

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

PRINTED: 06/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/02/2014
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, GLASGOW			STREET ADDRESS, CITY, STATE, ZIP CODE 109 HOMEWOOD BLVD. GLASGOW, KY 42141		
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F 226	<p>Continued From page 32</p> <p>terminated CNAs #1, #2, #3 and #4. CNA #1 was reported to the Nurse Aide Abuse Registry by the Administrator.</p> <p>On 04/21/14, the Regional Nurse provided oversight as Unit Managers assisted by other licensed staff (total of ten) and the RN Supervisor conducted physical assessments for signs/symptoms of possible abuse on all residents including Resident #1; no injuries were found. The care plans for Resident #1 were reviewed and updated with focus on interventions specific to the resident's behaviors.</p> <p>The facility began interviewing employees on 03/19/14 as part of their in-service training on the facility's abuse policy.</p> <p>On 04/22/14, the Regional Nurse in-serviced the Administrator and Director of Nursing regarding the facility's abuse/neglect policy. Together they reviewed and revised the policy to include specific assessment of non-interviewable residents for potential abuse during investigations. The Medical Director was informed of the policy revision. Beginning 04/22/14, all facility employees were inserviced regarding the revision in the policy with employees on leave or were unavailable would have the inservice prior to working their next shift; this was completed on 04/23/14.</p> <p>Inservice training was provided to licensed staff by the DON, RNs and Unit Managers and Nurse Supervisors on recognizing and managing Alzheimer type dementia and emphasized the nurses' and CNAs' understanding of person centered interventions when caring for residents with dementia, specifically combative behaviors.</p>	F 226	<p>The Regional Nurse will review all Quality Assurance monitors with Director of Nursing each month. All Quality Assurance monitors will be reported to the Center's Quality Assurance committee consisting of the Administrator, Director of Nursing, Medical Director, QA Physicians, Dietician, Social Service Director, and HIM Director monthly. In-service training and Quality Assurance monitors will continue as directed by the Quality Assurance Committee and the Regional Nurse.</p>		

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F 226	<p>Continued From page 33</p> <p>This was initiated on 03/20/14 and completed on 03/21/14.</p> <p>Quality Assurance Monitors began the week of 03/23/14 and included twenty (20) random employees to be interviewed per week for six (6) weeks to determine their understanding of the abuse policy including the types of abuse and interviewing residents. An additional four (4) weeks of monitoring was added following the 04/22/14 revision that included the assessment of non-interviewable residents for potential signs and symptoms of abuse. Fifteen (15) random CNAs and five (5) random nurses to be interviewed for understanding of care and interacting with residents with dementia. Fifteen (15) random CNAs and five (5) nurses per week to be interviewed for understanding of care giver burnout. Ten (10) random care plans will be reviewed weekly for six (6) weeks by the RN/Unit Managers for appropriate interventions related to specific behavior care plan. The monitors will be completed 05/30/14 and overseen by the Regional Nurse. All Quality Assurance monitors to be reviewed by the Regional Nurse with the Director of Nursing and will be reported to the Quality Assurance Committee.</p> <p>The State Survey Agency validated the Corrective action taken by the facility as follows:</p> <p>Record review for Resident #1 and Resident #2, on 05/01/14, revealed Resident #1 and Resident #2 were assessed by their physician on 03/20/14 and no new orders were given.</p> <p>On 05/01/14, record reviews for Residents #3, #4 and #5 revealed they had been assessed for injuries of unknown injuries and none were found.</p>	F 226			

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F 226	<p>Continued From page 34</p> <p>RN Unit Managers and Supervisors had assessed them. Interview with RN #6 on 05/01/14 at 11:45 AM revealed she and other Unit Managers had completed skin assessments on all residents in the facility on 04/23/14.</p> <p>Review of the inservice logs, on 05/01/14, revealed the Administrator and Director of Nursing were inserviced by the Regional Nurse related to the "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property". Interview with the Administrator and Director of Nursing on 05/01/14 at 10:00 AM verified the inservicing was completed.</p> <p>Review of the policy revision for the Abuse/Neglect and Misappropriation of Resident property, on 05/01/14, verified the revision regarding the assessment of non-interviewable patients for potential abuse during investigations.</p> <p>Review on 05/01/14 of the inservice logs, dated 04/22/14 and 04/23/14, revealed all staff was inserviced related to the revision of the policy on 04/23/14. Interviews conducted on 05/01/14 (between 11:15 AM and 4:00 PM) with staff from different shifts to include five (5) LPNs, an RN and eight (8) CNAs revealed the in-servicing had been provided by the DON, RNs/Unit Managers and Nurse Supervisors for Licensed Nurses and CNAs on "Recognizing and Managing Alzheimer's Type Dementia and was completed on 03/21/14.</p> <p>Review on 05/01/14 of inservice logs dated 03/22/14 and 03/23/14, revealed all staff was provided in-service training by the DON, RNs/Unit Managers and Nurse Supervisors on "Caregiver Stress and Burnout" and was completed on 03/22/14. Interviews conducted on 05/01/14</p>	F 226			

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F 226	<p>Continued From page 35</p> <p>(between 11:15 AM and 4:00 PM) with staff which included five (5) LPNs, an RN and eight (8) CNAs from all shifts, revealed the inservicing had been provided.</p> <p>On 05/01/14 at 11:35 AM, CNA #10 verified through interview that she had received the inservice training by the DON and Unit Manager. The inservice training included the revision of the abuse/neglect policy which included the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 11:40 AM, LPN #1 verified through interview that she had received the inservice training by the DON. The inservice training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>An interview at 11:45 on 05/01/14 with RN #1 revealed she had received inservice training by the DON and she had also provided some of the training to the CNAs. The inservice training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p>	F 226			

