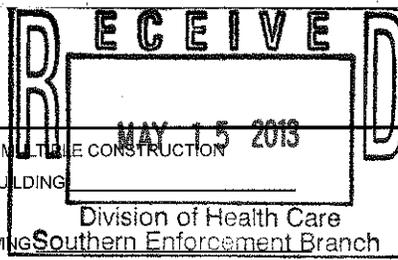


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 05/07/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185337</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <b>Division of Health Care Southern Enforcement Branch</b>	(X3) DATE SURVEY COMPLETED  <b>C 04/23/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE COUNTY CARE &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>246 EAST MAIN STREET BEATTYVILLE, KY 41311</b>
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<p>F 000</p> <p>F 225 SS=E</p>	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY20072) was initiated on 04/22/13 and concluded on 04/23/13. The complaint was substantiated with deficient practice identified at "E" level.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	<p>F 000</p> <p>F 225</p> <p>F 225</p>	<p>F 225</p> <p>1. Resident # 32 was assessed by Chief Nurse Executive and RN Consultant on April 17, 2013 after allegation was made and was found to have no injuries. KMA removed herself from resident care area and reported to LPN who reported to Administrator allegation of abuse.</p> <p>2. Four cognitive residents who reside on the same unit were interviewed regarding treatment by staff and no concerns were identified. An audit of all reported incidents for the month of April, 2013 and all reported incidents through May 15, 2013 will be reviewed by the Abuse/Grievance Coordinator, Social Services Director and or the Administrator by May 15, 2013 to determine if there have been other residents with late reports and/or to determine if this was an isolated incident. Any late reports will be brought to the administrator's attention and discussed in the June Quality Assurance Meeting.</p> <p>3. Allegations of abuse will be reported to OIG, Ombudsman an APS within 24 hours. The 24 hour</p>	<p>S/16/13</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Ed Hogan Administrator</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>5/15/13</i>
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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 interview, review of the facility's investigation, and review of the facility's Abuse, Neglect and Misappropriation Policy, the facility failed to ensure an allegation of abuse was reported in a timely manner to the state agency for one of three residents (Resident #32).</p> <p>The findings include:</p> <p>A review of the facility's Abuse, Neglect and Misappropriation policy, revised March 2013 and effective April 2013, revealed, "all allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with officials in accordance with State law through established guidelines."</p> <p>A review of the facility's investigation report revealed on 04/17/13, at approximately 10:50 AM, Licensed Practical Nurse (LPN) #5 reported to the facility's Administration that Kentucky Medication Aide (KMA) #6 reported an allegation that had been made against her (KMA #6). According to the facility's investigation, while KMA #6 was providing care to Resident #32 that morning (04/17/13), the resident told KMA #6 that</p>	F 225	<p>timeframe will begin at the time of the occurrence. An Abuse/Grievance Coordinator was hired for the facility with a start date of 05/08/13. Two managers to include the administrator, assistant administrator, abuse/grievance coordinator, social services, director, and/or the DON will perform a daily review M-F of the Abuse Log times for four weeks then weekly for three months to ensure timely reporting of all new abuse allegations. The time the incident occurred has been added to the Abuse Log, which is kept on the Administrators, SSD, and DONs computer desktop.</p> <p>4. Findings of the audits to include time of allegation and time of reporting allegation will be discussed in the June Quality Assurance Meeting and in the Quality Assurance Meeting for six months.</p>	

