheet were revised and additional behavior interventions were added.</li> <li>2. On 04/09/15, the Social Services Director (SSD) re-assessed Residents #1 and #2.</li> <li>3. On 04/01/15, the Director of Nursing Services (DNS) and Staff Development Coordinator (SDC) interviewed thirteen (13) residents that CNA #2 had provided care to on the day of the incident (03/31/15). In addition, a total of six (6) nursing staff who worked with CNA #2 (on the day of the incident) were interviewed.</li> <li>4. On 04/09/15, the Unit Mangers (UMs), Wound Nurse and SSD reviewed one hundred and eleven (111) residents' behavior logs, care plans and two (2) concurrent weeks of Nurses' Notes for documented behaviors. Thirty (30) of these residents had additional interventions added to their care plans and CNA assignment sheets.</li> </ol>	F 225			



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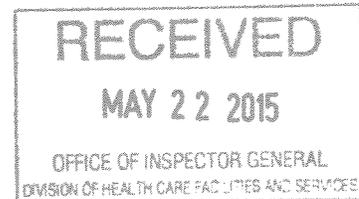
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F 225	Continued From page 19 5. On 04/10/15, fifty-eight (58) residents with a BIMS score of nine (9) or higher were interviewed utilizing the Abaqis Resident Interview tool (Quality Management System standardized tool used for resident abuse interviews) Section G.  6. On 04/10/15, skin assessments were completed facility wide, on one hundred and fifteen (115) residents. Nine (9) skin variations were identified.  7. UMs and/or the Registered Nurse Weekend Supervisor (RNWS) began review of the Daily Resident Behavior Logs and Nurses' Notes for unidentified behaviors.  8. The facility will interview twelve (12) random residents with BIMS score of nine (9) or higher, weekly beginning 04/13/15. These interviews will be conducted by the SSD utilizing the Abaqis Resident Interview tool Section G.  9. The facility will interview twelve (12) random staff members weekly (beginning 04/13/15) by the SDC regarding the abuse policy and procedures and reporting of abuse. This will continue until substantial compliance has been achieved.  10. On 04/09/15 and 04/10/15, the SDC and Assistant Director of Nursing Services (ADNS) initiated and performed education with all facility staff on the abuse policy and procedure, reporting abuse, abuse types and how, when and to whom to report abuse.  11. A Performance Improvement Committee including, but not limited to, the Executive Director (ED), DNS, UMs, SDC, SSD and Medical	F 225			



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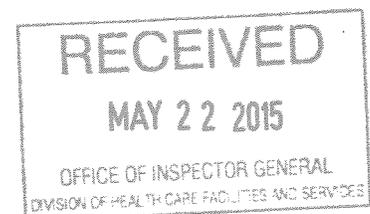
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F 225	<p>Continued From page 20</p> <p>Director (MD), began meeting weekly to discuss all audit findings of residents' behavior logs, Nurses' Notes, random residents and staff interviews conducted.</p> <p>12. The Medical Director was notified of the Immediate Jeopardy on 04/09/15.</p> <p>Through observation, interview and record review the State Survey Agency validated the ACO on 04/09/15 as follows:</p> <p>1. Review, on 04/15/15, of Resident #1's care plan and CNA assignment sheet revealed they were both revised. The care plan had a new focus, goal and interventions added, this was dated 04/09/15. Interventions included approaching resident in calm manner at all times; explain care to resident before providing; play gospel music while providing care if resident becomes agitated or physically aggressive; and, ensure by laying a sheet over resident if (he/she) becomes agitated for a feeling of security and provide conversation while providing care. The CNA assignment sheet included the same interventions.</p> <p>Interview with the DNS, on 04/14/15 at 2:48 PM, revealed she updated Resident #1's care plan and CNA assignment sheet to reflect the resident's behaviors for grabbing out at staff while receiving care, including transfers and showering. The DNS stated the interventions included: approaching the resident in a calm manner; explain care to the resident before providing; and, lay a sheet over the resident for a sign of security.</p> <p>2. Interdisciplinary Progress Notes, dated 04/09/15, for Residents #1 and #2 were reviewed</p>	F 225			



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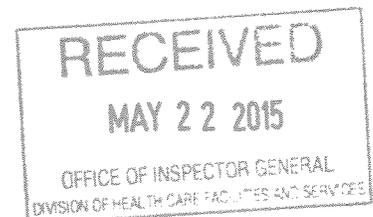
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F 225	<p>Continued From page 21 on 04/15/15. The SSD had assessed both residents and no emotional injuries were noted and no signs of sadness, anger or fearfulness were noted.</p> <p>Interview with the DNS, on 04/14/15 at 2:48 PM, revealed she had spoken with the SSD concerning the assessment performed and no emotional injuries or voiced fearfulness, sadness or anger were expressed by either resident during the assessment.</p> <p>The Social Services Director was not available this date for interview.</p> <p>3. The thirteen (13) residents interviews that were conducted by the SDC were reviewed on 04/15/15, with no concerns voiced by the residents regarding CNA #2.</p> <p>Interviews conducted with Resident #3 on 04/08/15 at 5:00 PM; on 04/09/15 with Resident #4 at 10:10 AM; Resident #5 at 2:00 PM; Resident #6 at 2:10 PM; Resident #7 at 2:15 PM; Resident #8 at 2:20 PM; Resident #9 at 2:23 PM; and, on 04/15/15 with Resident #10 at 9:49 AM; Resident #11 at 10:04 AM; Resident #12 at 10:23 AM; Resident #13 at 10:47 AM; and, Resident #14 at 11:40 AM, revealed they all had no concerns with any staff members or any other residents hitting, yelling or saying anything inappropriate to them.</p> <p>Observations, on 04/08/15, 04/09/15 and 04/15/15, of resident to resident and resident to staff interactions revealed no concerns.</p> <p>4. The audit of the behavior logs, care plans and two (2) concurrent weeks of Nurses' Notes were</p>	F 225		



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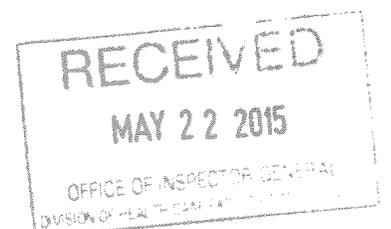
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F 225	<p>Continued From page 22</p> <p>reviewed on 04/15/15. The review revealed there were thirty (30) residents out of the one hundred and eleven (111) who had additional interventions added to their care plan and CNA assignment sheets.</p> <p>Interview with the ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs, care plans and Nurses' Notes were reviewed by the Performance Improvement Committee and each week newly identified behaviors would be reviewed by this committee.</p> <p>5. The fifty-eight (58) resident interviews, with residents who had BIMS assessment scores of nine (9) or higher, were reviewed on 04/15/15. The reviews revealed no concerns with abuse or neglect from staff members or any other residents in this facility.</p> <p>6. The skin assessments conducted on the one hundred and fifteen (115) residents were reviewed on 04/15/15. There were nine (9) residents who had skin variations identified that were not indicative of signs and symptoms of abuse.</p> <p>Interview with LPN #3, on 04/15/15 at 10:58 AM, revealed she assisted in conducting the skin assessments and care planned the new skin variances and updated the CNA assignment sheets.</p> <p>7. The UMs and/or RNWS completed audits on 04/10/15, 04/11/15, 04/12/15, 04/13/15 and 04/14/15 of the resident behavior logs and Nurses' Notes for unidentified behaviors. Review of these audits revealed any new behaviors were noted on a care plan, CNA assignment sheet and</p>	F 225			



