

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

PRINTED: 06/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2013
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NAME OF PROVIDER OR SUPPLIER HURSTBOURNE CARE CENTRE AT STONY BROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 STONY BROOK DR LOUISVILLE, KY 40220
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F 000	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</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</p>	F 225	<p>This plan of correction constitutes a written allegation of compliance for deficiency cited on May 23, 2013. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by federal and state law.</p> <p>CORRECTIVE ACTION FOR RESIDENTS IDENTIFIED TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Resident #2 had already put his wallet in the facility safe. When the Social Services Director offered to provide Resident #2 with a lock box he declined the lock box.</p> <p>Resident #3 accepted the offer to put his money in the facility safe initially and later agreed to a lock box on 5-22-13.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>The Social Services Director or Social Services Assistant Director will re-educate</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Kara M. Meredith TITLE: X Administrator (X6) DATE: X 6-23-13

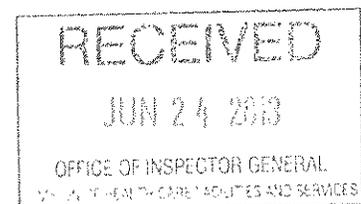
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable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

RECEIVED
If continuation sheet Page 1 of 6
JUN 24 2013
OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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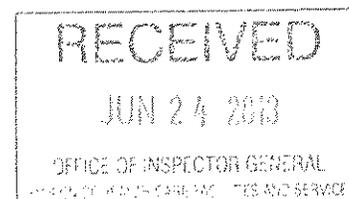
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F 225	<p>Continued From page 1</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate 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 ensure two (2) of two (2) allegations of misappropriation discovered during a current investigation were reported to the Office of Inspector General (OIG) within twenty-four (24) hours as required for two (2) of two (2) sampled residents (Resident #2 and #3). Resident #2 reported \$70-80 missing from a wallet on 05/16/13 to Social Services, that was not reported to OIG until 05/20/13. Resident #3 reported \$500-\$600 dollars missing on 05/19/13 to the Assistant Director of Nursing, that was not reported to OIG until 05/21/13.</p> <p>The finding include:</p> <p>Review of the facility's policy regarding Resident Abuse, revised 01/01/12, revealed the Abuse Coordinator was responsible for reporting to the appropriate officials in accordance with Federal and State Regulations. The policy noted to see state specific guidelines for abuse reporting.</p> <p>Review of the Kentucky Cabinet for Health and Family Services Office of Inspector</p>	F 225	<p>all residents with a BIM score of 8 to 15 concerning abuse, neglect and misappropriation and provide them with a written handout to keep by 6-27-13. The Social Services Director or Assistant Social Services Director will also interview all residents with a BIM score of 8 to 15 concerning abuse to determine any unidentified issues. All actual or alleged abuse, neglect or exploitation will be reported to DCBS, OIG and law enforcement (if appropriate) within 24 hours or less and a 5 day follow up/final report submitted within the required 5 day time frame.</p> <p>Residents identified with a BIM score of less than 8 will be observed by licensed staff for behavioral changes or statements that may indicate possible abuse, neglect or misappropriation every shift for 3 weeks, then daily for 9 months. An investigation will be completed as indicated per the observation and timely notifications will be made as appropriate per state and federal regulations.</p>		



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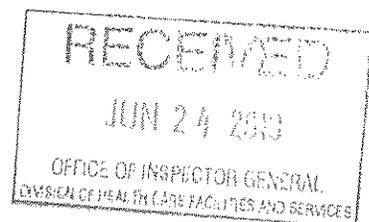
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F 225	<p>Continued From page 2</p> <p>General-Division of Health Care Long Term Care-Self Reported Incident Form completed by the facility, revealed to complete Parts A & B for 24-hour initial notification. Include Part C for 5 day follow-up/final report. The form included required incident reports, optional incident reports and notifications. Allegations of Abuse/Mistreatment including Misappropriation of Property was included under required incident reports.</p> <p>1. Review of the medical record for Resident #2 revealed the facility admitted the resident on 03/18/13 with Diagnosis including Pneumonia, Cancer, Hematuria, and Chronic Obstructive Pulmonary Disease (COPD). Review of the Admission Minimum Data Set (MDS) completed on 03/25/13 revealed the facility assessed the resident's cognition utilizing the Basic Interview for Mental Status (BIMS) at a score of 15, which indicated the resident was cognitively intact.</p> <p>Interview with Resident #2, on 05/20/13 at 3:20 PM, revealed the resident reported to a "lady" staff member, about a week ago, that someone got in the wallet and took a \$20 and 5 or 6 ten (10) dollar bills. The resident stated he/she brought the money in when admitted.</p> <p>Interview with Social Services, on 05/21/13 at 8:20 AM, revealed the facility interviewed all residents on Sub Acute Unit 1, on 05/16/13 and 05/17/13, after the allegation of misappropriation for Resident #1 was discovered. She stated another staff member interviewed Resident #2 on the evening of 05/16/13 and found out about the resident missing money and reported to her. She stated she interviewed Resident #2 on 05/17/13 in the early afternoon. She stated she</p>	F 225	<p>MEASURES THAT WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>The Administrator verbally re-educated the Director of Clinical Services, Assistant Director of Clinical Services and the Social Services Director on 5-20-13 that all allegations of any form of abuse must be reported to Adult Protective Services, Office of the Inspector General and law enforcement (if appropriate) on 5-20-13.</p> <p>The Administrator provided an additional in-service to the Director of Clinical Services (DCS), Assistant Director of Clinical Services (ADCS) and the Social Services Director (SSD) on 5/28/13 which reviewed the facility Abuse Policy as well as the regulation related to abuse/neglect/misappropriation.</p> <p>An in-service was conducted for all staff by the Director of Clinical Services (DCS) on 6/19/13 to re-educate staff on resident abuse, neglect, misappropriation, allegations and reporting. Staff that were not in attendance on 6-19-13 will be in-serviced by DCS, ADCS, Administrator, Weekend Manager or the Unit Managers by 6/27/2013.</p> <p>The Social Services Director or Assistant</p>		