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F 225	Continued From page 2 she was pulling the resident's hair and trying to "kill" the resident. According to documentation on the report, the alleged perpetrator (KMA #6) was immediately suspended and an investigation was initiated. The report further revealed the allegation was reported to the state survey and certification agency on 04/18/13 at 5:52 PM (a timeframe of 31 hours after the allegation had been reported to the administration of the facility).  Interview on 04/22/13 at 2:15 PM with the Chief Nurse Executive (CNE) revealed the regulatory guidelines indicated reporting of an allegation of abuse "ought not to exceed 24 hours," and had interpreted the statement to mean the facility could have more time to report if necessary. The interview further revealed the CNE thought the timeframe was in "business hours" and the facility was a "24-hour business."  The Administrator acknowledged in interview on 04/22/13 at 1:58 PM that the facility had not reported the incident until 04/18/13 at 5:52 PM even though the facility staff had reported the incident to Administration at approximately 10:50 AM on 04/17/13. According to the Administrator, he thought the facility had until midnight the day after an incident had been reported to make the report and stated he thought the "24-hour timeframe" was from midnight on the day the incident occurred to midnight the day after the incident occurred.	F 225		
F 226 SS=E	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	F 226	F226 1. Resident # 32 was assessed by Chief Nurse Executive and RN	5/16/13

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F 226	Continued From page 4 been reported to the Administration of the facility).  Interview on 04/22/13 at 2:15 PM with the Chief Nurse Executive (CNE) revealed the regulatory guidelines indicated reporting of an allegation of abuse "ought not to exceed 24 hours," and had interpreted the statement to mean the facility could have more time to report if necessary. The interview further revealed the CNE thought the timeframe was in "business hours" and the facility was a "24-hour business."  Administrator #2 acknowledged in interview on 04/22/13 at 1:58 PM that the facility had not reported the incident until 04/18/13 at 5:52 PM. According to the Administrator, he thought the facility had until midnight the day after an incident had been reported to make the report and stated he thought the "24-hour timeframe" was from midnight on the day the incident occurred to midnight the day after the incident occurred.	F 226	assistant administrator, abuse/grievance coordinator, social services, director, and/or the DON will perform a daily review M-F of the Abuse Log times for four weeks then weekly for three months to ensure timely reporting of all new abuse allegations. The time the incident occurred has been added to the Abuse Log, which is kept on the Administrators, SSD, and DONs computer desktop.  4. Findings of the audits to include time of allegation and time of reporting allegation will be discussed in the June Quality Assurance Meeting and in the Quality Assurance Meeting for six months.	
F 490 SS=E	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING  A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by: Based on interview, review of the facility investigation, and review of the facility's Abuse, Neglect and Misappropriation Policy, the facility	F 490	F 490 1. Resident # 32 was assessed by Chief Nurse Executive and RN Consultant on April 17, 2013 after allegation was made and was found to have no injuries. KMA removed herself from resident care area and reported to LPN who reported to Administrator allegation of abuse.  2. Four cognitive residents who reside on the same unit were interviewed regarding treatment by staff and no	5/16/13

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F 226	<p>Continued From page 3 and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of the facility's investigation, and review of the facility's Abuse, Neglect and Misappropriation Policy, the facility failed to have an effective system to ensure policy and procedures related to abuse were implemented for Resident #32. The facility failed to ensure that an allegation of abuse was reported to the State Survey Agency timely.</p> <p>The findings include:</p> <p>A review of the facility's Abuse, Neglect and Misappropriation policy, revised March 2013 and effective April 2013, revealed, "all allegations of abuse involving abuse, along with injuries of unknown origin, are reported immediately to the charge nurse and/or administrator of the facility along with officials in accordance with State law through established guidelines."</p> <p>A review of the facility's investigation report revealed on 04/17/13, at approximately 10:50 AM, Licensed Practical Nurse (LPN) #5 reported to the facility's Administration that Kentucky Medication Aide (KMA) #6 reported an allegation of abuse that had been made against her (KMA #6). However, further review of the report revealed the allegation was not reported to the State Survey Agency until 04/18/13 at 5:52 PM (a timeframe of 31 hours after the allegation had</p>	F 226	<p>Consultant on April 17, 2013 after allegation was made and was found to have no injuries. KMA removed herself from resident care area and reported to LPN who reported to Administrator allegation of abuse.</p> <p>2. Four cognitive residents who reside on the same unit were interviewed regarding treatment by staff and no concerns were identified. An audit of all reported incidents for the month of April, 2013 and all reported incidents through May 15, 2013 will be reviewed by the Abuse/Grievance Coordinator, Social Services Director and or the Administrator by May 15, 2013 to determine if there have been other residents with late reports and/or to determine if this was an isolated incident. Any late reports will be brought to the administrator's attention and discussed in the June Quality Assurance Meeting.</p> <p>3. Allegations of abuse will be reported to OIG, Ombudsman an APS within 24 hours. The 24 hour timeframe will begin at the time of the occurrence. An Abuse/Grievance Coordinator was hired for the facility with a start date of 05/08/13. Two</p>	