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F 225	<p>Continued From page 23</p> <p>Nurses' Notes for those residents who were updated.</p> <p>Interview with the ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs would be reviewed by the Performance Improvement Committee and each week newly identified behaviors would be reviewed by this committee.</p> <p>8. Review of the Abaqis Resident interview tool Section G and resident interviews were reviewed on 04/15/15. These reviews revealed no voiced concerns from residents on abuse from staff members or any other residents.</p> <p>Interviews conducted with twelve (12) residents on 04/09/15 and five (5) residents on 04/15/15 revealed no voiced concerns with any staff members or any other residents concerning abuse.</p> <p>Observations, on 04/08/15, 04/09/15, 04/14/15; and, on 04/15/15, revealed no inappropriate interactions between residents and resident to staff.</p> <p>9. The Random Abuse/Neglect/Inappropriate Comment Questionnaire was reviewed on 04/15/15, revealed staff had not witnessed any type of abuse by another staff member, resident or family member here at this facility.</p> <p>Interview on 04/15/15 with CNA #7 at 1:32 PM, CNA #8 at 1:40 PM, CNA # 9 at 1:49 PM, CNA #10 at 2:00 PM and, CNA #11 at 2:09 PM, revealed they could name the seven (7) types of abuse, knew when to report abuse, to whom to report abuse and they had received in-service training on Abuse/Neglect.</p>	F 225			

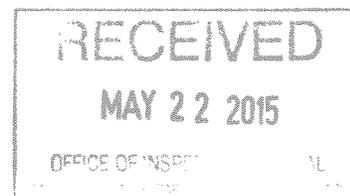




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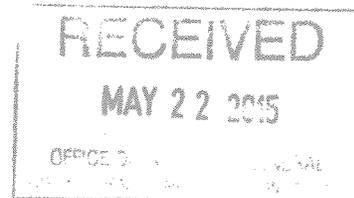
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F 225	Continued From page 25 on abuse and neglect and continuing education.  Interview with the ED, on 04/15/15 at 1:45 PM, revealed he would continue to monitor all staff by random questioning and interviewing all staff on abuse and neglect and continuing education.  12. Interview with the ED, on 04/15/15 at 1:30 PM revealed the Medical Director had been contacted on 04/09/15 and notified of the Immediate Jeopardy and the removal plan of the Immediate Jeopardy.  On 04/15/15 notification of the Immediate Jeopardy and the notification of the removal plan was provided to the Medical Director were reviewed.  Post Survey Interview with the Medical Director, on 04/21/15 at 9:25 AM, revealed he received a call from the facility regarding the Immediate Jeopardy (IJ) and attended the Performance Improvement Committee meeting on 04/09/15 to discuss the IJ and had spoken with the Administrator on multiple occasions regarding the IJ.  Observation on 04/14/15 and 04/15/15 revealed the District Vice President was present at the facility throughout the survey until the Immediate Jeopardy was removed.	F 225		
F 226 SS=J	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.	F 226	483.13(C) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  1. How the corrective action will be accomplished for the affected resident: Resident #1 continues to reside at the Facility. On 4/1/15, an investigation was initiated by the Executive Director (ED), Director of Nursing Services (DNS), and Staff Development Coordinator	4/21/15



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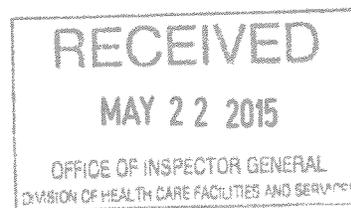
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F 226	Continued From page 26  This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy and investigation report, it was determined the facility failed to have an effective system in place to ensure the facility's policies and procedures related to abuse were implemented for one (1) of four (4) sampled residents, Resident #1. On 04/01/15 the facility received an allegation from Resident #2 regarding verbal abuse by Certified Nursing Assistant (CNA) #2 towards Resident #1 that occurred on 03/31/15 during second shift. The allegation revealed the CNA told the resident "don't touch me you son of a bitch" when Resident #1 grabbed the CNA's arm during a transfer at bathing time. This allegation was witnessed by Resident #2 and CNA #1. CNA #1 failed to report the allegation of verbal abuse to facility supervisors and administration; therefore, CNA #2, although not assigned to Resident #1, continued to work the remainder of the shift on that unit, which ended at 10:00 PM. (Refer to F223 and F225)  The facility's failure to have an effective system in place to ensure the implementation of abuse policies and procedures to prevent abuse placed residents at risk for serious injury, harm, impairment or death. Immediate Jeopardy was identified on 04/09/15 and determined to exist on 03/31/15. The facility was notified of the Immediate Jeopardy on 04/09/15.  The facility provided an acceptable Allegation of Compliance (AOC) on 04/13/15 which alleged	F 226	(SDC). On 4/1/15, Resident #1, BIMS score 99, indicating she is non-interviewable, was assessed by a licensed nurse to include a skin and pain assessment and psychosocial assessment with no negative findings. All staff were interviewed by SDC on 4/1/15 that had worked with C.N.A # 2 on 3/31/15 with no additional concerns voiced. The attending physician for Resident #1 was notified on 4/1/15. The responsible party for Resident #1 was notified on 4/1/15. CNA #1 received education regarding abuse and reporting of abuse on 4/1/15 and 4/2/15 by the (SDC). CNA #2 was suspended on 4/1/15 by the (DNS) pending outcome of investigation, and Adult Protective Services and the Office of Inspector General were notified of the alleged verbal abuse. On 4/9/15 the SSD reassessed resident #1 and #2 for any psychosocial and/or emotional changes with no changes noted. On 4/9/15 resident #1 behavior care plan and C.N.A assignment sheet were revised by LN and the additional interventions were added.  How corrective action will be accomplished for those residents having potential to be affected: All residents had the potential to be affected, although no further concerns were identified. On 4/1/15, the (SDC) and (DNS) interviewed a total thirteen residents that CNA #2 had provided care for the previous evening and there were no allegations of abuse noticed and no concerns with care provided. In addition, on 4/1/15 a total of six nursing staff that worked with CNA #2 the previous evening were interviewed by the (SDC) with no allegations of abuse noted and no concerns with care provided.  On 10 April 2015, fifty-eight residents with a BIMS assessment score of nine or higher were interviewed utilizing the Abaqis Resident Interview Section G.; this was completed by the (SSD). There were no issues noted. Any concerns identified were addressed utilizing facility policy and procedure.	



