

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



PRINTED: 09/15/2014  
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>185177 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>09/11/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>505 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42764   |                      |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  | (X5) COMPLETION DATE |   |
| F 000  | <p><b>INITIAL COMMENTS</b></p> <p>An Abbreviated Survey investigating Complaint #KY22153 was initiated on 08/28/14 and concluded on 09/11/14. Complaint #KY22153 was substantiated with deficiencies cited.</p> <p>On 08/24/14 at approximately 8:15 AM, Resident #1 and Resident #2, who were assessed by the facility and care planned as elopement risks, exited the building without staff knowledge. Resident #1 and Resident #2 entered the dining room at the West End of the building through an unlocked door, then proceeded to exit through the door to the outside; the two (2) alarms on the door did not sound. Certified Nurse Aide (CNA) #3, who was in her car leaving work after her night shift, saw Resident #1 walking at the end of the sidewalk at the West End of the building. Resident #2 was behind Resident #1 wheeling him/herself in his/her wheelchair. The CNA banged on the door to get staff's attention to assist her to get the residents back into the building.</p> <p>The facility failed to ensure the facility's protocol was implemented related to keeping the West End dining room, which was out of staff's sight, secured. The West End dining room entrance door (from the hall) was to be kept locked except when in use and staff was present for supervision. Additionally, the dining room exit door was equipped with two (2) alarms; however, the alarms failed to sound.</p> <p>Immediate Jeopardy (IJ) was identified in the areas of CFR 483.20, Resident Assessment at F282, CFR 483.25 Quality of Care at F323 and CFR 483.75 Administration at F490. Substandard</p> | F 000  | <p><b>PLAN OF CORRECTION</b><br/><b>GRAYSON MANOR NURSING HOME SURVEY</b><br/><b>COMPLETION DATE OF</b><br/><b>SEPTEMBER 11, 2014</b></p> <p><b>F 282</b></p> <p>Resident (#1 and #2) on 8-24-2014 were put on every 30 minute watches times 24 hours per facility policy with no further attempts to elope. A head to toe assessment was completed by the</p> |                      |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *9/17/2014*

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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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>805 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754   |                      |   |
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| F 000  | Continued From page 1<br>Quality of Care was identified at CFR 483.25 at F323. Immediate Jeopardy was identified 09/03/14 and was determined to exist on 08/24/14. An acceptable Allegation of Compliance (AoC) was received on 09/09/14, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/05/14, as alleged. The Scope and Severity was lowered to a "D" at CFR 483.20 Resident Assessment at F282, CFR 483.25 Quality of Care at F323 and CFR 483.75 Administration at F490, while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.   | F 000  | Charge Nurses, RN #1 and RN #2 on resident (#1 and #2) with no injuries identified. The door lock on the hallway entry door into Churchill Dining Room was replaced with an automatic lock mechanism on 8/24/14 by the Director of Maintenance. A licensed electrician was called in on 8/24/14 and identified that the exit door inside Churchill dining room had a mechanical failure and the problem was corrected immediately. All exit doors from the facility on 8/24/14 were checked by the Maintenance Director and Social Services Director and determined to be functioning correctly. |                      |   |
| F 282<br>SS=J  | 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 record review, interview, and review of the Centers for Medicare and Medicaid (CMS) Resident Assessment Instrument (RAI) Version 3.0 Manual, it was determined the facility failed to ensure care and services were provided in accordance with the written plans of care for two (2) of six (6) sampled residents (Resident #1 and Resident #2).<br><br>Resident #1 and Resident #2 were care planned for the "Need for supervision due to wandering and exit seeking behaviors", with interventions for | F 282  | All residents interdisciplinary care plans were reviewed by  |                      |   |

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| F 282  | <p>Continued From page 2</p> <p>staff to monitor when the resident exhibited increased anxiety, wandering and exit seeking behaviors and to provide one on one or diversional activities, as needed and every thirty (30) minute checks. On 08/24/14 at 8:15 AM, Resident #1 and Resident #2 exited the facility without staff knowledge and were found outside the facility, away from the building by the parking lot. The residents had entered an unsecured, unsupervised dining room from the hall and exited the facility without staff knowledge. Certified Nurse Aide (CNA) #3 found the residents as she was leaving for home after the night shift.</p> <p>The facility's failure to ensure the plan of care was followed for residents has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 09/03/14 and determined to exist on 08/24/14. An acceptable Allegation of Compliance (AoC) was received on 09/09/14, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/05/14, as alleged. The Scope and Severity was lowered to a "D" at CFR 483.20 Resident Assessment at F282, CFR 483.25 Quality of Care at F323 and CFR 483.75 Administration at F490, while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Interview with the Director of Nursing (DON), on 09/02/14 at 3:35 PM, revealed there was no specific facility policy related to implementing care plan interventions and the facility followed</p> | F 282  | <p>the RAI nurses and Director of Nursing. Those residents at risk for elopement were reassessed by Director of Nursing on 8/25/2014 using the risk elopement assessment. The interdisciplinary care plans for those at risk were updated according to assessment findings by the RAI nurses and Director of Nursing. Also the Charge Nurses on every shift are supervising all staff to assure care plans are being implemented.</p> <p>The RAI Nurses and Charge Nurses have been re-educated on 9-5-2014 by Director of Nursing on developing appropriate interventions that are specific to each residents needs for those at risk for elopement</p> |                      |   |

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| F 282  | <p>Continued From page 3<br/>CMS's RAI Version 3.0 Manual.</p> <p>Review of the information provided by the facility, titled CMS's RAI Version 3.0 Manual, last revised October/November 2012, in the 4.7 RAI and Care Planning section, revealed the care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care.</p> <p>1. Record review revealed the facility admitted Resident #1 on 03/31/13 with diagnoses which included Alzheimer's Disease, Dementia and Paraly Agitans. Review of the Significant Change Minimum Data Set (MDS) assessment, dated 08/29/14, revealed the facility assessed the resident's cognition as severely impaired with a Brief Interview of Mental Status (BIMS) score of three (3) which indicated the resident was not interviewable.</p> <p>Review of the Comprehensive Care Plan, dated 05/20/14, "Need for supervision due to wandering and exit seeking behaviors", revealed interventions which included for staff to monitor when the resident had increased anxiety, wandering and exit seeking behaviors and for staff to provide one on one or diversional activities as needed and every thirty (30) minute checks.</p> <p>Review of a Nursing Note, dated 08/24/14 at 8:16 AM, revealed "Resident becoming agitated, exit seeking and stating I'm a truck driver and I need to start my route. Very hard to redirect". The Nursing Note also revealed, "This nurse notified of resident being outside Church Hill doors (West end dining room). This nurse walked resident back down sidewalk to front entrance". There</p> | F 282  | <p>and the importance of staff following the care plans. Also an in-service was conducted by the In-service Coordinator on 9-3-2014 and 9-4-2014 for ALL STAFF that included the importance of following the Care Plans and specifically for elopement. A monthly meeting will be conducted with Nursing Administration (Director of Nursing, RAI Nurses, Restorative Nurse and Social Services) to review risk elopement care plans for all residents at risk for elopement and any changes in behaviors will be addressed.</p> <p>The Quality Assurance Coordinator implemented an audit on monitoring care plans to make sure specific behaviors to include but not limited to wandering and risk</p> |                      |   |