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F 226	<p>Continued From page 36</p> <p>On 05/01/14 at 12:05 PM and interview with LPN #3 revealed the DON had provided inservice training on the abuse/neglect policy changes, the types of abuse, stress and staff burnout and managing behaviors of residents with Alzheimer's type behaviors. Care plans for residents with behaviors were also included in the training.</p> <p>An interview on 05/01/14 at 12:05 PM with CNA #11 revealed she had been provided inservice training by the Unit Manager. The inservice training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>Interview with CNAs #12 and #13 on 05/01/14 at 12:10 PM revealed they had received lots of inservicing by the DON and Unit Managers that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 12:27 PM CNA #14 revealed in interview that she had received inservice training by the Administrative Nurses related to burnout, behaviors of residents, the changes in the abuse policy including residents that were not interviewable.</p> <p>Interview with CNA #15 on 05/01/14 at 12:45 PM revealed she had been provided inservice training</p>	F 226			

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F 226	<p>Continued From page 37</p> <p>by a nurse and the DON that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 12:48 PM, an interview with LPN #5 revealed she had been provided numerous inservice trainings recently that included the policy, resident behaviors and appropriate interventions, staff burnout and what to do.</p> <p>Review of inservice records revealed inservice training had been provided to the DON, RNs, Unit Managers and Clinical Social Workers by the Regional Nurse and Regional Director of Social Service related to Care Planning that covered ensuring interventions related to resident behaviors were care planned as needed.</p> <p>Interviews on 05/01/14 (between 11:15 AM and 4:00 PM) with the DON, RN, Unit Managers and three (3) Licensed Social Workers revealed they had been provided the inservicing which was completed on 04/23/14.</p> <p>Interview on 05/01/14 at 11:15 AM with the Social Service Director revealed she had received inservice training from the Regional Nurse and Regional Director of Social Service related to resident behavior care plans on 04/24/14. The Social Service Director stated she had also received the inservice training that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also</p>	F 226			

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F 226	<p>Continued From page 38</p> <p>included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 11:45 AM, an interview with RN #1 revealed she had received inservice training by the Regional Director of Social Service related to resident care plans for behaviors of residents and she had received training by the DON that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>An interview with LPN #1 on 05/01/14 at 11:40 AM revealed she had received inservice training by the Regional Nurse and Regional Director of Social Service on 04/24/14. The training was related to resident care plans for residents with behaviors.</p> <p>Quality Assurance Monitors began the week of 03/23/14 and included twenty (20) random employees to be interviewed per week for six (6) weeks to determine their understanding of the abuse policy and additional four (4) weeks following the 04/22/14 revision. This will be completed by 05/30/14. On 05/01/14, Quality Assurance Monitors dated for the weeks of 03/23/14, 04/01/14, 04/08/14, 04/15/14, 04/22/14 and 04/29/14 were reviewed by the Survey Agency and verified as being completed..</p> <p>Fifteen (15) random CNAs and five (5) random nurses to be interviewed for understanding of care and interacting with residents with dementia.</p>	F 226			

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F 226	Continued From page 39 Fifteen (15) random CNAs and five (5) nurses per week to be interviewed for understanding of care giver burnout. Review of documented interviews for the weeks of 03/23/14, 04/01/14, 04/15/14, 04/22/14 and 04/29/14 were verified completed. Review of the Quality Assurance Monitors were reviewed by the State Survey Agency on 05/01/14 and included the interviews of fifteen (15) CNAs and five (5) nurses had been completed for the weeks of 03/23/14, 04/01/14, 04/08/14, 04/15/14 and 04/29/14. Ten (10) random care plans will be reviewed weekly for six weeks by RN/Unit Managers for appropriate interventions related to specific behavior care plan. This was verified 05/01/14 per interview with the Director of Nursing and review of the monitors already completed. The monitors will be completed on 05/30/14 and overseen by the Regional Nurse. All Quality Assurance monitors to be reviewed by the Regional Nurse with the Director of Nursing and will be reported to the Quality Assurance Committee. The facility began interviewing employees on 03/19/14 as part of their in-service training on the facility's abuse policy. This was verified on 05/01/14 by interview and review of in-service records as completed on 03/20/14 by the RNs/Unit Managers/Nurse Supervisors and Department Heads.	F 226		
F 280 SS=J	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be	F 280	NHC HealthCare, Glasgow ensures for the residents's right to, unless adjudges incompetent or otherwise found to be incapacitated under the laws of the Sate, participate in planning care and treatment. Ensures the residents' right to, unless adjudged incompetent or otherwise found to be	05/03/14

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F 280	<p>Continued From page 40</p> <p>incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property" and "Care Plan Development" policy, it was determined the facility failed to revise the care plan for one (1) of five (5) sampled residents (Resident #1). Resident #1 had behaviors of being resistive and combative toward staff during care but the facility failed to revise the care plan to include interventions to try to decrease the risk for abuse due to these behaviors.</p> <p>Resident #1 was assessed and identified to have behaviors of resisting care and being combative with staff during care which placed the resident at an increased risk for abuse. The facility failed to revise the care plan to include interventions to</p>	F 280	<p>incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.</p> <p>March 19,2014, DCBS Social Worker came to the Center and stated that she had allegations or rough handling, degrading comments, theft of personal property and medication error involving two residents. DCBS requested that three employees be suspended but stated that she could not tell us why at this time. The Administrator notified the employees of their suspension, contacted both local police and OIG, 03/19/14, to inform them of the allegations and ongoing investigation. During the course of the investigation, DCBS social worker notified the administrator to suspend an additional LPN and CNA. This was done immediately. During the investigation the LPN was cleared and returned to work. One CNA was terminated after admitting to taking 55 dollars from resident Number 2. An additional CNA was also terminated. Two CNAs remain suspended awaiting the review of the video. Once the administrator is allowed to review the video, further action will be taken as deemed appropriate.</p> <p>03/19/14, the physician and family for each resident were contacted by the Director of Nursing and informed of the allegation and investigation. The physician came to the center the next day, 03/20/14, and saw each resident. The physician gave no new orders.</p> <p>Overseen by the Regional Nurse, on 04/21/14, RN Units Manager and RN Supervisor conducted resident physical assessments for injuries of unknown origin on both resident #1 and resident #2, no injuries of unknown origin were found. The Regional Nurse, Regional Social Service Director and RN Unit Manager review and updated as needed resident #1 and resident # 2 care plans with focus on ensuring that interventions related to specific resident behaviors were care planned as needed. This review was completed on 4/23/14.</p>	

