

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



PRINTED: 02/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/29/2015
NAME OF PROVIDER OR SUPPLIER HENDERSON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ELM ST. HENDERSON, KY 42420	
(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	F 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	F 225		
	<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</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE V. Edward Foley TITLE Director (X6) DATE 02/20/15

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 observation, interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to ensure an allegation of verbal abuse was reported to the Administrator for one (1) of four (4) sampled residents (Resident #4).</p> <p>The findings include:</p> <p>Review of the facility policy and procedure titled, "Abuse and Neglect Policy", (no date), revealed the facility was to maintain the resident's right to be free from verbal, sexual, physical, mental abuse, corporal punishment and involuntary seclusion as well as promote the well-being of residents providing a safe and supportive environment. The investigation section revealed any person who suspects that abuse, neglect, or misappropriation of property may have occurred, will immediately report the alleged violation to the facility administration and necessary advocacy agencies.</p> <p>Record review revealed the facility admitted Resident #4 on 12/10/14 with diagnoses which included Hypothyroidism, Neurogenic Bladder, Renal Insufficiency, Congestive Heart Failure, Chronic Airway Obstruction, and Obstructive Sleep Apnea. Review of a Minimum Data Set</p>	F 225	<p>to C.N.A #3 and his treatment of her. R-#4 was asked to report any such concerns whenever she was interviewed per facility Administrator so that any and all concerns besides allegations of abuse or neglect could be addressed promptly, per facility Administrator. R-#4 denied any further concerns with any current employee. C.N.A #3 termination date was 01/22/15.</p> <p>An investigation was conducted as a result of the concern voiced per R-#4, a final report was submitted to OIG on February 16, 2015.</p> <p>C.N.A #1, C.N.A #2 and LPN #1 have been in-serviced regarding the importance of reporting any potential resident abuse or neglect and or concerns. This in-servicing was conducted per the Director of Nursing and or Administrator on February 17, 2015.</p> <p>2.) Full body assessments were conducted per licensed nursing personnel on all residents with a BIMS score of seven or less on February 04, 2015, no abnormalities were noted were noted as a result of these assessments. All residents with a BIMS score of eight or greater were interviewed per facility Administrator regarding any instances of abuse and neglect that may have occurred and facility administration was not aware of, no</p>	

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F 225	<p>Continued From page 2</p> <p>(MDS) assessment, dated 12/17/14, revealed Resident #4 had a Brief Interview Mental Status (BIMS) score of fourteen (14) indicating he/she was interviewable.</p> <p>Interview with Resident #4, on 01/28/15 at 7:40 AM, revealed he/she had been yelled at by Certified Nurse Aide (CNA) #3 when he told him/her to go to bed and he/she wasn't ready. The resident stated he/she had an incontinent episode in the floor of his/her room and CNA #3 came in the room and yelled at him/her stating "now look what you've done, I'm gonna have to clean that up". The resident stated he/she told the CNA, "that is what you are here for". The resident revealed CNA #3 was very hateful with him/her. The resident stated he/she told a couple of CNAs about the incident but they shrugged it off as if CNA #3 was just having a bad day.</p> <p>Interview with CNA #1, on 01/28/15 at 7:28 AM, revealed Resident #4 told her that CNA #3 had asked him/her to go to bed and he/she wasn't ready to go and stayed sitting in a wheel chair. CNA #1 stated the resident said while up in the chair, he/she had an incontinent episode and it ran into the floor and CNA #3 entered the room and yelled at the resident stating, "Now look what I have to clean up now, look at this mess". CNA #1 revealed she reported what Resident #4 had told her to Licensed Practical Nurse (LPN) #1 and was told that she needed to write a statement and put it under the Director of Nursing's (DON) door. The CNA revealed she did not write the statement and place it under the door because she was supposed to report to her supervisor which was LPN #1.</p> <p>Interview with CNA #2, on 01/28/15 at 8:30 AM,</p>	F 225	<p>such incidents were noted. These interviews were conducted on February 07, 2015 and February 08, 2015. During the course of these interviews, there were no allegations of abuse or neglect reported.</p> <p>3.) All facility employees, including therapies and contracted housekeeping and laundry employees were in serviced regarding the importance of reporting any resident abuse or concerns. This in-servicing was conducted per facility Administrator and or Director of Nursing. This in-servicing was conducted by 02/19/15 with no staff working after 02/19/15 without having received this in-service.</p> <p>4.) A questionnaire discussing the topic of reporting resident abuse or concerns promptly will be completed by five employees per week times twelve weeks. Any concerns noted as a result of these questionnaires will be addressed promptly. The results of these questionnaires will be reviewed by the Quality Assurance Committee monthly for three months. If at any time concerns are identified, the Quality Assurance Committee will meet to review and make further recommendations. The Quality Assurance Committee will consist</p>	

