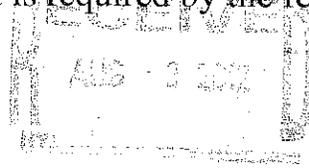


Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the federal and state law.



F226

483.13(c) Develop and Implement 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. SS:D

- Resident #1 was affected by this deficient practice because the facility did not suspend Restorative Aide #3 while investigation was occurring. The facility did reassign RA #3 to not care for resident #1 during investigation process. Normally Restorative Aides work in a group setting of 2 or more most of the time, so facility did feel that this was adequate regarding circumstance. A new careplan was initiated on resident #1.
- All residents had the potential of being affected by the deficient practice because facility had not followed the abuse policies by suspending (or relocating) RA #1.
- All of the abuse policies were reviewed with updates made to the policies (see Attachment #2). The Acknowledgement of Responsibility form that all new hires sign has been updated to show that any accused/suspected abuse investigations will lead to suspension or relocation to non-residential areas. Quality Assurance checks are being done on all abuse reports/investigations by Director of Nursing and Administrator to assure that all complaints are following policies and procedures completely. Quality Assurance checks will continue on every reported case indefinitely to ensure that abuse policies and procedures continue to be followed.
- Policies will be followed completely regarding any type of suspected abuse. Any staff that is being accused of any type of abuse will be immediately suspended pending investigation, or will be redirected to non-residential areas of care such as working in the laundry or kitchen. If this occurs, the staff member and the direct supervisors will be notified that the staff member is to not have any resident contact until investigation has been completed, and only if that staff member is found to be unsubstantiated from abuse accusation. A teaching moment was done with the nurse staff on 7/10/12 (see attachment #1) to remind staff that abuse is to be reported immediately. A staff in-service has been scheduled for Monday, August 10, 2012 at 2pm for all departments. Facility is looking to obtain a college educated Social Service Director.
- The violation was completely corrected on 8/2/2012.

Attachment #2

Abuse, Neglect, Mistreatment & Misappropriation of Resident Property Policy

F222-226

POLICY: It is the policy of this facility that each resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. This facility has zero tolerance concerning abuse of its residents.

PROCEDURE:

We will accomplish this by:

1. **Screening** potential employees for a history of abuse, neglect or mistreatment of residents by attempting to obtain information from previous employers, and/or current employers, checking with the appropriate licensing boards and registries, and obtaining criminal background checks on all new hires.
2. **Training** employees, through orientation and on-going sessions on issues related to abuse prohibition practices.
3. **Prevention** by providing residents, families, and staff information on how and to whom they may report concerns, incidents and grievances without fear of retribution; and provide feedback regarding the concerns that have been expressed.
4. **Identification** of events such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse, and to determine the direction of the investigation.
5. **Investigation** of alleged violations and reporting of results to the proper authorities.
6. **Protect** residents from harm during the investigation.
7. **Report** and **respond** to all alleged violations and all substantiated incidents to the appropriate agencies and take corrective actions.

Resident to Resident Abuse

POLICY: All forms of abuse, including resident-to-resident abuse, must be reported immediately and thoroughly investigated.

PROCEDURE:

1. Facility staff will monitor residents for aggressive/inappropriate behavior towards other residents, family members, visitors, or to the staff. Occurrences of such incidents should be promptly reported.
2. Should a resident be observed/accused of abusing another resident, our facility will implement the following actions:
 - a. Remove the aggressor from the situation, if the aggressor is still in the area in which the incident occurred;
 - b. Temporarily separate the resident from other residents as a therapeutic intervention to help lower the agitation until the interdisciplinary care planning team can develop a plan of care to meet the needs of the resident;
 - c. Counsel the resident to determine the cause of the behavior;
 - d. Notify each resident's representative and attending physician;
 - e. Evaluate the circumstances/events leading up to the incident;
 - f. Develop a care plan that includes interventions to prevent the reoccurrence of such incident;
 - g. Inform all staff involved in the care of the resident of the care plan and to promptly report behavioral changes to the charge nurse;
 - h. Document in the resident's medical record all interventions and their effectiveness;
 - i. Consult psychiatric services for assistance in assessing the resident and developing a care plan for intervention and management as necessary or as may be recommended by the attending physician or interdisciplinary care planning team;
 - j. Complete an incident report and document the incident, findings, and any corrective measures taken in the medical record;
 - k. Complete the yellow Abuse Notification Form;
 - l. Notify the Administrator, the Director of Nursing, and the Social Service Director immediately;
 - m. Transfer the resident if deemed by the interdisciplinary team and attending physician as being a danger to him/herself or to others for psychiatric evaluation; and
 - n. Report incidents, findings, and corrective measures to appropriate agencies as outlined in our facility's abuse reporting & investigating policy.

