

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

PRINTED: 04/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185364	(X2) MULTIPLE CONSTRUCTION A. BUILDING OR WING OF DEFICIENCY B. WING C. STREET ADDRESS, CITY, STATE, ZIP CODE	(X3) DATE SURVEY COMPLETED C 04/10/2015
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NAME OF PROVIDER OR SUPPLIER FORDSVILLE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 313 MAIN STREET FORDSVILLE, KY 42343
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating complaint KY23063 was conducted in conjunction with an Onsite Revisit (01/18/15 Recertification Survey) on 04/08/15 through 04/10/15. Complaint #KY23063 was substantiated with deficiencies cited at the highest Scope and Severity of a "D".	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.	5/1/2015
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	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Angelia R Head</i>	TITLE Administrator	(X6) DATE 5/4/2015
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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>to the administrator or his designated 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, and review of the facility's Abuse and Neglect Policy and investigations, it was determined the facility failed to ensure two (2) of nine (9) sampled residents' (Resident #7 and #8) allegations of abuse were investigated per the facility policy. The facility's investigation was not completed as staff failed to assess all (interviewable and non-interviewable) residents timely for signs and symptoms of abuse.</p> <p>The findings include:</p> <p>Review of the facility's Abuse and Neglect Policy (not dated), revealed the facility would prohibit abuse of residents from any source, promote well-being of residents by providing a safe and supportive environment, and maintain the resident's right to be free from verbal, sexual, physical, mental abuse, corporal punishment and involuntary seclusion. Further policy review revealed the definitions of abuse included the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Following a report of suspected abuse or neglect, administration should designate a resident advocate (i.e. Social Services) to support the</p>	F 225	<p>F225</p> <ol style="list-style-type: none"> Resident # 7 was interviewed by the Administrator on 04-15-2015 and reported that "Duncan" had sent another male employee into his room on 04-14-2015 to threaten him/her. CNA # 1 whose name was similar to Duncan was immediately suspended and removed from the facility. The allegation was reported and investigated and found unsubstantiated. Rsd # 7 also on 04-15-15 visualized all other male employees and denied that it was the person who had threatened him/her on Duncan's behalf. Resident also denied having any concerns with CNA # 1 when called by name and stated "he (CNA name) ain't ever done anything to me" Rsd # 8 has a BIMs score of 99 and is un-interviewable and a skin assessment was completed 04/10/15 by the Assistant Director of Nursing with no suspicious injuries or injuries of unknown origin noted. ON 04/30/2015 the Assistant Director of Nursing and MDS Nurse RN Charge Nurse, and Medical Records Nurse completed skin assessments on all current non-interviewable Residents (BIMs score of 7 or less) to identify any injury of unknown origin or suspicious in nature. Any identified 	5/1/2015