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| F 282  | <p>Continued From page 4</p> <p>was no evidence in the record to reveal thirty (30) minute checks were being conducted, or that one on one or diversional activities was provided.</p> <p>Review of the Event Report, dated 08/24/14 at 8:30 AM, revealed Resident #1 was found on the sidewalk by Certified Nurse Aide (CNA) #3.</p> <p>Interview with the Social Service Director (SSD), on 08/29/14 at 3:50 PM, revealed when she asked staff what time the residents were last observed she was told Resident #1 was seen on the hall prior to exiting the building and had been agitated and exit seeking at the time.</p> <p>2. Record review revealed the facility admitted Resident #2 on 10/08/12 with diagnoses which included, Alzheimer's Disease, Anxiety and Bipolar Disorder. Review of the Annual MDS assessment, dated 08/29/14, revealed the facility assessed Resident #2's cognition as severely impaired with a Brief Interview for Mental Status score (BIMS) of six (6) which indicated the resident was not interviewable.</p> <p>Review of the Comprehensive Care Plan for Need for Supervision due to wandering and exit seeking behaviors, dated 07/15/14, revealed interventions which included for staff to monitor with increased anxiety, wandering and exit seeking behaviors and for staff to provide one on one or diversional activities as needed and every thirty (30) minute checks.</p> <p>Review of a Nursing Note, dated 08/24/14 at 8:15 AM, revealed "This nurse informed resident was outside Churchill doors. CNA pushed resident in wheel chair back into facility.</p> | F 282  | <p>of elopement are addressed as far as monitoring &amp; reassessment of the interventions on a regular basis and that the Care Plans are being followed. The Quality Assurance Coordinator will conduct this audit. The audit will be conducted weekly times four weeks then monthly times 3 months then quarterly (Quarterly meaning every three months) maintaining 100 % compliance. This audit will be conducted as part of the facility's Quality Assurance Program.</p> | 9/16/2014            |   |

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| F 282  | <p>Continued From page 5</p> <p>Review of an Event Report, dated 08/24/14 at 8:15 AM, revealed Resident #2 was outside Churchill doors and a CNA brought him/her back into the facility via wheel chair. Record review revealed no documented evidence the facility provided one on one diversional activities or thirty (30) minute checks.</p> <p>Interview with CNA #3, on 09/03/14 at 7:00 AM, revealed she clocked out at 8:10 AM on Sunday, August 24th and was in her car leaving the parking lot when she noticed Resident #1 walking at the end of the sidewalk away from the end of the building by the West End dining room. She stated the resident was at the edge of the parking lot and Resident #2 was behind Resident #1 propelling his/herself in a wheel chair. She stated she beat on the main entrance doors to get someone's attention. CNA #3 revealed she did not hear an alarm sounding. She stated her shift ended at 8:00 AM and she did not leave until the breakfast meal was completed and the residents were served breakfast in their room so the West End dining room had not been utilized that morning.</p> <p>Interview with CNA #1, on 08/29/14 1:50 PM, revealed she was just finishing feeding a resident when she heard CNA #3 banging on the entrance door at the front of the building to get her attention on the morning of 08/24/14. CNA #1 ran to the nursing desk to inform RN #1 that two (2) residents were outside. CNA #1 revealed residents who normally ate in the West End dining room were provided room service for their breakfast on 08/24/14 due to a staff call in. She stated room service was usually completed by 8:30 AM and she recalled the CNAs were still passing trays when CNA #3 banged on the door</p> | F 282  |   |   |

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| F 282  | <p>Continued From page 6</p> <p>to get her attention. CNA #1 stated Resident #1 was always talking about leaving and went to all doors frequently and caused alarms to sound. She stated it took convincing to get Resident #1 back into the building as he/she stated he/she did not want to come back inside. CNA #1 revealed Resident #2 went all over the building in a wheel chair and would make statements of going home. He/she would sit by the doors talking to people as they came and went.</p> <p>Interview with Registered Nurse (RN) #1, on 08/29/14 at 1:15 PM, revealed on 08/24/14 a little after 8:00 AM, one of the CNAs came to the nursing station and notified her Resident #1 and #2 were found outside by CNA #3. RN #1 stated the West End dining room was to be locked when not in use and no there was no staff person present for supervision. She stated that door was not locked and no staff had been present there and she gave no explanation why the door was not locked. She revealed Resident #1 has periods of agitation and always wanted to go out. The agitation would get worse when he/she was talking about his/her truck and looking for the log. She stated sometimes when he/she gets so agitated there was no helping him/her and she has given the resident intra-muscular injections of Haldol. She stated she had talked to the staff on the morning of 08/24/14 and was told they did not see Resident #1 or #2 as they were feeding residents that required assistance with eating and it took about an hour to get everyone fed. She stated the "feeder" trays come out at 7:30 AM.</p> <p>Further interview with the DON, on 09/02/14 at 11:45 AM and 3:35 PM, revealed she was notified about 8:30 AM on 08/24/14 that Resident #1 and Resident #2 had exited the bulking without staff</p> | F 282  |   |                      |   |

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| F 282  | <p>Continued From page 7</p> <p>knowledge. The DON stated "nobody was going to own up to unlocking or not locking the entrance door". She revealed the nurses unlock the door and CNAs go into that dining room to obtain milk and ice for residents and no one had an answer as to why the entrance door was unlocked allowing access by residents so she "could not determine" who left the door unlocked, it could have been any CNA. The DON stated she "could not explain how the residents were supervised" when they had entered the unsupervised dining room on the West End of the building and exited the facility through the exit door without staff knowledge. She stated she did not determine when the residents were last seen prior to being found outside of the building without staff knowledge</p> <p>The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> <li>1. Resident (#1 and #2) were put on every thirty (30) minute watches for twenty four (24) hours per facility policy with no further attempts to exit the facility. RN #1 and RN #2 performed head to toe assessments on Residents #1 and #2 with no injuries identified. The entry door to the West End dining room door lock was replaced with an automatic lock mechanism on 08/24/14. A licensed electrician was called to the facility on 08/24/14 and corrected a mechanical failure. All exit doors from the facility on 08/24/14 were checked by the Maintenance Director and Social Services Director and determined to be functioning.</li> <li>2. The Administrator was inserviced by an outside consultant RN on 09/03/14 on the elopement policy statement and Risk Elopement</li> </ol> | F 282  |   |                      |   |