Investigating Abuse, Neglect & Misappropriation

POLICY: All allegations and reports of resident abuse, neglect, mistreatment, and misappropriation of resident property shall be promptly and thoroughly investigated.

PROCEDURE:

1. Should an incident or suspected incident of resident abuse, neglect, mistreatment, or misappropriation of resident property be reported, the Administrator and Director of Nursing, or his/her designee, will appoint a member of management to investigate the alleged incident.
2. The individual conducting the investigation will as a minimum:
 - a. Review the Initial Resident Investigation Form;
 - b. Review the resident's medical record to determine events leading up to the incident;
 - c. Interview the person(s) reporting the incident;
 - d. Interview any witnesses to the incident;
 - e. Interview the resident (as medically appropriate);
 - f. Interview the resident's roommate, family members, and visitors;
 - g. Interview the resident's attending physician to determine the resident's current mental status and condition;
 - h. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident;
 - i. Interview other resident's to whom the accused provides care or services;
 - j. A review of all circumstances and events leading up to the alleged incident.
3. The following guidelines will be used when conducting interviews:
 - a. Each interview will be conducted separately and in a private location;
 - b. The purpose and confidentiality of the interview will be explained thoroughly to each person involved in the process.
4. Witness reports will be reduced to writing. Witnesses will be required to sign and date such reports. (Attach to Investigation Form).
5. While the investigation is being conducted, accused individuals **not** employed by the facility will be denied unsupervised access to the resident. Visits may only be made in designated areas approved by the Administrator. (Policies governing visitation is outlined in a separate policy).

6. Employees of this facility who have been accused of resident abuse will be reassigned to nonresident care duties or suspended from duty until the results of the investigation have been reviewed by the Administrator and Director of Nursing.
7. If the alleged abuse involves another resident, the accused resident's representative and attending physician will be informed of the alleged incident and the accused resident will not be permitted to make visits to other resident rooms unattended. If necessary, the accused resident's family members may be required to provide assistance in meeting this requirement.
8. The individual in charge of the investigation will consult with the Administrator on a daily basis concerning the progress/findings of the investigation.
9. The results of the investigation will be recorded on the Abuse Investigation Form.
10. The summary, results, and correction action taken to prevent such incident from reoccurring will be reported to the State Survey Agency within five (5) working days of the report of the incident by the Administrator or his/her designee.
11. The Administrator or designee will inform the resident and his/her legal representative of the results of the investigation and corrective action taken.

F222-226

POLICY: It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors, etc. to promptly report any incident or suspected incident of neglect or resident abuse, including injuries of an unknown source, and theft or misappropriation of resident property to facility management.

PROCEDURE:

1. Our facility will not condone resident abuse by anyone, including staff members, physicians, consultants, volunteers, staff or other agencies serving the resident, family members, legal guardians, sponsors, other residents, friends, or other individual.

2. Employees, facility consultants, and/or physicians **must** report any suspected abuse or incidents of abuse to the Administrator, Director of Nursing, and Social Service Director **immediately**. In the absence of the Administrator, DON, Or Social Service Director, such reports may be made to the first available person of the following:
 - a. Assistant Director of Nursing
 - b. Nursing Supervisor
 - c. Employee's Department Manager/Supervisor

3. The Administrator and Director of Nursing must be immediately notified of suspected abuse or incidents of abuse. If such incidents occur or are discovered after hours, the Administrator and Director of Nursing must be called at home/cell phone and informed of such incident. An employee who fails to report any allegation or suspicion of abuse, neglect, mistreatment, or misappropriation will be subject to disciplinary action up to and including termination.

4. All personnel, residents, family members, visitors, etc. are encouraged to report incidents of resident abuse or suspected abuse. Retaliation against any person who in good faith reports suspected abuse, neglect, or misappropriation of property is prohibited. Staff members who knowingly make a false statement regarding alleged abuse, neglect, or misappropriation or property will be subject to disciplinary action up to and including termination of employment.