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F 280	<p>Continued From page 41</p> <p>address these behavior to try to decrease the risk for abuse. Review of the video recordings, on 04/16/14, provided by the family revealed two (2) CNAs providing care to Resident #1 on eight (8) occasions from 01/10/14 through 03/12/14 while the resident was showing behaviors of resistance to care. The CNAs were observed restraining Resident #1's hands during care, making inappropriate gestures, getting in the resident's face and pointing their finger at the resident in a threatening manner.</p> <p>The facility's failure to revise the care plan has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 04/22/14 and determined to exist on 01/15/14. The facility was notified of the Immediate Jeopardy on 04/22/14.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled, Care Plan Development, last revised 07/03/08, revealed the staff responsible for the development of the care plan was the "Nursing staff as close to the patient's care as possible and the problems were patient conditions, needs, or weaknesses which currently do or potentially could prevent the patient from achieving or maintaining the highest practicable level of well being". The policy also revealed the "Problems should be stated using simple language that any center partner can understand".</p> <p>Review of the facility's policy and procedure, titled "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property", dated 09/24/09, revealed the policy and procedures shall be in place to prevent resident abuse,</p>	F 280	<p>The Measures we have put in Place and Systematic Changes We have Made to Ensure That The Practice Does Not Recur.</p> <p>Overseen by the Administrator, in-service training was conducted by the Department Heads, RNs/ Unit Managers and Nurse Supervisors, on the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property," began on 03/19/14 for all employees. In-service training emphasized the employees understanding of the types of abuse, reporting abuse, their role in providing and environment free of abuse, immediately protecting the patient when abuse is witnessed and the signs of employee burn out. Those employees that are unavailable/on leave will be interviewed and in-serviced prior to their next shift worked. This was completed on 03/20/14. 04/22/14, the Regional Nurse meet with and in-serviced the Administrator and Director of Nursing regarding the Center's "Policy Regarding Abuse/ Neglect and Misappropriation of Resident Property." They reviewed and updated the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property." They reviewed and updated the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property." The Center's Policy was updated to included specific assessment of non-interviewable patients for potential abuse during investigations. The Regional Nurse and Administrator contacted the Medical Director and informed him of the policy revision. Following this revision, the Regional Nurse in-serviced Department Heads regarding the revised "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property," on 04/22/14. Then following this in-service, beginning on 04/22/14, overseen by the Regional Nurse, Department Heads conducted in-service training with all employees regarding the center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property," specifically reviewing the revision in the center's policy regarding assessment of non-interviewable patients for potential abuse</p>		

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F 280	<p>Continued From page 42</p> <p>neglect and misappropriation of resident property. The policy also stated residents with needs and behaviors that might lead to conflict with staff or other residents will be identified by the Care Planning Team and will follow through with interventions designed to minimize the risk of conflict.</p> <p>Record review revealed the facility admitted Resident #1 on 08/13/09, with diagnoses which included Alzheimer's Disease, Dysphagia and Dementia with Behavior Disturbance. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 03/20/14, revealed the facility assessed Resident #1's cognition as severely impaired (unable to complete Brief Interview for Mental Status interview) and had behaviors of being resistive to care at times with behaviors of kicking, screaming, hitting and smacking at staff during direct care.</p> <p>Review of Resident #1's Comprehensive Care Plan for "Activities of Daily Living (ADLs)", dated 04/02/14, revealed an intervention to "Allow me time to calm down if (I) become agitated/aggressive". Further review of the Comprehensive Care Plan revealed there was no care plan or other interventions to address the resident's combative and resistive behaviors to care at times which could place the resident at an increased risk for abuse.</p> <p>Interview with a family member of Resident #1, on 04/14/14 at 9:45 AM, revealed she had placed a "Nanny Cam" in the room on 01/10/14 to monitor Resident #1's care after facial bruising was identified to Resident #1's face the first week of January.</p>	F 280	<p>during investigations. Those employees that are on leave/unavailable will be in-serviced prior to their next shift. This was completed on 04/23/14. Overseen by the Director of Nursing, in-service training for licensed nurses was conducted by the DON, RNs/Unit Managers and Nurse Supervisors, on the Nurse's role in administration of Medications and Treatments, began on 03/21/14. In-service training emphasized the nurses understanding in following physician orders, safe administration and documentation. Those employees that are unavailable/on leave will be in-serviced prior to their next shift worked. This was completed on 03/21/14. Overseen by the Regional Director of Social Services, in-servic training was conducted by the DON, RNs/Unit Managers and Nurse Supervisors with Licensed Nurses and CNAs on "Recognizing and Manging Alzheimer's Type Dementia," began on 3/20/14.</p> <p>In-service training emphasized the nurses' and CNA's understanding of person centered interventions when caring for residents with dementia, specifically combative behaviors. Those employees that are unavailable/on leave will be in-serviced prior to their next shift worked. This was completed on 03/21/14. Beginning 04/22/14, the Regional Nurse and Regional Director of Social Service provided Care Planning in-service training for the Director of Nursing, RN/Unit Managers and Clinical Social Workers involved in oversecing the Center's care plan process. The in-service training covered ensuring that inventions related to resident behaviors are care planned as needed. Those employees that are unavailable/on leave will be in-serviced prior to their next shift worked. This was completed on 04/23/14.</p> <p>The Corrective Actions Will Be Monitored To Ensure the Practice Will Not Recur.</p>		