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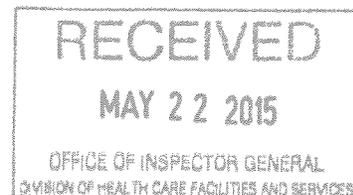
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F 226	Continued From page 27 removal of the Immediate Jeopardy on 04/11/15. The State Survey Agency verified Immediate Jeopardy was removed on 04/11/15 as alleged prior to exit. The scope and severity was lowered to a "D", while the facility implements and monitors the Plan of Correction (POC) for effectiveness of systemic changes and quality assurance.  The finding include:  Review of the facility's policy regarding Abuse, dated 07/28/14, revealed the center staff must report all alleged violations involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation of resident property, immediately to a Senior Clinician, Operational Leader at the facility, or call the Compliance Hotline. In addition, the policy stated a staff member implicated in an abuse/neglect situation, regardless of discipline, would be immediately removed from any resident contact, interviewed and version of event documented, and suspended pending investigation results.  Review of the five (5) day follow up Investigation Report, dated 04/08/15, revealed Resident #2 told Licensed Practical Nurse (LPN) #2 he/she heard Certified Nursing Assistant (CNA) #2, say "Don't grab me you son of a bitch" to Resident #1. CNA #1 stated herself and CNA #2 helped Resident #1 during his/her shower by removing Resident #1's clothes and assisting the resident into the shower. CNA #1 stated Resident #1 held onto both hers and CNA #2's arms and CNA #2 said to Resident #1, "Don't touch me you son of a bitch". LPN #2 stated Resident #2 came to her and mentioned he/she saw CNA #2 being rough with	F 226	On 10 April 2015, facility wide skin inspections of one hundred and fifteen residents were completed by licensed nursing staff to identify any variances in skin condition that were not previously documented. There were nine skin variations identified and these were addressed by Licensed Nurses utilizing facility policy and procedure. No variances were indicative of signs and symptoms of abuse.  III. What measures will be put in place/systemic changes made to ensure correction: On 4/9/15 and 4/10/15, the (SDC) and (ADNS) initiated and performed education with all facility staff to include Kindred Bashford, Health Services Group (HSG) and Rehab Care on the facility abuse policy and procedure, to include, but not limited to, reporting abuse. Education included abuse types, how and when to report. The following policy and procedure and training curriculum was reviewed by the District Director of Clinical Operations with no revisions made to the policies and procedures. The policies and procedure and training curriculum were as follows: POL 504-01 Abuse, PRO-51003 Abuse Prevention, POL-504-06 Reporting reasonable suspicion of crime, Federal Abuse, Neglect and Exploitation Definitions, and the Resident Abuse Acknowledgement was used to confirm comprehension of inservicing provided. As of April 10, 2015 one hundred eight facility staff, HSG and Rehab Care staff have been trained. No staff will be permitted to work after 10 April 2015 without having received the education prior to their scheduled shift. As of April 11, 2015, twenty-nine additional facility staff had received the education prior to working their scheduled shift. The SDC will continue to train all staff and agency staff upon hire, annually, and as necessary. Twelve random residents with a BIMS score of 9 or higher will be interviewed weekly beginning 4/13/15 by the (SSD) utilizing the ABAQIS Resident Interview tool Section G until substantial compliance is achieved. At the time of identification of issues or concerns from random resident interviews if immediate action is needed the Executive Director		



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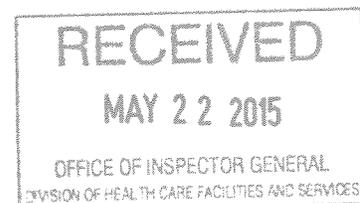
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F 226	Continued From page 28 Resident #1 during a shower the night before. Resident #2 stated to LPN #2, he/she heard CNA #2 state, "Don't grab me you son of a bitch", while helping Resident #1 with his/her shower. Resident #2 stated to LPN #2, this incident occurred during a shower and transfer when Resident #1 grabbed at CNA #2's arm.  Interview with Resident #2, on 04/08/15 at 4:30 PM, revealed he/she heard CNA #2 say, "Don't touch me you son of a bitch", to Resident #1. Resident #2 stated this incident happened in the shower room 03/31/15. The resident stated Resident #1 could not speak for himself/herself so he/she reported it to LPN #2 the next morning after the abuse had occurred.  Interview with LPN #2, on 04/09/15 at 7:45 AM, revealed Resident #2 reported an allegation of verbal abuse to her during last week when she arrived to work at 7:00 AM, on 04/01/15. Further interview with LPN #2, on 04/15/15 at 11:15 AM, revealed CNA's were to report abuse to herself or the nurse in charge and she had never received any allegations of abuse from staff concerning Resident #1.  Interview with CNA #1, on 04/09/15 at 9:00 AM, revealed on 03/31/15 during the second shift she heard CNA #2 say "Don't touch me you son of a bitch". However, CNA #1 did not report the allegation, per the facility's policy, because she did not realize what CNA #2 said was verbal abuse.  Interview with the Administrator, on 04/09/15 at 2:30 PM and at at 5:30 PM, revealed an allegation of abuse which was alleged to have occurred on 03/31/15, was reported to him on	F 226	and Director of Nursing will be responsible for ensuring proper follow-up. On evenings, nights and Weekends the Charge Nurse and/or RNWS will be responsible to notify the Executive Director and (DNS). Any issues identified, and concerns will be addressed utilizing facility policy and procedure.  Twelve random staff members will be interviewed weekly beginning 4/13/15 by the (SDC) to include day, evening, night and weekend shifts in regards to abuse policy and procedure and reporting of abuse until substantial compliance is achieved. At the time of identification of issues or concerns from staff interviews and if immediate action is needed, the Executive Director and Director of Nursing will be responsible for ensuring proper follow-up. On evenings, nights and Weekends the Charge Nurse and/or RNWS will be responsible to notify the Executive Director and (DNS). Any concerns identified will be addressed utilizing the facility policy and procedure.  On 4/16/15 contact information including, APS, OIG, Ombudsman and the Elder Abuse hotline were placed at all the nursing stations for quick access.  IV. How the facility plans to monitor its performance to make sure the solutions are sustained: Any findings of abuse identified during the random resident and staff interviews or otherwise, will be reviewed immediately and again reviewed during the daily audits by the UM. The ED and DNS will be responsible to direct proper follow up according to the facility policies and procedures and the credible allegation of compliance. On evenings and night and weekends the charge nurse and or RNWS will be responsible to notify ED and DNS for proper follow up.  These daily audit findings will be reviewed at the weekly PI committee meetings with tracking and trending completed by DNS. The weekly PI meetings are to continue for the next 3 months. The frequency of the audits will increase or decreased based on the		



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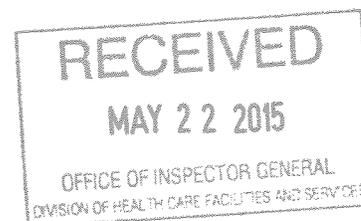
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F 226	<p>Continued From page 29</p> <p>04/01/15 by Resident #2. He revealed CNA #1 should have reported the allegation of abuse immediately and she failed to do so per the facility's policy. This failure resulted in CNA #2 continuing to provide care to residents on the unit and residents not being protected from further abuse, per facility policy. Per interview, CNA #1 was re-educated after the incident.</p> <p>The facility provided an acceptable AOC on 04/13/15 that alleged removal of the Immediate Jeopardy on 04/11/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> <li>On 04/09/15, Resident #1's care plan and the CNA Assignment Sheet were revised and additional behavior interventions were added.</li> <li>On 04/09/15, the Social Services Director (SSD) re-assessed Residents #1 and #2.</li> <li>On 04/01/15, the Director of Nursing Services (DNS) and Staff Development Coordinator (SDC) interviewed thirteen (13) residents that CNA #2 had provided care to on the day of the incident (03/31/15). In addition, a total of six (6) nursing staff who worked with CNA #2 (on the day of the incident) were interviewed.</li> <li>On 04/09/15, the Unit Mangers (UMs), Wound Nurse and SSD reviewed one hundred and eleven (111) residents' behavior logs, care plans and two (2) concurrent weeks of Nurses' Notes for documented behaviors. Thirty (30) of these residents had additional interventions added to their care plans and CNA assignment sheets.</li> <li>On 04/10/15, fifty-eight (58) residents with a</li> </ol>	F 226	<p>findings. The weekly committee meeting was initiated on 4/9/15. The meetings are of date 4/16/15 (no concerns noted) 4/20/15 (no concerns). After 4/20/15, the weekly audits were reviewed with no concerns identified. At that time, the PI committee that included Medical Director, deemed the audits valid and appropriate and approved the continuation of the current plan until substantial compliance is achieved. The performance improvements weekly findings will be further reviewed and monitored through the monthly PI process. The members of PI committee may include but is not limited to the Executive Director, Director of Nursing Services, Unit Managers, Staff Development Coordinator, Social Service Director and Medical Director.</p> <p>The Medical Director was notified of immediate jeopardy on 9 April 2015 by the Executive Director and 10 April 2015 on the immediate jeopardy removal plan. The Medical Director was involved in the development of the immediate jeopardy removal plan including the review and approval of the monitoring tools. The Performance Improvement Committee has reviewed and approved this immediate jeopardy removal plan on 9 April 2015.</p> <p>The immediate jeopardy was removed on 11 April 2015.</p>		



