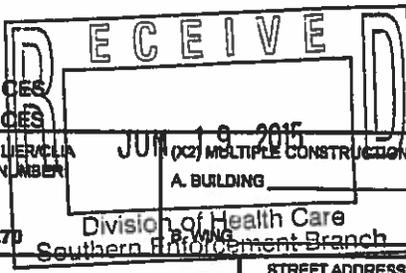


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185270 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>06/04/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>CUMBERLAND VALLEY MANOR | STREET ADDRESS, CITY, STATE, ZIP CODE<br>301 SOUTH MAIN STREET<br>BURKESVILLE, KY 42717 |
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| F 000              | INITIAL COMMENTS<br><br>An abbreviated standard survey (KY23280, KY23292, KY23302) was conducted on 06/04/15. KY23280 was unsubstantiated with no deficient practice identified. KY23292 and KY23302 were substantiated with deficient practice identified at "D" level.  | F 000         | Cumberland Valley Manor<br>Plan of Action<br>Complaint Survey 6/4/15   |                      |
| F 224<br>SS=D      | 483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN<br><br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, interviews, and review of facility policies and procedures it was determined the facility failed to ensure that one (1) of six (6) sampled residents (Resident #1) was free from misappropriation of property. The facility transferred Resident #1 to the hospital on 04/07/15. Review of Resident #1's Statement of Account revealed the balance of the resident's personal account was withdrawn and applied to the resident's liability (the out of pocket amount the resident is responsible to pay the facility monthly) on 04/07/15, without Resident #1's or the resident's Responsible Party's knowledge or permission.<br><br>The findings include: | F 224         | Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.<br><br>F 224 Abuse<br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. |                      |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]* Administrator 06-19-15

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 224   | <p>Continued From page 1</p> <p>Review of the facility's policy, "Resident Rights Financial Affairs," undated, revealed if given permission, the facility must hold, safeguard, manage and account for a resident's personal funds. Review of the facility's "Abuse, Neglect, and Exploitation" policy, revised 10/02/14, revealed each resident had the right to be free of all types of abuse, including misappropriation of property by anyone including but not limited to facility staff. The policy defined misappropriation of resident property as the deliberate misplacement, exploitation, or wrongful temporary/permanent use of a resident's belongings or money without the resident's consent.</p> <p>Review of Resident #1's medical record revealed the facility admitted Resident #1 on 01/20/13, with diagnoses including Asthma, Anxiety, and Hypertension. Review of Resident #1's Minimum Data Set assessment completed on 05/04/15, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #1 had no cognitive impairment.</p> <p>Review of facility Department Notes dated 04/07/15, revealed Resident #1 was transferred to the hospital and admitted for treatment of acute respiratory illness on 04/07/15. Review of Resident #1's Resident Trust Account (the resident's personal financial account managed by the facility) revealed on 04/07/15, Resident #1's account had a balance of \$281.33, but was reduced to \$0.00, after \$281.33 was withdrawn and applied toward the resident's "Resident Liability" (the amount of money owed to the facility monthly by Resident #1 after Medicare payment). Resident #1 returned to the facility on 04/28/15 from the hospitalization.</p> | F 224  | <p><b>Criteria 1:</b> The facility offered to refund the resident trust balance to the family of Resident #1. The trust fund balance was deposited back to Resident #1's resident trust fund account on 06/10/2015.</p> <p><b>Criteria 2:</b> The Facility Compliance Officer and Business Office Manager have audited all in house resident trust accounts on 06/09/2015 to determine if any resident funds had been distributed without authorization by the resident/responsible party. No unauthorized distribution of funds was identified.</p> <p><b>Criteria 3:</b> The Business Office Manager has received in-service education by the Administrator on the following:</p> |                      |   |