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| F 282  | <p>Continued From page 8</p> <p>Policy procedures and assessments. The Administrator was required to take a post test with 100% accuracy.</p> <p>3. The Inservice Coordinator was inserviced on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments by the Administrator on 09/03/14 and was required to complete a post test with 100% accuracy.</p> <p>4. The DON, Restorative Nurse, Business Office Manager, Human Resources Manager, Laundry Manager, Activities Director, Environmental Director, Maintenance Director, RAI Nurses, Dietary Manager, Medical Records Manager, PC Coordinator, Social Services Director was inserviced on 09/03/14 by the Inservice Coordinator on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments. A post test was required and completed with 100% accuracy.</p> <p>5. A mandatory on-site inservice on the Elopement Policy Statement and Risk Elopement Policy Procedures and assessments was completed on 09/03/14 and 09/04/14 for all other staff by the Inservice Coordinator. The Inservice also included the training of all staff that the hallway door leading into the West End dining room was locked at all times when not in use and can only be opened by a Charge Nurse for meal times and/or a Janitor in order to be cleaned. All staff was required to take a post test with 100% accuracy. Any staff who has not attended the Elopement Policy Statement and Risk Elopement Policy procedures and assessments inservice was taken off the schedule until it is completed. They will not work until they have attended the</p> | F 282  |   |                      |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>505 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754                    |                      |   |
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| F 282  | <p>Continued From page 9</p> <p>Inservice and passed the post test with 100% accuracy. This included Nurses, CMAs, Ward Clerks, Business Office personnel, Nurse Aides, Activities, Maintenance Department, Social Services, Receptionist, Environmental Services, Laundry Department, Maintenance Department, Dietary Department and Therapy Department.</p> <p>Orientation program will include inservice on the Elopement Policy Statement and Risk Elopement procedures and assessments by the Inservice Coordinator for all new employees before they are allowed to work. This includes any new hires or contract labor should they employ them. They must complete a post test with 100% accuracy before being allowed to work.</p> <p>6. All residents at risk for elopement were re-assessed by the DON on 08/26/14. The West End dining room exit door to the outside was checked for functioning of the locking mechanism by the Restorative Nurse on 09/03/14. All Janitors employed by the facility were trained by the Inservice Coordinator on 09/04/14 on proper procedure for checking door functioning and logging findings. A log was initiated and the door will be checked for functioning and effectiveness of the locking mechanism daily by the Janitor on duty and findings documented on the log. If any malfunctions are observed maintenance will be notified immediately and the Janitor will stay at the door until maintenance arrives. An audit of the log will be done by the Housekeeping Supervisor daily for fourteen (14) days of 100% compliance. Then weekly for four weeks until 100% compliance is met for four (4) consecutive weeks. Then monthly for three (3) months, then quarterly if 100% compliance is maintained. All logs and audits will be brought to the QAA</p> | F 282  |   |                      |   |

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| F 282  | <p>Continued From page 10</p> <p>meeting by the Housekeeping Supervisor and reviewed for any areas of concern.</p> <p>7. The hallway entry door into the West end dining room was checked for functioning and effectiveness of the automatic locking system by the Restorative Nurse on 09/03/14. A log will be kept related to the effectiveness and functioning of the automatic lock and will be documented on the same log as the exit door in the West End dining room. Any malfunctions observed will be reported to Maintenance immediately and the Janitor will stay at the door until Maintenance arrives. An audit of the log will be done by the Housekeeping Supervisor daily for fourteen (14) days of 100% compliance, then weekly for four (4) weeks until 100% compliance is met for four (4) consecutive weeks, then every month for three (3) months, then quarterly if 100% compliance is maintained. All logs and audits will be brought to the quarterly QAA meeting by the Housekeeping Supervisor and addressed for areas of concern.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. Observation on 09/11/14 at 10:45 AM, revealed the entrance door to the West End dining room was locked. A log book located in the dining room revealed signatures from Maintenance and Housekeeping staff that verified monitoring of the entrance and exit doors of the room. The log indicated the doors were being checked three (3) times daily for functioning of the exit door and the entrance door. The log gave indicators to include Maintenance being notified if a door was not functioning properly and if not was a staff member posted at the door to</p> | F 282  |   |                      |   |

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| F 282  | <p>Continued From page 11</p> <p>monitor any malfunctioning. The log was current and no malfunction had been identified. An audit form also verified the checks were being completed and documented on the log.</p> <p>4. and 5. On 09/11/14, inservice training was verified completed on 09/03/14 and 09/04/14. The inservices had been completed by all facility staff, except four (4) who were on Family Medical Leave Act (FMLA). The Inservice Coordinator was responsible to ensure the four (4) staff that had not received the inservice would have the inservice prior to being allowed to work and would have to take a post test. The Orientation Program will include the inservice on the Elopement Policy Statement and Risk Elopement Policy Procedures and Assessments by the Inservice Coordinator for any new employees before they are allowed to work.</p> <p>2. Interview with the Administrator on 09/03/14 at 10:45 AM revealed he had received inservicing on 09/03/14 by an outside consultant on the Elopement Policy Statement and Risk Elopement Policy Procedures and Assessments. He was required to take a post test with 100% accuracy.</p> <p>1 and 4. On 09/11/14 at 11:00 AM, the DON verified through interview that the door entering into the West End dining room was secured on 08/24/14 by replacing the existing lock with one that locks automatically. Repair was made to the exit door by an electrician. Inservicing was completed by the Inservice Coordinator on 09/03/14. Inservice training was on the Elopement Policy Procedures and Assessments which included residents identified at risk would have a plan of care developed and implemented to ensure their safety. She was inserviced on the</p> | F 282  |   |                      |   |