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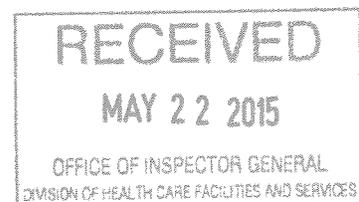
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F 226	<p>Continued From page 30</p> <p>BIMS score of nine (9) or higher were interviewed utilizing the Abaqis Resident Interview tool (Quality Management System standardized tool used for resident abuse interviews) Section G.</p> <p>6. On 04/10/15, skin assessments were completed facility wide, on one hundred and fifteen (115) residents. Nine (9) skin variations were identified.</p> <p>7. UMs and/or the Registered Nurse Weekend Supervisor (RNWS) began review of the Daily Resident Behavior Logs and Nurses' Notes for unidentified behaviors.</p> <p>8. The facility will interview twelve (12) random residents with BIMS score of nine (9) or higher, weekly beginning 04/13/15. These interviews will be conducted by the SSD utilizing the Abaqis Resident Interview tool Section G.</p> <p>9. The facility will interview twelve (12) random staff members weekly (beginning 04/13/15) by the SDC regarding the abuse policy and procedures and reporting of abuse. This will continue until substantial compliance has been achieved.</p> <p>10. On 04/09/15 and 04/10/15, the SDC and Assistant Director of Nursing Services (ADNS) initiated and performed education with all facility staff on the abuse policy and procedure, reporting abuse, abuse types and how, when and to whom to report abuse.</p> <p>11. A Performance Improvement Committee including, but not limited to, the Executive Director (ED), DNS, UMs, SDC, SSD and Medical Director (MD), began meeting weekly to discuss</p>	F 226			



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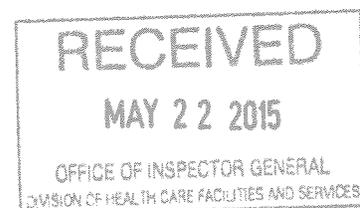
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F 226	Continued From page 31 all audit findings of residents' behavior logs, Nurses' Notes, random residents and staff interviews conducted.  12. The Medical Director was notified of the Immediate Jeopardy on 04/09/15.  Through observation, interview and record review the State Survey Agency validated the ACO on 04/09/15 as follows:  1. Review, on 04/15/15, of Resident #1's care plan and CNA assignment sheet revealed they were both revised. The care plan had a new focus, goal and interventions added, this was dated 04/09/15. Interventions included approaching resident in calm manner at all times; explain care to resident before providing; play gospel music while providing care if resident becomes agitated or physically aggressive; and, ensure by laying a sheet over resident if (he/she) becomes agitated for a feeling of security and provide conversation while providing care. The CNA assignment sheet included the same interventions.  Interview with the DNS, on 04/14/15 at 2:48 PM, revealed she updated Resident #1's care plan and CNA assignment sheet to reflect the resident's behaviors for grabbing out at staff while receiving care, including transfers and showering. The DNS stated the interventions included: approaching the resident in a calm manner; explain care to the resident before providing; and, lay a sheet over the resident for a sign of security.  2. Interdisciplinary Progress Notes, dated 04/09/15, for Residents #1 and #2 were reviewed on 04/15/15. The SSD had assessed both	F 226		



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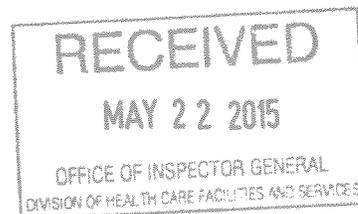
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F 226	<p>Continued From page 32</p> <p>residents and no emotional injuries were noted and no signs of sadness, anger or fearfulness were noted.</p> <p>Interview with the DNS, on 04/14/15 at 2:48 PM, revealed she had spoken with the SSD concerning the assessment performed and no emotional injuries or voiced fearfulness, sadness or anger were expressed by either resident during the assessment.</p> <p>The Social Services Director was not available this date for interview.</p> <p>3. The thirteen (13) residents interviews that were conducted by the SDC were reviewed on 04/15/15, with no concerns voiced by the residents regarding CNA #2.</p> <p>Interviews conducted with Resident #3 on 04/08/15 at 5:00 PM; on 04/09/15 with Resident #4 at 10:10 AM; Resident #5 at 2:00 PM; Resident #6 at 2:10 PM; Resident #7 at 2:15 PM; Resident #8 at 2:20 PM; Resident #9 at 2:23 PM; and, on 04/15/15 with Resident #10 at 9:49 AM; Resident #11 at 10:04 AM; Resident #12 at 10:23 AM; Resident #13 at 10:47 AM; and, Resident #14 at 11:40 AM, revealed they all had no concerns with any staff members or any other residents hitting, yelling or saying anything inappropriate to them.</p> <p>Observations, on 04/08/15, 04/09/15 and 04/15/15, of resident to resident and resident to staff interactions revealed no concerns.</p> <p>4. The audit of the behavior logs, care plans and two (2) concurrent weeks of Nurses' Notes were reviewed on 04/15/15. The review revealed there</p>	F 226			



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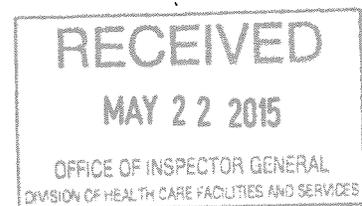
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F 226	<p>Continued From page 33</p> <p>were thirty (30) residents out of the one hundred and eleven (111) who had additional interventions added to their care plan and CNA assignment sheets.</p> <p>Interview with the ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs, care plans and Nurses' Notes were reviewed by the Performance Improvement Committee and each week newly identified behaviors would be reviewed by this committee.</p> <p>5. The fifty-eight (58) resident interviews, with residents who had BIMS assessment scores of nine (9) or higher, were reviewed on 04/15/15. The reviews revealed no concerns with abuse or neglect from staff members or any other residents in this facility.</p> <p>6. The skin assessments conducted on the one hundred and fifteen (115) residents were reviewed on 04/15/15. There were nine (9) residents who had skin variations identified that were not indicative of signs and symptoms of abuse.</p> <p>Interview with LPN #3, on 04/15/15 at 10:58 AM, revealed she assisted in conducting the skin assessments and care planned the new skin variances and updated the CNA assignment sheets.</p> <p>7. The UMs and/or RNWS completed audits on 04/10/15, 04/11/15, 04/12/15, 04/13/15 and 04/14/15 of the resident behavior logs and Nurses' Notes for unidentified behaviors. Review of these audits revealed any new behaviors were noted on a care plan, CNA assignment sheet and Nurses' Notes for those residents who were</p>	F 226			



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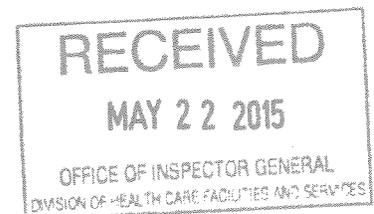
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F 226	<p>Continued From page 34 updated.</p> <p>Interview with the ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs would be reviewed by the Performance Improvement Committee and each week newly identified behaviors would be reviewed by this committee.</p> <p>8. Review of the Abaqis Resident interview tool Section G and resident interviews were reviewed on 04/15/15. These reviews revealed no voiced concerns from residents on abuse from staff members or any other residents.</p> <p>Interviews conducted with twelve (12) residents on 04/09/15 and five (5) residents on 04/15/15 revealed no voiced concerns with any staff members or any other residents concerning abuse.</p> <p>Observations, on 04/08/15, 04/09/15, 04/14/15; and, on 04/15/15, revealed no inappropriate interactions between residents and resident to staff.</p> <p>9. The Random Abuse/Neglect/Inappropriate Comment Questionnaire was reviewed on 04/15/15, revealed staff had not witnessed any type of abuse by another staff member, resident or family member here at this facility.</p> <p>Interview on 04/15/15 with CNA #7 at 1:32 PM, CNA #8 at 1:40 PM, CNA # 9 at 1:49 PM, CNA #10 at 2:00 PM and, CNA #11 at 2:09 PM, revealed they could name the seven (7) types of abuse, knew when to report abuse, to whom to report abuse and they had received in-service training on Abuse/Neglect.</p>	F 226			



