

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

PRINTED: 05/29/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/14/2014
NAME OF PROVIDER OR SUPPLIER GREENWOOD NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5079 SCOTTSVILLE RD. BOWLING GREEN, KY 42104		
(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	INITIAL COMMENTS An Abbreviated Survey investigating #KY21651 and #KY21684 was conducted on 05/08/14 through 05/14/14 to determine the facilities compliance with the Federal requirements. #KY21651 was unsubstantiated with no deficiencies cited and #KY21684 was substantiated with deficiencies cited at the S/S of a "D".	F 000	Greenwood Nursing and Rehab 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 the applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's investigation and "Abuse, Neglect, or Misappropriation of Resident Property Policy", it was determined the facility failed to implement the facility's Abuse/Neglect Policy and Procedure for one (1) of the three (3) sampled residents (Resident #3). On 05/01/14, Resident #3 accused Licensed Practical Nurse (LPN #10) of jerking the call light out of his/her hand making it cut his/her finger. The facility was made aware of the allegation on 05/01/14; however, the facility failed to assess residents who were unable to speak for themselves for signs/symptoms of abuse. The findings include:	F 226	Greenwood's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greenwood Nursing and Rehab Center reserves the right to refute any of the deficiencies on this statement of deficiencies through Informal Dispute Resolution, formal appeal procedure, and/or any other administrative or legal proceeding.		



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

TITLE

(X6) DATE

[Signature] *[Signature]* 5/10/14

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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F 226	<p>Continued From page 1</p> <p>Review of the facility's policy and procedure, titled "Abuse, Neglect, or Misappropriation of Resident Property Policy", last revised 02/2009, revealed, "the facility believes that our residents have the right to be free from abuse, neglect, involuntary seclusion, or misappropriation of property. The facility will do whatever is in its control to prevent mistreatment, neglect, and abuse of our residents or misappropriation of their property. Allegations of abuse, neglect, misappropriation of property and Injuries of unknown origin will be investigated by the facility."</p> <p>Record review revealed the facility admitted Resident #3, on 09/07/10 with diagnoses which included Anxiety, Depression, Dementia with behaviors, Muscle Weakness, Hearing loss and Hypothyroidism. Review of the Minimum Data Set (MDS) Assessment, dated 03/26/14, revealed the facility assessed Resident #3's cognition as moderately impaired with a Brief Interview of Mental Status (BIMS) score of thirteen (13), which indicated the resident was interviewable.</p> <p>Interview with Resident #3, on 05/07/14 at 2:20 PM, revealed he/she stated "that nurse on nights did that to me, (pointing to his/her left pinky finger with a steri-strip on it). The resident stated LPN #10 tried to take the call cord away from me. Resident #3 revealed, he/she told the nurse at the hospital but did not tell anyone at the facility about the incident. The resident stated he/she did not think LPN #10 meant to hurt him/her.</p> <p>Review of the facility's investigation, conducted on 05/01/14, revealed Social Services conducted interviews with eight (8) interviewable residents on the 200-A Hall related to whether they were</p>	F 226	<p>Tag F266</p> <p>Resident #3 is interviewable. As per the 2567 Complaint was unsubstantiated.</p> <p>To assist with compliance with facility policy/procedure for Investigation of allegations of abuse by the facility, during an investigation for allegation of abuse, residents unable to speak for themselves (as defined by BIMS score of less than eight) will be assessed for physical signs of abuse via a head to toe assessment by a licensed nurse.</p> <p>The results of this assessment will then be documented in a narrative note in the resident's chart by the licensed nurse. In addition, Social Services will assess the resident for deviations in behavior that might indicate possible abuse and document this assessment in a narrative note in the resident's chart.</p>		

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F 226	Continued From page 2 aware of anyone being abused or if they were abused. However, further review of the investigation revealed there was no documented evidence residents who were unable to speak for themselves were assessed for signs/symptoms of abuse. Interview with the Director of Nursing (DON), on 05/13/14 at 2:30 PM, revealed LPN #10 worked Monday through Friday on the night shift on 200 A-hall. The DON stated there were twenty residents on 200 A-hall and that was where the facility focused their investigation because that was where LPN #10 provided care. When the DON was asked what was done in the investigation to identify if and residents who could not speak for themselves were abused she provided the surveyor with two (2) resident's shower sheets, dated 5/1/14, which were completed by a Certified Nurse Aide (CNA) and signed off by a licensed staff. The shower sheets revealed no documented evidence the two (2) residents had been assessed for sign/symptoms of abuse.	F 226	Clinical Nurse Consultant has in-serviced Administrator, Director of Nursing, Assistant Director of Nursing, and Staff Development Nurse on completing an investigation of abuse, with emphasis on review of non-interviewable residents. Investigations of abuse will be reviewed monthly by the DON to ensure that non-interviewable residents were assessed by a licensed nurse and the results will be forwarded to the Executive QI committee monthly for three months for review, Identification of trends, for follow-up action as deemed appropriate, and to determine need for and / or frequency of continued monitoring. Date of Completion 6/4/14	6/4/14	