5. To assist one in recognizing incidents of abuse, the following definitions are provided:

- a. **Abuse** is defined as the willful infliction of injury; unreasonable confinement; intimidation; punishment with resulting physical harm, pain, or mental anguish; or deprivation by an individual, including caretaker, of goods and services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
 - b. **Verbal Abuse** is defined as any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.
 - c. **Sexual Abuse** is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
 - d. **Physical Abuse** is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
 - e. **Involuntary Seclusion** is defined as separation of a resident from other residents or from his/her room or confinement to his/her room (with or without roommates) against the resident's will, or the will of the resident's legal representative. (**Note:** Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs).
 - f. **Mental Abuse** is defined as, but not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.
 - g. **Neglect** is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
 - h. **Misappropriation of resident's property** defined as the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or monies without the resident's permission.
6. Any individual observing an incident of resident abuse or suspecting resident abuse must promptly report such an incident to a member of the nursing staff or to management. The following information should be reported:
- a. The name(s) of the residents in which the abuse or suspected abuse occurred;
 - b. The date and time that the incident took place;
 - c. Where the incident took place;
 - d. The name(s) of the person(s) committing the incident, if known;
 - e. The name(s) of any witnesses to the incident;
 - f. The type of abuse that was committed;
 - g. Any other information that may be requested by management.
7. Upon receiving reports of physical or sexual abuse, a licensed nurse (or physician) shall immediately examine the resident. Findings of the examination must be recorded in the resident's medical record (**Note:** if **sexual abuse** is suspected, **DO NOT** bathe the resident or wash the resident's clothing or linen. Do not take items from the area in which the incident occurred. Call the police immediately).

8. The person performing the examination must begin a "Resident Abuse Investigation Form" and obtain written, signed, and dated statements from the person reporting the incident and any witnesses.
9. In the event of an occurrence of abuse or neglect, the facility's first responsibility is to provide medical intervention and support to stabilize the resident's health and provide reassurance.
10. The resident's attending physician and responsible party will be contacted immediately. Documentation of the contact will be noted in the resident's medical record, and includes: date, time, and brief summary of the conversation.
11. When an alleged or suspected case of mistreatment, neglect, injury of unknown origin, or abuse is reported, the facility Administrator or designee, is responsible to ensure that a thorough and immediate investigation is conducted (See policy on Abuse Investigation).
12. In a case of any allegation or reasonable suspicion of resident abuse, neglect, or misappropriation of resident property, the Administrator or designee will prepare and submit the findings to the State Survey Agency and law enforcement agencies.
13. All phases of the investigation will be kept confidential in accordance with the facility's policies governing the confidentiality of medical records.

Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the federal and state law.

**902 KAR 20:300-5(3) Section 5. Resident Behavior & Facility Practice
N105**

The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of residents.

- Resident #1 was affected by this deficient practice because the facility did not suspend Restorative Aide #3 while investigation was occurring. The facility did reassign RA #3 to not care for resident #1 during investigation process. Normally Restorative Aides work in a group setting of 2 or more most of the time, so facility did feel that this was adequate regarding circumstance. A new careplan was initiated on resident #1.
- All residents had the potential of being affected by the deficient practice because facility had not followed the abuse policies by suspending (or relocating) RA #1.
- All of the abuse policies were reviewed with updates made to the policies (see Attachment #2). The Acknowledgement of Responsibility form that all new hires sign has been updated to show that any accused/suspected abuse investigations will lead to suspension or relocation to non-residential areas. Quality Assurance checks are being done on all abuse reports/investigations by Director of Nursing and Administrator to assure that all complaints are following policies and procedures completely. Quality Assurance checks will continue on every reported case indefinitely to ensure that abuse policies and procedures continue to be followed.
- Policies will be followed completely regarding any type of suspected abuse. Any staff that is being accused of any type of abuse will be immediately suspended pending investigation, or will be redirected to non-residential areas of care such as working in the laundry or kitchen. If this occurs, the staff member and the direct supervisors will be notified that the staff member is to not have any resident contact until investigation has been completed, and only if that staff member is found to be unsubstantiated from abuse accusation. A teaching moment was done with the nurse staff on 7/10/12 (see attachment #1) to remind staff that abuse is to be reported immediately. A staff in-service has been scheduled for Monday, August 10, 2012 at 2pm for all departments. Facility is looking to obtain a college educated Social Service Director.
- The violation was completely corrected on 8/2/2012.

Attachment #2

Abuse, Neglect, Mistreatment & Misappropriation of Resident Property Policy

F222-226

POLICY: It is the policy of this facility that each resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. This facility has zero tolerance concerning abuse of its residents.