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F 280	<p>Continued From page 43</p> <p>Review of the video recordings, on 04/16/14, provided by the family revealed two (2) CNAs providing care to Resident #1 from 01/10/14 through 03/12/14. There were eight (8) different events on different dates that revealed Resident #1 being resistive and/or combative with care. The CNAs were recorded restraining Resident #1's hands during care, making inappropriate gestures, getting in the resident's face and pointing their finger at the resident in a threatening manner.</p> <p>Interview, on 04/15/14 at 3:00 PM with CNA #9, revealed when any resident becomes resistant or combative toward caregivers, staff should get somebody else and try again.</p> <p>Interviews, on 04/15/14 at 10:30 PM with CNA #5 and CNA #9, revealed when a resident becomes combative during care they stop, try again and report to the nurse.</p> <p>Interview with Registered Nurse #1, on 04/21/14 at 1:20 PM, revealed she would expect staff to walk away when a resident was displaying resistive and combative behaviors and to report those behaviors to the nurse.</p> <p>Interview with the Social Service Worker (SSW), on 05/16/14 at 5:30 PM (post survey interview), revealed she did not think residents with behaviors were at a higher risk for abuse. She stated the facility would develop a care plan around what triggers the resident's behavior and would try to find the root cause of the behavior. The Social Worker stated to her knowledge Resident #1 never had any overt behaviors.</p> <p>Interview with the MDS Coordinator, on 05/16/14</p>	F 280	<p>On April 22,2014, The Regional Nurse reviewed with the Director of Nursing the Quality Assurance Monitors that began the week of March 23,2014. Monitors reviewed include;</p> <p>20 random employees per week for 6 weeks will be interview for their understanding of the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property." Following the Regional Nurse's review, this monitor will be extended for and additional 4 weeks following the 04/22/14 revision of the policy.</p> <p>10 random Licensed Nurses per week for 4 weeks will be interviewed for their understanding of their role on administration of Medications and Treatments.</p> <p>20 Medication Records per week for 4 weeks will be reviewed for compliance with the Center's policy regarding medication administration.</p> <p>15 random CNAs and 5 random Licensed Nurses per week for 6 weeks will be interviewed for their understanding of recognizing care of residents with dementia with emphasis on their understanding of interacting with and caring for residents with dementia.</p> <p>15 random CNAs and 5 random Licensed Nurses per week for 6 weeks will be interview for their understanding of recognizing Care Giver Burnout. Additionally following the Regional Nurse's review, Overseen by the Regional Nurse and Director of Nursing, two Quality Assurance Monitor; which include care plans or residents with behaviors and non- interviewable residents physical assessments, will begin the week of April 23,2014.</p> <p>One monitor in which 10 random care plans of residents with behaviors will be reviewed weekly for 6 weeks by RN/Unit Managers and Nurse Superviors to monitor for appropriate interventions related to their specific behavior care plan.A second Quality Assurance Monitor will be conducted in which residents physical assessments will be conducted by RN/Unit Managers, and Nurse Supervisors on 10 random non-interviewable residents weekly for 6 weeks to ensure appropriate documentation.</p>	

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F 280	<p>Continued From page 45</p> <p>reviewed and updated with focus on interventions specific to the resident's behaviors.</p> <p>The facility began interviewing employees on 03/19/14 as part of their in-service training on the facility's abuse policy.</p> <p>On 04/22/14, the Regional Nurse in-serviced the Administrator and Director of Nursing regarding the facility's abuse/neglect policy. Together they reviewed and revised the policy to include specific assessment of non-interviewable residents for potential abuse during investigations. The Medical Director was informed of the policy revision. Beginning 04/22/14, all facility employees were inserviced regarding the revision in the policy with employees on leave or were unavailable would have the inservice prior to working their next shift; this was completed on 04/23/14.</p> <p>Inservice training was provided to licensed staff by the DON, RNs and Unit Managers and Nurse Supervisors on recognizing and managing Alzheimer type dementia and emphasized the nurses' and CNAs' understanding of person centered interventions when caring for residents with dementia, specifically combative behaviors. This was initiated on 03/20/14 and completed on 03/21/14.</p> <p>Quality Assurance Monitors began the week of 03/23/14 and included twenty (20) random employees to be interviewed per week for six (6) weeks to determine their understanding of the abuse policy including the types of abuse and interviewing residents. An additional four (4) weeks of monitoring was added following the 04/22/14 revision that included the assessment of</p>	F 280			

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F 280	<p>Continued From page 46</p> <p>non-interviewable residents for potential signs and symptoms of abuse. Fifteen (15) random CNAs and five (5) random nurses to be interviewed for understanding of care and interacting with residents with dementia. Fifteen (15) random CNAs and five (5) nurses per week to be interviewed for understanding of care giver burnout. Ten (10) random care plans will be reviewed weekly for six (6) weeks by the RN/Unit Managers for appropriate interventions related to specific behavior care plan. The monitors will be completed 05/30/14 and overseen by the Regional Nurse. All Quality Assurance monitors to be reviewed by the Regional Nurse with the Director of Nursing and will be reported to the Quality Assurance Committee.</p> <p>The State Survey Agency validated the Corrective action taken by the facility as follows:</p> <p>Record review for Resident #1 and Resident #2, on 05/01/14, revealed Resident #1 and Resident #2 were assessed by their physician on 03/20/14 and no new orders were given.</p> <p>On 05/01/14, record reviews for Residents #3, #4 and #5 revealed they had been assessed for injuries of unknown injuries and none were found. RN Unit Managers and Supervisors had assessed them. Interview with RN #6 on 05/01/14 at 11:45 AM revealed she and other Unit Managers had completed skin assessments on all residents in the facility on 04/23/14.</p> <p>Review of the inservice logs, on 05/01/14, revealed the Administrator and Director of Nursing were inserviced by the Regional Nurse related to the "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property".</p>	F 280		

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F 280	<p>Continued From page 47</p> <p>Interview with the Administrator and Director of Nursing on 05/01/14 at 10:00 AM verified the inservicing was completed.</p> <p>Review of the policy revision for the Abuse/Neglect and Misappropriation of Resident property, on 05/01/14, verified the revision regarding the assessment of non-interviewable patients for potential abuse during investigations.</p> <p>Review on 05/01/14 of the inservice logs, dated 04/22/14 and 04/23/14, revealed all staff was inserviced related to the revision of the policy on 04/23/14. Interviews conducted on 05/01/14 (between 11:15 AM and 4:00 PM) with staff from different shifts to include five (5) LPNs, an RN and eight (8) CNAs revealed the in-servicing had been provided by the DON, RNs/Unit Managers and Nurse Supervisors for Licensed Nurses and CNAs on "Recognizing and Managing Alzheimer's Type Dementia and was completed on 03/21/14.</p> <p>Review on 05/01/14 of inservice logs dated 03/22/14 and 03/23/14, revealed all staff was provided in-service training by the DON, RNs/Unit Managers and Nurse Supervisors on "Caregiver Stress and Burnout" and was completed on 03/22/14. Interviews conducted on 05/01/14 (between 11:15 AM and 4:00 PM) with staff which included five (5) LPNs, an RN and eight (8) CNAs from all shifts, revealed the inservicing had been provided.</p> <p>On 05/01/14 at 11:35 AM, CNA #10 verified through interview that she had received the inservice training by the DON and Unit Manager. The inservice training included the revision of the abuse/neglect policy which included the types of abuse/neglect, assessment of non-interviewable</p>	F 280			