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F 490	<p>Continued From page 5</p> <p>failed to be administered in a manner that maintained the highest physical well-being for Resident #32. The facility failed to have an effective system in place to ensure policies and procedures were developed/implemented to ensure allegations of abuse were reported to the State Survey Agency in a timely manner. (Refer to F225 and F226.)</p> <p>The findings include:</p> <p>A review of the facility's Abuse, Neglect and Misappropriation policy, revised March 2013 and effective April 2013, revealed, "all allegations of abuse involving abuse along with injuries of unknown origin are reported immediately to the charge nurse and/or administrator of the facility along with officials in accordance with State law through established guidelines."</p> <p>A review of the facility's investigation report revealed on 04/17/13, at approximately 10:50 AM, Licensed Practical Nurse (LPN) #5 reported to the facility's Administration that Kentucky Medication Aide (KMA) #6 reported an allegation that had been made against her (KMA #6). According to the facility's investigation, while KMA #6 was providing care to Resident #32 that morning (04/17/13), the resident told KMA #6 that she was pulling the resident's hair and trying to "kill" the resident. According to documentation on the report, the alleged perpetrator (KMA #6) was immediately suspended and an investigation was initiated. The report further revealed the allegation was reported to the State Survey Agency on 04/18/13 at 5:52 PM (a timeframe of 31 hours after the allegation had been reported to the administration of the facility).</p>	F 490	<p>herself from resident care area and reported to LPN who reported to Administrator allegation of abuse.</p> <p>2. Four cognitive residents who reside on the same unit were interviewed regarding treatment by staff and no concerns were identified. An audit of all reported incidents for the month of April, 2013 and all reported incidents through May 15, 2013 will be reviewed by the Abuse/Grievance Coordinator, Social Services Director and or the Administrator by May 15, 2013 to determine if there have been other residents with late reports and/or to determine if this was an isolated incident. Any late reports will be brought to the administrator's attention and discussed in the June Quality Assurance Meeting.</p> <p>3. Allegations of abuse will be reported to OIG, Ombudsman an APS within 24 hours. The 24 hour timeframe will begin at the time of the occurrence. An Abuse/Grievance Coordinator was hired for the facility with a start date of 05/08/13. Two managers to include the administrator, assistant administrator, abuse/grievance coordinator, social services, director, and/or the DON will perform a daily review M-F of</p>		

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F 490	<p>Continued From page 6</p> <p>Interview on 04/22/13 at 2:15 PM with the Chief Nurse Executive (CNE) revealed the regulatory guidelines indicated reporting of an allegation of abuse "ought not to exceed 24 hours," and had interpreted the statement to mean the facility could have more time to report if necessary. The interview further revealed the CNE thought the time frame was in "business hours" and the facility was a "24-hour business."</p> <p>Administrator #2 acknowledged in interview on 04/22/13 at 1:58 PM that the facility had not reported the incident until 04/18/13 at 5:52 PM even though the facility staff had reported the incident to Administration at approximately 10:50 AM on 04/17/13. According to the Administrator, he thought the facility had until midnight the day after an incident had been reported to make the report and stated he thought the "24-hour timeframe" was from midnight on the day the incident occurred to midnight the day after the incident occurred.</p>	F 490	<p>the Abuse Log times for four weeks then weekly for three months to ensure timely reporting of all new abuse allegations. The time the incident occurred has been added to the Abuse Log, which is kept on the Administrators, SSD, and DONs computer desktop.</p> <p>4. Findings of the audits to include time of allegation and time of reporting allegation will be discussed in the June Quality Assurance Meeting and in the Quality Assurance Meeting for six months.</p>	