

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

PRINTED: 07/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2013
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NAME OF PROVIDER OR SUPPLIER HART COUNTY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1505 SOUTH DIXIE STREET HORSE CAVE, KY 42749
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 226 SS=D	<p>An abbreviated survey investigating KY 20422 was initiated on 07/16/13 and concluded on 07/17/13. The Division of Health Care unsubstantiated the allegation; however, related deficiencies were cited.</p> <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 interviews, and review of the facility's investigation and Abuse policy and procedure, it was determined the facility failed to implement written policies and procedures that prohibit abuse by ensuring protection of residents after an allegation of verbal abuse was made for one (1) of four (4) sampled residents. Resident #1.</p> <p>The findings include:</p> <p>Review of the facility's Abuse Prohibition policy, dated 02/05/03, revealed the DON and Administrator were to be notified immediately by the charge person who initially received the report. Any individual suspected of causing abuse would be removed from direct patient care.</p> <p>Review of the facility's investigation revealed on</p>	<p>"The preparation and execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiency. This Plan of Correction is prepared and executed solely because it is required by Federal and State law."</p> <p>F 226</p> <p>1. Resident #1 has Alzheimer's and was unable to provide any information regarding allegation. Head to toe assessment was completed on 7/10/13 by UM. No marks or bruises noted. CNA #6 was suspended pending investigation by SDC. RN#1 was suspended on 7/10/13 by the Administrator and Director of Nursing for not following facility protocol.</p> <p>2. Interviewable residents were interviewed by the Social Services Director and Unit Managers. No allegations of abuse were reported. Skin assessments completed on non-interviewable residents by 7/16/13. No</p>		

BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Michelle Brown</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8/2/13</i>
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A 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 disposable 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.

AUG 2 2013
OFFICE OF INSPECTION AND COMPLIANCE
CENTERS FOR MEDICARE & MEDICAID SERVICES

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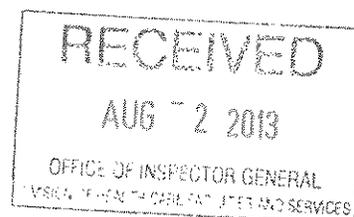
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F 226	<p>Continued From page 1</p> <p>07/09/13, the facility received an allegation of verbal abuse by Certified Nursing Assistant (CNA) #1, who reported CNA #6 had verbally threatened Resident #1 with physical abuse. CNA #1 reported the verbal abuse to RN #1. RN #1 failed to follow facility abuse policy. The Administrator and Director of Nursing (DON) were not notified and CNA #6 was allowed to continue working with residents for four hours to finish her shift.</p> <p>Review of the clinical record for Resident #1 revealed the facility admitted the resident on 08/06/08 with diagnoses of Paralysis Agitans, Alzhiemers and Depression. The facility assessed Resident #1 on 07/04/13 on the Quarterly MDS at a level five (5) for Cognitive Status which indicated the resident was not interviewable.</p> <p>Interview with CNA #1, on 07/16/13 at 1:17 PM, revealed on 07/09/13 she was helping CNA #6 with Resident #1. Resident #1 had vomited and they were changing his clothes and cleaning him. CNA #1 reported that CNA #6 stated, "don't think because another CNA is in the room that she wouldn't smack the shit out of him". CNA #1 stated CNA #6 did not physically hurt the resident. Once they left the room, CNA #1 reported the incident to RN #1, who was the Charge Nurse for the shift. CNA #1 stated the next day she came to work and realized RN #1 had not reported the incident to anyone in management. She then went to the Staff Development Coordinator and reported the incident to her. Soon after that she was interviewed by the DON and Administrator. To her knowledge CNA #6 did not work anymore after she reported the incident to the Staff Development Coordinator.</p>	F 226	<p>suspicious bruises or injury noted. Employees were interviewed to see if they had witnessed abuse or neglect.</p> <p>3. Employees were re-educated on the abuse policy and reporting process by the SDC and DON. This education was completed by 7/11/13. To ensure competency, employees completed a post test administered by SDC/DON/Unit Managers/Department Directors. This will be completed by 8/6/13. Any employee that does not pass the post test will be immediately re-educated by their Supervisor.</p> <p>4. UM/DON/SDC will administer post test to employees to validate they understand the notification requirements. Social Services Director will interview residents and complete ongoing skin assessments to ensure there have been no new allegations to have gone unreported. No less than 5 residents and employees will be interviewed or assessed per week x 4 weeks, then will interview/assess no less than 10 residents and employees per month x 2 months, then interview no less than 10 residents and employees quarterly. All interviews will be presented to facility QA Committee no less than quarterly for one year for further recommendations</p> <p>5. Completion date:</p>	8/16/13



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F 226	<p>Continued From page 2</p> <p>Interview with RN # 1, on 07/17/13 at 1:11 PM, revealed she was the charge nurse the night of the alleged incident. She stated it was close to 7:00 PM when CNA #1 came to her and reported CNA #6 had used rough language with a resident. According to RN #1, CNA #1 was not sure if CNA #6 was being serious or just upset about something. RN #1 stated she understood that CNA #1 was going to talk to CNA #6 to straighten it out. That was the last she heard about it until she was called in to the Administrator's office the next day. She stated she thought the incident was between two CNAs who were squabbling and did not consider it to be an abuse allegation. She now knows she should have considered it abuse and sent CNA #6 home and notified the Administrator and the DON.</p> <p>Interview with the Administrator, on 07/17/13 at 1:47 PM, revealed it was reported to her on 07/10/13 that CNA #6 had threatened to slap the shit out of Resident #1. She stated the incident had allegedly occurred the night before but was not reported to her until the next day. She immediately suspended CNA #6 while conducting an investigation. She stated according to the facility policy on abuse CNA #6 should have been suspended when the alleged event was reported to RN #1. She further stated the purpose of the suspension was to protect residents from possible further abuse. When asked, she stated the residents were not protected from the possibility of further verbal abuse between the hours of 7:00 PM and 11:00 PM when CNA #6's shift ended.</p>	F 226		