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| F 224   | Continued From page 2<br><br>Interview with Resident #1 on 06/04/15 at 2:33 PM revealed the resident did not authorize for any amount of money to be withdrawn from his personal account on 04/07/15. Resident #1 stated that he assumed he still had \$261.33 in his account when he returned to the facility on 04/28/15. Resident #1 stated soon after returning to the facility he/she asked the facility to make a purchase for personal items utilizing the funds in his/her Resident Trust Account but was informed the fund had a zero (0) balance. Resident #1 stated he was told all of his money had been withdrawn from his personal account by the facility's Business Office Manager (BOM) and applied to the amount the resident owed the facility when he was transferred to the hospital on 04/07/15.<br><br>Interview with the BOM on 06/04/15 at 5:07 PM revealed she had withdrawn \$266.33 from Resident #1's personal account without the resident's consent on 04/07/15. The BOM stated Resident #1 left the facility in "critical condition" on 04/07/15, and she "did not think he would make it." Therefore the BOM stated she withdrew all the money from Resident #1's personal account and applied it toward the amount the resident owed the facility due to concern that the facility would not receive payment if Resident #1 expired.<br><br>Interview with the Administrator on 06/04/15, at 6:03 PM revealed he was not aware that the BOM had withdrawn money from Resident #1's account without the resident's consent until Adult Protective Services came to the facility on 06/04/15 to investigate an allegation that the facility had misappropriated Resident #1's | F 224  | -The facility abuse policy, including but not limited to the definition of misappropriation of resident property; the regulations governing resident trust funds, including but not limited to the need to obtain authorization by the resident/responsible party for any distribution of funds.<br><br>Criteria 4: -The CQI indicator for monitoring of compliance with the abuse regulations (A8) will be utilized monthly X 2 months, and then quarterly as per the established CQI calendar, under the supervision of the Administrator.<br><br>-The CQI indicator for the monitoring of management of the resident trust accounts in accordance with the regulations (A3) will be utilized monthly X 2 months, and then every 6 months as per the established CQI calendar.<br><br>Criteria 5:<br><br>June 11, 2015 |                      |   |

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| F 224   | Continued From page 3<br>personal funds.   | F 224  |  |                      |   |
| F 282<br>SS=D   | 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN<br><br>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, record review, and facility policy review it was determined the facility failed to ensure denture care was provided in accordance with a resident's plan of care for two (2) of six (6) sampled residents (Resident #5 and Resident #6) and one (1) of three (3) unsampled residents (Resident A). Interviews revealed the residents were not provided oral/denture care according to the plan of care.<br><br>The findings include:<br><br>Review of the facility Care Plan Policy Statement, not dated, revealed a Comprehensive Plan of Care would be developed by the interdisciplinary team based on the completion of the comprehensive Minimum Data Set (MDS) assessment. The policy did not address the implementation of care plans.<br><br>Review of the policy titled "Certified Nurse Aide (CNA) Care Plan Record" (dated 09/02) revealed the care plan would be utilized to identify each resident's daily care needs. The policy further noted the CNA care plan would provide information regarding the amount of assistance | F 282  | F 282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN<br>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.<br><br>Criteria 1: Residents #5, 6, and un-sampled resident A receive oral care in accordance with their care plan and facility policy as determined by oral care reviews performed by the Administrative nurses.<br><br>Criteria 2: -All residents unable to perform oral care independently have the potential to be affected.<br>-Oral care reviews were conducted for all in house residents by 06/18/15 by the Administrative nurses to identify any residents with oral hygiene issues. There were no residents identified with unaddressed oral hygiene issues. |                      |   |

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| F 282   | <p>Continued From page 4</p> <p>the resident required for oral hygiene and if the resident wore dentures.</p> <p>1. Medical record review for Resident #5 revealed the facility admitted the resident on 09/11/12 with diagnoses that include Muscle Weakness, Osteoarthritis, Parkinson's Disease, and Glaucoma. Review of the annual Minimum Data Set (MDS) assessment, dated 04/07/15, revealed the facility assessed the resident's Brief Interview for Mental Status (BIMS) score to be 11, meaning the resident was cognitively intact. Further review of the MDS revealed the facility assessed the resident to require extensive assistance with personal hygiene. Review of the CNA Care Plan Record, dated June 2015, revealed the resident wore upper and lower dentures and required assistance with oral hygiene. Review of the comprehensive Care Plan, dated 09/24/12 and revised on 04/14/15, revealed the resident required extensive assistance with personal hygiene, and oral care should be provided twice a day and as needed.</p> <p>Interview with Resident #5 on 06/04/15 at 11:15 AM revealed the resident wore dentures and they were not removed and cleaned unless requested by the resident. Oral care observation was completed on 06/04/15 at 4:13 PM without concerns. However, interview with the resident revealed, "They haven't been taking out my dentures after meals but I would love it if they did."</p> <p>2. Medical record review for Resident #6 revealed the facility admitted the resident on 01/14/15 with diagnoses that include Muscle Weakness, Personal History of Falls, and Arthropathy. Review of the admission MDS,</p> | F 282  | <p><b>Criteria 3:</b> In-service education was provided for the nursing assistant staff by the DON/Staff Development Coordinator/Restorative Coordinator/ADON by 06/19/15 which included but was not limited to: Providing oral care in accordance with Mosby's Nursing Assistant Training Manual and the resident's care plan; and notifying the charge nurse if any oral hygiene or oral status issues are identified.</p> <p><b>Criteria 4:</b> - The CQI indicator for the monitoring of resident oral hygiene and ADL care will be utilized weekly X 2 weeks, monthly X 2 months and then quarterly thereafter under the supervision of the Director of Nursing.</p> <p><b>Criteria 5:</b><br/>June 20, 2015</p> |                      |   |