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F 280	<p>Continued From page 48</p> <p>residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 11:40 AM, LPN #1 verified through interview that she had received the inservice training by the DON. The inservice training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>An interview at 11:45 on 05/01/14 with RN #1 revealed she had received inservice training by the DON and she had also provided some of the training to the CNAs. The inservice training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 12:05 PM and interview with LPN #3 revealed the DON had provided inservice training on the abuse/neglect policy changes, the types of abuse, stress and staff burnout and managing behaviors of residents with Alzheimer's type behaviors. Care plans for residents with behaviors were also included in the training.</p> <p>An interview on 05/01/14 at 12:05 PM with CNA #11 revealed she had been provided inservice training by the Unit Manager. The inservice</p>	F 280			

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F 280	<p>Continued From page 49</p> <p>training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>Interview with CNAs #12 and #13 on 05/01/14 at 12:10 PM revealed they had received lots of inservicing by the DON and Unit Managers that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 12:27 PM CNA #14 revealed in interview that she had received inservice training by the Administrative Nurses related to burnout, behaviors of residents, the changes in the abuse policy including residents that were not interviewable.</p> <p>Interview with CNA #15 on 05/01/14 at 12:45 PM revealed she had been provided inservice training by a nurse and the DON that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 12:48 PM, an interview with LPN #5 revealed she had been provided numerous</p>	F 280			

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F 280	<p>Continued From page 50</p> <p>inservice trainings recently that included the policy, resident behaviors and appropriate interventions, staff burnout and what to do.</p> <p>Review of inservice records revealed inservice training had been provided to the DON, RNs, Unit Managers and Clinical Social Workers by the Regional Nurse and Regional Director of Social Service related to Care Planning that covered ensuring interventions related to resident behaviors were care planned as needed. Interviews on 05/01/14 (between 11:15 AM and 4:00 PM) with the DON, RN, Unit Managers and three (3) Licensed Social Workers revealed they had been provided the inservicing which was completed on 04/23/14.</p> <p>Interview on 05/01/14 at 11:15 AM with the Social Service Director revealed she had received inservice training from the Regional Nurse and Regional Director of Social Service related to resident behavior care plans on 04/24/14. The Social Service Director stated she had also received the inservice training that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 11:45 AM, an interview with RN #1 revealed she had received inservice training by the Regional Director of Social Service related to resident care plans for behaviors of residents and she had received training by the DON that included the revision of the abuse/neglect policy to include the types of abuse/neglect,</p>	F 280			

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F 280	<p>Continued From page 51</p> <p>assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>An interview with LPN #1 on 05/01/14 at 11:40 AM revealed she had received inservice training by the Regional Nurse and Regional Director of Social Service on 04/24/14. The training was related to resident care plans for residents with behaviors.</p> <p>Quality Assurance Monitors began the week of 03/23/14 and included twenty (20) random employees to be interviewed per week for six (6) weeks to determine their understanding of the abuse policy and additional four (4) weeks following the 04/22/14 revision. This will be completed by 05/30/14. On 05/01/14, Quality Assurance Monitors dated for the weeks of 03/23/14, 04/01/14, 04/08/14, 04/15/14, 04/22/14 and 04/29/14 were reviewed by the Survey Agency and verified as being completed..</p> <p>Fifteen (15) random CNAs and five (5) random nurses to be interviewed for understanding of care and interacting with residents with dementia. Fifteen (15) random CNAs and five (5) nurses per week to be interviewed for understanding of care giver burnout. Review of documented interviews for the weeks of 03/23/14, 04/01/14, 04/15/14, 04/22/14 and 04/29/14 were verified completed.</p> <p>Review of the Quality Assurance Monitors were reviewed by the State Survey Agency on 05/01/14 and included the interviews of fifteen (15) CNAs and five (5) nurses had been completed for the weeks of 03/23/14, 04/01/14, 04/08/14, 04/15/14</p>	F 280			

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F 280	Continued From page 52 and 04/29/14. Ten (10) random care plans will be reviewed weekly for six weeks by RN/Unit Managers for appropriate interventions related to specific behavior care plan. This was verified 05/01/14 per interview with the Director of Nursing and review of the monitors already completed. The monitors will be completed on 05/30/14 and overseen by the Regional Nurse. All Quality Assurance monitors to be reviewed by the Regional Nurse with the Director of Nursing and will be reported to the Quality Assurance Committee. The facility began interviewing employees on 03/19/14 as part of their in-service training on the facility's abuse policy. This was verified on 05/01/14 by interview and review of in-service records as completed on 03/20/14 by the RNs/Unit Managers/Nurse Supervisors and Department Heads.	F 280			
F 490 SS=J	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, record review and review of the Administrator's job description, it was determined the facility failed to be administered in	F 490	NHC HealthCare, Glasgow is administered in a manner that enables it to use it resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. March 19, 2014, DCBS Social Worker came to the Center and stated that she had allegations or rough handling, degrading comments, theft of personal property and medication error involving two residents. DCBS requested that three employees be suspended but stated that she could not tell us why at this time. The Administrator notified the employees of their suspension, contacted both local police and OIG, 03/19/14, to inform them of the allegations and ongoing investigation. During the course of the investigation, DCBS social worker notified the administrator to suspend and additional LPN and CNA.	05/03/174	

