

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



PRINTED: 06/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2014
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NAME OF PROVIDER OR SUPPLIER GREEN ACRES HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 402 W. FARTHING STREET MAYFIELD, KY 42066
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating Complaint #KY21731 was conducted on 06/05/14 through 06/06/14 to determine the facility's compliance with Federal requirements. Complaint #KY21731 was unsubstantiated with an unrelated deficiencies cited at a S/S of a "D".	F 000	<p>Disclaimer: 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.</p> <p>F 164 PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p>	
F 164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.	F 164		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Teri D. Jones</i>	TITLE <i>Administrator</i>	(X8) DATE 7/14/14
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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 164	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure privacy for one (1) of three (3) residents (Resident #1) during a head to toe skin assessment. Staff left Resident #1's blind open and the resident was visible from the parking lot. The findings include: Record review revealed the facility admitted Resident #1 on 03/18/13 with diagnoses which included Dementia, Depression, Hypertension (HTN), Congestive Heart Failure (CHF), Alzheimer's Disease, Seizures, Anxiety and Insomnia. Review of a quarterly Minimum Data Set (MDS) assessment, dated 03/25/14, revealed the facility had assessed Resident #1's cognition as severely impaired with a Brief Interview Mental Status (BIMS) score of "99" which indicated the resident was not interviewable. Observation on 06/05/14 at 2:35 PM, revealed Registered Nurse (RN) #1 provided a skin assessment and incontinent care for Resident #1 without closing the window blind. The resident was in full view of the parking lot and there was a car parked in front of the resident's window. Interview with RN #1, on 06/05/14 at 2:45 PM, revealed she would normally close the window blind to provide for privacy and stated, "I am sorry, I messed up". Interview with the Director of Nursing (DON), on	F 164	performed by the Director and Assistant Director of nurses, on 6/9/2014, 6/10/2014 and 6/16/2014 to determine if other residents were affected by this alleged deficient practice. Criteria # 3: Nursing staff members have received in-service education on 6/6/2014, 6/20/14 by the DON/ADON on the requirements of F 164, including, but not limited to: providing privacy (closing blinds, pulling privacy curtain, closing door, etc.) when providing personal care that would indicate the need for privacy. Criteria # 4: The QA indicator tool for the monitoring of privacy as outlined in F 164 shall be utilized weekly X 4 weeks, then monthly X 2 months and then quarterly as per established QA calendar under the supervision of the DON. Results of the audits will be reported to the QA Committee by the DON or Designee each month it is completed. If an accepted threshold of compliance is not achieved, the DON or Designee shall immediately develop and oversee a corrective plan. The details of the corrective plan will be reported to the QA Committee, with updated audit results, at the next monthly meeting. The QA Committee includes, but is not limited to; the		

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F 164	Continued From page 2 06/06/14 at 2:00 PM, revealed she had just conducted an in-service in May 2014 regarding providing privacy during patient care. She stated it was her expectation for all staff providing patient care to close the door, pull the privacy curtain and pull the window blinds. She revealed she had talked to RN #1 and she had reported she normally works at night and the blinds were usually already pulled. Interview with the Administrator, on 06/06/14 at 2:20 PM, revealed her expectation was for the staff to close the window blinds, pull the privacy curtain and close the residents' door before providing patient care. Further interview revealed all staff received this training upon new employee orientation.	F 164	Administrator (chairperson), DON, Medical Director, and Department Mangers. Criteria # 5: Target Date		6/30/14
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's Resident Rights form, it was determined the facility failed to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality for one of three (3) residents (Resident #1). A Paid Feeding Assistant spoke to Resident #1 in a scolding manner during the lunch meal.	F 241	F 241 DIGNITY AND RESPECT OF INDIVIDUALITY The facility shall promote care for the residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Criteria #1: Resident # 1 is being cared for in a manner that promotes dignity and respect as determined by care observation performed by administrative staff on 6/6/2014, 6/8/2014 & 6/16/2014. Criteria #2: Observation of care were done by the Administrator and Administrative staff on 6/6/2014, 6/8/2014 and 6/16/2014 to determine if other residents were affected by this alleged deficient practice. Criteria # 3: Nursing staff members and paid feeding assistants have received in-service education on 6/9/2014 & 6/20/201) by the DON/ADON and Administrator on the requirements of F 241, including, but not limited to: speaking to the residents		

