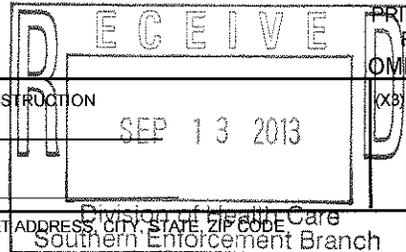


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 09/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2013
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NAME OF PROVIDER OR SUPPLIER LAUREL CREEK HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1033 NORTH HIGHWAY 11 MANCHESTER, KY 40962
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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
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F 000	INITIAL COMMENTS An abbreviated standard survey (KY20573) was conducted on 08/21/13. The complaint was substantiated with deficient practice identified at "D" level.	F 000	Disclaimer for Plan of Correction Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by Kentucky Medical Investors Ltd., d/b/a Laurel Creek Health Care Center of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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	F 225	Kentucky Medical Investors Ltd., d/b/a Laurel Creek Health Care Center files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicaid/Medicare Program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction would not be taken as establishing any standard of care, and the facility submits that the actions by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal, or equitable, in administrative, civil or criminal proceeding.	
		F 255 1)	A head to toe assessment was completed for resident #1 on 8/8/13 by the unit manager upon notification to the Director of Nursing of alleged abuse by a SRNA. No discolorations or redness were identified. An investigation was initiated on 8/8/13 by the Director of Nursing related to the allegation of abuse. The Executive Director reported an abuse allegation on 8/8/13 upon being notified by the Director of Nursing of the allegation of abuse, in accordance with State Law through established procedure (including to the State Survey and certification agency).	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Clara E. Benes* TITLE: *Dir* (X6) DATE: *9/12/13*

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.

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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 review of the facility's investigation and policy and procedures, it was determined the facility failed to ensure an allegation of abuse was reported immediately to the administrator of the facility and to the appropriate state agencies as required for one of three sampled residents (Resident #1). State Registered Nurse Aide (SRNA) #2 failed to report an allegation of abuse that occurred on 08/06/13 until 08/07/13, one day after the allegation occurred, when the SRNA reported the allegation to Licensed Practical Nurse (LPN) #2. LPN #2 failed to report the abuse allegation to the administrator of the facility until 08/08/13. The facility failed to report the allegation of abuse to the appropriate state agencies until 08/08/13, two days after the incident occurred.</p> <p>The findings include:</p> <p>A review of the facility's Abuse Mistreatment, Neglect policy revealed staff that witnesses any type of abuse is to immediately stop the abuse and immediately report what they observed to their supervisor or person in charge. Further review of the policy revealed supervisors will report to the Executive Director immediately any reports of, or any knowledge of, abuse.</p> <p>A review of the facility's investigation dated</p>	F 225	<p>2) A skin assessment was completed on all residents residing on the West Unit on 8/8/13 by the Unit Manager and the Director of Nursing. A head to toe assessment was completed on 8/11/13 on all the other residents residing in the facility by the Unit Manager and staff nurses; no issues were identified. No discoloration or red areas were identified.</p> <p>Social Services Director interviewed 10 alert and oriented residents residing on the West Unit on 8/8/13 that SRNA #1 provided care and services for, to ensure no abuse had occurred. No reports of abuse, neglect, or mistreatment were verbalized or identified through the interview process.</p> <p>3) An inservice was started by the Director of Nursing on 8/8/13 for all staff regarding the importance and expectation of immediately reporting alleged or observed abuse, neglect, or mistreatment of a resident in accordance with state law through established procedures (including to state survey and certification agency), and to conduct a timely investigation. Inservice was completed on 8/12/13.</p> <p>Please note that an inservice was completed the last week of July 2013 related to the facility's Abuse, Neglect, or Mistreatment of a Resident Policy by the Assistant Director of Nursing/Staff Development Coordinator.</p> <p>The Director of Nursing provided a one-on-one education on 8/8/13 to SRNA #2 and the West Wing Unit Supervisor related to the facility's Abuse, Neglect or Mistreatment of a Resident Policy, specifically to report immediately to the Executive Director or Director of Nursing any allegation; observed or witnessed, of abuse, neglect, or mistreatment of a resident.</p>		

