

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

PRINTED: 02/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2014
NAME OF PROVIDER OR SUPPLIER WOODCREST NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3876 TURKEYFOOT ROAD ELSMERE, KY 41018	
(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 KY#00021312 was initiated on 02/12/14 and concluded on 02/13/14. KY#00021312 was substantiated with deficiencies cited at the highest Scope and Severity of a "D."	F 000	<i>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
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	F 225	F225/N109 1. Resident #1 no longer resides in the facility. Resident has been discharged to home. 2. All Residents will be interviewed by Administrative Nursing Staff (DON, ADON, EDT (Education Director of Training), Unit Managers) and Social Services to determine if any allegation of mistreatment, neglect, or abuse was reported to any staff member. This will be completed by 3/7/14. 3. Re-education conducted with all staff by DON/EDT on 3/3/14 and 3/4/14 with completion by 3/7/14 related to reporting allegations of mistreatment, neglect, or abuse. Interviews of residents will be conducted (10% sample) of residents with a BIMs score of 8 and higher by Administrative Nursing Staff starting the week of 3/10/14 daily for one week, then three times a week for 1 week; then once weekly for 30 days. Interview questions will assist in determining if the Residents feel they are receiving the care that they need and if it is provided to them	

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BY: _____

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Adam Lewandowski* TITLE: *Administrator* (X6) DATE: *3/12/14*

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 225	<p>Continued From page 1</p> <p>representative and to other officials in accordance 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, review of the facility policy, review of the State Regulations and review of the facility's Incident Report it was determined the facility failed to ensure that all allegations of mistreatment, neglect, or abuse were reported immediately to the Administrator of the facility and to other officials in accordance with State law through established procedures for one (1) of five (5) sampled residents (Resident #1).</p> <p>Resident #1 informed a nurse and a State Trained Nursing Assistant (STNA) he/she had dropped his/her food and staff had told the resident he/she could not have anymore food. Interview with Resident #1 revealed the staff person cursed at him/her and said he/she didn't deserve anymore food and would not get the resident anymore food. Interviews with staff, which included the nurse, revealed Resident #1 was upset when he/she reported the incident to them. However, the nurse reported she did not think the incident was abuse and therefore had not reported it per facility policy and State Regulations.</p> <p>The findings include: Review of the facility's policy titled, "Abuse:</p>	F 225	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Appropriately. Staff (a 10% sample of all staff) will be interviewed to determine if they are aware of any allegations of mistreatment, neglect or abuse.</p> <p>4. All monitoring findings will be reviewed at monthly QA meeting for compliance and or the need to update plan to reach 100% compliance.</p> <p>5. Date of Compliance:</p>	3/15/14

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F 225	<p>Continued From page 2</p> <p>Employee to Resident" dated October 2012, revealed all allegations of, or actual knowledge of abuse, neglect or exploitation of a resident were to be reported immediately to the Unit Manager, Shift Supervisor, Director of Nursing (DON) or Administrator. The allegation was to be reported to State Agencies within twenty-four (24) hours of the original reporting of the allegation.</p> <p>Review of Kentucky Revised Statutes (KRS) Chapter 209.030 revealed any person having reasonable cause to suspect that an adult had suffered abuse, neglect or exploitation was to report or cause a report to be made in accordance with provisions of the chapter. Further review revealed an oral or written report was to be made immediately to State Agencies upon knowledge of suspected abuse, neglect or exploitation of an adult.</p> <p>Review of the facility's Incident Report, dated 02/10/14 revealed the Report was faxed to the State Regulatory Agency on 02/10/14 at 4:03 PM. Continued review revealed the Administrator and Director of Nursing (DON) had been made aware of a "complaint" filed with the State Adult Protection Services Agency (APS) on 02/10/14 at 3:15 PM. Further review revealed the "complaint" included an allegation of Resident #1 dumping his/her food on the floor and an SRNA informing the resident he/she was not getting any more food that day.</p> <p>Review of Resident #1's medical record revealed the facility readmitted the resident on 01/08/14, with diagnoses which included Small Bowel Obstruction, Anemia, and Dementia. Review of the Admission Minimum Data Set (MDS) Assessment dated 01/15/14 revealed the facility</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>assessed Resident #1 to have a Brief Interview for Mental Status score of eight (8) out of fifteen (15) which indicated the resident was moderately impaired in cognition.</p> <p>Interview with Resident #1 on 02/12/14 at 4:00 PM, revealed he/she had dropped his/her food in the room on a previous day. Resident #1 stated a staff member had cursed at him/her and informed him/her he/she wouldn't get anymore food because he/she "didn't deserve it". Resident #1 was unable to provide a date or time of when the incident occurred. Additional interview revealed Resident #1 was unable to provide information on who he/she had reported the incident to.</p> <p>Interview with STNA #3 revealed Resident #1 had "seemed upset" on Saturday, 02/08/14 when she arrived at work. She stated she and Licensed Practical Nurse (LPN) #4 talked to Resident #1 regarding why he/she was upset. STNA #3 stated the resident reported he/she had dropped his/her food earlier that day, and the staff person who cleaned it up told him/her he/she would not get anymore food because of the dropped food. She indicated Resident #1 was "really upset all day". STNA #3 stated she and LPN #4 offered to get more food for Resident #1; however the resident refused.</p> <p>Interview with LPN #4 on 02/13/14 at 5:34 PM, revealed Resident #1 informed her, on 02/08/14 at approximately 4:30 PM, that earlier in the day he/she dropped his/her tray at lunchtime. According to LPN #4, Resident #1 told her "the girls" who picked everything up told him/her he/she couldn't have anymore food. LPN #4 stated she offered Resident #1 more food at that</p>	F 225		

