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

PRINTED: 02/06/2013
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185332 | | C 01/25/2013 |

NAME OF PROVIDER OR SUPPLIER: GRAND HAVEN NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 105 RODGERS PARK, CYNTHIANA, KY 41031

| (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<br><br>An Abbreviated Survey Investigating KY#00019676 was initiated and concluded on 01/25/13. KY#00019676 was substantiated with deficient practice identified at the highest scope and severity of a "D." | F 000 | Preparation and execution of this plan of correction does not constitute an admission of 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 Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements. | |
| F 155<br>SS=D | 483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES<br><br>The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, record review and review of the facility's policy, it was determined the facility failed to ensure residents the right to refuse treatment for one (1) of three (3) sampled residents (Resident #1). On 01/05/13 Kentucky Medication Aide (KMA) #1 attempted to force Resident #1 to take medication against the resident's will.<br><br>The findings include:<br><br>Review of the facility's "Refusal of Medication and/or Treatment Policy", undated, revealed residents have the right to refuse medications and treatment and staff should respect and ensure the protection of residents. The policy goes on to reveal staff should attempt to determine why a resident refuses medication, educate residents regarding the risks and effects of not taking medications, and finally document | F 155 | RECEIVED FEB 18 2013 BY:<br><br>**F155 SS=D 483.10(b)(4) Right to Refuse; Formulated Advanced Directives**<br>*This statement of deficiencies for Grand Haven Nursing Home was received by the facility Administrator on February 15th, 2013.* | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: administrator (X6) DATE: 2-18-13

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 155 | Continued From page 1<br>the refusal.<br><br>Record review revealed the facility admitted Resident #1 on 06/30/04 with diagnoses which included Schizophrenia NOS, Dementia, and Depression. The facility assessed Resident #1, in a Quarterly Minimum Data Set (MDS) Assessment as being moderately cognitively impaired.<br><br>An interview conducted with State Registered Nursing Aide (SRNA) #1, on 01/24/13 at 9:57 AM, revealed she was doing restorative aide work on 01/05/13, specifically passing ice at approximately 8:45 AM when she heard Resident #1 yelling loudly but couldn't make out what Resident #1 was saying. SRNA #1 stated she went to Resident #1's room and saw Kentucky Medication Aide (KMA) #1 holding down Resident #1's right hand while attempting to force a spoon full of medicine into Resident #1's mouth while loudly telling him/her to take his/her medicine. SRNA #1 stated Resident #1 was swatting at KMA #1 with his/her left hand trying to get KMA #1 to go away while KMA #1 was trying to get him/her to take his/her medications, unsuccessfully. SRNA #1 stated she immediately went and informed Licensed Practical Nurse (LPN) #1, who handled the situation. SRNA #1 stated KMA #1 came out of Residen t#1's room shortly after she [SRNA #1] went to inform LPN #1, and was out in the hall when LPN #1 approached her.<br><br>An interview conducted with LPN #1, on 01/24/13 at 9:44 AM, revealed she contacted her Assistant Director of Nursing (ADON), removed KMA #1 from resident care, did a medication count with | F 155 | **Targeted Residents**<br>Resident #1, as referenced in the statement of deficiencies with a survey completion date of January 25th, 2013 is the only targeted resident identified. KMA #1 received counseling from the Administrator regarding each resident's rights to refuse medication. KMA #1 is no longer employed at the facility.<br><br>Individual and group in-servicing has been completed with all staff regarding resident rights by the Social Services Director and Staff Development Coordinator. In-services were initiated on 2-4-13 and were completed on 2-8-13.<br><br>**Identification of Other Residents**<br>All residents have the potential to be affected. On January 5th, 2013, all residents were interviewed by the Director and Assistant Director of Nursing regarding whether any of them have ever been forced to take their medicines. No resident reported that they had been. All residents were in-serviced on resident rights by the Social Services Director. In-services were initiated 1-7-13 and continued through 1-11-13. | |

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| F 155 | Continued From page 2<br>KMA #1, and had KMA #1 clock out and exit the facility.<br><br>Attempts to reach KMA #1 were made but were unsuccessful. A review of the statement she provided as part of the facility's investigation revealed she wasn't attempting to hurt Resident #1, but was afraid Resident #1 would knock his/her medication into the floor as he/she was swatting her hands.<br><br>An interview conducted with the Administrator, on 01/24/13 at 2:10 PM, revealed in her interview with KMA #1, KMA #1 stated she knew Resident #1 had a history of refusing medications; however, she should have respected Resident #1's right to refuse, and had no excuse for not doing so. | F 155 | **Systemic Changes**<br>Group in-servicing of all staff was completed regarding appropriate v. inappropriate responses when a resident chooses to refuse any service by the Director of Nursing and Staff Development Coordinator. In-servicing was initiated 1-7-13 and continued through 1-11-13. The facility policy for Refusal of Medication and/or Treatment was reviewed 1-7-13 by the Director of Nursing and Administrator. All licensed nursing staff, including state registered nursing assistants were in-serviced on the facility's policy by the Director of Nursing and Staff Development Coordinator. In-servicing was initiated 1-7-13 and continued through 1-11-13.<br>Individual and group in-servicing has been completed with all staff regarding resident rights by the Social Services Director and Staff Development Coordinator. In-services were initiated on 2-4-13 and were completed on 2-8-13.<br><br>**Monitoring**<br>The Staff Development Coordinator will continue with the coordination of annual resident rights in-service for both residents and staff.<br><br>**Completion Date:**<br>2-11-13 | 2-11-13 |