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F 225	<p>Continued From page 2</p> <p>resident through his/her feelings about the incident and his/her reaction to involvement in the investigation. In addition, the facility's administration should initiate the investigation process by interviewing all staff and residents having knowledge of the allegation immediately.</p> <p>1. Review of the facility's investigation, dated 04/06/15, and interviews with Licensed Practical Nurse (LPN) #1, on 04/08/15 at 4:00 PM; LPN #4 on 04/09/15 at 9:30 AM; the Social Service Director (SSD) on 04/10/15 at 3:45 PM; and, the Director of Nursing (DON) on 04/08/15 at 2:45 PM revealed Resident #7 alleged that a staff member (CNA #1) hit him/her and his/her roommate/spouse on 04/05/15. Further review and interview revealed the LPNs and DON conducted the skin assessments of the residents who were not interviewable (Brief Interview of Mental Status [BIMS] score of seven or below) and the SSD conducted interviews with the interviewable residents (BIMS score of eight and above). The DON and SSD stated the interviews and skin assessments were only conducted with the residents who resided on the same hall as Resident #7 and no interviews or skin assessments were conducted on the adjacent hall.</p> <p>2. Record review and review of the facility's investigation revealed Resident #8 made an allegation a male entered his/her room and "ripped" his/her clothes off on 02/21/15. A skin assessment was done on Resident #8, on 02/21/15, after the allegation was made. Interviews were conducted with all staff working at the time of the alleged abuse and with interviewable residents that resided on the same hall as Resident #8. However, there was no</p>	F 225	<p>injuries of unknown origin were reported to the appropriate agencies with investigation to be completed within the appropriate time frame. In addition on 04/30/2015 the Business Office Manager, Dietary Manager, Housekeeping supervisor completed interviews with all current interviewable residents (BIMS of 8 or greater). On 04/30/15 the Administrator reviewed all interview questionnaires to identify any concerns with potential abuse and or neglect, any concerns were immediately reported to the appropriate agency with a complete investigation.</p> <p>3. All facility Staff were re-educated on 04/30/15 on the abuse and neglect policy including competency test by the Human Resources Manager, Social Services Director , Administrator, and MDS Nurse with no facility staff working after 04/30/2015 without having had this re-education and competency testing. On 04/30/15 the Regional Director of Operations and the Regional Quality Nurse re-educated the Administrator on the responsibility of the Abuse Coordinator to ensure investigations are complete and coordinated to include investigations and skin assessments where appropriate.</p>	5/1/2015	

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F 225	Continued From page 3 documented evidence the facility did a complete investigation, as they did not perform skin assessments on all non-interviewable residents or interviews with interviewable residents on the adjacent hall. Interview with the Administrator, on 04/10/15 at at 3:55 PM, revealed all staff and residents should be interviewed related to an abuse allegation, and skin assessments should be performed and documented on all non-interviewable residents.	F 225	4. The Regional Director of Operations will review three investigations per month if available for at least three months to ensure a thorough investigation has been conducted to include interviews and skin assessment when appropriate. The results of these audits will be reviewed with the Quality Assurance and Performance Improvement (QAPI) at least monthly for three (3) months. If at anytime concerns are identified, the Quality Assurance Committee will meet to make further recommendations as needed. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Assistant Director of Nursing, Social Service Director, MDS Nurse and Medical Records Nurse with the Medical Director attending at least quarterly.	5/1/2015	
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 Abuse and Neglect Policy and facility's investigations, it was determined the facility failed to follow its policy for two (2) of nine (9) sampled residents' (Resident #7 and Resident #8) investigation of allegations. The facility's policy stated the facility's investigation should include skin assessments of all non-interviewable residents and interviews with all interviewable residents. On 04/05/15, Resident #7 was transported to the Emergency Room (ER) of a local hospital with complaints of chest pain. While in the ER, Resident #7 reported to his/her attending nurse	F 226			

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F 226	<p>Continued From page 4</p> <p>that a staff member at the long term care facility (referred to by name), slapped and was shaking him/her and his/her roommate. The nurse in ER notified the Licensed Practical Nurse (LPN) #1, who worked at the term care facility, of the allegation.</p> <p>On 02/21/15, Resident #8 reported a male entered his/her room and "ripped" his/her clothes off.</p> <p>The findings include:</p> <p>Review of the facility's Abuse and Neglect Policy, (not dated), revealed the facility would prohibit abuse of residents from any source, promote well-being of residents by providing a safe and supportive environment, and maintain the resident's right to be free from verbal, sexual, physical, mental abuse, corporal punishment and involuntary seclusion. Further policy review revealed the definitions of abuse was the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Following a report of suspected abuse or neglect, administration should designate a resident advocate (i.e. Social Services) to support the resident through his/her feelings about the incident and his/her reaction to involvement in the investigation. In addition, the facility administration should initiate the investigation process by interviewing all staff and residents having knowledge of the allegation immediately.</p> <p>1. Record review revealed the facility readmitted Resident #7 on 12/15/14 with diagnoses which included Hypertension, Chronic Pain Syndrome, Diabetes Mellitus, Peripheral Vascular Disease,</p>	F 226	<p>F226</p> <p>1. Resident # 7 was interviewed by the Administrator on 04-15-2015 and reported that "Duncan "had sent another male employee into his room on 04-14-2015 to threaten him/her. CNA # 1 whose name was similar to Duncan was immediately suspended and removed from the facility. The allegation was reported and investigated and found unsubstantiated. Rsd # 7 also on 04-15-15 visualized all other male employees and denied that it was the person who had threatened him/her on Duncan's behalf. Resident also denied having any concerns with CNA # 1 when called by name and stated "he (CNA name) ain't ever done anything to me" Rsd # 8 has a BIMs score of 99 and is uninterviewable and a skin assessment was completed 04/10/15 by the Assistant Director of Nursing with no suspicious injuries or injuries of unknown origin noted.</p>	5/1/2015	