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F 225	Continued From page 4 time and the resident refused. LPN #4 revealed she felt the situation had been resolved at that point, and had not considered the incident as abuse. LPN #4 stated she was asked about the incident the next day, and after discussion with the DON realized she should have reported the incident as per facility policy. Interview with LPN #3 on 02/13/14 at 3:25 PM, revealed she had spoken with Resident #1 and Resident #1's daughter on Sunday, 02/09/13, at which time the resident reported he/she had dropped his/her food tray on a previous day. LPN #3 stated Resident #1 informed her he/she was told by the staff who picked up the food if he/she ever did it again "they would never feed" him/her again. According to LPN #3, Resident #1's daughter told her Resident #1 had been able to describe to her who he/she had reported the allegation to on the previous day. LPN #3 stated she reported the resident's allegation to the Assistant Director of Nursing (ADON) shortly after being informed of it. Interview with the ADON on 02/13/14 at 4:57 PM, revealed LPN #3 had called on Sunday, 02/09/14 at approximately 2:00 PM to 2:30 PM, to inform her of Resident #1's allegations. The ADON stated she "texted" the DON to "ask her about" the incident and the DON "hadn't heard about it either". Interview with the DON on 02/13/14 at 5:01 PM, revealed the ADON had informed her on 02/09/14 of the incident involving Resident #1. She stated she had called the facility and spoken with LPN #3 and they were able to determine who the nurse was Resident #1 had reported the allegation to. The DON stated the nurse was	F 225			

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F 225	Continued From page 5 LPN #4 and she had spoken with the LPN on Monday, 02/10/14, to inquire why the allegation had not been reported as per facility policy. According to the DON, LPN #4 stated she had thought the incident had been taken care of and was not abuse. The DON indicated she had re-educated LPN #4. The DON stated the allegation should have been reported to facility staff, to include the Administrator, when LPN #4 became aware of it on 02/08/14 to ensure the State Agency was notified as per facility policy.	F 225	<i>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
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 policy, the facility failed to implement it's policies and procedures that prohibited abuse, neglect or exploitation of residents for one (1) of five (5) sampled residents (Resident #1). Licensed Practical Nurse (LPN) #4 was informed of Resident #1's allegation of dropping his/her food on the floor and the staff member who cleaned it up telling the resident he/she couldn't have any more food; however the LPN failed to immediately notify staff, indicated in the facility's policy, of the incident. Therefore, the State Regulatory Agency was not notified of the allegation within twenty-four (24) hours as per	F 226	F226/N105 1. Resident #1 no longer resides in the facility. Resident has been discharged to home. 2. All Residents will be interviewed by Administrative Nursing Staff (DON, ADON, EDT (Education Director of Training), Unit Managers) and Social Services to determine if any allegation of mistreatment, neglect, or abuse was reported to any staff member. This will be completed by 3/7/14. 3. Re-education conducted with all staff by DON/EDT on 3/3/14 and 3/4/14 with completion by 3/7/14 related to reporting allegations of mistreatment, neglect, or abuse. Interviews of residents will be conducted (10% sample) of residents with a BIMs score of 8 and higher by Administrative Nursing Staff starting the week of 3/10/14 daily for one week, then three times a week for 1 week; then once weekly for 30 days. Interview questions will assist in determining if the Residents feel they are receiving the care that they need and if it is provided to them		