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F 225	Continued From page 3 revealed Resident #4 told her about the incident with CNA #3 but she did not report it to anyone because the resident acted like it was no big deal. CNA #2 stated she was trained to report abuse regardless and not make assumptions or judgments on the resident's perception and in hind site she stated she should have reported it. Interview with LPN #1, on 01/28/15 at 1:43 PM, revealed the incident related to Resident #4 was mentioned to her by CNA #1 and she told the CNA if she was really concerned about what Resident #4 had said to her, she needed to write a statement and put it under the DON's door. LPN #1 revealed she did not report the incident to Administration because the resident didn't appear to think it was a big deal. Interview with the DON and the Administrator, on 01/28/15 at 8:22 AM, revealed abuse reporting is taught in orientation for all new employees and staff are repeatedly told to report any suspected abuse immediately to their supervisor. The Administrator revealed he talked with Resident #4 every day or every other day and always asked her how he/she was doing and the resident never reported any kind of abuse and his expectations were the staff would report suspected abuse immediately. The DON revealed she never received any notification of the alleged abuse and she would expect the staff to report any and all allegations of abuse to their supervisors immediately.	F 225	of a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Service Manager, MDS Coordinator and the Social Service Director with the Medical Director attending at least quarterly.	02/20/15	
F 226 SS=D	483.13(c) DEVELOP/IMPLIMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit	F 226	F 226 1.) Resident # 4 was interviewed per facility Administrator on 01/28/15 in regards to her concerns pertaining to C.N.A #3 and his treatment of her. R-#4 was asked to report any such concerns whenever she was interviewed per facility Administrator so that any and all concerns besides allegations of abuse or neglect could be addressed promptly, per facility Administrator. R-#4 denied any further concerns with any current employee. C.N.A #3 termination date was 01/22/15. An investigation was conducted as a result of the concern voiced per R-#4, a final report was submitted to OIG on February 16, 2015. C.N.A #1, C.N.A #2 and LPN #1 have been in-serviced regarding the importance of reporting any		

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F 226	<p>Continued From page 4</p> <p>mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to ensure the facility's policy was followed related to reporting an allegation of abuse to the Administration for one (1) of four (4) sampled residents (Resident #4).</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled, "Abuse and Neglect Policy", (no date), revealed the facility should maintain the resident's right to be free from verbal, sexual, physical, mental abuse, corporal punishment and involuntary seclusion as well as to promote the well-being of residents providing a safe and supportive environment. The investigation section revealed any person who suspects that abuse, neglect, or misappropriation of property may have occurred, should immediately report the alleged violation to the facility administration and necessary advocacy agencies.</p> <p>Record review revealed the facility admitted Resident #4 on 12/10/14 with diagnoses which included Hypothyroidism, Neurogenic Bladder, Renal Insufficiency, Congestive Heart Failure, Chronic Airway Obstruction, and Obstructive Sleep Apnea. Review of a Minimum Data Set (MDS) assessment, dated 12/17/14, revealed Resident #4 was interviewable as he/she had a</p>	F 226	<p>potential resident abuse or neglect and or concerns. This in-servicing was conducted per the Director of Nursing and or Administrator on February 17, 2015.</p> <p>2.) Full body assessments were conducted per licensed nursing personnel on all residents with a BIMS score of seven or less on February 04, 2015, no abnormalities were noted as a result of these assessments. All residents with a BIMS score of eight or greater were interviewed per facility Administrator regarding any instances of abuse and neglect that may have occurred and facility administration was not aware of, no such incidents were noted. These interviews were conducted on February 07, 2015 and February 08, 2015. During the course of these interviews, there were no allegations of abuse or neglect reported.</p> <p>3.) All facility employees, including therapies and contracted housekeeping and laundry employees were in serviced regarding the importance of reporting any resident abuse or concerns. This in-servicing was conducted per facility Administrator and or Director of Nursing. This in-servicing was conducted by 02/19/15 with no staff working after</p>		