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| F 282  | <p>Continued From page 12</p> <p>Elopement Policy and the door checks implemented 09/03/14. She was required to pass a post test with 100% accuracy. The inservice also included that the entrance door from the hall into the West End dining room would remain locked at all times when not in use for meals or church services and only be opened by a Charge Nurse and/or a Janitor in order to be cleaned. A log was placed in the West End dining room and the door will be checked for functioning and effectiveness of the locking mechanism daily by the Janitor on duty and finding documented.</p> <p>4 and 7. Interview on 09/11/14 with the Restorative Nurse at 11:05 AM revealed she checked the doors on 09/03/14 and a log was initiated for daily checking for functioning of the automatic lock placed by the Janitor. She was inserviced on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments and was required to pass a post test with 100% accuracy. The Charge Nurses, Janitor and Housekeeping are the only staff with a key to the West End dining room.</p> <p>5 and 6. The Housekeeping Supervisor verified through interview on 09/11/14 at 11:10 AM that she had inservice training related to keeping the West End dining room locked at all times except when being used for meals or Church. Housekeeping, Maintenance and the Charge Nurses were the only staff with a key to unlock the entrance door to the dining room. She was inserviced on the facility's Elopement Policy to include reporting to the nurse if she saw any resident displaying exit seeking behaviors. She stated she was trained to check the door to ensure it was locked every day after meals and a log was used for documenting. After fourteen</p> | F 282  |   |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>806 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754                    |                      |   |
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| F 282  | <p>Continued From page 13</p> <p>(14) days, then weekly for four (4) weeks, then every month for three (3) months, then quarterly. All logs and audits will be taken to the QAA meeting by the Housekeeping Supervisor.</p> <p>5 and 6. On 09/11/14 at 11:20 AM Maintenance Staff #1, revealed he had received inservice training on the facility's Elopement Policy Statement and Risk Elopement Policy procedures and assessments and had to pass a post test with 100% accuracy. The doors will be checked daily by the Janitor and documented on a log. Housekeeping, Maintenance and Charge Nurses were the only staff that could unlock the entrance door to the West End dining room. If a malfunction was noted when checked, Maintenance would be notified immediately and the Janitor would stay with at the door until Maintenance arrived. Audits were also being done by Housekeeping.</p> <p>4. Interview with the Social Service Director on 09/11/14 at 11:25 AM revealed she had received inservicing from the Inservice Coordinator on 09/03/14 and was required to take a post test with 100% accuracy. The inservice included keeping the entrance door to the West End dining room locked except when in use and only Charge Nurses, Maintenance and Housekeeping had a key to unlock it. Monitors were in place to ensure the doors were locked daily and will continue for a few months. The facility Elopement Policy and Elopement Risk Assessment policy and Procedures Assessment were included in the inservice.</p> <p>3. On 09/11/14 at 11:30 AM LPN #3 revealed in interview that she had been provided inservice training on 09/03/14 by the Inservice Coordinator.</p> | F 282  |   |                      |   |

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| F 282  | <p>Continued From page 14</p> <p>The inservice included the Elopement Policy and the Elopement Risk Assessment Procedures. She stated only nurses, janitors and housekeeping had a key to unlock the door to the West End dining room and it was to remain locked all times when not in use for meals. She stated the Elopement Risk Assessment was completed when a resident exhibited exit seeking behaviors. The doors were being checked daily and documented on a log and the log was being audited by Housekeeping.</p> <p>5. Housekeeping Staff #1 revealed in interview on 09/11/14 that she had received inservicing by the Inservice Coordinator last week. She stated the inservice covered keeping the door to the West End dining room locked except when in use for meals. The Nurse, Maintenance and Housekeeping had a key to unlock it. Housekeepers work one night a week and after the evening meal, they were to ensure the entrance door was locked after the room was cleaned.</p> <p>5. Interview on 09/11/14 at 11:35 AM with the Social Service Assistant revealed she had received inservice training by the Inservice Coordinator on 09/03/14. The inservice covered the facility's Elopement Policy and the Elopement Risk Assessment Procedures. Residents at risk had care plan interventions implemented. The entrance door into the West End dining room from the hall was to be locked unless it was being utilized for meals or a church group. Maintenance was checking the doors in the room daily and Housekeeping was also checking to ensure the entrance door was locked. A log was being utilized to ensure verification documentation the doors were being checked.</p> | F 282  |   |   |

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| F 282  | <p>Continued From page 15</p> <p>5. LPN #3 revealed in interview on 09/11/14 at 11:40 AM that she had received inservice training by the Inservice Coordinator. The inservice included how the entrance and exit doors of the West End dining room were being monitored daily to ensure the locks and alarms were functional. A log was being kept to ensure documentation of the monitoring and an audit of the log was also being conducted. The West End dining room entrance door was to be locked at all times when not in use. Residents at risk for elopement behaviors were to have care plan interventions implemented to assure their safety.</p> <p>5. On 09/11/14 a 11:45 AM, Nurse Aide Student #1, revealed she had been provided inservice training by the Inservice Coordinator. The inservice covered keeping the West End dining room locked when not in use and checking to ensure the doors remained locked. Maintenance and Housekeeping were monitoring the doors daily and only Charge Nurses, Maintenance and Housekeeping had a key to unlock the dining room. Resident behaviors of exit seeking was to be reported to the nurse immediately.</p> <p>5. CNA #2 revealed in interview on 09/11/14 at 11:50 AM that she had been provided training in an inservice by the Inservice Coordinator. The facility's Elopement Policy and a risk assessment was covered in the inservice as well as keeping the door locked to the West End dining room. The doors were being monitored for functionality by Maintenance and Housekeeping. Charge Nurses, Maintenance and Housekeeping were the only staff that had keys to unlock the door to the dining room. Additionally, resident behaviors were to be reported to the nurse. CNA #2 took a</p> | F 282  |   |   |

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| F 282  | <p>Continued From page 16<br/>post test to confirm competency.</p> <p>5. An interview on 09/11/14 at 11:55 AM was conducted with CNA #4. She revealed the Inservice Coordinator provided inservicing on keeping the entrance door to the West End dining room locked at all times when not in use for meals and Maintenance, Housekeeping and the Charge Nurse had the only keys. Maintenance and Housekeeping were monitoring the doors daily to make sure alarms and locks were functioning. Residents with wandering behaviors were monitored and behaviors reported to the nurse.</p> <p>5. Interview with a Laundry Aide on 09/11/14 at 12:00 PM revealed the Inservice Coordinator gave an Inservice on 09/03/14 about keeping the West End dining room locked when not being used for meals. Maintenance and Housekeeping was monitoring the doors and keeping a log. A post test had to be completed with 100% accuracy. Maintenance, Housekeeping and the Charge Nurses had the only keys to the dining room. Residents were monitored for exit seeking and the nurse was to be informed of any of those type of behaviors.</p> <p>5. An interview conducted on 09/11/14 at 12:05 PM with CNA #5 revealed she had completed a post test with 100% after inservicing given on 09/03/14. The Inservice Coordinator provided the Inservice which included monitoring residents when displaying exit seeking and reporting to the nurse. Maintenance and Housekeeping was monitoring the doors to the West End dining room and noting it on a log. The doors were to remain locked at all times when the dining room was not in use and the keys to the dining room were kept</p> | F 282  |   |   |