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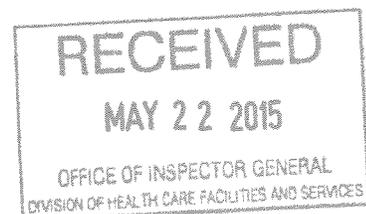
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F 226	<p>Continued From page 35</p> <p>10. Review of training records and sign in sheets, dated for 04/09/15, 04/10/15, 04/11/15, 04/12/15 and 04/15/15, revealed a total of one hundred and thirty seven (137) staff were trained on resident rights, the facility's abuse policy including; types of abuse, how and when to report abuse.</p> <p>Interview on 04/14/15 with CNA #12 at 4:15 PM, CNA #13 at 4:25 PM, 04/15/15 with CNA #7 at 1:32 PM, CNA #8 at 1:40 PM, CNA #9 at 1:49 PM, CNA #10 at 2:00 PM, CNA #11 at 2:09 PM, LPN #3 at 10:58 AM, LPN #2 at 11:15 AM, LPN #4 at 12:45 AM and LPN #5 at 1:00 PM, revealed they had received in-service training on Abuse/Neglect and could recall the seven (7) types of abuse, knew when to report abuse, and to whom to report abuse.</p> <p>11. Review of the sign in sheet, dated 04/09/15, revealed the ED conducted a meeting to discuss and develop a credible acceptable Allegation of Compliance (AOC). A Performance Improvement Committee was created and will meet weekly to review audits of the daily review of resident behavior logs, Nurses' Notes for newly identified behaviors, random staff and resident interviews.</p> <p>Interview with the DNS and ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs and Nurses' Notes for newly identified behaviors, and the random residents and staff interviews would be reviewed each week by the Performance Improvement Committee.</p> <p>Interview with the DNS, on 04/15/15 at 1:30 PM, revealed she would continue to monitor nursing staff by random questioning and interviewing staff on abuse and neglect and continuing education.</p>	F 226		



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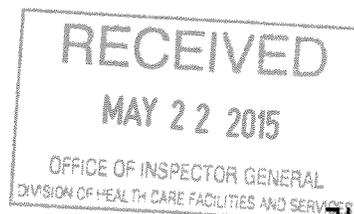
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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-BASHFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 3535 BARDSTOWN ROAD LOUISVILLE, KY 40218		
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F 226	Continued From page 36  Interview with the ED, on 04/15/15 at 1:45 PM, revealed he would continue to monitor all staff by random questioning and interviewing all staff on abuse and neglect and continuing education.  12. Interview with the ED, on 04/15/15 at 1:30 PM revealed the Medical Director had been contacted on 04/09/15 and notified of the Immediate Jeopardy and the removal plan of the Immediate Jeopardy.  On 04/15/15 notification of the Immediate Jeopardy and the notification of the removal plan was provided to the Medical Director were reviewed.  Post Survey Interview with the Medical Director, on 04/21/15 at 9:25 AM, revealed he received a call from the facility regarding the Immediate Jeopardy (IJ) and attended the Performance Improvement Committee meeting on 04/09/15 to discuss the IJ and had spoken with the Administrator on multiple occasions regarding the IJ.  Observation on 04/14/15 and 04/15/15 revealed the District Vice President was present at the facility throughout the survey until the Immediate Jeopardy was removed.	F 226			
F 279 SS-J	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care	F 279	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution this plan correction does not constitute admission by the provider of the truth of the facts alleged or conclusions forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.  483.20(D), 483.20(K)(1) DEVELOP COMPREHENSIVE CARE PLANS	4/21/15	



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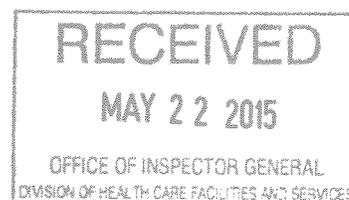
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F 279	<p>Continued From page 37</p> <p>plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy, it was determined the facility failed to develop a comprehensive care plan that identified individual behaviors, with goals and interventions to direct staff in the delivery of care based on the comprehensive assessment for one (1) of four (4) sampled residents (Resident #1).</p> <p>On 03/31/15, Certified Nursing Assistant (CNA) #2 called Resident #1 a "Son of a bitch", when the resident grabbed the CNA's arm. The facility assessed the resident to have severe cognition impairment. Interviews with CNAs #2 and #13 revealed Resident #1 had a known behavior of grabbing staff's arm and holding on to them during transfers and showering. In addition, the facility also assessed the resident to have alteration in mood and behavior as he/she would yell out at times related to pain. However, the facility failed to develop a comprehensive care</p>	F 279	<p>I. How the corrective action will be accomplished for the affected resident: Resident #1's care plan was revised on 4-9-15 by a licensed nurse and additional behavior interventions were added to include: approach me in a calm manner at all times, explain care to me before providing care, if I become agitated or physically aggressive play gospel music while providing care, if resident becomes agitated ensure the resident has sheet lying over her to provide a feeling of security, and provide conversation while providing care. The C.N.A assignment sheets were updated with these interventions.</p> <p>On 9 April 2015, the Social Services Director (SSD) re-assessed Resident #1 and Resident #2 for any psychosocial/emotional changes or residual effects from incident. None were noted.</p> <p>II. How corrective action will be accomplished for those residents having potential to be affected: All residents have the potential to be affected although none were further identified at the present time. No further actions were warranted. On 9 April 2015, the Unit Managers (UMs), Wound Nurse and (SSD) reviewed one hundred and eleven residents, to include, review of behaviors logs, care plans, and two concurrent weeks of nurses notes for documented behaviors. Thirty residents had additional interventions added to their care plan and to the (CNA) assignment sheets. Findings identified that needed further follow up were addressed utilizing facility policy and procedure. In addition, on 9 April 2015 Twelve Certified Nursing Assistants (CNAs) on the evening shift were interviewed by the (UMs), (SSD) and Wound Care Nurse to determine the possibility of undocumented behaviors. If behaviors that were not previously identified were noted, a description of the behavior was documented and the IDT team revised the individual resident care plans and CNA Assignment sheets to include appropriate interventions. The Interdisciplinary Team (IDT) may include, but is not</p>		