PROCEDURE:

We will accomplish this by:

8. **Screening** potential employees for a history of abuse, neglect or mistreatment of residents by attempting to obtain information from previous employers, and/or current employers, checking with the appropriate licensing boards and registries, and obtaining criminal background checks on all new hires.
9. **Training** employees, through orientation and on-going sessions on issues related to abuse prohibition practices.
10. **Prevention** by providing residents, families, and staff information on how and to whom they may report concerns, incidents and grievances without fear of retribution; and provide feedback regarding the concerns that have been expressed.
11. **Identification** of events such as suspicious bruising of residents, occurrences, patterns, and trends that may constitute abuse, and to determine the direction of the investigation.
12. **Investigation** of alleged violations and reporting of results to the proper authorities.
13. **Protect** residents from harm during the investigation.
14. **Report and respond** to all alleged violations and all substantiated incidents to the appropriate agencies and take corrective actions.

Investigating Abuse, Neglect & Misappropriation

POLICY: All allegations and reports of resident abuse, neglect, mistreatment, and misappropriation of resident property shall be promptly and thoroughly investigated.

PROCEDURE:

12. Should an incident or suspected incident of resident abuse, neglect, mistreatment, or misappropriation of resident property be reported, the Administrator and Director of Nursing, or his/her designee, will appoint a member of management to investigate the alleged incident.
13. The individual conducting the investigation will as a minimum:
 - a. Review the Initial Resident Investigation Form;
 - b. Review the resident's medical record to determine events leading up to the incident;
 - c. Interview the person(s) reporting the incident;
 - d. Interview any witnesses to the incident;
 - e. Interview the resident (as medically appropriate);
 - f. Interview the resident's roommate, family members, and visitors;
 - g. Interview the resident's attending physician to determine the resident's current mental status and condition;
 - h. Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident;
 - i. Interview other resident's to whom the accused provides care or services;
 - j. A review of all circumstances and events leading up to the alleged incident.
14. The following guidelines will be used when conducting interviews:
 - a. Each interview will be conducted separately and in a private location;
 - b. The purpose and confidentiality of the interview will be explained thoroughly to each person involved in the process.
15. Witness reports will be reduced to writing. Witnesses will be required to sign and date such reports. (Attach to Investigation Form).
16. While the investigation is being conducted, accused individuals **not** employed by the facility will be denied unsupervised access to the resident. Visits may only be made in designated areas approved by the Administrator. (Policies governing visitation is outlined in a separate policy).

F222-226

POLICY: It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors, etc. to promptly report any incident or suspected incident of neglect or resident abuse, including injuries of an unknown source, and theft or misappropriation of resident property to facility management.

PROCEDURE:

14. Our facility will not condone resident abuse by anyone, including staff members, physicians, consultants, volunteers, staff or other agencies serving the resident, family members, legal guardians, sponsors, other residents, friends, or other individual.
15. Employees, facility consultants, and/or physicians **must** report any suspected abuse or incidents of abuse to the Administrator, Director of Nursing, and Social Service Director **immediately**. In the absence of the Administrator, DON, Or Social Service Director, such reports may be made to the first available person of the following:
 - a. Assistant Director of Nursing
 - b. Nursing Supervisor
 - c. Employee's Department Manager/Supervisor
16. The Administrator and Director of Nursing must be immediately notified of suspected abuse or incidents of abuse. If such incidents occur or are discovered after hours, the Administrator and Director of Nursing must be called at home/cell phone and informed of such incident. An employee who fails to report any allegation or suspicion of abuse, neglect, mistreatment, or misappropriation will be subject to disciplinary action up to and including termination.
17. All personnel, residents, family members, visitors, etc. are encouraged to report incidents of resident abuse or suspected abuse. Retaliation against any person who in good faith reports suspected abuse, neglect, or misappropriation of property is prohibited. Staff members who knowingly make a false statement regarding alleged abuse, neglect, or misappropriation or property will be subject to disciplinary action up to and including termination of employment.
18. To assist one in recognizing incidents of abuse, the following definitions are provided:

