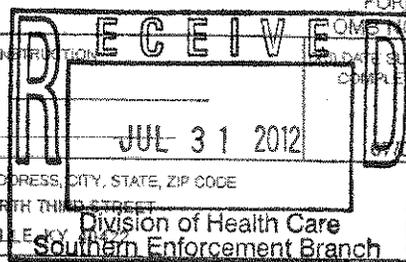


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2012
FORM APPROVED
OMS 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DATE SURVEY COMPLETED 07/29/2012
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NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 542 NORTH THIRD STREET DANVILLE, KY 40001
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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
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F 000	INITIAL COMMENTS An abbreviated standard survey (KY18593) was conducted on 07/09/12. The complaint was substantiated and deficient practice was identified at "D" level.	F 000	This plan of Correction is the Centers credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it.	
F 225 SS=D	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 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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance	F 225	F225 INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS This plan of Correction is the Centers credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. A written investigation was completed related to Resident #1 on July 27, 2012.	8-10-2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Lorrah L. Johnson* TITLE: *Executive Director* DATE: *7/31/12*

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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NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 842 NORTH THIRD STREET DANVILLE, KY 40422		
(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 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by</p> <p>Based on interview, record review, and a review of facility policies, the facility failed to ensure alleged violations involving misappropriation of resident property were reported immediately to the Administrator of the facility for one of three sampled residents (Resident #1). Resident #1 reported to staff on 06/17/12 that money and clothing were missing from the resident's room. The weekend Registered Nurse (RN) supervisor failed to report immediately to administrative staff in accordance with facility policy/procedure.</p> <p>The findings include:</p> <p>Review of the facility policy/procedure, "Abuse," dated 10/26/11, revealed 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.</p> <p>Review of the medical record of Resident #1 revealed the facility admitted the resident on 03/22/12 with diagnoses that included fracture of the tibia, end stage renal disease, neuropathy, hypertension, diabetes mellitus, and seizures. Review of the comprehensive assessment for Resident #1 dated 03/30/12, revealed the</p>	F 225	<p>The facility will implement the policy and procedure related to timely reporting of abuse, neglect and misappropriation of resident property.</p> <p>The Weekend Supervisor was counseled related to failure to implement the abuse/neglect policy and procedure regarding immediate suspension of staff, immediate notification to the appropriate state agencies and conducting a thorough, written investigation.</p> <p>All facility staff will be inserviced on immediate reporting, suspension of staff, notification to the appropriate state agencies and conducting a thorough, written investigation.</p> <p>Education will include, but not limited to immediate reporting to ED/DNS all allegations of abuse/neglect and misappropriation.</p> <p>Each week, during routine Angel Care rounds, staff will discuss the procedure for reporting missing items and include resolution of former reported concerns.</p>		

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F 225	<p>Continued From page 2</p> <p>resident had no long-term or short-term memory problems and had no cognitive impairment.</p> <p>Review of the facility's investigation dated 06/22/12, revealed on 06/17/12 Resident #1 had reported to Licensed Practical Nurse (LPN) #1 that clothing items, snacks, and \$130.00 were missing from the resident's room. LPN #1 reported the resident's allegation to the RN supervisor; however, the RN supervisor failed to notify the facility administrative staff until Monday, 06/19/12.</p> <p>Interview with LPN #1 on 07/09/12, at 1:30 PM, revealed on 06/17/12, Resident #1 reported clothing, snacks, and money were missing from the resident's room. According to LPN #1, she reported the resident's allegation to her immediate supervisor immediately. LPN #1 stated she was instructed by the RN supervisor to fill out a facility "grievance" form and return the form to the supervisor. The LPN stated facility policy required staff to report any allegation of abuse, neglect, and misappropriation immediately.</p> <p>Attempts made on 07/09/12 and 07/10/12, to contact the weekend RN supervisor for interview were unsuccessful. Additionally, the facility administrative staff was unable to contact the weekend RN supervisor on 07/09/12, 07/10/12, and 07/11/12.</p> <p>Resident #1 had been hospitalized in another city, had undergone an elective surgery, and could not be interviewed.</p> <p>Interview with the facility Administrator on</p>	F 225	<p>The ED will review all Angel Care interview responses weekly and immediately follow-up on any identified concerns.</p> <p>The ED will track, trend and report all concerns regarding immediate reporting to the PIC for three months and then quarterly thereafter. The committee will implement any changes needed to sustain compliance.</p>		

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F 225	Continued From page 3 07/09/12, at 1:05 PM, revealed she was notified of Resident #1's allegations on Monday, 06/19/12. According to the Administrator, during the investigation she discovered there had been some confusion as to when the items had disappeared and what exactly was missing. The Administrator stated she had spoken with the RN supervisor and the RN had reported to her she was not aware it had been alleged actual money was missing and did not report to administrative staff until Monday. The Administrator stated the RN supervisor should have reported the allegation immediately to administrative staff.	F 225			