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F 226	<p>Continued From page 6 facility policy.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Abuse: Employee to Resident" dated October 2012, revealed the Unit Manager, Shift Supervisor, Director of Nursing (DON) or Administrator were to be immediately notified of all allegations of, or actual knowledge of abuse, neglect or exploitation of a resident. Further review revealed State Agencies were to be notified within twenty-four (24) hours of the original reporting of the allegation.</p> <p>Review of the facility's faxed Incident Report dated 02/10/14, revealed it was faxed to the State Regulatory Agency at 4:03 PM on 02/10/14; two (2) days after the initial allegation was reported to LPN #4.</p> <p>Interview with LPN #4 on 02/13/14 at 5:34 PM, revealed Resident #1 had informed her on 02/08/14 at approximately 4:30 PM, that he/she had dropped his/her lunch tray. She stated Resident #1 informed her the staff who picked up the tray and it's contents had told him/her he/she could not have any more food. LPN #4 stated she offered to get more food for Resident #1; however the resident refused. According to LPN #4, at that point she had felt the incident had been resolved. She stated she had not considered Resident #1's allegation as abuse at the time.</p> <p>Interview with Resident #1 on 02/12/14 at 4:00 PM, revealed after dropping his/her food tray in his/her room, a staff member had cursed and informed him/her he/she would not get any more</p>	F 226	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Appropriately. Staff (a 10% sample of all staff) will be interviewed to determine if they are aware of any allegations of mistreatment, neglect or abuse.</p> <p>4. All monitoring findings will be reviewed at monthly QA meeting for compliance and or the need to update plan to reach 100% compliance.</p> <p>5. Date of Compliance:</p>	3/15/14	

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F 226	Continued From page 7 food because he/she did not "deserve it". Interview with LPN #3 02/13/14 at 3:25 PM, revealed she had talked to Resident #1's daughter and the resident on Sunday, 02/09/14. She stated during the discussion Resident #1 revealed he/she had dropped his/her tray, and was told by the staff who picked up the food, they would not feed him/her again if he/she dropped his/her food again. LPN #3 revealed Resident #1's daughter described the person Resident #1 had reported the allegation to on the previous day. LPN #3 stated she notified the Assistant Director of Nursing (ADON) shortly after her conversation with the resident and his/her daughter. Interview with the ADON on 02/13/14 at 4:57 PM, revealed she was notified of Resident #1's allegation by LPN #3 on Sunday, 02/09/14 at approximately 2:00 PM to 2:30 PM. Further interview with the ADON revealed she had "texted" the DON who was also unaware of the incident which had occurred on 02/08/14. Interview with the DON on 02/13/14 at 5:01 PM, revealed she had been notified of Resident #1's allegation by the ADON on 02/09/14. The DON indicated she had spoken to LPN #3 and they had determined the incident had been reported by Resident #1 to LPN #4. She stated she talked to LPN #4 on Monday, 02/10/14 about the allegation and why she had not reported it to facility staff as per the policy. The DON stated LPN #4 told her she had not thought the incident was abuse. According to the DON, LPN #4 should have reported Resident #1's allegation to facility staff, including the Administrator, when the resident informed her on 02/08/14 as per facility policy.	F 226			