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F 226	<p>Continued From page 5</p> <p>Non- Alzheimer's Dementia, Psychotic Disorder, and Depression. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 02/15/15, revealed the facility assessed Resident #7's cognition as moderately impaired with a Brief Interview of Mental Status (BIMS) score of eleven (11) which indicated the resident was interviewable.</p> <p>Review of the facility's investigation, dated 04/06/15, revealed Resident #7 alleged a staff member (Certified Nursing Assistance [CNA] #1) hit him/her and his/her roommate/spouse on 04/05/15. Further review revealed there was no documented evidence the facility interviewed interviewable residents (BIMS score of eight [8] or above) to determine if they were aware of any abuse and assessed non-interviewable residents (BIMS score of less than eight [8] to determine if they had any signs and/or symptoms of abuse, as required per policy.</p> <p>Interview with CNA #2, on 04/09/15 at 2:30 PM, revealed she worked on 04/05/15 from 2:00 PM to 10:00 PM and no one had interviewed her related to abuse.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 04/08/15 at 4:00 PM, revealed she was informed of an abuse allegation on 04/05/15 and she notified the Director of Nursing (DON) of the abuse allegation. LPN #1 stated she escorted the accused staff member out of the facility as instructed. LPN #1 stated the Social Service Director (SSD) came to facility and initiated the interview process of the facility's investigation. LPN #1 revealed she performed a skin assessment on Resident #7 and his/her roommate as instructed by SSD. LPN #1 stated</p>	F 226	<p>2. ON 04/30/2015 the Assistant Director of Nursing and MDS Nurse RN Charge Nurse, and Medical Records Nurse completed skin assessments on all current non-interviewable Residents (BIMs score of 7 or less) to identify any injury of unknown origin or suspicious in nature. Any identified injuries of unknown origin were reported to the appropriate agencies with investigation to be completed within the appropriate time frame. In addition on 04/30/2015 the Business Office Manager, Dietary Manager, Housekeeping supervisor completed interviews with all current interviewable residents (BIMs of 8 or greater). On 04/30/15 the Administrator reviewed all interview questionnaires to identify any concerns with potential abuse and or neglect, any concerns were immediately reported to the appropriate agency with a complete investigation.</p> <p>3. All facility Staff was re-educated on 04/30/15 on the abuse and neglect policy including competency test by the Human Resources Manager, Social Services Director, Administrator, and MDS Nurse with no facility staff working after 04/30/2015 without having had this re-education and competency testing.</p>	5/1/2015	