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F 490	<p>Continued From page 53</p> <p>a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being for one (1) of five (5) sampled residents (Resident #1). The facility failed to have an effective system in place to ensure residents were safe and free from abusive treatment. The facility failed to ensure staff reported observed mistreatment of residents immediately and assessed non-interviewable residents for the signs and symptoms of abuse.</p> <p>Facility "Certified Nurse Aides (CNAs) were video recorded by a "Nanny Cam" placed in Resident #1's and Resident #2's room by a family member. The video recordings revealed inappropriate behaviors of CNAs, who were providing care for Resident #1. CNAs were recorded on different dates, restraining Resident #1's hands during care, making inappropriate gestures, getting in the resident's face and pointing a finger at the resident in a threatening manner. Additionally, Resident #1 was not identified as a potential victim of abuse, as per the facility's policy and no interventions specific to meet his/her needs were in place in the plan of care.</p> <p>The facility's failure to be administered in a manner that enabled it to use its resources effectively and efficiently has caused or is likely to cause serious injury, harm or impairment, or death to a resident. Immediate Jeopardy was identified on 04/22/14 and determined to exist on 01/15/14. The facility was notified of the Immediate Jeopardy on 04/22/14.</p> <p>The findings include:</p> <p>Review of the facility's "Job Description for the</p>	F 490	<p>This was done immediately. During the investigation the LPN was cleared and returned to work. One CNA was terminated after admitting to taking 55 dollars from resident Number 2. An additional CNA was also terminated. Two CNAs remain suspended awaiting the review of the video. Once the administrator is allowed to review the video, futher action will be taken as deemed appropriate.</p> <p>03/19/14, the physician and family for each resident were contacted by the Director of Nursing and informed of the allegation and investigation. The physician came to the center the next day, 03/20/14, and saw each resident. The physician gave no new orders.</p> <p>Overseen by the Regional Nurse, on 04/21/14, RN Units Manager amd RN Supervisor conducted resident physical assessments for injuires of unknown origin on both resident #1 and resident #2, no injuries of unknown origin were found. The Regional Nurse, Regional Social Service Director and RN Unit Manager review and updated as needed resident #1 and resident # 2 care plans with focus on ensuring that interventions related to specific resident behaviors were care planned as needed. This review was completed on 4/23/14.</p> <p>The Measures we have put in Place and Systematic Changes We have Made to Ensure That The Practice Does Not Recur.</p> <p>Overseen by the Administrator, in-service training was conducted by the Department Heads, RNs/Unit Managers and Nurse Superviors, on the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property," began on 03/19/14 for all employees. In-service training emphasized the employees understanding of the types of abuse, reporting abuse, their role in providing and environment free of abuse, immediately protecting the patient when abuse is witnessed and the signs of employee burn out. Those employees that are unavailable/on leave will be interviewed and in-serviced prior to their next shift worked. This was completed on 03/20/14.</p>		

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F 490	<p>Continued From page 54</p> <p>Administrator", last revised 06/01/09, revealed "The Administrator has complete administrative and managerial responsibilities within the health care center, acting as liaison, motivator, coordinator and support person for Department Directors, other partners, patients, families, visitors, physicians and the local community". The job description included: "Must be able to make administrative decisions, Ability to interpret and implement regulations (State and Federal) and Assures compliance with State and Federal Regulations and Center policies."</p> <p>Review of the video recordings provided by Resident #1 and Resident #2's family member on 04/16/14 revealed Certified Nursing Aides (CNA) were recorded on 01/10/14 through 03/12/14, on eight (8) occasions with at least two (2) CNAs in the room, displaying some of the following behaviors: restraining Resident #1's hands during care, making inappropriate gestures, getting in the resident's face and pointing a finger at the resident in a threatening manner just inches from his/her face and not providing incontinent care several hours (six hours and forty minutes).</p> <p>Interviews with the Administrator and Director of Nursing (DON) on 04/14/14 at 3:15 PM; and, on 04/17/14 at 10:15 AM revealed the facility was made aware of the allegation on 03/19/14 by the Office of Attorney General's (OAG) Investigator and a Department of Community Based Services (DCBS) Representative. The Administrator was told by the DCBS representative to suspend three (3) people that included CNA #1, CNA #4 and CNA #3. On 04/08/14, the OAG Investigator revealed eight (8) to ten (10) video clips to the Administrator. The Administrator stated the OAG Investigator stated the CNAs behavior was</p>	F 490	<p>04/22/14, the Regional Nurse met with and in-serviced the Administrator and Director of Nursing regarding the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property." They reviewed and updated the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property." They reviewed and updated the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property." The Center's Policy was updated to included specific assessment of non-interviewable patients for potential abuse during investigations. The Regional Nurse and Administrator contacted the Medical Director and informed him of the policy revision. Following this revision, the Regional Nurse in-serviced Department Heads regarding the revised "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property," on 04/22/14. Then following this in-service, beginning on 04/22/14, overseen by the Regional Nurse, Department Heads conducted in-service training with all employees regarding the center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property," specifically reviewing the revision in the center's policy regarding assessment of non-interviewable patients for potential abuse during investigations. Those employees that are on leave/unavailable will be in-service prior to their next shift. This was completed on 04/23/14. The Corrective Actions Will Be Monitored To Ensure the Practice Will Not Recur. On April 22, 2014, The Regional Nurse reviewed with the Director of Nursing the Quality Assurance Monitors that began the week of March 23, 2014. Monitors reviewed include;</p> <p>20 random employees per week for 6 weeks will be interview for their understanding of the Center's "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property." Following the Regional Nurse's review, this monitor will be extended for and additional 4 weeks following the 04/22/14 revision of the policy.</p> <p>10 random Licensed Nurses per week for 4 weeks</p>		