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| F 282  | Continued From page 17 by the Charge Nurse, Maintenance and Housekeeping.<br><br>5. CNA #6 revealed in interview conducted on 09/11/14 at 12:10 PM, that she had received recent inservicing related to the doors of the West End dining room. She stated the doors remain locked at all times when not in use. The Charge Nurse, Maintenance and Housekeeping had the only keys to the entrance door which was changed to an automatic locking system. A log was being used to verify when Maintenance and Housekeeping checked the doors on a daily basis. Resident behaviors of wandering and exit seeking was to be reported to the nurse and interventions to address those behaviors was discussed. The inservice covered the Elopement Policy and Risk Assessment Policy. CNA #6 was required to pass a post test with 100% after the inservice. | F 282  |   |   |
| F 323<br>SS=J  | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, record review and review of the facility policy and procedures, it was determined the facility failed to ensure two (2) of six (6) sampled residents (Resident #1 and  | F 323  | F 323<br><br>Resident (#1 and #2) on 8-24-2014 were put on every 30 minute watches times 24 hours per facility policy with no further attempts to elope. A head to toe assessment was completed by the Charge Nurses, RN #1 and |   |

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| F 323  | <p>Continued From page 18</p> <p>Resident #2) received adequate supervision to prevent accidents. The facility failed to ensure the residents were supervised after being assessed and care planned as elopement risks due to attempts to exit the building unsupervised. The facility failed to ensure procedures were implemented related to keeping a dining room that was located at the West End of the facility and out of staffs' sight, secured. In addition, the facility failed to determine the root cause of the failure and failed to ensure all facility staff was re-educated as per the facility's policy after an actual elopement had occurred.</p> <p>On 08/24/14 at approximately 8:15 AM, Resident #1 and Resident #2 exited the building without staff knowledge. The residents entered an unlocked dining room door that was supposed to be locked when staff was not present and then proceeded to exit the building through the dining room exit door. The residents were found outside on the end of the sidewalk at the West End of the building by Certified Nursing Assistant #3 who was leaving work after her night shift. When staff investigated, it was determined the two (2) alarms on the exit door were not working and the door into the dining room from the hall was not locked per the facility policy and procedure. There was no evidence the facility had inserviced staff on the elopement.</p> <p>The facility's failure to provide supervision to prevent accidents has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 09/03/14 and determined to exist on 08/24/14. An acceptable Allegation of Compliance (AoC) was received on 09/09/14, and the State Survey Agency validated the Immediate Jeopardy was</p> | F 323  | <p>RN #2 on resident (#1 and #2) with no injuries identified. The door lock on the hallway entry door into Churchill Dining Room was replaced with an automatic lock mechanism on 8/24/14 by the Director of Maintenance. A licensed electrician was called in on 8/24/14 and identified that the exit door inside Churchill dining room had a mechanical failure and the problem was corrected immediately. All exit doors from the facility on 8/24/14 were checked by the Maintenance Director and Social Services Director and determined to be functioning correctly.</p> <p>All residents at risk for elopement were reassessed by Director of Nursing on</p> |                      |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>605 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754 |  |   |
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| F 323  | <p>Continued From page 19</p> <p>removed on 09/05/14, as alleged. The Scope and Severity was lowered to a "D" at CFR 483.20 Resident Assessment at F282, CFR 483.25 Quality of Care at F323 and CFR 483.75 Administration at F490, while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Elopement", not dated, revealed "Residents are comprehensively assessed for wandering/elopement risk in order to minimize the potential for eloping from the facility." The policy additionally revealed, "Re-education of staff is conducted following any actual elopement event to critique staff performance and to assure that any improvements to the facility protocol are known to all staff."</p> <p>Interview with the Director of Nursing (DON), on 09/02/14 at 11:45 AM, revealed there was no written policy to keep the West End dining room door secured by locking it, but the procedure to lock the door at all times when not in use, and no staff was present for supervision.</p> <p>1. Record review revealed the facility admitted Resident #1 on 03/31/13 with diagnoses which included Alzheimer's Disease, Dementia and Paralysis.</p> <p>Review of the Elopement Risk Assessment revealed, on 08/14/14, the facility assessed Resident #1 to be as at risk for elopement.</p> | F 323  | <p>8/25/2014 and no other issues were identified with any other residents. Charges Nurses on all shifts are supervising all staff to ensure care plans are followed. Hallway's entry door into Churchill and Churchill dining's exit door to outside have been checked for functioning and effectiveness of the locking mechanism by the Restorative Nurse on 9/3/14. All janitors employed by the facility were trained by In-service Coordinator on 9/4/14 on proper procedure for checking door functioning and logging findings. A log was placed next to the exit door inside Churchill Dining Room and the door will be checked for functioning and effectiveness of the locking mechanism</p> |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>805 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754 |  |   |
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| F 323  | <p>Continued From page 20</p> <p>Review of the Comprehensive Care Plan, "Need for supervision due to wandering and exit seeking behaviors", dated 05/20/14, revealed interventions which included for staff to monitor with increased anxiety, wandering and exit seeking behaviors and for staff to provide one on one or diversional activities as needed and every thirty (30) minute checks.</p> <p>Review of a Nursing Note entry, dated 08/24/14 at 8:15 AM, revealed "Resident becoming agitated, exit seeking and stating I'm a truck driver and I need to start my route. Very hard to redirect". The Nursing Note also revealed, "This nurse notified of resident being outside Church Hill doors (West End dining room). This nurse walked resident back down sidewalk to front entrance". Review of the Event Report, dated 08/24/14 at 8:30 AM, revealed Resident #1 was found on the sidewalk by Certified Nurse Aide (CNA) #3.</p> <p>2. Record review revealed the facility admitted Resident #2 on 10/08/12 with diagnoses which included Alzheimer's Disease, Anxiety and Bipolar Disorder.</p> <p>Review of the Elopement Risk Assessment revealed on 08/25/14, the facility assessed Resident #2 to be at risk.</p> <p>Review of the Comprehensive Care Plan, "Need for Supervision due to wandering and exit seeking behaviors", dated 07/15/14, revealed interventions which included for staff to monitor with increased anxiety, wandering and exit seeking behaviors and for staff to provide one on one or diversional activities as needed and every thirty (30) minute checks.</p> | F 323  | <p>daily and the automatic lock on the entry door to Churchill Dining by the janitor on duty and findings documented on the log. If any malfunctions are observed maintenance will be notified immediately and the janitor will stay at the door until maintenance arrives.</p> <p>The Administrator was In-serviced by an outside RN Consultant from KAHCF on 9/3/14 on the elopement policy statement and risk elopement policy procedures and assessments and the importance of care plans being followed. The Administrator was required to take a post test with 100 % accuracy which has been completed. The In-Service Coordinator has been In-</p> |   |