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F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to provide a clean, comfortable, and homelike environment for two (2) of five (5) sampled residents, Resident #1 and Resident #5 as evidenced by interviews revealed Resident #1's and Resident #5's shared room had an offensive odor from approximately 02/06/14 to 02/10/14. The findings include: Interview with the daughter of Resident #5 on 02/13/14 at 5:34 PM, revealed she had noticed a "moldy/mildewy" smell in Resident #5's room, which he/she shared with Resident #1, on Thursday 02/06/14. She stated she asked staff about the cause of the smell at that time. Resident #5's daughter stated she continued to "keep on" staff all that weekend, including the Housekeeping Manager, regarding the smell. She stated she was afraid Resident #5 would get sick from it. She indicated her brother, Resident #5's son, had called her over the weekend and said he couldn't sit with Resident #5 in his/her room because of the smell. Interview with the Housekeeping Manager on 02/13/14 at 10:05 AM, revealed he had heard about the odor in the room shared by Resident #1	F 252	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> F252/N133 1. Resident #1 closet was cleaned multiple times. Odor source was never determined. Odor was not present at time of survey. Resident has since discharged to home. 2. Room rounds will be conducted of all resident rooms by Administrative Staff (Administrator, BOM, Referral Manager, Social Services Director and Assistant, Human Resources) to ensure a safe, clean, comfortable and homelike environment with completion by 3/7/14. 3. Re-education conducted by DON/EDT on 3/3/14 and 3/4/14 with completion by 3/7/14 related to reporting all resident/family concerns to unit managers/supervisor on duty. Social Services Director and Assistant will interview residents (10% sample with BIMs score of 8 or higher) and family members (as they appear in the center) starting the week of 3/10/14 on any environmental concerns five times a week for 1 week; then 3 times a week for 1 week, and then once weekly for 30 days. Room Rounds will be conducted by Administrator		

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F 252	Continued From page 9 and Resident #5 on Tuesday from nursing staff. He indicated he had not heard about it before then. The Housekeeping Manager went on to reveal resident rooms were cleaned two (2) to three (3) times a day, and staff worked to determine the source of any odors and eliminated them to the extent possible. Interview with Resident #1's daughter on 02/13/14 at 10:15 AM, revealed she noticed an odor coming from Resident #1's closet on 02/09/14; and alerted staff at that time. Resident #1's daughter described the odor as "like mold from wet clothes." Interview with State Trained Nursing Assistant (STNA) #1 on 02/13/14 at 10:35 AM, revealed her supervisor, and the daughters of both residents were complaining of an odor coming from Resident #1's closet on 02/09/13. STNA #1 stated she had also noticed the odor and described it as very strong, like dead flowers. Interview with LPN #2 on 02/13/14 at 2:48 PM, revealed she worked 02/10/14, Monday morning, and noticed an odor in the room shared by Resident #1 and Resident #5. LPN #2 stated it was a "stinky" unpleasant odor which didn't smell like bowel movement. According to LPN #2, she and an aide "looked around" and couldn't find the source of the odor. LPN #1 revealed she reported the odor to her supervisor who was to report it to housekeeping. Interview with STNA #3 on 02/13/14 at 3:55 PM, revealed she was assigned to care for Resident #1 and Resident #5 on Sunday, 02/09/14, and there was a strong unpleasant odor in the room that day. She stated it smelled kind of "moldy".	F 252	<i>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> daily starting the week of 3/10/14 and then 3 times a week for 1 week, and then twice a week for 2 weeks: 4. All monitoring findings will be reviewed at monthly QA meeting for compliance and or the need to update plan to reach 100% compliance. 5. Date of Compliance	3/15/14	

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/13/2014
NAME OF PROVIDER OR SUPPLIER WOODCREST NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3876 TURKEYFOOT ROAD ELSMERE, KY 41018		
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F 252	Continued From page 10 STNA #3 stated she did not know where the odor had come from, as Resident #1 rarely "had accidents" in which his/her clothing would be soiled. According to STNA #3, if the resident's clothing had been soiled staff would have placed the clothing in a bag, tied it up and put it in Resident #1's "dirty laundry" for the family to wash as requested. She indicated the nurse would have been made aware of the situation. Interview with the Administrator on 02/13/14 at 6:35 PM, revealed he was first alerted to the odor in the room shared by Resident #1 and Resident #5 on Monday 02/10/14. He stated when notified he went to try to determine the source of the odor. The Administrator stated he thought it might have been Resident #1's clothing, but wasn't certain. He described the odor as similar to a damp towel left in the washing machine too long; kind of a "sour" smell. He stated the Social Services Director (SSD) had informed him Resident #5's daughter had complained of a "smell" in the room. The Administrator stated he and the SSD went back to the residents' room that afternoon and took everything out of the closet and "cleaned it out". He indicated he and the SSD did not see any mold or mildew and were unable to determine any other cause for the odor than Resident #1's clothing.	F 252			