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F 225	<p>Continued From page 2</p> <p>08/08/13 revealed SRNA #2 called the facility on 08/07/13 and reported to LPN #2 that she witnessed an allegation of abuse involving Resident #1 and SRNA #1. Further review of the investigation revealed LPN #2 notified the Unit Supervisor of the allegation of abuse by phone and was instructed by the Unit Supervisor to complete a witness statement and to have SRNA #2 also complete a witness statement. The investigation further revealed the Director of Nursing (DON) was not notified of the allegation of abuse until 08/08/13 when staff gave the DON the witness statements. Further review of the investigation revealed the state agencies were not notified of the allegation of abuse until 08/08/13. According to the investigation, SRNA #1 was suspended on 08/08/13, and then later terminated.</p> <p>Interview on 08/21/13 at 3:15 PM with SRNA #2 revealed while providing care to Resident #1 on 08/06/13, SRNA #2 witnessed SRNA #1 roughly slam Resident #1's arm above his/her head and curse at the resident. The interview further revealed the incident happened so fast it was too late to stop the incident from occurring. SRNA #2 was afraid to report the incident to the supervisor immediately after the incident occurred, but called the facility on 08/07/13 and reported the incident to LPN #2. LPN #2 instructed SRNA #2 to fill out a witness statement about the incident. The interview further revealed SRNA #2 had been trained on the facility's policy on stopping and reporting abuse the week prior to the incident.</p> <p>Interview on 08/21/13 at 2:20 PM with SRNA #1 revealed SRNA #1 denied she had been abusive to or had cursed at Resident #1 in any way. The interview further revealed SRNA #1 denied she</p>	F 225	<p>The Director of Nursing or Assistant Director of Nursing will conduct an inservice of the facility's Abuse, Neglect or Mistreatment of a Resident Policy, specifically immediate reporting of any allegation; observed or witnessed, of abuse, neglect or mistreatment of a resident. An inservice will be conducted by the Director of Nursing or the Assistant Director of Nursing monthly x 3 months, quarterly, as needed, and upon hire.</p> <p>4) A 100% audit of any allegation of abuse, neglect, or mistreatment of a resident will be completed by the Director of Nursing or Assistant Director of Nursing to ensure timely notification has been completed to the Executive Director and/or Director of Nursing, reports have been completed in accordance with state law through established procedures (including to the state survey and certification agency), and an investigation has been completed.</p> <p>The results of the audits will be reviewed at the monthly PI Committee meeting. Revisions will be made to the system as indicated and audits will continue until committee determines compliance.</p> <p>5) Date of Compliance: 9/21/13.</p>		

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F 225	<p>Continued From page 3</p> <p>would ever mistreat a resident and she had been trained on the facility's abuse policy during the last week of July 2013.</p> <p>Interview on 08/21/13 at 12:29 PM with the Unit Supervisor revealed the Unit Supervisor received a call at home on the evening of 08/07/13 from LPN #2 reporting the allegation of abuse that occurred on 08/06/13 between Resident #1 and SRNA #1. The interview further revealed the Unit Supervisor instructed LPN #2 to complete a witness statement and to have SRNA #2 also complete a witness statement. The interview further revealed the Unit Supervisor immediately called the facility to ensure SRNA #1 was not scheduled to work that evening, but did not feel like she should report the incident to the DON or Administrator due to the information being "second hand information." The Unit Supervisor stated she notified the DON of the abuse allegation the next morning (08/08/13) during morning meeting by giving the DON the witness statements. The interview further revealed the Unit Supervisor was trained on the facility's abuse policy the week prior to the incident.</p> <p>Interview on 08/21/13 at 2:05 PM with LPN #2 revealed SRNA #2 called her on 08/07/13 when LPN #2 was on the way to work. SRNA #2 reported she had witnessed an allegation of abuse involving Resident #1 and SRNA #1 that occurred on 08/06/13. LPN #2 stated she immediately called to inform the Unit Supervisor at home to report the incident. According to LPN #2, the Unit Supervisor instructed LPN #2 to complete a witness statement and to have SRNA #2 complete a witness statement regarding the incident. The interview further revealed LPN #2 felt like she had reported the incident</p>	F 225			

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F 225	<p>Continued From page 4</p> <p>appropriately since she had contacted the Unit Supervisor. The interview revealed LPN #2 had been trained on abuse the week before the incident.</p> <p>A review of the Abuse in-service dated 07/26/13 and 07/31/13 revealed SRNAs #1 and #2, LPN #2, and the Unit Supervisor attended the training related to the abuse policy.</p> <p>Interview on 08/21/13 at 3:29 PM with the DON revealed the DON was made aware of the allegation of abuse on 08/08/13 during morning meeting when the Unit Supervisor gave the DON the witness statements about the incident. The interview further revealed SRNA #1 had not worked since the alleged incident occurred and was suspended immediately on 08/08/13, and then terminated. The DON revealed an investigation was initiated and the allegation was reported to the state agencies, Resident #1's physician, and Resident #1's family on 08/08/13. The interview further revealed the Unit Supervisor should have reported the incident to Administration immediately.</p> <p>A review of the August 2013 employee staffing scheduled revealed SRNA #1 was scheduled to work on 08/06/13 and was not scheduled to work again until 08/08/13 the evening shift; however, the SRNA was suspended prior to the scheduled shift.</p>	F 225			