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| F 323  | Continued From page 21<br><br>Review of a Nursing Note, dated 08/24/14 at 8:15 AM revealed, "This nurse informed resident was outside Churchill doors. CNA pushed resident in wheel chair back into facility. Review of an Event Report, dated 08/24/14 at 8:15 AM, revealed Resident #2 was outside Churchill doors and a CNA brought him/her back into the facility via wheel chair".<br><br>Interview with CNA #3 on 09/03/14 at 7:00 AM revealed she had clocked out at 8:10 AM on Sunday, August 24th and was in her car leaving the parking lot when she noticed Resident #1 walking at the end of the sidewalk away from the end of the building by the West End dining room. She stated the resident and was at the edge of the parking lot, and she did not hear the alarm sounding. CNA #3 stated Resident #2 coming along behind Resident #1 propelling his/herself in a wheel chair. The CNA stated she beat on the main entrance doors to get someone's attention. Resident #1 told her at the time, "I've been trying for hours to get out of this place". She had no idea how long Resident #1 and Resident #2 were in the West End dining room before exiting the facility. CNA #3 stated Resident #1 had rested throughout the night and had gotten up after the day shift arrived (8:00 AM). Resident #2 did not say anything about his/her whereabouts and CNA #3 did not recall seeing Resident #2 before leaving at the end of her shift. She stated her shift ends at 8:00 AM and she didn't leave until the breakfast meal was completed. CNA #3 stated the residents were served breakfast per room service and the West End dining room had not been utilized that morning.<br><br>Interview with CNA #1, on 08/29/14 at 1:50 PM | F 323  | serviced on the elopement policy statement and risk elopement policy procedures and assessments and the importance of care plans being followed, by the Administrator, on 9/3/14. The In-service Coordinator was also required to take a post test with 100 % accuracy which has been completed. The Administrative Staff (Director of Nursing, Restorative Nurse, Business Office Manager, Human Resources Manager, Laundry Manager, Activities Director, Environmental Director, Maintenance Director, RAI Nurses, Dietary Manager, Medical Records Manager, PC Coordinator, Social Services Director) has been In-Serviced on 9/3/14 by In-service Coordinator on the |                      |   |

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| F 323  | <p>Continued From page 22</p> <p>revealed she was just finishing feeding a resident when she heard CNA #3 banging on the entrance door at the front of the building to get her attention on the morning of 08/24/14. CNA #1 ran to the nursing desk to inform Registered Nurse #1 that two (2) residents were outside. CNA #1 stated the residents who normally ate in the West End dining room were provided room service for their breakfast on 08/24/14 due to a staff call in. She stated room service was usually completed by 8:30 AM; she recalled the CNAs were still passing trays when CNA #3 banged on the door to get her attention. CNA #1 stated she did not hear an alarm. Further interview revealed CNA #1 stated Resident #1 was always talking about leaving and went to all the doors frequently and caused the alarms to sound. She stated it took convincing to get Resident #1 back into the building as he/she did not want to come back into the building and had stated that he/she did not want to come back inside. She revealed Resident #2 went all over the building in a wheel chair and would make statements of going home. He/she would sit by the doors talking to people as they came and went. Review of the clinical records revealed no documented evidence the facility provided diversional activities or one to one supervision for these residents prior to the elopement.</p> <p>Interview on 08/29/14 at 1:15 PM with Registered Nurse (RN) #1, revealed on 08/24/14 a little after 8:00 AM, one of the CNAs came to the nursing station and notified her Residents #1 and #2 were found outside by Certified Nurse Aide (CNA) #3. The residents were escorted back into the facility and assessed for injury with none found. A head count was conducted to determine if any other resident was missing and all were there. RN #1</p> | F 323  | <p>elopement policy statement and risk elopement policy procedures and assessments and the importance of the care plans being followed. The Administrative Staff was also required to take a post test with 100 % accuracy which all has been completed. A mandatory on-site in-service on the elopement policy statement and risk elopement policy procedures and assessments and the importance of care plans being followed was completed on 9/3/14 – 9/4/14 for all other staff by in-service coordinator (the in-service also included the training of all staff that the hallway door leading into Churchill was locked at all times when not in use and can only be opened by a</p> |                      |   |

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| F 323  | <p>Continued From page 23</p> <p>asked Resident #1 to show her how he/she left the building. RN #1 went to the West End dining room and found the entry door from the hall was unlocked. She pushed the exit door and exit door alarms did not sound, it "just opened like there was no connection". The key code alarm did not sound. Additionally, the pull away alarm also failed to sound. All other facility doors were checked for functionality and no other problems were identified. She stated the entrance door from the hall should have been locked and she could not explain why the door was unlocked as she and another nurse, RN #2, and the housekeeper were the only ones with a key. She revealed when the resident becomes agitated and starts talking about his/her truck he/she would go to the exit doors and push on them and cause the alarm to sound. She stated she would take him/her down to get a pop or something to eat.</p> <p>Interview with the Maintenance Director, on 08/29/14 at 4:40 PM, revealed he was notified on Sunday, August 24th about 8:30 AM that a door alarm had failed. He went to the facility and checked the door alarms of the West End dining room which worked at that time. He stated he thought the magnetic part of the alarm may have failed and the storms the night before might have affected it. Further interview revealed an electrician was called and did some type of repair on the key code alarm. He stated weekly checks were performed to verify functionality of the alarms and the security contractor had just completed a quarterly inspection of the alarmed doors on 08/19/14 with no issues identified.</p> <p>Further interview with the DON, on 09/02/14 at 11:45 AM and 3:35 PM, revealed she was</p> | F 323  | <p>charge nurse for meal times and/or a janitor in order to be cleaned. All other staff was required to take a post test with 100 % accuracy. Any staff that has not attended the elopement policy statement and risk elopement policy procedures and assessments and the importance of following the care plans in-service and took the post test has been taken off the schedule until it is completed. They will not be allowed to work until they have attended the in-service and passed the post test with 100 % accuracy. The in-service presented by the In-service Coordinator included Charge Nurses, CMAs, Ward Clerks, Business Office Personnel, Nurse Aides,</p> |                      |   |

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| F 323  | Continued From page 24<br>notified about 8:30 AM on 08/24/14 that Resident #1 and Resident #2 had exited the building without staff knowledge. She stated she instructed the nurse to complete an incident report and body audits. She said the staff had checked the doors and the exit door was not functioning and the entrance door had not been secured by locking. Further interview revealed the DON came to the facility along with the Social Service Director, the Administrator and the Maintenance Director. An electrician was called to repair the malfunctioning door. The DON stated her part of the investigation of the elopement incident was to ensure everything had been completed. She further stated she did not personally check to see if the West End dining room had been utilized that morning. Additionally, the DON stated nobody was "going to own up to unlocking or not locking the entrance door". She revealed the nurses unlock the door and CNAs go into that dining room to obtain milk and ice for residents. She further stated no one had an answer to why the entrance door was unlocked allowing residents access, so she "could not determine" who left the door unlocked, it could have been any CNA. The DON stated she "could not explain how the residents were supervised" when they had entered the unsupervised dining room on the West End of the building and exited the facility through the exit door without staff knowledge. She stated she did not determine when the residents were last seen prior to being found outside of the building without staff knowledge. Additionally, the DON additionally stated the entrance door lock was going to be changed to an automatic lock; however, she "did not know if they did".<br><br>Further interview with the DON, revealed a | F 323  | Activities, Maintenance Department, Social Services, Receptionist, Environmental Services Department, Laundry Department, Maintenance Department, Dietary Department & Therapy. The Orientation program for new employees will include an in-service on the elopement policy statement and risk elopement policy procedures and assessments and the importance of following the care plans by the In-service Coordinator before they are allowed work. This includes contract labor should we employ them. This facility does not use agency staff. Should we choose to employ agency staff, they will be in-serviced on the elopement policy. |                      |   |

