

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

PRINTED: 11/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2015
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NAME OF PROVIDER OR SUPPLIER FRANKLIN-SIMPSON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 414 ROBEY ST. FRANKLIN, KY 42136
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F 000	INITIAL COMMENTS	F 000		
F 226 SS=D	<p>AMENDED</p> <p>An Abbreviated Survey investigating Complaint #KY23941 was conducted on 10/16/15 through 10/22/15. Complaint #KY23941 was substantiated with a deficiency cited at a Scope and Severity of a "D".</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 interview, record review, and review of the facility Abuse/Neglect policy, revealed the facility failed to implement their written policy and procedure for one (1) of four (4) sampled residents (Resident #1).</p> <p>The facility failed to notify Resident #1's Responsible Party timely when Resident #1 alleged Resident #2 raped him/her when Resident #2 was found undressed, laying in the bed with Resident #1.</p> <p>The findings include:</p> <p>Review of the facility's "Abuse and Neglect Policy", not dated, revealed the Director of Nursing was responsible for ensuring the responsible parties and physicians were notified</p>	F 226	<p>Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jaine Davis Administrator</i>	TITLE <i>12/2/2015</i>	(X6) DATE 11/16/2015
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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 FRANKLIN-SIMPSON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 414 ROBEY ST. FRANKLIN, KY 42135		
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F 226	<p>Continued From page 1 of the alleged incident of abuse/neglect.</p> <p>Record review revealed the facility admitted Resident #1 on 07/01/12 with diagnoses, which included Dementia, Mild Intellectual Disability, Behavioral Disturbances, Delusional, Bipolar Disorder, Pseudo-Bulbar Affect (PBA) and Convulsions. Review of an Annual Minimum Data Set (MDS) assessment, dated 03/26/15, revealed the facility assessed Resident #1's cognition as Intact with a Brief Interview of Mental Status (BIMS) score of ten (10), which indicated the resident was interviewable.</p> <p>Review of the facility's investigation Report, dated 09/29/15, revealed Resident #2 was found in Resident #1's bed on 09/22/15 at 4:30 AM and had removed his/her pants and had no clothes on. Resident #1 stated Resident #2 had raped him/her.</p> <p>Interview with Resident #1, on 10/16/15 at 2:33 PM, revealed he/she stated, "Resident #2 came into his/her room and tried to rape me"; then, laughed and smiled. When asked if and where he/she was touched by Resident #2, Resident #1 patted the sides of his/her thighs with both hands and stated "he/she touched me here" again smiling and laughing. When asked if Resident #2 touched any other body part, pulled on his/her pajama bottoms or brief or genital area. Resident #1 denied inappropriate touch by Resident #2.</p> <p>Interview with Resident #1's Responsible Party, on 10/19/15 at 3:38 PM, revealed he was notified an unusual event had occurred involving his relative on 09/22/15 at approximately 11:30 AM. He stated he thought the facility should have called him sooner so he could be of support to his</p>	F 226	<ol style="list-style-type: none"> 1) Resident #1 continues to reside at the facility. Resident #1 has denied that the incident as portrayed ever occurred. The residents responsible party was notified on 9/22/15 at around 11:30am by the director of nursing. 2) The family of resident #1 was notified by The Director of Nursing On 9/22/15 at approximately 11:30am. The director of nursing or the assistant director of nurses or the facility administrator will notify residents physicians and interested/responsible parties of any allegation of abuse and neglect immediately or as soon as practicable. 		

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F 226	<p>Continued From page 2 family member.</p> <p>Interview with Certified Nurse Aide (CNA) #1, on 10/19/15 at 3:45 PM, revealed he found Resident #2 nude, laying somewhat diagonally and partially across Resident #1, with his/her face "buried in the pillow, and arms straight down to his/her sides on 09/22/15 at 4:15 AM. CNA #1 revealed Resident #1's brief was pulled down slightly in the front but was without disturbance of the cream and powder that had been applied after the incontinent care at 4:00 AM, and he did not observe any powder or cream on Resident #2's hands, legs, or genitals.</p> <p>Interview with Registered Nurse (RN) #2, on 10/19/15 at 2:29 PM, revealed she assessed both residents and called the Director of Nursing (DON) to inform her of the unusual event and immediately placed Resident #2 on one-to-one (1:1) supervision.</p> <p>Interview with the DON, on 10/16/15 at 11:00 AM, revealed she received a call on the early morning of 09/22/15 at 4:45 AM and was advised of the incident. She stated she arrived at the facility at approximately 5:30 AM and sent a text message to the Administrator. The DON further revealed she did not call Resident #1's responsible party.</p> <p>Interview with the Administrator, on 10/19/15 at 8:30 AM and on 10/20/15 at 4:22 PM, revealed she arrived at the facility at approximately 6:30 AM and began an investigation of the incident. The Administrator stated she contacted the Medical Director, and the local Law Enforcement Organization (LEO). She stated she did not call Resident #1's responsible party until 11:30 AM on 09/23/15 and she did not call the responsible</p>	F 226	<p>3) On 11/19/15 the Administrator completed an educational review for the Director Of Nursing as well as department heads in regards to F226 and F 157 as they relate to the notification of the interested/responsible party as it relates to allegations of abuse or neglect . The director of nursing or the assistant director of nurses or the facility administrator will notify residents physicians and interested/responsible parties of any allegation of abuse and neglect immediately or as soon as practicable.</p> <p>4) The Administrator will conduct an audit of notification to residents/physicans/responsible parties and interested parties with any allegation of abuse or neglect at the time the allegation is brought forth to validate that notifications were completed by the director of nursing or assistant director of nursing, immediately or as soon as practicable after being notified/ made aware of the alleged abuse or neglect.</p>		

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F 226	Continued From page 3 party sooner because she was conducting the investigation.	F 226	<p>This audit will be conducted daily for 5 days for one week and then weekly for 3 weeks, then monthly for 2 months.</p> <p>The results of all audits will be reviewed with the quality Assurance committee monthly for three months. Any time concerns are identified the Quality Assurance committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, Assistant Director of Nursing, Dietary Services Director, Maintenance Director, Activity Director, Business Office Manager with the Medical Director attending at least quarterly.</p>	<p>Completion date 11/20/15</p>	