

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

PRINTED: 07/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
(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	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey investigating complaint #KY31786 and a COVID-19 Focused Infection Control Survey was initiated on 06/01/2020 and concluded on 06/25/2020. There was no deficient practice identified with 42 CFR 483.80 infection control regulations and the facility has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census was 53.</p> <p>Complaint #KY31786 was substantiated with deficiencies cited at the highest Scope and Severity of a "J". The Partial Extended Survey was conducted on 06/24/2020 through 06/25/2020.</p> <p>On 05/18/2020, the Director of Nursing (DON) instructed three (3) staff to hold Resident #1's arms, legs, and feet, while she inserted an indwelling urinary catheter. Resident #1, who stated he/she has a history of sexual assault, was crying, kicking, and begging staff not to insert the catheter; and stated he/she felt like he/she "was being molested". The incident was reported to the floor nurse on 05/28/2020 by staff; however, she failed to report the incident to the Administrator. On 05/26/2020, Resident #1 reported the incident to Admission staff, who then reported to the Social Service Director (SSD). The SSD spoke to the resident and then reported the alleged abuse to the former Administrator. The former Administrator failed to recognize the allegation as abuse, to suspend the alleged perpetrators, and report to the appropriate State agencies.</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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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F 000	<p>Continued From page 1</p> <p>Immediate Jeopardy (IJ) was identified in the areas of 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation at F600, F607, F609 and F610; and, 42 CFR 483.70 Administration at F835; at a Scope and Severity of a "J".</p> <p>Substandard Quality of Care was identified at 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation at F600, F607, F609 and F610.</p> <p>Immediate Jeopardy was determined to exist on 05/18/2020, and the facility was notified of the Immediate Jeopardy on 06/10/2020. An acceptable Credible Allegation of Compliance (AOC), related to the Immediate Jeopardy, was received on 06/23/2020, alleging the Immediate Jeopardy was removed on 06/19/2020.</p> <p>The State Survey Agency validated the AoC and determined the Immediate Jeopardy was removed on 06/19/2020. The Scope and Severity was lowered to a "D" for 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation at F600, F607, F609 and F610; and 42 CFR 483.70 Administration at F835; while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>In addition, staff failed to honor Resident #1's right to refuse treatment when staff held the resident's arms and legs to insert an indwelling urinary catheter which resulted in psychological harm/distress.</p>	F 000			

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42055		
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 04/01/2020 and concluded on 04/02/202. There was no deficient practice identified with 42 CFR 483.73 related to E-0024 (b)(6).	E 000			
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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF KUTTAWA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1253 LAKE BARKLEY DRIVE KUTTAWA, KY 42055
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N 000	<p>Initial Comments</p> <p>A Complaint Survey (#KY31786) and COVID-19 Focused Infection Control Survey was initiated 06/01/2020 and concluded on 06/25/2020. There was no practice identified pursuant to 42 CFR 483.80.</p> <p>Complaint #KY31786 was substantiated with deficiencies cited. Immediate Jeopardy was identified pursuant to 42 CFR 483.12 and 42 CFR 483.70. The corresponding State violation of imminent danger was cited as a Type A Citation on 06/12/202.</p>	N 000		

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