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OFFICE OF INSPECTOR GENERAL

PRINTED: 03/20/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2012
NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF BRANDENBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An abbreviated survey was conducted on 03/13/12 to investigate KY18023 and KY17815. The Division of Health Care substantiated the allegation for KY17815 with Federal deficiencies cited. The allegation for KY18023 was substantiated; however, no regulatory violations were identified.	F 000			
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.	F 225	1. The deficiency was generated by a report that OIG had already received on 1-30-12 in regards to resident #1. 2. A review of resident concern forms/missing items was completed by the Administrator on 3-14-12. No other concerns were found. 3. The Administrator and the Director of Nursing were re-educated by the Regional Director of Clinical Operations on proper reporting of Abuse, Neglect and Missppropriation of resident property on 3-15-12. All staff were educated on 3-1-12 regarding facility policy on Abuse, Neglect and Misappropriation of property.		

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

TITLE

(X6) DATE

Beth Appleby

Administrator 3-29-12

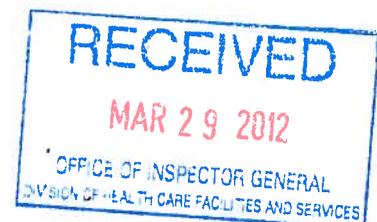
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 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.

PF

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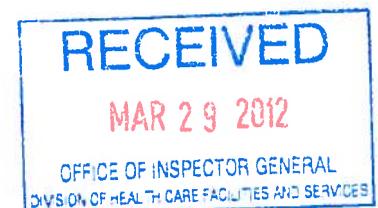
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2012
NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF BRANDENBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 814 OLD EKRON RD BRANDENBURG, KY 40108		
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F 225	<p>Continued From page 1</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 observation, interview, record review, and review of the facility's policy, it was determined the facility failed to report an allegation of a missing ring for one (1) of four (4) sampled residents. Resident #1.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure regarding Prevention and Reporting: Resident Mistreatment, Neglect, Abuse, Including Injuries of Unknown Source, and Misappropriation of Resident Property, revised February 2011, revealed: 2. Report the Incident immediately to the Administrator and DON/designee. (a.) "Immediately" means as soon as possible, but ought not to exceed 24 hours after discovery of incident; 3. Report all alleged violations and all substantiated incidents to the state agency and all other agencies as required.</p> <p>Review of the facility's investigation revealed CNA #5 reported on 01/21/11 that Resident #1 was missing a ring with a red stone in it, and was usually on the resident's hand along with two other rings, a class ring and a gold band. Further</p>	F 226	<p>4. All alleged violations are to be reported by the Administrator or Director of Nursing to the state agency and all other agencies as required within 24 hours of being made aware of alleged violation. This will be monitored by auditing resident concern forms daily by the Administrator/Director of Nursing, Quality Assurance team (Administrator, Director of Nursing, Assistant Director of Nursing, Life Enrichment Director, Dietary Manager and Reimbursement Coordinator) will review audit findings every month until the team concludes that the issue is resolved. This will be ongoing.</p>	<p>4-2-12 By Betty Appleby By PB 4-2-12</p>	



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F 225	<p>Continued From page 2</p> <p>review of the investigation revealed the DON notified the resident's POA on 12/22/11, who stated she was not aware of any extra rings other than the two rings. On 12/26/11, the POA was made aware the ring had not been found. Staff were questioned regarding the rings, and was noted to have inconsistent answers about the number of rings the resident actually had. However, review of the statements received from staff revealed three CNA's (#3, #4, and #5) had knowledge of the missing ring with the red stone. Review also revealed the facility had failed to report the allegation of the missing ring to the State agency.</p> <p>Record review revealed the facility admitted Resident #1 on 01/06/10, with a diagnosis of Alzheimer Disease. Review of the 11/06/11, quarterly assessment revealed the facility assessed the resident as not interviewable with severe cognitive impairment. An attempt to interview the resident during initial tour, on 03/13/12 at 9:30 AM, revealed no response from the resident when spoken to. The resident was observed to be sitting up in the wheelchair, fully dressed, and staring straight ahead.</p> <p>Interview with CNA's #1 and #2, on 03/13/12 at 12:30 PM and 12:55 PM, revealed if resident's report missing items, a search of the resident's room is initiated, and an immediate report is made to the nurse, which is then reported to the DON.</p> <p>Interview with the Director of Nursing, on 03/13/12 at 3:00 PM, revealed it was her responsibility to investigate allegations of misappropriation. She stated she did not report</p>	F 225			



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F 225	<p>Continued From page 3</p> <p>the incident because the family was uncertain of how many rings the resident had. In addition, the POA called back and said if there was a ring, it would have been costume jewelry. The DON did not report at that time, because they were not sure if there was a ring. The Resident's POA called back several weeks later, on 01/30/12, and wanted to know what we had done about the missing ring. The DON told the POA she had not pursued the matter any further, since she was not sure about the resident having the ring. However, the DON stated she reported the missing ring on 01/30/12, since the POA had asked if this was a reportable incident.</p> <p>Interview with the Administrator, on 03/13/12 at 3:45 PM, revealed they discussed the missing ring with the red stone at one point, and the Nursing Director was to follow up with the POA, and may not have followed up. The Administrator stated they had looked at patterns and trends of missing items, and had not been able to determine any particular shift or pinpoint any one thing. However, the Administrator stated the incident should have been reported.</p>	F 225	