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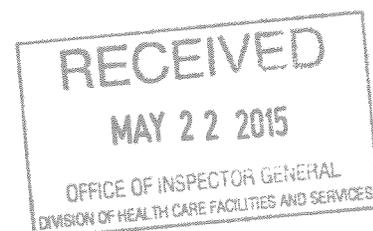
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F 279	Continued From page 38 plan for these behaviors that the resident exhibited during transfers, showers and care.  The facility's failure to ensure its policy was followed and a care plan related to behaviors of a cognitively impaired resident while receiving care was developed placed residents at risk in a situation that caused or was likely to cause serious injury, harm, impairment, or death. Immediate Jeopardy was identified on 04/09/15 and determined to exist on 03/31/15. The facility was notified of the Immediate Jeopardy on 04/09/15.  The facility provided an acceptable Allegation of Compliance (AOC) on 04/13/15 which alleged removal of the Immediate Jeopardy on 04/11/15. The State Survey Agency verified Immediate Jeopardy was removed on 04/11/15, as alleged, prior to exit. The Scope and Severity was lowered to a "D", while the facility implements and monitors its Plan of Correction (POC) for effectiveness of systemic changes and quality assurance.  The findings include:  Review of the facility's Care Plan policy, dated 01/07/12, revealed the comprehensive care plan was developed consistent with the residents' specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions and services, and timetables to meet the resident's needs as identified in the resident assessment or identified in relation to the resident's response to the interventions, or changes in the resident's condition. The care plan would address the risk factors that might lead to	F 279	limited to the (UMs, SSD, ED, Assistant Director of Nursing (ADNS), and (SDC).  III. What measures will be put in place/systemic changes made to ensure correction: Beginning 4/10/15 the (UMs) and/or Registered Nurse Weekend Supervisor (RNWS) will review daily resident behavior logs and nurses notes for unidentified behaviors until substantial compliance is achieved. Care plans and CNA assignment sheets will be updated with proper interventions, as indicated in the Credible Allegation of Compliance (AOC). At the time issues or concerns are identified from daily reviews of behavior logs or otherwise, if immediate action is needed, the Executive Director, (DNS), (ADNS) and/or (UMs) will be responsible for ensuring proper follow up. The Behavior education includes identifying behaviors, management and report of difficult behaviors. This was initiated on 4/13/15 with no staff being permitted to work until completion prior to their start of shift on 4/16/15. This training was completed by the SDC. The SDC will continue to train all staff upon hire and as necessary.  How the facility plans to monitor its performance to make sure the solutions are sustained: Any new behaviors identified during the daily audits from the behavior logs, nurses notes or otherwise will be reviewed by the IDT. The ED and DNS will be responsible to direct proper follow up according to the facility policies and procedures and the creditable allegation of compliance. On evenings, nights and weekends the charge nurse and or RNWS will be responsible to notify the ED and DNS for proper follow up. These daily audit findings will be reviewed at the weekly PI committee meetings with tracking and trending completed by the DNS. The weekly PI meetings are to continue for the next 3 months. The frequency of the audits will increase or decreased based on the findings. The weekly committee meeting was initiated on 4/9/15. The meetings are of date 4/16/15 (no concerns noted) 4/20/15 (no concerns noted).		



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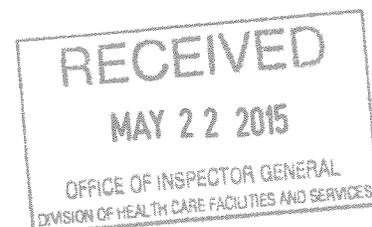
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F 279	Continued From page 39 avoidable declines in functioning or functional levels.  Review of Resident #1's medical record revealed the facility admitted the resident on 07/09/11, with diagnoses of Vascular Dementia, Anxiety State and Toxic Encephalopathy. Review of the Cognitive loss/Dementia Care Area Assessment (CAA) Summary, Assessment Reference Date (ARD), date of 05/22/14, revealed an actual problem of a cognitive deficit related to Dementia, memory problem severely impaired, anxiety, exhibited disorganized thinking at times, with a decreased ability to make self understood and difficulty understanding others. The facility further assessed the resident as needing reassurance, and reminders to help make sense of things; visual impairment, and the inability to perform Activities of Daily Living (ADLs) without significant physical assistance. The CAA did not note (check) under communication that the resident spoke another language. Further review of the MDS revealed it did not address the resident's behaviors of grabbing staff's arms during transfer, showers or care.  Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 01/22/15, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score of ninety nine (99) which indicated the resident was unable to complete the interview and was not interviewable.  Review of Resident #1's Comprehensive Care Plan, dated 08/21/12, revealed the resident had an alteration in communication and the potential for a negative affect in psycho-social well-being as English was his/her second language.	F 279	After 4/20/15, the weekly audits were reviewed with no concerns identified. At that time, the PI committee that included Medical Director, deemed the audits valid and appropriate and approved the continuation of the current plan until substantial compliance is achieved. The performance improvements weekly findings will be furthered reviewed and monitored through the monthly PI process. The Members of PI committee may include but not limited to the Executive Director, Director of Nursing Services, Unit Managers, Staff Development Coordinator, Social Service Director and Medical Director.  The Medical Director was notified of immediate jeopardy on 9 April 2015 by the Executive Director. And 10 April 2015 on the immediate jeopardy removal plan. The Medical Director was involved in the development of the immediate jeopardy removal plan including the review and approval of the monitoring tools. The Performance Improvement Committee has reviewed and approved this immediate jeopardy removal plan on 9 April 2015. The immediate jeopardy was removed on 11 April 2015.		



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F 279	<p>Continued From page 40</p> <p>Interventions included: speaking slowly and clearly; use simple direct communication when talking to the resident; and, to use an interpreter service when communicating critical information to the resident. However, the care plan did not address the specific behaviors displayed by the resident during transfer, shower or other care; and, it did not provide direction to staff in the delivery of care based on the resident grabbing staff during transfers and showers.</p> <p>Review of Resident #1's CNA assignment sheet (what the nurse aides follow to care for each resident) revealed the resident had a loss in cognition due to a history of Stroke, alteration in communication; and, a potential for a negative affect in psycho-social well-being. The CNA Assignment Sheet did not address the resident's behavior during transfers, showering or during any care provided and did not provide staff with instruction or direction in the provision of care based on the resident's behavior of grabbing staff during transfers and showers.</p> <p>Review of the facility's initial Investigation Report, dated 04/01/15, revealed Resident #2 told Licensed Practical Nurse (LPN) #2 that Certified Nurse Assistant (CNA) #2 called Resident #1 a "Son of a bitch". Review of the facility's final five (5) day investigation results, dated 04/07/15, (for the 04/1/15 incident) revealed an assessment of Resident #1 was completed by a nurse and no physical or psychosocial changes were noted after the incident. Further review of the report revealed an interview with Resident #2 revealed he/she over heard one of the CNAs state, "Don't grab me you son of a bitch." The resident stated this occurred when resident Resident #1 grabbed at the CNA's arm, during his/her shower and</p>	F 279			



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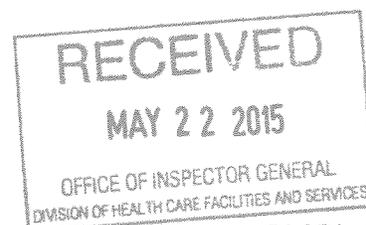
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F 279	<p>Continued From page 41</p> <p>transfer. Further review of the final five (5) day Investigation Report revealed the facility substantiated verbal abuse. The facility indicated CNA #2 had been suspended since the allegation was made and CNA #1 was re-educated on reporting possible abuse immediately and no further adverse reactions from Resident #1 were noted.</p> <p>Interview with CNA #1, on 04/09/15 at 9:00 AM, revealed on 03/31/15 during second shift she helped CNA #2 that evening in the shower room with Resident #1. She stated she helped remove Resident #1's clothes and helped the resident onto the shower bed. She stated Resident #1 always held onto the aides' arm when he/she was assisted into the shower. CNA #1 stated she tried to explain to CNA #2 how to take care of Resident #1 because that was CNA #2's first time in the shower room with the resident. Further interview with CNA #1 revealed that's when Resident #1 held on to CNA #2's arm and CNA #2 said to the resident, "Don't touch me you son of a bitch."</p> <p>Interview with CNA #13, on 04/14/15 at 4:25 PM, revealed she had been assigned to Resident #1 on a regular basis during the second shift between 2:00 PM-10:00 PM. She stated she knew by just working with the resident that the resident would hold on to the aides' arms during showers or any type of care. CNA #13 stated this behavior was not documented on the CNA Assignment Sheet. CNA #13 stated that CNAs were supposed to record all behaviors in the behavioral log that was kept at the nurses' station and the nurses checked the log during their shift. If this was a new behavior for the resident, then nursing would care plan the behavior and contact the resident's doctor if needed. CNA #13 stated</p>	F 279			