- a. **Abuse** is defined as the willful infliction of injury; unreasonable confinement; intimidation; punishment with resulting physical harm, pain, or mental anguish; or deprivation by an individual, including caretaker, of goods and services that are necessary to attain or maintain physical, mental, and psychosocial well-being.
 - b. **Verbal Abuse** is defined as any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.
 - c. **Sexual Abuse** is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
 - d. **Physical Abuse** is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
 - e. **Involuntary Seclusion** is defined as separation of a resident from other residents or from his/her room or confinement to his/her room (with or without roommates) against the resident's will, or the will of the resident's legal representative. (**Note:** Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs).
 - f. **Mental Abuse** is defined as, but not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.
 - g. **Neglect** is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
 - h. **Misappropriation of resident's property** defined as the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or monies without the resident's permission.
19. Any individual observing an incident of resident abuse or suspecting resident abuse must promptly report such an incident to a member of the nursing staff or to management. The following information should be reported:
- a. The name(s) of the residents in which the abuse or suspected abuse occurred;
 - b. The date and time that the incident took place;
 - c. Where the incident took place;
 - d. The name(s) of the person(s) committing the incident, if known;
 - e. The name(s) of any witnesses to the incident;
 - f. The type of abuse that was committed;
 - g. Any other information that may be requested by management.
20. Upon receiving reports of physical or sexual abuse, a licensed nurse (or physician) shall immediately examine the resident. Findings of the examination must be recorded in the resident's medical record (**Note:** if **sexual abuse** is suspected, **DO NOT** bathe the resident or wash the resident's clothing or linen. Do not take items from the area in which the incident occurred. Call the police immediately).

21. The person performing the examination must begin a "Resident Abuse Investigation Form" and obtain written, signed, and dated statements from the person reporting the incident and any witnesses.
22. In the event of an occurrence of abuse or neglect, the facility's first responsibility is to provide medical intervention and support to stabilize the resident's health and provide reassurance.
23. The resident's attending physician and responsible party will be contacted immediately. Documentation of the contact will be noted in the resident's medical record, and includes: date, time, and brief summary of the conversation.
24. When an alleged or suspected case of mistreatment, neglect, injury of unknown origin, or abuse is reported, the facility Administrator or designee, is responsible to ensure that a thorough and immediate investigation is conducted (See policy on Abuse Investigation).
25. In a case of any allegation or reasonable suspicion of resident abuse, neglect, or misappropriation or resident property, the Administrator or designee will prepare and submit the findings to the State Survey Agency and law enforcement agencies.
26. All phases of the investigation will be kept confidential in accordance with the facility's policies governing the confidentiality of medical records.

Resident to Resident Abuse

POLICY: All forms of abuse, including resident-to-resident abuse, must be reported immediately and thoroughly investigated.

PROCEDURE:

3. Facility staff will monitor residents for aggressive/inappropriate behavior towards other residents, family members, visitors, or to the staff. Occurrences of such incidents should be promptly reported.
4. Should a resident be observed/accused of abusing another resident, our facility will implement the following actions:
 - a. Remove the aggressor from the situation, if the aggressor is still in the area in which the incident occurred;
 - b. Temporarily separate the resident from other residents as a therapeutic intervention to help lower the agitation until the interdisciplinary care planning team can develop a plan of care to meet the needs of the resident;
 - c. Counsel the resident to determine the cause of the behavior;
 - d. Notify each resident's representative and attending physician;
 - e. Evaluate the circumstances/events leading up to the incident;
 - f. Develop a care plan that includes interventions to prevent the reoccurrence of such incident;
 - g. Inform all staff involved in the care of the resident of the care plan and to promptly report behavioral changes to the charge nurse;
 - h. Document in the resident's medical record all interventions and their effectiveness;
 - i. Consult psychiatric services for assistance in assessing the resident and developing a care plan for intervention and management as necessary or as may be recommended by the attending physician or interdisciplinary care planning team;
 - j. Complete an incident report and document the incident, findings, and any corrective measures taken in the medical record;
 - k. Complete the yellow Abuse Notification Form;
 - l. Notify the Administrator, the Director of Nursing, and the Social Service Director immediately;
 - m. Transfer the resident if deemed by the interdisciplinary team and attending physician as being a danger to him/herself or to others for psychiatric evaluation; and
 - n. Report incidents, findings, and corrective measures to appropriate agencies as outlined in our facility's abuse reporting & investigating policy.

