

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

PRINTED: 08/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/04/2014
NAME OF PROVIDER OR SUPPLIER TRI-CITIES NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1910 US HIGHWAY 119 NORTH CUMBERLAND, KY 40823		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	Division of Health Care Southern Enforcement Branch	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	Tri-Cities Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care of the residents. The plan of correction is submitted as a written allegation of compliance.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	F 225	Tri-Cities Nursing and Rehabilitation Center's response to the Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Tri-Cities Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute	
	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.			
	The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance			

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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

8-25-14

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 TRI-CITIES NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 19101 US HIGHWAY 119 NORTH CUMBERLAND, KY 40823		
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F 225	<p>Continued From page 1</p> <p>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 interview, record review, and a review of a Survey and Certification Letter, it was determined the facility failed to report a reasonable suspicion of a crime to a law enforcement agency, related to missing property/money belonging to Resident #1. On 07/16/14, Resident #1 reported to facility staff and the Administrator that Certified Nurse Aide (CNA) #1 took one hundred dollars from the resident. There was no evidence the facility had reported the crime to a law enforcement agency as required.</p> <p>The findings include:</p> <p>A review of Centers for Medicare and Medicaid Services Survey and Certification Letter (S&C 11-30-NH) with a revision date of 01/20/12 revealed section 1150B of the Social Security Act requires long term care facilities to report any reasonable suspicion of crimes committed against a resident of the facility to be reported to at least one law enforcement agency of jurisdiction.</p> <p>A review of the facility's Abuse, neglect or Misappropriation of Resident Property Policy with a revision date of 05/01/13 revealed the Administrator was responsible to report allegations to the appropriate local/state/federal</p>	F 225	<p>resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p><u>ID Prefix Tag F225</u></p> <p>The facility will continue to investigate alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and report to other officials in accordance with state law.</p> <p>On August 22, 2014, the administrator discussed the incident with the police and resident #1 was afforded the opportunity to talk with a police officer and he declined.</p> <p>The administrator reviewed on August 20, 2014 the facility records listing all recent investigations to determine if appropriate reports were sent in accordance to state law.</p>	

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F 225	<p>Continued From page 2</p> <p>agencies in accordance with state and federal regulations.</p> <p>Review of Resident #1's medical record revealed the resident had diagnoses that included Cerebellar Vascular Accident with Seizure Activity, Psychosis, and Anxiety. The resident was assessed according to the most recent Minimum Data Set (MDS) Assessment dated 05/29/14 to have a Brief Interview for Mental Status (BIMS) score of 12, which is moderately impaired for cognition.</p> <p>A review of the facility investigation to determine if Resident #1's money was stolen with a final date of 07/23/14 revealed the resident had reported to Licensed Practical Nurse (LPN) #1 on 07/16/14 that a Certified Nurse Aide had taken one hundred dollars from the resident. Further review of the investigation revealed the facility had determined that CNA #1 had taken the resident's money. The facility suspended and terminated the CNA, and reported the allegation to the state survey agency and Adult Protective Services. However, there was no evidence the allegation was reported to a law enforcement agency as required.</p> <p>An interview conducted with the facility Administrator on 08/04/14 at 5:00 PM revealed the Administrator was aware of the allegation and had taken actions to protect the resident and other residents by suspending CNA #1. The Administrator stated he reported the allegation to the state survey agency and Adult Protective Services. According to the Administrator, he did not report the allegation to law enforcement because the resident did not want the allegation reported to law enforcement.</p>	F 225	<p>Administrative staff was inserviced on August 22, 2014, by the administrator on abuse, neglect and misappropriation of property and investigating allegations and proper reporting the incidents.</p> <p>All other staff were inserviced on August 21, 22 and 25, 2014, on abuse, neglect and misappropriation of property and properly reporting the allegations.</p> <p>For staff not present, inservices will be given on their next scheduled shift or for new hires during the orientation program.</p> <p>The Administrator will ensure incidents are reported within the appropriate time frame and the Social Worker will monitor investigations to ensure appropriate notifications are made in accordance to state law using a QI audit tool weekly for one month and then monthly for two months.</p> <p>The results of these audits will be reviewed monthly by the Executive QI committee to ensure compliance.</p>	8-25-14	

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