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F 241	Continued From page 3 The findings include: Review of the facility's Resident Rights, not dated, revealed the facility would promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. 1. Record review revealed the facility admitted Resident #1 on 03/18/13 with diagnoses which included Dementia, Depression, Hypertension (HTN), Congestive Heart Failure (CHF), Alzheimer's Disease, Seizures, Anxiety and Insomnia. Review of a quarterly Minimum Data Set (MDS) assessment, dated 03/25/14, revealed the facility had assessed Resident #1's cognition as severely impaired with a Brief Interview Mental Status (BIMS) score of "99" which indicated the resident was not interviewable. In addition, the facility had assessed the resident to require set up with meals and supervision during eating. Observation, on 06/05/14 at 12:10 PM, revealed Resident #1 was in the dining room sitting beside Paid Feeding Assistant #1 and another resident. Paid Feeding Assistant #1 took a napkin and a slice of bread which was lying on the napkin, rolled it up into the shape of a ball and threw it away in the trash can. Further observation revealed Paid Feeding Assistant #1 then returned to Resident #1's table and abruptly slid the chair to the other side of the table facing Resident #1 and stated in a scolding manner, "You need to eat!" Resident #1 began to eat and dropped food from his/her spoon onto his/her lap and Paid	F 241	with respect and in a manner to promote dignity. Paid Feeding Assistant #1 received education as stated in the SOD. Criteria # 4: The QA indicator tool for the monitoring of promoting dignity and respect as outlined in F 241 shall be utilized weekly X 4 weeks, then monthly X 2 months and then quarterly as per established QA calendar under the supervision of the DON. Results of the audits will be reported to the QA Committee by the DON or Designee each month it is completed. If an accepted threshold of compliance is not achieved, the DON or Designee shall immediately develop and oversee a corrective plan. The details of the corrective plan will be reported to the QA Committee, with updated audit results, at the next monthly meeting. The QA Committee includes, but is not limited to the Administrator (chairperson) Medical Director, DON and department managers Criteria # 5: Target Date	6/30/14

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F 241	<p>Continued From page 4</p> <p>Feeding Assistant #1 stated in a continued scolding fashion, "What are you doing?"</p> <p>Interview with Paid Feeding Assistant #1, on 06/05/14 at 12:30 PM, revealed her cell phone rang and because she wasn't supposed to have the ringer on she quickly tried to turn it on silent. She stated that when she did that, Resident #1 touched the slice of bread that belonged to another resident sitting at the table. She revealed she threw it away so no one could eat it because it was "contaminated". Further interview revealed she was upset because she wasn't supposed to have her cell phone ringer on but she was not upset with Resident #1 and she didn't intend for her comments to sound mean, and stated, "You have to tell her or she won't eat." When asked about the scolding comment of "What are you doing?", Paid Feeding Assistant #1 stated she said that because Resident #1 was "scooping food up off his/her lap and was re-eating it."</p> <p>Interview with the Director of Nursing (DON), on 06/05/14 at 3:50 PM, revealed the Paid Feeding Assistant had had never had any issues before and the residents loved her. The DON stated the Paid Feeding Assistant was able to get Resident #1 to eat when no one else could.</p> <p>Interview with the Administrator, on 06/06/14 at 2:16 PM, revealed the Administrator stated she immediately investigated the situation and gave Paid Feeding Assistant #1 a write up for having her cell phone on and a verbal warning (re-education) on how she should interact with residents.</p>	F 241			