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| F 323  | <p>Continued From page 26</p> <p>message was left via a phone recording system (all call system) to the nurses to make sure the door was locked. The DON stated there was no re-education provided to staff specific to the actual elopement event per the facility's policy and procedure.</p> <p>Interview with the Social Service Director (SSD), on 08/29/14 at 12:45 PM and 3:50 PM, revealed she had been notified on 08/24/14 sometime in the morning that there had been an elopement. She stated the residents had exited the West End dining room and staff had not observed them exiting. The SSD revealed she went to the facility and when she checked the exit door the alarms sounded but when RN #1 had checked it, the alarms did not sound. She stated she talked with Resident #1 who told her he/she went out the door and Resident #2 followed. The SSD revealed Resident #1 was agitated when she spoke with him/her and the resident exit seeks, walks around, asks where his/her truck is and says he/she has to make pay load and goes door to door and occasionally sets the alarms off. She stated when she asked staff what time the residents were last observed she was told Resident #1 was seen on the hall prior to exiting the building and had been agitated and exit seeking at the time.</p> <p>Interview with the In-service Coordinator, on 09/03/14 at 8:50 AM, revealed she had not provided any in-service or re-education to staff related to the actual elopement that had occurred on 08/24/14. She revealed she just started to in-service staff that morning (09/03/14) because she had not been instructed to do so until this date.</p> | F 323  | <p>New hires and contract labor must complete a post test with a score of 100 % accuracy before they are allowed to work. They will not be allowed to work in any department unless they have passed the elopement test with 100 % accuracy.</p> <p>The logs for Churchill entry and exit doors will be audited by the House Keeping Supervisor daily for fourteen days of 100 % compliance. Then weekly for four weeks until 100 % compliance is met for four consecutive weeks. Then monthly for three months, then quarterly (Quarterly meaning every three months) if 100% Compliance is maintained. If noncompliance is found by any individual at any time</p> |                      |   |

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| F 323  | <p>Continued From page 26</p> <p>Interview with the Administrator, on 08/29/14 at 11:00 AM, revealed he was notified of Resident #1 and Resident #2 exiting the facility without staff knowledge on 08/24/14 about 8:30 AM. He stated the residents had exited the facility through the exit door in the dining room off the West End of the building. The Administrator stated during interview on 09/03/14 at 2:45 PM, "At that moment the residents were not supervised, what else can I say".</p> <p>The facility implemented the following actions to remove the immediate jeopardy:</p> <ol style="list-style-type: none"> <li>1. Resident (#1 and #2) were put on every thirty (30) minute watches for twenty four (24) hours per facility policy with no further attempts to exit the facility. RN #1 and RN #2 performed head to toe assessments on Residents #1 and #2 with no injuries identified. The entry door to the West End dining room door lock was replaced with an automatic lock mechanism on 08/24/14. A licensed electrician was called to the facility on 08/24/14 and corrected a mechanical failure. All exit doors from the facility on 08/24/14 were checked by the Maintenance Director and Social Services Director and determined to be functioning.</li> <li>2. The Administrator was inserviced by an outside consultant RN on 09/03/14 on the elopement policy statement and Risk Elopement Policy procedures and assessments. The Administrator was required to take a post test with 100% accuracy.</li> <li>3. The inservice Coordinator was inserviced on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments</li> </ol> | F 323  | <p>the audit process will automatically start over with the daily audits. All logs and audits will be brought to the Quarterly Quality Assurance meeting by the House Keeping Supervisor and reviewed for any areas of concern. Charge Nurses supervise and monitor all staff to see that care plans are followed. The Quality Assurance Coordinator started an audit that monitors written disciplinary actions for all staff for not following care plans. The Quality Assurance Coordinator will report directly to the Administrator any failure to follow care plans but just as important the audit will monitor Charge Nurse that fails to issue any disciplinary action for not following the care plans by</p> |                      |   |

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| F 323  | Continued From page 27<br>by the Administrator on 09/03/14 and was required to complete a post test with 100% accuracy.<br><br>4. The DON, Restorative Nurse, Business Office Manager, Human Resources Manager, Laundry Manager, Activities Director, Environmental Director, Maintenance Director, RAI Nurses, Dietary Manager, Medical Records Manager, PC Coordinator, Social Services Director was inservice on 09/03/14 by the Inservice Coordinator on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments. A post test was required and completed with 100% accuracy.<br><br>5. A mandatory on-site inservice on the Elopement Policy Statement and Risk Elopement Policy Procedures and assessments was completed on 09/03/14 and 09/04/14 for all other staff by the Inservice Coordinator. The inservice also included the training of all staff that the hallway door leading into the West End dining room was locked at all times when not in use and can only be opened by a Charge Nurse for meal times and/or a Janitor in order to be cleaned. All staff was required to take a post test with 100% accuracy. Any staff who has not attended the Elopement Policy Statement and Risk Elopement Policy procedures and assessments inservice was taken off the schedule until it is completed. They will not work until they have attended the inservice and passed the post test with 100% accuracy. This included Nurses, CMAs, Ward Clerks, Business Office personnel, Nurse Aides, Activities, Maintenance Department, Social Services, Receptionist, Environmental Services, Laundry Department, Maintenance Department, Dietary Department and Therapy Department. | F 323  | staff. This audit will be a continual audit done on a weekly basis. This audit will be a part of the facility's Quality Assurance program. | 9/16/2014            |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>605 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754                    |                      |   |
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| F 323  | Continued From page 28<br><br>Orientation program will include inservice on the Elopement Policy Statement and Risk Elopement procedures and assessments by the Inservice Coordinator for all new employees before they are allowed to work. This includes any new hires or contract labor should they employ them. They must complete a post test with 100% accuracy before being allowed to work.<br><br>6. All residents at risk for elopement were re-assessed by the DON on 08/25/14. The West End dining room exit door to the outside was checked for functioning of the locking mechanism by the Restorative Nurse on 09/03/14. All Janitors employed by the facility were trained by the Inservice Coordinator on 09/04/14 on proper procedure for checking door functioning and logging findings. A log was initiated and the door will be checked for functioning and effectiveness of the locking mechanism daily by the Janitor on duty and findings documented on the log. If any malfunctions are observed maintenance will be notified immediately and the Janitor will stay at the door until maintenance arrives. An audit of the log will be done by the Housekeeping Supervisor daily for fourteen (14) days of 100% compliance. Then weekly for four weeks until 100% compliance is met for four (4) consecutive weeks. Then monthly for three (3) months, then quarterly if 100% compliance is maintained. All logs and audits will be brought to the QAA meeting by the Housekeeping Supervisor and reviewed for any areas of concern.<br><br>7. The hallway entry door into the West end dining room was checked for functioning and effectiveness of the automatic locking system by the Restorative Nurse on 09/03/14. A log will be | F 323  |   |                      |   |