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F 490	<p>Continued From page 55</p> <p>unprofessional and there was poor technique but it did not rise to criminal. The OAG Investigator informed the Administrator that CNA #1 had admitted to stealing money from Resident #2 and would be charged with a criminal offense.</p> <p>Further interview with the DON, on 04/16/14 at 3:45 PM, revealed no assessments had been completed by the facility to identify any signs and symptoms of possible abuse of residents who could not speak for themselves.</p> <p>Interview with the Administrator, on 04/17/14 at 10:15 AM, revealed he would have expected staff to report any observed abuse or neglect and that he relied on the residents, nurses and staff to report any alleged abuse or neglect. Three (3) days a week room checks with administrative staff were done weekly and Unit Managers were scheduled for surprise visits one time a week. However, no assessments of non-interviewable residents had been completed as the facility relied on staff to report.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>On 03/19/14, the facility suspended and then terminated CNAs #1, #2, #3 and #4. CNA #1 was reported to the Nurse Aide Abuse Registry by the Administrator.</p> <p>On 04/21/14, the Regional Nurse provided oversight as Unit Managers assisted by other licensed staff (total of ten) and the RN Supervisor conducted physical assessments for signs/symptoms of possible abuse on all residents including Resident #1; no injuries were found. The care plans for Resident #1 were</p>	F 490	<p>will be interviewed for their understanding of their role on administration of Medications and Treatments.</p> <p>20 Medication Records per week for 4 weeks will be reviewed for compliance with the Center's policy regarding medication administration.</p> <p>15 random CNAs and 5 random Licensed Nurses per week for 6 weeks will be interviewed for their understanding of recognizing care of residents with dementia with emphasis on their understanding of interacting with and caring for residents with dementia.</p> <p>15 random CNAs and 5 random Licensed Nurses per week for 6 weeks will be interviewed for their understanding of recognizing Care Giver Burnout. Additionally following the Regional Nurse's review, Overseen by the Regional Nurse and Director of Nursing, two Quality Assurance Monitor, which include care plans or residents with behaviors and non-interviewable residents physical assessments, will begin the week of April 23, 2014.</p> <p>One monitor in which 10 random care plans of residents with behaviors will be reviewed weekly for 6 weeks by RN/Unit Managers and Nurse Supervisors to monitor for appropriate interventions related to their specific behavior care plan.</p> <p>A second Quality Assurance Monitor will be conducted in which residents physical assessments will be conducted by RN/Unit Managers, and Nurse Supervisors on 10 random non-interviewable residents weekly for 6 weeks to ensure appropriate documentation.</p> <p>The Regional Nurse will review all Quality Assurance monitors with Director of Nursing each month. All Quality Assurance monitors will be reported to the Center's Quality Assurance committee consisting of the Administrator, Director of Nursing, Medical Director, QA Physicians, Dietician, Social Service Director, and HIM Director monthly. In-service training and Quality Assurance monitors will continue as directed by the Quality Assurance Committee and the Regional Nurse.</p>		

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F 490	<p>Continued From page 56</p> <p>reviewed and updated with focus on interventions specific to the resident's behaviors.</p> <p>The facility began interviewing employees on 03/19/14 as part of their in-service training on the facility's abuse policy.</p> <p>On 04/22/14, the Regional Nurse in-serviced the Administrator and Director of Nursing regarding the facility's abuse/neglect policy. Together they reviewed and revised the policy to include specific assessment of non-interviewable residents for potential abuse during investigations. The Medical Director was informed of the policy revision. Beginning 04/22/14, all facility employees were inserviced regarding the revision in the policy with employees on leave or were unavailable would have the inservice prior to working their next shift; this was completed on 04/23/14.</p> <p>Inservice training was provided to licensed staff by the DON, RNs and Unit Managers and Nurse Supervisors on recognizing and managing Alzheimer type dementia and emphasized the nurses' and CNAs' understanding of person centered interventions when caring for residents with dementia, specifically combative behaviors. This was initiated on 03/20/14 and completed on 03/21/14.</p> <p>Quality Assurance Monitors began the week of 03/23/14 and included twenty (20) random employees to be interviewed per week for six (6) weeks to determine their understanding of the abuse policy including the types of abuse and interviewing residents. An additional four (4) weeks of monitoring was added following the 04/22/14 revision that included the assessment of</p>	F 490			

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F 490	<p>Continued From page 57</p> <p>non-interviewable residents for potential signs and symptoms of abuse. Fifteen (15) random CNAs and five (5) random nurses to be interviewed for understanding of care and interacting with residents with dementia. Fifteen (15) random CNAs and five (5) nurses per week to be interviewed for understanding of care giver burnout. Ten (10) random care plans will be reviewed weekly for six (6) weeks by the RN/Unit Managers for appropriate interventions related to specific behavior care plan. The monitors will be completed 05/30/14 and overseen by the Regional Nurse. All Quality Assurance monitors to be reviewed by the Regional Nurse with the Director of Nursing and will be reported to the Quality Assurance Committee.</p> <p>The State Survey Agency validated the Corrective action taken by the facility as follows:</p> <p>Record review for Resident #1 and Resident #2, on 05/01/14, revealed Resident #1 and Resident #2 were assessed by their physician on 03/20/14 and no new orders were given.</p> <p>On 05/01/14, record reviews for Residents #3, #4 and #5 revealed they had been assessed for injuries of unknown injuries and none were found. RN Unit Managers and Supervisors had assessed them. Interview with RN #6 on 05/01/14 at 11:45 AM revealed she and other Unit Managers had completed skin assessments on all residents in the facility on 04/23/14.</p> <p>Review of the inservice logs, on 05/01/14, revealed the Administrator and Director of Nursing were inserviced by the Regional Nurse related to the "Policy Regarding Abuse/Neglect and Misappropriation of Resident Property".</p>	F 490			