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F 279	<p>Continued From page 42 she did record Residents #1's behavior in the log.</p> <p>Review of the Behavior log, revealed the facility only kept a week's time of documentation and then it was shredded. Resident #1's behaviors were not in the log to verify.</p> <p>Interview with LPN #2, on 04/15/15 at 11:15 AM, revealed she was Resident #1's first shift nurse between 7:00 AM-7:00 PM most days. She stated she did not know that Resident #1 had any type of behaviors. LPN #2 stated that the CNAs provided most all of the care for Resident #1 expect for passing medications. She stated that it was never recorded in the Behavioral Log or brought to her attention that Resident #1 was grabbing and holding on to the aides' arms while they provided any type of care. She stated that she had never experienced that behavior with the resident.</p> <p>Post survey interview with the MDS Coordinator, on 04/21/15 at 8:30 AM, revealed the MDS assessment would be considered critical information for Resident #1; however, she had never used the interpreter service with Resident #1 during an assessment. The resident could answer yes/no questions and point to letters utilized during the assessment, could answer simple questions and make his/her needs known. Because of this, she would consider the care plan accurate and appropriate for Resident #1.</p> <p>Interview with the Director of Nursing Services (DNS), on 04/14/15 at 2:48 PM, revealed the nursing staff was trained to use non-pharmacological approaches for residents who had behaviors. She stated that nursing used activities that interested the resident; (however,</p>	F 279		



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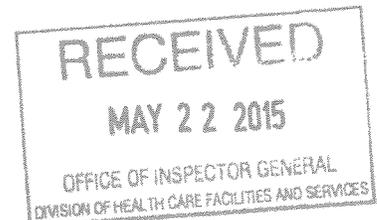
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F 279	<p>Continued From page 43</p> <p>review of the care plan revealed this was not addressed); provide a calming environment for the resident, and provide and recommend psych-services for residents with behaviors; (however, review of the medical record revealed Resident #1 was not seen by psychiatric services). The DNS stated all behaviors were care planned and documented on the CNA sheets; (however, review of the care plans and CNA sheets revealed this behavior was not addressed). The DNS stated that CNAs knew to document any new behavior for a resident in the Behavior Log and to report all behaviors to the shift nurse. She further stated it was then the nurse's responsibility to contact the resident's doctor and family about the behavior; care plan and document the behavior in the nurse's notes on Point Care Click (the facility's nursing computer system); and, complete an assessment on the resident. However, review of the Point Care Click Nurses' Notes revealed no documentation of Resident #1's behaviors. The DNS further stated the system was not followed by the staff.</p> <p>The facility provided an acceptable AOC on 04/13/15 that alleged removal of the Immediate Jeopardy on 04/11/15. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> <li>1. On 04/09/15, Resident #1's care plan and the CNA Assignment Sheet were revised and additional behavior interventions were added.</li> <li>2. On 04/09/15, the Social Services Director (SSD) re-assessed Residents #1 and #2.</li> <li>3. On 04/01/15, the Director of Nursing Services (DNS) and Staff Development Coordinator (SDC)</li> </ol>	F 279		
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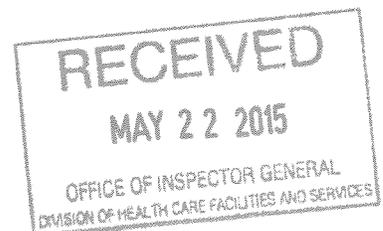
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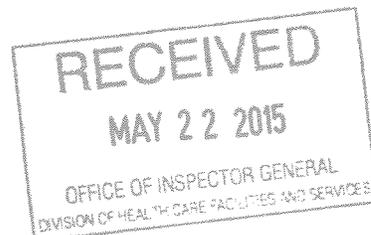
F 279	<p>Continued From page 44</p> <p>interviewed thirteen (13) residents that CNA #2 had provided care to on the day of the incident (03/31/15). In addition, a total of six (6) nursing staff who worked with CNA #2 (on the day of the incident) were interviewed.</p> <p>4. On 04/09/15, the Unit Mangers (UMs), Wound Nurse and SSD reviewed one hundred and eleven (111) residents' behavior logs, care plans and two (2) concurrent weeks of Nurses' Notes for documented behaviors. Thirty (30) of these residents had additional interventions added to their care plans and CNA assignment sheets.</p> <p>5. On 04/10/15, fifty-eight (58) residents with a BIMS score of nine (9) or higher were interviewed utilizing the Abaqis Resident Interview tool (Quality Management System standardized tool used for resident abuse interviews) Section G.</p> <p>6. On 04/10/15, skin assessments were completed facility wide, on one hundred and fifteen (115) residents. Nine (9) skin variations were identified.</p> <p>7. UMs and/or the Registered Nurse Weekend Supervisor (RNWS) began review of the Daily Resident Behavior Logs and Nurses' Notes for unidentified behaviors.</p> <p>8. The facility will interview twelve (12) random residents with BIMS score of nine (9) or higher, weekly beginning 04/13/15. These interviews will be conducted by the SSD utilizing the Abaqis Resident Interview tool Section G.</p> <p>9. The facility will interview twelve (12) random staff members weekly (beginning 04/13/15) by the SDC regarding the abuse policy and</p>	F 279		
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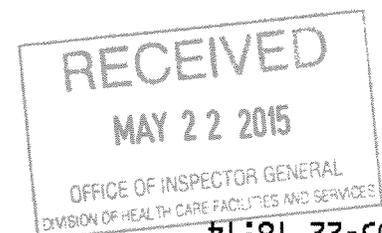
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/15/2015
NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-BASHFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 3535 BARDSTOWN ROAD LOUISVILLE, KY 40218		
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F 279	<p>Continued From page 45</p> <p>procedures and reporting of abuse. This will continue until substantial compliance has been achieved.</p> <p>10. On 04/09/15 and 04/10/15, the SDC and Assistant Director of Nursing Services (ADNS) initiated and performed education with all facility staff on the abuse policy and procedure, reporting abuse, abuse types and how, when and to whom to report abuse.</p> <p>11. A Performance Improvement Committee including, but not limited to, the Executive Director (ED), DNS, UMs, SDC, SSD and Medical Director (MD), began meeting weekly to discuss all audit findings of residents' behavior logs, Nurses' Notes, random residents and staff interviews conducted.</p> <p>12. The Medical Director was notified of the Immediate Jeopardy on 04/09/15.</p> <p>Through observation, interview and record review the State Survey Agency validated the ACO on 04/09/15 as follows:</p> <p>1. Review, on 04/15/15, of Resident #1's care plan and CNA assignment sheet revealed they were both revised. The care plan had a new focus, goal and interventions added, this was dated 04/09/15. Interventions included approaching resident in calm manner at all times; explain care to resident before providing; play gospel music while providing care if resident becomes agitated or physically aggressive; and, ensure by laying a sheet over resident if (he/she) becomes agitated for a feeling of security and provide conversation while providing care. The CNA assignment sheet included the same</p>	F 279			



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F 279	<p>Continued From page 46 interventions.</p> <p>Interview with the DNS, on 04/14/15 at 2:48 PM, revealed she updated Resident #1's care plan and CNA assignment sheet to reflect the resident's behaviors for grabbing out at staff while receiving care, including transfers and showering. The DNS stated the interventions included: approaching the resident in a calm manner; explain care to the resident before providing; and, lay a sheet over the resident for a sign of security.</p> <p>2. Interdisciplinary Progress Notes, dated 04/09/15, for Residents #1 and #2 were reviewed on 04/15/15. The SSD had assessed both residents and no emotional injuries were noted and no signs of sadness, anger or fearfulness were noted.</p> <p>Interview with the DNS, on 04/14/15 at 2:48 PM, revealed she had spoken with the SSD concerning the assessment performed and no emotional injuries or voiced fearfulness, sadness or anger were expressed by either resident during the assessment.</p> <p>The Social Services Director was not available this date for interview.</p> <p>3. The thirteen (13) residents interviews that were conducted by the SDC were reviewed on 04/15/15, with no concerns voiced by the residents regarding CNA #2.</p> <p>Interviews conducted with Resident #3 on 04/08/15 at 5:00 PM; on 04/09/15 with Resident #4 at 10:10 AM; Resident #5 at 2:00 PM; Resident #6 at 2:10 PM; Resident #7 at 2:15 PM; Resident #8 at 2:20 PM; Resident #9 at 2:23 PM;</p>	F 279			