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F 226	<p>Continued From page 5</p> <p>Brief interview of Mental Status (BIMS) score of fourteen (14).</p> <p>Interview with Resident #4, on 01/28/15 at 7:40 AM, revealed Certified Nursing Assistant (CNA) #3 had yelled at him/her when he told him/her to go to bed and he/she wasn't ready. The resident stated the same CNA had yelled at him/her again when he/she had an incontinent episode in the floor. Resident #4 revealed CNA #3 yelled "look what you've done; now I'm gonna have to clean that up". The resident stated he/she told the CNA, "that is what you are here for". The resident revealed he/she told a couple of the CNAs about the incident but they shrugged it off as if the CNA was having a bad day.</p> <p>Interviews with CNA #1, on 01/28/15 at 7:28 AM, revealed she had received a report from Resident #4 that CNA #3 asked him/her to go to bed and he/she wasn't ready to go and stayed sitting in a wheel chair. CNA #1 stated the resident said while he/she was up in the wheelchair, he/she had an incontinent episode and it ran in the floor and CNA #3 entered the room and yelled, "Now look what I have to clean up now, look at this mess". CNA #1 revealed she reported what Resident #4 had told her to Licensed Practical Nurse (LPN) #1 per the facility's policy but was told that she needed to write a statement and put it under the Director of Nursing's (DON) door. She stated she did not write the statement because she was supposed to report allegations of abuse to her supervisor.</p> <p>Interview with CNA #2, on 01/28/15 at 8:30 AM, revealed Resident #4 told her about the incident with CNA #3 but she did not report it to anyone because the resident acted like it was no big deal.</p>	F 226	<p>02/19/15 without having received this in-service.</p> <p>4.) A questionnaire discussing the topic of reporting resident abuse or concerns promptly will be completed by five employees per week times twelve weeks. Any concerns noted as a result of these questionnaires will be addressed promptly. The results of these questionnaires will be reviewed by the Quality Assurance Committee monthly for three months. If at any time concerns are identified, the Quality Assurance Committee will meet to review and make further recommendations. The Quality Assurance Committee will consist of a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Service Manager, MDS Coordinator and the Social Service Director with the Medical Director attending at least quarterly.</p>	02/20/15	

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F 226	Continued From page 6 CNA #2 stated she was trained on the facility policy and procedure and she was supposed to report abuse to her supervisor. CNA #2 revealed she should not have made assumptions or judgments on the resident's perception and in hind site she stated she should have reported it. Interview with LPN #1, on 01/28/15 at 1:43 PM, revealed the incident related to Resident #4 was mentioned to her by CNA #1 and she told the CNA if she was really concerned about what Resident #4 had said to her, she needed to write a statement and put it under the DON's door. LPN #1 revealed she did not report the incident to the Administration per the facility's policy because the resident didn't appear to think it was a big deal. Review of in-service training records, dated 12/15/14 and 12/16/2014, revealed CNA #1, CNA #2, and LPN #1 had been inserviced on the facility's policy and procedure related to abuse, neglect, dignity, respect and reporting. Interview with the DON and the Administrator, on 01/28/15 at 8:22 AM, revealed abuse reporting is taught in orientation for all new employees and staff are repeatedly told to report any suspected abuse immediately to their supervisor and that was his expectations. The DON revealed she never received any notification of the alleged abuse and she would expect the staff to report any and all allegations of abuse to their supervisors immediately.	F 226			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility	F 282	F 282 1.) R-#4's care plan has been reviewed and updated per the Director of		