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| F 282   | <p>Continued From page 5</p> <p>dated 01/21/15, revealed the facility assessed the resident's BIMS score to be 12, meaning the resident was cognitively intact. Further review of the MDS revealed the facility assessed the resident to require extensive assistance with personal hygiene. Review of the CNA Care Plan Record, dated June 2015, revealed the resident wore upper dentures and a lower partial plate. Further review revealed the resident required assistance with oral hygiene. Review of the comprehensive Care Plan, dated 01/26/15, revealed the resident required extensive assistance with personal hygiene, and oral care should be provided twice a day and as needed.</p> <p>Interview with Resident #6 on 06/04/15 at 11:30 AM revealed the resident wore a top denture and bottom partial plate. The resident stated, "They don't clean them. I've never asked." Further interview revealed the resident was unable to recall the last time his/her dentures had been cleaned.</p> <p>3. Review of Resident A's CNA Care Plan Record, dated June 2015, revealed the resident wore upper and lower dentures. Further review revealed the resident required assistance with oral hygiene. Oral Care was observed on 06/04/15 at 3:45 PM with no concerns identified with care.</p> <p>Interview with Resident A on 06/04/15 at 3:45 PM revealed the resident required assistance with care. The resident stated he/she was unable to walk to the sink to clean the dentures and staff "don't clean them unless I ask them."</p> <p>Interview with State Registered Nurse Aide (SRNA) #1 on 06/04/15 at 4:05 PM revealed she</p> | F 282  |   |                      |   |

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| F 282   | Continued From page 6<br>was responsible for providing oral care/denture care for Resident A. Further interview revealed staff was trained to remove dentures and clean them after each meal. The SRNA stated staff should be following assignment sheets and care plans.<br><br>Interview with the Infection Control Nurse, who was also the facility Staff Educator, on 06/04/15 at 4:12 PM revealed staff was educated to remove residents' dentures after every meal and clean them. Further Interview revealed oral/denture care was a part of the CNA Care Plan and the staff should provide the care as instructed.<br><br>Interview with SRNA #2 on 06/04/15 at 6:39 PM revealed she was responsible to complete Resident #5's oral care/denture care. Further interview revealed she had been trained to provide care as instructed on the care plan.<br><br>Interview with the Director of Nursing (DON) on 06/04/15 at 6:10 PM revealed the nursing staff and SRNAs should be following the care plans and providing care as directed. | F 282  |  |                      |   |
| F 312<br>SS=D   | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.   | F 312  | F 312 ADL Care Provided for Dependent Residents<br>A resident who is unable to carry out daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. |                      |   |

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| F 312   | <p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview, record review, and facility policy review it was determined the facility failed to ensure residents that were unable to carry out activities of daily living received the necessary services to maintain good oral hygiene for two (2) of six (6) sampled residents (Residents #5 and #6) and one (1) of three (3) unsampled residents (Resident A).</p> <p>The findings include:</p> <p>Interview with the Director of Nursing (DON) on 06/04/15 at 8:10 PM revealed the facility followed Mosby's Training Manual, Sixth Edition, for guidance related to oral and denture care. Review of Mosby's Unit IV "Assisting with Activities of Daily Living: Denture Care" revealed, "mouth care is given and dentures cleaned as often as natural teeth."</p> <p>1. Medical record review for Resident #5 revealed the facility admitted the resident on 09/11/12 with diagnoses that included Muscle Weakness, Osteoarthritis, Parkinson's Disease, and Glaucoma. Review of the annual Minimum Data Set (MDS) dated 04/07/15 revealed the facility assessed the resident's Brief Interview for Mental Status (BIMS) score to be 11, meaning the resident was cognitively intact. Further review of the MDS revealed the facility assessed the resident to require extensive assistance with personal hygiene. Review of the facility Care Plan Record, dated June 2015, revealed the resident wore upper and lower dentures and required assistance with oral hygiene. Review of</p> | F 312  | <p><b>Criteria 1: Residents #5, 6, and un-sampled resident A receive oral care in accordance with their care plan and facility policy as determined by oral care reviews performed by the Administrative nurses.</b></p> <p><b>Criteria 2: -All residents unable to perform oral care independently have the potential to be affected.</b><br/>-Oral care reviews were conducted for all in house residents by 06/18/15 by the Administrative nurses to identify any residents with oral hygiene issues. There were no residents identified with unaddressed oral hygiene issues.</p> |                      |   |