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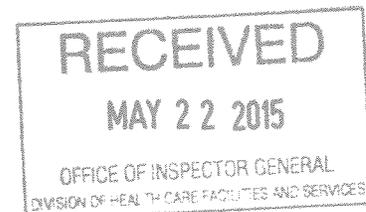
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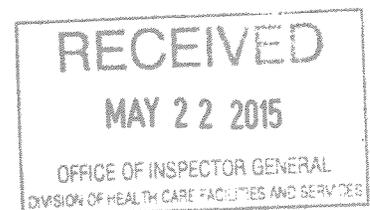
F 279	<p>Continued From page 47</p> <p>and, on 04/15/15 with Resident #10 at 9:49 AM; Resident #11 at 10:04 AM; Resident #12 at 10:23 AM; Resident #13 at 10:47 AM; and, Resident #14 at 11:40 AM, revealed they all had no concerns with any staff members or any other residents hitting, yelling or saying anything inappropriate to them.</p> <p>Observations, on 04/08/15, 04/09/15 and 04/15/15, of resident to resident and resident to staff interactions revealed no concerns.</p> <p>4. The audit of the behavior logs, care plans and two (2) concurrent weeks of Nurses' Notes were reviewed on 04/15/15. The review revealed there were thirty (30) residents out of the one hundred and eleven (111) who had additional interventions added to their care plan and CNA assignment sheets.</p> <p>Interview with the ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs, care plans and Nurses' Notes were reviewed by the Performance Improvement Committee and each week newly identified behaviors would be reviewed by this committee.</p> <p>5. The fifty-eight (58) resident interviews, with residents who had BIMS assessment scores of nine (9) or higher, were reviewed on 04/15/15. The reviews revealed no concerns with abuse or neglect from staff members or any other residents in this facility.</p> <p>6. The skin assessments conducted on the one hundred and fifteen (115) residents were reviewed on 04/15/15. There were nine (9) residents who had skin variations identified that were not indicative of signs and symptoms of</p>	F 279		
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F 279	<p>Continued From page 48 abuse.</p> <p>Interview with LPN #3, on 04/15/15 at 10:58 AM, revealed she assisted in conducting the skin assessments and care planned the new skin variances and updated the CNA assignment sheets.</p> <p>7. The UMs and/or RNWS completed audits on 04/10/15, 04/11/15, 04/12/15, 04/13/15 and 04/14/15 of the resident behavior logs and Nurses' Notes for unidentified behaviors. Review of these audits revealed any new behaviors were noted on a care plan, CNA assignment sheet and Nurses' Notes for those residents who were updated.</p> <p>Interview with the ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs would be reviewed by the Performance Improvement Committee and each week newly identified behaviors would be reviewed by this committee.</p> <p>8. Review of the Abaqis Resident interview tool Section G and resident interviews were reviewed on 04/15/15. These reviews revealed no voiced concerns from residents on abuse from staff members or any other residents.</p> <p>Interviews conducted with twelve (12) residents on 04/09/15 and five (5) residents on 04/15/15 revealed no voiced concerns with any staff members or any other residents concerning abuse.</p> <p>Observations, on 04/08/15, 04/09/15, 04/14/15; and, on 04/15/15, revealed no inappropriate interactions between residents and resident to staff.</p>	F 279			



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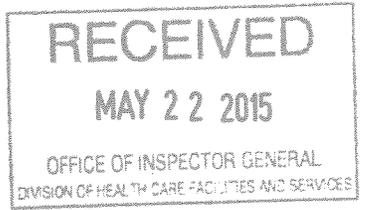
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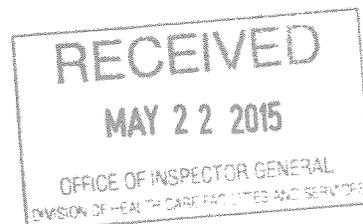
F 279	<p>Continued From page 49</p> <p>9. The Random Abuse/Neglect/Inappropriate Comment Questionnaire was reviewed on 04/15/15, revealed staff had not witnessed any type of abuse by another staff member, resident or family member here at this facility.</p> <p>Interview on 04/15/15 with CNA #7 at 1:32 PM, CNA #8 at 1:40 PM, CNA # 9 at 1:49 PM, CNA #10 at 2:00 PM and, CNA #11 at 2:09 PM, revealed they could name the seven (7) types of abuse, knew when to report abuse, to whom to report abuse and they had received in-service training on Abuse/Neglect.</p> <p>10. Review of training records and sign in sheets, dated for 04/09/15, 04/10/15, 04/11/15, 04/12/15 and 04/15/15, revealed a total of one hundred and thirty seven (137) staff were trained on resident rights, the facility's abuse policy including; types of abuse, how and when to report abuse.</p> <p>Interview on 04/14/15 with CNA #12 at 4:15 PM, CNA #13 at 4:25 PM, 04/15/15 with CNA #7 at 1:32 PM, CNA #8 at 1:40 PM, CNA #9 at 1:49 PM, CNA #10 at 2:00 PM, CNA #11 at 2:09 PM, LPN #3 at 10:58 AM, LPN #2 at 11:15 AM, LPN #4 at 12:45 AM and LPN #5 at 1:00 PM, revealed they had received in-service training on Abuse/Neglect and could recall the seven (7) types of abuse, knew when to report abuse, and to whom to report abuse.</p> <p>11. Review of the sign in sheet, dated 04/09/15, revealed the ED conducted a meeting to discuss and develop a credible acceptable Allegation of Compliance (AOC). A Performance Improvement Committee was created and will meet weekly to</p>	F 279		
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F 279	Continued From page 50 review audits of the daily review of resident behavior logs, Nurses' Notes for newly identified behaviors, random staff and resident interviews.  Interview with the DNS and ED, on 04/15/15 at 1:30 PM, revealed the audit of the behavior logs and Nurses' Notes for newly identified behaviors, and the random residents and staff interviews would be reviewed each week by the Performance Improvement Committee.  Interview with the DNS, on 04/15/15 at 1:30 PM, revealed she would continue to monitor nursing staff by random questioning and interviewing staff on abuse and neglect and continuing education.  Interview with the ED, on 04/15/15 at 1:45 PM, revealed he would continue to monitor all staff by random questioning and interviewing all staff on abuse and neglect and continuing education.  12. Interview with the ED, on 04/15/15 at 1:30 PM revealed the Medical Director had been contacted on 04/09/15 and notified of the Immediate Jeopardy and the removal plan of the Immediate Jeopardy.  On 04/15/15 notification of the Immediate Jeopardy and the notification of the removal plan was provided to the Medical Director were reviewed.  Post Survey Interview with the Medical Director, on 04/21/15 at 9:25 AM, revealed he received a call from the facility regarding the Immediate Jeopardy (IJ) and attended the Performance Improvement Committee meeting on 04/09/15 to discuss the IJ and had spoken with the Administrator on multiple occasions regarding the	F 279			



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F 279	Continued From page 51 IJ.  Observation on 04/14/15 and 04/15/15 revealed the District Vice President was present at the facility throughout the survey until the Immediate Jeopardy was removed.	F 279		
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