

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185288	<div style="text-align: center; border: 2px solid blue; padding: 5px;"> RECEIVED MAY 18 2015 Division of Health Care Southern Enforcement Branch </div>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ (X3) DATE SURVEY COMPLETED C 04/24/2015
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NAME OF PROVIDER OR SUPPLIER FAIR OAKS HEALTH SYSTEMS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1 SPARKS AVENUE JAMESTOWN, KY 42629
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F 000 INITIAL COMMENTS

An abbreviated standard survey (KY23071) was initiated on 04/23/15 and concluded on 04/24/15. The complaint was substantiated with deficient practice identified at "D" level.

F 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4)
SS=D 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).

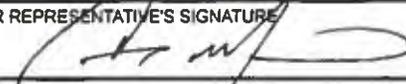
The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance

F 000 Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.

F 225 Fair Oaks Health Systems 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.

Fair Oaks Health Systems 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).

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 5/14/2015
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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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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 observation, interview, record review, and review of the facility's abuse prohibition policy and procedure it was determined the facility failed to ensure all allegations involving injuries of unknown origin were immediately reported to the State Survey Agency and other officials in accordance with state law for one (1) of three (3) sampled residents (Resident #1). Facility staff identified Resident #1 to have a large bruised area of unknown origin adjacent to the right breast area on 04/01/15, and immediately reported the area to Facility Administration. However, the facility failed to notify the state survey and certification agency of the injury of unknown origin until 04/02/15, after Adult Protective Services came to the facility to investigate an allegation of abuse to Resident #1.</p> <p>The findings include:</p> <p>Review of the facility's policy/procedure, "Abuse Prohibition Policy," revised 03/05/12, revealed when an injury of unknown origin was reported, the Administrator would immediately notify the State Licensing and Certification Agency and the Division of Adult Protective Services.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 01/11/13 with diagnoses including Muscle Weakness,</p>	F 225	<p>Criteria 1: The care concerns involving resident #1 have been investigated by the facility, Department for Community Based Services (DCBS), and Office of Inspector General (OIG). There have been no unreported injuries of unknown origin identified for resident #1 since the alleged incident identified by OIG on April 24, 2015.</p> <p>Criteria 2: An audit for all residents was conducted by the Director of Nursing (DON) on (5/12/15 – 5/14/15) to determine if there were any injuries of unknown origin over the last 30 days that had not been reported to the required agencies as per the regulations: the audit included, but as not limited to review of weekly skin assessments, and incident reports. There were no unreported injuries of unknown origin identified.</p> <p>Criteria 3: The Administrator, Director of Nursing (DON), and licensed nurses have received inservice education on the identification, investigation and reporting of injuries of unknown origin as provided by the contracted Nurse Consultant on 4/29/15.</p>		

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PRINTED: 05/08/2015
FORM APPROVED
OMB NO. 0938-0391

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F 225	<p>Continued From page 2</p> <p>Dementia, and Congestive Heart Failure. Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment completed on 03/18/15 revealed facility staff assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive impairment and requiring assistance of two staff members for all activities of daily living.</p> <p>Observation of Resident #1 on 04/24/15 at 9:05 AM revealed the resident made repeated verbalizations of "help me" and made no attempts at communication when spoken to. A skin assessment for Resident #1 revealed no areas of bruising were observed.</p> <p>Interview with Certified Nursing Aide (CNA) #1 on 04/24/15 at 7:00 PM, revealed at approximately 2:30 PM on 04/01/15, when preparing to shower Resident #1, she discovered a large bruised area to the resident's right breast/back area. CNA #1 stated she "had no clue" how Resident #1 sustained the injury, and immediately notified the Charge Nurse, who came to the shower room and assessed the area.</p> <p>Review of a facility "Resident Abuse Investigation Report Form" dated 04/03/15 and interview with the Charge Nurse on 04/24/15 at 1:25 PM, revealed she went to the shower room on 04/01/15, at approximately 2:30 PM to assess Resident #1 after being summoned by CNA #1. The Charge Nurse stated she observed a large bruise to the right breast/back area of Resident #1. The report form documented the area as a "large bluish/black/purple bruise to (right) mid breast, to (right) lateral side with skin intact 15 cm X 25 cm." The Charge Nurse stated she had no previous knowledge of the area and after</p>	F 225	<p>Criteria 4: The Continuous Quality Improvement (CQI) indicator for the monitoring of compliance with the facility abuse policy, including the reporting of injuries of unknown origin, will be utilized monthly X 2 months and then quarterly thereafter as per the CQI calendar, under the supervision of the Administrator. Findings below the required threshold of 100% will result in a plan of correction to address the identified areas. (see Attachment #1)</p> <p>Criteria 5: May 15, 2015</p>	5/15/15	

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F 225	<p>Continued From page 3</p> <p>reviewing documentation determined the area had not been previously reported. The Charge Nurse stated she had "no idea" how Resident #1 sustained the injury to the right breast/back area. The report form stated the Charge Nurse notified the Director of Nursing (DON) of the injury to Resident #1 on 04/01/15, at 2:35 PM.</p> <p>Interview with the DON on 04/24/15 at 2:40 PM confirmed the Charge Nurse notified her and she observed the bruise to Resident #1's right breast/back area on 04/01/15 at approximately 2:35 PM. The DON stated she did not know how the injury occurred, but immediately initiated an investigation, which included contacting staff who had previously cared for Resident #1. However, the DON stated she was unable to identify any staff member who had knowledge of how Resident #1 sustained the injury. The DON stated the investigation also included observation of Resident #1's environment in an attempt to identify any possible contributing factors. The DON stated she was unable to determine with certainty the cause of the injury to Resident #1, but determined the most likely cause was the resident leaning against the side rail of the bed. The DON stated that although she was responsible for assisting with investigations the Administrator made all notifications to outside agencies as required. The DON stated she reported the bruise to Resident #1's right breast/back to the Administrator on 04/01/15 at 2:55 PM.</p> <p>Interview with the Administrator on 04/24/15 at 1:43 PM, revealed when the DON reported Resident #1's injury to him, he did not suspect Resident #1 had sustained abuse in the facility and the DON had determined the possible cause</p>	F 225			

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F 225	Continued From page 4 was Resident #1 leaning against the side rail of the bed. Therefore, the Administrator stated injury of unknown origin was not reported to the state survey and certification agency as required until 04/02/15 at 8:02 PM. The Administrator stated he made the decision to report Resident #1's injury to the state survey and certification agency after Adult Protective Services entered the facility on 04/02/15 to investigate the incident as an allegation of abuse to Resident #1 that was reported by an outside source.	F 225			