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| F 312   | <p>Continued From page 8</p> <p>the comprehensive Care Plan, dated 09/24/12, revealed the resident required extensive assistance with personal hygiene, and oral care should be provided twice a day and as needed.</p> <p>Interview with Resident #5 on 06/04/15 at 11:15 AM revealed the resident wore dentures and they were not removed and cleaned unless the resident requested for staff to clean them. Oral care observation was completed on 06/04/15 at 4:13 PM without concerns. However, interview with the resident revealed, "They haven't been taking out my dentures after meals, but I would love it if they did."</p> <p>2. Medical record review for Resident #6 revealed the facility admitted the resident on 01/14/15 with diagnoses that included Muscle Weakness, Personal History of Falls, and Arthropathy. Review of the admission MDS, dated 01/21/15, revealed the facility assessed the resident's BIMS score to be 12, meaning the resident was cognitively intact. Further review of the MDS revealed the facility assessed the resident to require extensive assistance with personal hygiene. Review of the facility Care Plan Record, dated June 2015, revealed the resident wore upper dentures and a lower partial plate. Further review revealed the resident required assistance with oral hygiene. Review of the comprehensive Care Plan, dated 01/26/15, revealed the resident required extensive assistance with personal hygiene, and oral care should be provided twice a day and as needed.</p> <p>Interview with Resident #6 on 06/04/15 at 11:30 AM revealed the resident wore a top denture and bottom partial plate. The resident stated, "They don't clean them; I've never asked." Further</p> | F 312  | <p><b>Criteria 3: In-service education was provided for the nursing assistant staff by the DON/Staff Development Coordinator/Restorative Coordinator/ADON on 06/19/15</b> which included but was not limited to: Providing oral care in accordance with Mosby's Nursing Assistant Training Manual and the resident's care plan; and notifying the charge nurse if any oral hygiene or oral status issues are identified.</p> <p><b>Criteria 4: - The CQI indicator for the monitoring of resident oral hygiene and ADL care will be utilized weekly X 2 weeks, monthly X 2 months and then quarterly thereafter under the supervision of the Director of Nursing.</b></p> <p><b>Criteria 5:</b><br/>June 20, 2015</p> |                      |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185270 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>06/04/2015 |
|---|--|--|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>CUMBERLAND VALLEY MANOR |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>301 SOUTH MAIN STREET<br>BURKESVILLE, KY 42717                         |                      |   |
| (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 312   | <p>Continued From page 9</p> <p>Interview revealed the resident was unable to recall the last time his/her dentures had been cleaned.</p> <p>3. Review of Resident A's CNA Care Plan Record, dated June 2015, revealed the resident wore upper and lower dentures. Further review revealed the resident required assistance with oral hygiene.</p> <p>Observations of oral care for Resident A on 06/04/15 at 3:45 PM revealed no concerns with care. Interview with Resident A on 06/04/15 at 3:45 PM revealed the resident removed his/her dentures and cleaned them daily prior to admission. The resident stated he/she had several falls at home, was admitted to the facility for rehabilitation, and required assistance with walking. The resident stated he/she was unable to make it to the sink to clean the dentures on his/her own. Further interview revealed, "They don't clean them unless I ask them."</p> <p>Interview with the Infection Control Nurse, who was also the facility Staff Educator, on 06/04/15 at 4:12 PM revealed staff was educated to remove residents' dentures after every meal and clean them. Further interview revealed oral/denture care was a part of the Certified Nursing Assistant (CNA) care plan and the staff should provide the care as instructed.</p> <p>Interview with SRNA #1 on 06/04/15 at 4:05 PM revealed she was responsible for providing oral care/denture care for Resident A. Further interview revealed staff was trained to remove dentures and clean them after each meal.</p> <p>Interview with SRNA #2 on 06/04/15 at 6:39 PM</p> | F 312  |   |                      |   |

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

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| F 312   | <p>Continued From page 10</p> <p>revealed she was responsible to complete Resident #5's oral care/denture care. Further interview revealed Resident #5 had asked the SRNA to do denture care but the SRNA did not do the care until requested by the surveyor. The SRNA stated she "assumed" it had been done by another staff member after lunch. Further interview revealed, "Oral care should be done even if they don't ask." The SRNA stated she had been trained to provide oral/denture care after every meal, before breakfast, and before bed.</p> <p>Interview with the Director of Nursing (DON) on 06/04/15 at 6:10 PM revealed the facility had not identified concerns with oral/denture care. Further interview revealed staff should be doing denture care after meals, before breakfast, and at night.</p> <p>Interview with the Administrator on 06/04/15 at 6:15 PM revealed the residents' oral and denture care should have been done.</p> | F 312  |   |                      |   |