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F 490	<p>Continued From page 58</p> <p>Interview with the Administrator and Director of Nursing on 05/01/14 at 10:00 AM verified the inservicing was completed.</p> <p>Review of the policy revision for the Abuse/Neglect and Misappropriation of Resident property, on 05/01/14, verified the revision regarding the assessment of non-interviewable patients for potential abuse during investigations.</p> <p>Review on 05/01/14 of the inservice logs, dated 04/22/14 and 04/23/14, revealed all staff was inserviced related to the revision of the policy on 04/23/14. Interviews conducted on 05/01/14 (between 11:15 AM and 4:00 PM) with staff from different shifts to include five (5) LPNs, an RN and eight (8) CNAs revealed the in-servicing had been provided by the DON, RNs/Unit Managers and Nurse Supervisors for Licensed Nurses and CNAs on "Recognizing and Managing Alzheimer's Type Dementia and was completed on 03/21/14.</p> <p>Review on 05/01/14 of inservice logs dated 03/22/14 and 03/23/14, revealed all staff was provided in-service training by the DON, RNs/Unit Managers and Nurse Supervisors on "Caregiver Stress and Burnout" and was completed on 03/22/14. Interviews conducted on 05/01/14 (between 11:15 AM and 4:00 PM) with staff which included five (5) LPNs, an RN and eight (8) CNAs from all shifts, revealed the inservicing had been provided.</p> <p>On 05/01/14 at 11:35 AM, CNA #10 verified through interview that she had received the inservice training by the DON and Unit Manager. The inservice training included the revision of the abuse/neglect policy which included the types of abuse/neglect, assessment of non-interviewable</p>	F 490			

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F 490	<p>Continued From page 59</p> <p>residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 11:40 AM, LPN #1 verified through interview that she had received the inservice training by the DON. The inservice training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>An interview at 11:45 on 05/01/14 with RN #1 revealed she had received inservice training by the DON and she had also provided some of the training to the CNAs. The inservice training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 12:05 PM and interview with LPN #3 revealed the DON had provided inservice training on the abuse/neglect policy changes, the types of abuse, stress and staff burnout and managing behaviors of residents with Alzheimer's type behaviors. Care plans for residents with behaviors were also included in the training.</p> <p>An interview on 05/01/14 at 12:05 PM with CNA #11 revealed she had been provided inservice training by the Unit Manager. The inservice</p>	F 490			

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F 490	<p>Continued From page 60</p> <p>training included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>Interview with CNAs #12 and #13 on 05/01/14 at 12:10 PM revealed they had received lots of inservicing by the DON and Unit Managers that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 12:27 PM CNA #14 revealed in interview that she had received inservice training by the Administrative Nurses related to burnout, behaviors of residents, the changes in the abuse policy including residents that were not interviewable.</p> <p>Interview with CNA #15 on 05/01/14 at 12:45 PM revealed she had been provided inservice training by a nurse and the DON that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 12:48 PM, an interview with LPN #5 revealed she had been provided numerous</p>	F 490			

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F 490	<p>Continued From page 61</p> <p>inservice trainings recently that included the policy, resident behaviors and appropriate interventions, staff burnout and what to do.</p> <p>Review of inservice records revealed inservice training had been provided to the DON, RNs, Unit Managers and Clinical Social Workers by the Regional Nurse and Regional Director of Social Service related to Care Planning that covered ensuring interventions related to resident behaviors were care planned as needed. Interviews on 05/01/14 (between 11:15 AM and 4:00 PM) with the DON, RN, Unit Managers and three (3) Licensed Social Workers revealed they had been provided the inservicing which was completed on 04/23/14.</p> <p>Interview on 05/01/14 at 11:15 AM with the Social Service Director revealed she had received inservice training from the Regional Nurse and Regional Director of Social Service related to resident behavior care plans on 04/24/14. The Social Service Director stated she had also received the inservice training that included the revision of the abuse/neglect policy to include the types of abuse/neglect, assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>On 05/01/14 at 11:45 AM, an interview with RN #1 revealed she had received inservice training by the Regional Director of Social Service related to resident care plans for behaviors of residents and she had received training by the DON that included the revision of the abuse/neglect policy to include the types of abuse/neglect,</p>	F 490			

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F 490	<p>Continued From page 62</p> <p>assessment of non-interviewable residents for signs and symptoms of potential abuse. The training also included training on caregiver stress and burnout, recognizing and managing Alzheimer's type behaviors.</p> <p>An interview with LPN #1 on 05/01/14 at 11:40 AM revealed she had received inservice training by the Regional Nurse and Regional Director of Social Service on 04/24/14. The training was related to resident care plans for residents with behaviors.</p> <p>Quality Assurance Monitors began the week of 03/23/14 and included twenty (20) random employees to be interviewed per week for six (6) weeks to determine their understanding of the abuse policy and additional four (4) weeks following the 04/22/14 revision. This will be completed by 05/30/14. On 05/01/14, Quality Assurance Monitors dated for the weeks of 03/23/14, 04/01/14, 04/08/14, 04/15/14, 04/22/14 and 04/29/14 were reviewed by the Survey Agency and verified as being completed..</p> <p>Fifteen (15) random CNAs and five (5) random nurses to be interviewed for understanding of care and interacting with residents with dementia. Fifteen (15) random CNAs and five (5) nurses per week to be interviewed for understanding of care giver burnout. Review of documented interviews for the weeks of 03/23/14, 04/01/14, 04/15/14, 04/22/14 and 04/29/14 were verified completed.</p> <p>Review of the Quality Assurance Monitors were reviewed by the State Survey Agency on 05/01/14 and included the interviews of fifteen (15) CNAs and five (5) nurses had been completed for the weeks of 03/23/14, 04/01/14, 04/08/14, 04/15/14</p>	F 490			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/02/2014
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, GLASGOW			STREET ADDRESS, CITY, STATE, ZIP CODE 109 HOMEWOOD BLVD. GLASGOW, KY 42141		
(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 490	Continued From page 63 and 04/29/14. Ten (10) random care plans will be reviewed weekly for six weeks by RN/Unit Managers for appropriate interventions related to specific behavior care plan. This was verified 05/01/14 per interview with the Director of Nursing and review of the monitors already completed. The monitors will be completed on 05/30/14 and overseen by the Regional Nurse. All Quality Assurance monitors to be reviewed by the Regional Nurse with the Director of Nursing and will be reported to the Quality Assurance Committee. The facility began interviewing employees on 03/19/14 as part of their in-service training on the facility's abuse policy. This was verified on 05/01/14 by interview and review of in-service records as completed on 03/20/14 by the RNs/Unit Managers/Nurse Supervisors and Department Heads.	F 490			