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F 226	<p>Continued From page 6</p> <p>she did not conduct any skin assessments on other residents.</p> <p>Interview with LPN #4, on 04/09/14 at 9:30 AM, revealed she assisted in performing skin assessments on Resident #7 and his/her roommate, on 04/05/15. Further interview revealed she was not interviewed regarding the abuse allegation and had not conducted skin assessment on other residents.</p> <p>Interview with LPN #3, on 04/10/15 at 3:30 PM, revealed the facility's process in an abuse allegation was to interview all residents with a BIMS score of eight (8) or greater, and to perform a skin assessment of all residents with a BIMS score below eight (8).</p> <p>Interview with the SSD, on 04/10/15 at 3:45 PM, revealed she conducted the interviews for abuse/neglect allegations and the skin assessments were conducted by the nursing staff. The SSD stated she was contacted on 04/05/15 regarding a physical abuse allegation of Resident #7 and went to the facility to initiate the interviewing process. She stated she interviewed Resident #7's roommate on 04/05/15 but no staff interviews were conducted. Further interview revealed the SSD conducted interviews with the other interviewable residents on the same hall as Resident #7 but no interviews were conducted with residents from the adjacent hall.</p> <p>Interview with the Director of Nursing (DON), on 04/08/15 at 2:45 PM, revealed she was informed of Resident #7's abuse allegation on 04/05/15 by LPN #1. The DON stated she began skin assessments on non-interviewable residents on the same hall as Resident #7 on 04/06/15;</p>	F 226	<p>On 04/30/15 the Regional Director of Operations and the Regional Quality Nurse re-educated the Administrator on the responsibility of the Abuse Coordinator to ensure investigations are complete and coordinated to include investigations and skin assessments where appropriate.</p> <p>4. The Regional Director of Operations will review three investigations per month if available for at least three months to ensure a thorough investigation has been conducted to include interviews and skin assessment when appropriate. The results of these audits will be reviewed with the Quality Assurance and Performance Improvement (QAPI) at least monthly for three (3) months. If at anytime concerns are identified, the Quality Assurance Committee will meet to make further recommendations as needed. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Assistant Director of Nursing, Social Service Director, MDS Nurse and Medical Records Nurse with the Medical Director attending at least quarterly.</p>	5/1/2015	

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F 226	<p>Continued From page 7</p> <p>however, she failed to conduct skin assessments on residents assessed with severe cognitive impairment on the adjacent hall of the facility because the accused staff member was rarely assigned to work on that hall. The DON revealed the skin assessments performed on non-interviewable residents were not documented on a skin surface diagram, Nurses' Notes, or on the Treatment Administration Record (TAR). The DON revealed the Administrator oversees the investigative process, the SSD interviews interviewable residents, and nursing staff conducts skin assessments on non-interviewable residents.</p> <p>2. Record review revealed the facility readmitted Resident #8 on 01/08/15 with diagnoses which included Malignant Neoplasm of breast, Dementia with behavior disturbances, Non-Alzheimer's Dementia, and Psychotic Disorder. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 03/10/15, revealed the facility assessed Resident #8's cognition as severely impaired with a BIMS score of "99" which indicated the resident was unable to be interviewed.</p> <p>Review of the facility's abuse allegations/investigations revealed Resident #8 made an allegation of abuse/mistreatment on 02/21/15. Review of the facility's investigation revealed a skin assessment was done on Resident #8, on 02/21/15, after the allegation. Interviews were conducted with all staff working at the time of the alleged abuse and interviewable residents on the hall that Resident #8 resided on. However, further review revealed there was no documented evidence the facility performed skin assessments on all non-interviewable residents</p>	F 226		5/1/2015	

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F 226	Continued From page 8 and interviews with all interviewable residents on the adjacent hall. Interview with the Administrator, on 04/10/15 at 3:55 PM, revealed Resident #8 had a history of sexual trauma which occurred earlier in his/her life. The Administrator stated Resident #8 had made a previous sexual abuse allegation that was investigated by police and state agencies but it was unsubstantiated. Further interview revealed, during the process of the investigation, the facility determined the alleged perpetrator was not assigned to care for Resident #8 on 02/21/15. The Administrator stated she oversees the investigation process but she has the SSD interview the interviewable residents and the nursing staff do the skin assessments on non-interviewable interviews. The Administrator stated she expected all staff and residents to be interviewed related to an abuse allegation, and for skin assessments to be performed and documented on all non-interviewable residents.	F 226		5/1/2015	