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

PRINTED: 07/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165366	D03 MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X2) DATE SURVEY COMPLETED C 07/11/2012
NAME OF PROVIDER OR SUPPLIER RIVER VALLEY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 385 TAYLOR STREET #402 BUTLER, KY 41006		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETION DATE	
F 000	INITIAL COMMENTS An Abbreviated Survey investigating KY00018586 was initiated on 07/09/12 and concluded on 07/11/12. KY00018586 was unsubstantiated with related deficiencies. Deficiencies were cited with the highest scope and severity of a "D".	F 000	SEE ATTACHED	8/2/2012	
F 226 864D	483.13(c) DEVELOPMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to implement its abuse policy related to ensuring an employee who had been accused of resident abuse was reassigned to a nonresident care area or suspended until the results of the investigation had been reviewed by the Administrator. The facility allowed a Restorative Aide who had been accused of abuse towards Resident #1 to continue providing restorative care to other residents for four (4) days while the facility was completing its investigation. The findings include: Review of the facility's policy entitled "Investigating Abuse, Neglect & Misappropriation", revised 05/01/12, revealed employees accused of resident abuse could work in a nonresident care area or be suspended until the investigation had been reviewed by the	F 226			

RECEIVED
AUG - 3 2012
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Rene [Signature]* TITLE: Administrator DATE: 8/2/2012

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.

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

PRINTED: 07/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/11/2012
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NAME OF PROVIDER OR SUPPLIER RIVER VALLEY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 305 TAYLOR STREET #402 BUTLER, KY 41006
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey investigating KY00018686 was initiated on 07/09/12 and concluded on 07/11/12. KY00018686 was unsubstantiated with related deficiencies. Deficiencies were cited with the highest scope and severity of a "D".</p>	F 000		
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to implement its abuse policy related to ensuring an employee who had been accused of resident abuse was reassigned to a nonresident care area or suspended until the results of the investigation had been reviewed by the Administrator. The facility allowed a Restorative Aide who had been accused of abuse towards Resident #1 to continue providing restorative care to other residents for four (4) days while the facility was completing it's investigation. The findings include: Review of the facility's policy entitled "Investigating Abuse, Neglect & Misappropriation", revised 05/01/12, revealed employees accused of resident abuse could work in a nonresident care area or be suspended until the investigation had been reviewed by the</p>	F 226		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/11/2012
NAME OF PROVIDER OR SUPPLIER RIVER VALLEY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 305 TAYLOR STREET #402 BUTLER, KY 41006		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226	<p>Continued From page 1 Administrator.</p> <p>Review of the facility's final Resident Abuse Investigation Report Form, signed by the Director of Nursing (DON) and the Administrator on 07/09/12, revealed on 07/04/12 at approximately 2:05 PM Resident #1 told her son Restorative Aide (RA) # 3 had held the resident's arms and placed the resident's fingers in the residents mouth. Further review of the report revealed RA #3 yells at the resident and purposely squeezes the resident's arms.</p> <p>Review of the medical record revealed the facility admitted Resident #1, on 01/10/10, with diagnoses which included Anxiety, Episodic Mood Disorder, Depression and Senile Dementia. Review of a Quarterly Minimum Data Set, dated 05/07/12, revealed the facility assessed Resident #1 as being cognitively impaired with a Brief Interview for Mental Status of three out of fifteen (3/15).</p> <p>An attempt was made to interview Resident #1, on 07/10/12 at 11:00 AM, but Resident #1 was unable to give any information related to the allegation. In addition, attempts to contact Resident #1's son on 07/09/12 and 07/10/12 were unsuccessful.</p> <p>Interview with Restorative Aide #3, on 07/10/12 at 1:30 PM, revealed Resident #1 had no concerns during breakfast meal on the day of the alleged incident, 07/04/12. Further interview revealed Resident #1 became more agitated during lunch as she was trying to "cue" him/her to eat. Continued interview revealed she did not put the resident's fingers in the resident's mouth or</p>	F 226		

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

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F 226	Continued From page 2 grab the resident's arms as alleged. She stated she was told by Administration to continue working with other residents except Resident #1. Additional interview revealed with the exception of Resident #1, she worked as a Restorative Aide for four (4) days from 07/06/12 through 07/09/12 with other residents. Interview with the DON and the Administrator, on 07/10/12 at 2:20 PM, revealed they did not feel the any abuse had occurred and that Resident #1 had a history of agitation and had delusions. Further interview revealed the facility had only instructed RA #3 to not give care to Resident #1 while the investigation was being conducted. Additional interview revealed they failed to reassign RA #3 to a nonresident care area or suspended her for the full length of the investigation per facility policy.	F 226			