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F 282	<p>Continued From page 7</p> <p>must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of the facility's policy and procedure, it was determined the facility failed to implement interventions on the Comprehensive Care Plan for one (1) of four (4) sampled residents (Resident #4) related to approaching the resident in a calm manner.</p> <p>The findings include:</p> <p>Review of the facility policy and procedure, titled "Resident Comprehensive Care Plan", dated 09/08, revealed the comprehensive care plan should be viewed as an interdisciplinary approach to managing acute and chronic needs of the resident living in the facility. The policy did not address the implementation of the care plan.</p> <p>Record review revealed the facility admitted Resident #4 on on 12/10/14 with diagnoses which included Neurogenic Bladder, Renal Insufficiency, Congestive Heart Failure, Chronic Airway Obstruction, Morbid Obesity, and Obstructive Sleep Apnea.</p> <p>Review of a Minimum Data Set (MDS) assessment, dated 12/17/14, revealed the facility assessed Resident #4's cognition as cognitively intact with a Brief Interview of Mental Status (BIMS) score of fourteen (14) indicating he/she was interviewable.</p>	F 282	<p>Nursing, ensuring all appropriate interventions are in place. This review was completed on 02/12/15.</p> <p>2.) A review of all current residents Comprehensive Care Plan was completed by the Director of Nursing, MDS Coordinator, MDS assistant, Social Service Director, Dietary Manager and Activities Director by 02/19/15 to ensure that care plans meet the needs of the resident and care plan interventions were followed. Any resident whose care plan was not up to date to meet the needs of the resident had the care plan updated. Any interventions not in place were immediately implemented.</p> <p>3.) All nursing staff was re-educated by the Director of Nursing, Assistant Director of Nursing and Unit Manager regarding following the resident plan of care and if unable to follow the plan of care it is to be reported to the nurse. This in-service was conducted by 02/19/15, with no staff working after 02/19/15 without having received this in-service.</p> <p>4.) The Director of Nursing or Assistant Director of Nursing will audit five</p>		

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F 282	<p>Continued From page 8</p> <p>Review of the Comprehensive Care Plan, dated 12/17/14, revealed Resident #4 was care planned for alteration in mood and behavior related to sleep disturbance. There was an intervention to approach the resident in a calm manner.</p> <p>Interview with Resident #4, on 01/28/15 at 7:40 AM, revealed a former facility Certified Nurse Aide (CNA) had yelled at him/her to go to bed. Resident #4 stated he/she then had an incontinent episode and the urine ran on to the floor. Resident #4 revealed the former CNA yelled at him/her stating "look what you've done; now I'm gonna have to clean that up".</p> <p>Interviews on 01/28/15 with CNA #1 at 7:28 AM and CNA #2 at 8:30 AM revealed Resident #4 had made them aware at the time that the former CNA had yelled at him/her related to going to bed and him/her having an incontinent episode of the floor.</p> <p>Interviews on 01/28/15 with Licensed Practical Nurse (LPN) #2 at 9:52 AM, Registered Nurse (RN) #1 at 9:44 AM, LPN #3 at 9:04 AM, and the Director of Nursing (DON) and Administrator at 8:22 AM, revealed the Comprehensive Care Plan should be implemented by all staff and the DON and Administrator expected the Licensed Nurses and Certified Nursing Assistants (CNAs) would do so.</p>	F 282	<p>resident records weekly for twelve weeks to ensure that care plans meet the needs of the resident and care plan interventions are being followed. All monitoring will be reviewed by the Quality Assurance Committee monthly for further recommendations if needed. The Quality Assurance Committee will consist of the Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Service Manager, MDS Coordinator and the Social Service Director with the Medical Director attending at least quarterly.</p>	02/20/15	