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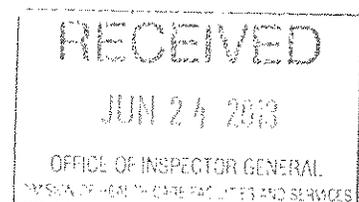
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F 225	<p>Continued From page 3</p> <p>erroneously thought she could include this misappropriation with the investigation follow up of Resident #1. She stated she had told the Director of Nursing (DON), on 05/17/13 of the allegation as well, and the Director of Nursing (DON) did not indicate it needed to be reported as a separate abuse allegation. She stated she had made several reports of misappropriation, but this was the first time it was related to money and this close together. She stated she had worked at the facility since 2010 and in Long Term Care (LTC) since 2001. She stated she was trained by the previous Social Service Director upon hire and was trained on abuse reporting with staff in services. She stated she was the Abuse Investigator Coordinator for the facility. She went on to say she had received another report from the Assistant Director of Nursing (ADON) this morning, of the allegation of misappropriation of money, for Resident #3 that was received on Sunday 05/19/13 by the ADON. She stated it was not reported to the State Agency within the time frame required.</p> <p>Interview with the Director of Nursing (DON), on 05/21/13 at 8:50 AM, revealed she had worked at this facility for seven (7) months. She stated she was trained by a Corporate staff member. She stated she had found out about the allegation of misappropriation for Resident #2 on Thursday night by the Licensed Practical Nurse scheduler who had interviewed the resident for misappropriation. She stated she told the Social Services Director on Friday about the allegation to investigate. She stated the allegation should have been reported on 05/17/13 to OIG. She stated she did not know until 06/20/13 the allegation had not been reported. She stated she</p>	F 225	<p>Social Services Director will interview 25% of the current resident population (BIM scores between 8-15) for any unidentified issues related to abuse, neglect or exploitation weekly times 1 month, monthly times 2 months and quarterly for 6 months. Any negative findings identified through resident interviews will be addressed immediately by the Social Services Director, Assistant Social Services Director, DCS, ADCS or the Administrator and reported as appropriate based upon any allegations received.</p> <p>Residents identified with a BIM score of less than 8 will be observed by licensed staff for behavioral changes or statements that may indicate possible abuse, neglect or misappropriation every shift for 1 week, then daily for 9 months. An investigation will be completed as indicated per the observation and timely notifications will be made to the appropriate agencies per the regulations.</p> <p>The results of the licensed staff observations will be addressed during Morning Quality Assurance Meetings Monday through Friday for 2 weeks, then monthly for 9 months. The Morning Meeting attendees to include the Administrator, Director of Clinical Services and or Assistant Director of Clinical Services, MDS Nurse, Social</p>		



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F 225	<p>Continued From page 4 was made aware by the Administrator.</p> <p>2. Review of the medical record for Resident #3 revealed the facility admitted the resident on 03/14/13 with a re-admission on 04/30/13 with diagnosis including Depressive Disorder, Anxiety, and Parkinsonism. Review of the Re-admission MDS Assessment, completed on 05/07/13, revealed the facility assessed the resident's cognition utilizing the BIMS and determined a score of 14, which indicated the resident was cognitively intact.</p> <p>Interview with Resident #3, on 05/21/13 at 9:45 AM, revealed the resident had reported to the ADON, on 05/19/13, of missing money in the amount of 500-600 dollars. The Resident stated he/she had received 4 checks for \$168.00 each and had a friend take him/her to Walmart to cash the checks about a week ago. The resident stated, on 05/18/13, he/she asked a Certified Nursing Assistant (CNA) to get a soda out of the vending machine and the CNA retrieved money from the wallet. The resident stated the CNA saw the resident had several hundred dollars in the wallet. The resident stated by the next day the money was gone and it was reported to the ADON. The resident provided the name and number of the friend who could verify the resident had the money.</p> <p>Interview with the friend of Resident #3, on 05/21/13 at 12:30 PM, who was listed on the medical record as a contact person, revealed he had taken Resident #3 to Walmart a week ago Sunday 05/12/13 and the resident had cashed four (4) checks. He stated he could not say how much money was there but that it was several</p>	F 225	<p>Services Director or Social Services Assistant and Maintenance Director.</p> <p>The Medical Director will be made aware of any concerns or allegations of abuse, neglect or misappropriation. The Medical Director meets with the Quality Assurance Performance Improvement Committee quarterly.</p> <p>HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO ENSURE THAT SOLUTIONS ARE SUSTAINED:</p> <p>The plan of correction on abuse, neglect and misappropriation will be monitored through a Quality Assurance Committee daily for 2 weeks and monthly for 3 months and quarterly for 6 months. Concerns related to abuse, neglect and misappropriation will be addressed by the committee per the state and federal regulations.</p> <p>Date of Compliance 06/27/13</p>		



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F 225	Continued From page 5 hundred dollars. He stated the resident only bought a belt and maybe a snack and kept the rest of the money. Interview with the ADON, on 05/21/13 at 10:20 AM, revealed he had received a report from Resident #3 on 05/19/13 of missing money. He stated he did make a report, interviewed staff, and wrote a statement. He stated he knew it needed to be reported to administration within twenty-four hours but was not sure about OIG. He stated he had reported to the Director of Nursing on Sunday, 05/19/13, of the allegation from Resident #3. He stated he was responsible for staff inservices on Abuse.	F 225			