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| F 323  | <p>Continued From page 29</p> <p>kept related to the effectiveness and functioning of the automatic lock and will be documented on the same log as the exit door in the West End dining room. Any malfunctions observed will be reported to Maintenance immediately and the Janitor will stay at the door until Maintenance arrives. An audit of the log will be done by the Housekeeping Supervisor daily for fourteen (14) days of 100% compliance, then weekly for four (4) weeks until 100% compliance is met for four (4) consecutive weeks, then every month for three (3) months, then quarterly if 100% compliance is maintained. All logs and audits will be brought to the quarterly QAA meeting by the Housekeeping Supervisor and addressed for areas of concern.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. Observation on 09/11/14 at 10:45 AM, revealed the entrance door to the West End dining room was locked. A log book located in the dining room revealed signatures from Maintenance and Housekeeping staff that verified monitoring of the entrance and exit doors of the room. The log indicated the doors were being checked three (3) times daily for functioning of the exit door and the entrance door. The log gave indicators to include Maintenance being notified if a door was not functioning properly and if not was a staff member posted at the door to monitor any malfunctioning. The log was current and no malfunction had been identified. An audit form also verified the checks were being completed and documented on the log.</p> <p>4. and 5. On 09/11/14, inservice training was verified completed on 09/03/14 and 09/04/14.</p> | F 323  |   |                      |   |

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| F 323  | <p>Continued From page 30</p> <p>The inservices had been completed by all facility staff, except four (4) who were on Family Medical Leave Act (FMLA). The Inservice Coordinator was responsible to ensure the four (4) staff that had not received the inservice would have the inservice prior to being allowed to work and would have to take a post test. The Orientation Program will include the inservice on the Elopement Policy Statement and Risk Elopement Policy Procedures and Assessments by the Inservice Coordinator for any new employees before they are allowed to work.</p> <p>2. Interview with the Administrator on 09/03/14 at 10:45 AM revealed he had received inservicing on 09/03/14 by an outside consultant on the Elopement Policy Statement and Risk Elopement Policy Procedures and Assessments. He was required to take a post test with 100% accuracy.</p> <p>1 and 4. On 09/11/14 at 11:00 AM, the DON verified through interview that the door entering into the West End dining room was secured on 08/24/14 by replacing the existing lock with one that locks automatically. Repair was made to the exit door by an electrician. Inservicing was completed by the Inservice Coordinator on 09/03/14. Inservice training was on the Elopement Policy Procedures and Assessments which included residents identified at risk would have a plan of care developed and implemented to ensure their safety. She was inserviced on the Elopement Policy and the door checks implemented 09/03/14. She was required to pass a post test with 100% accuracy. The inservice also included that the entrance door from the hall into the West End dining room would remain locked at all times when not in use for meals or church services and only be opened by a Charge</p> | F 323  |   |                      |   |

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| F 323  | <p>Continued From page 31</p> <p>Nurse and/or a Janitor in order to be cleaned. A log was placed in the West End dining room and the door will be checked for functioning and effectiveness of the locking mechanism daily by the Janitor on duty and finding documented.</p> <p>4 and 7. Interview on 09/11/14 with the Restorative Nurse at 11:05 AM revealed she checked the doors on 09/03/14 and a log was initiated for daily checking for functioning of the automatic lock placed by the Janitor. She was inserviced on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments and was required to pass a post test with 100% accuracy. The Charge Nurses, Janitor and Housekeeping are the only staff with a key to the West End dining room.</p> <p>5 and 6. The Housekeeping Supervisor verified through interview on 09/11/14 at 11:10 AM that she had inservice training related to keeping the West End dining room locked at all times except when being used for meals or Church. Housekeeping, Maintenance and the Charge Nurses were the only staff with a key to unlock the entrance door to the dining room. She was inserviced on the facility's Elopement Policy to include reporting to the nurse if she saw any resident displaying exit seeking behaviors. She stated she was trained to check the door to ensure it was locked every day after meals and a log was used for documenting. After fourteen (14) days, then weekly for four (4) weeks, then every month for three (3) months, then quarterly. All logs and audits will be taken to the QAA meeting by the Housekeeping Supervisor.</p> <p>5 and 6. On 09/11/14 at 11:20 AM Maintenance Staff #1, revealed he had received inservice</p> | F 323  |   |                      |   |

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| F 323  | <p>Continued From page 32</p> <p>training on the facility's Elopement Policy Statement and Risk Elopement Policy procedures and assessments and had to pass a post test with 100% accuracy. The doors will be checked daily by the Janitor and documented on a log. Housekeeping, Maintenance and Charge Nurses were the only staff that could unlock the entrance door to the West End dining room. If a malfunction was noted when checked, Maintenance would be notified immediately and the Janitor would stay with at the door until Maintenance arrived. Audits were also being done by Housekeeping.</p> <p>4. Interview with the Social Service Director on 09/11/14 at 11:25 AM revealed she had received inservice from the Inservice Coordinator on 09/03/14 and was required to take a post test with 100% accuracy. The Inservice included keeping the entrance door to the West End dining room locked except when in use and only Charge Nurses, Maintenance and Housekeeping had a key to unlock it. Monitors were in place to ensure the doors were locked daily and will continue for a few months. The facility Elopement Policy and Elopement Risk Assessment policy and Procedures Assessment were included in the inservice.</p> <p>3. On 09/11/14 at 11:30 AM LPN #3 revealed in interview that she had been provided Inservice training on 09/03/14 by the Inservice Coordinator. The inservice included the Elopement Policy and the Elopement Risk Assessment Procedures. She stated only nurses, janitors and housekeeping had a key to unlock the door to the West End dining room and it was to remain locked all times when not in use for meals. She stated the Elopement Risk Assessment was</p> | F 323  |   |   |

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| F 323  | <p>Continued From page 33</p> <p>completed when a resident exhibited exit seeking behaviors. The doors were being checked daily and documented on a log and the log was being audited by Housekeeping.</p> <p>5. Housekeeping Staff #1 revealed in interview on 09/11/14 that she had received inservice by the Inservice Coordinator last week. She stated the inservice covered keeping the door to the West End dining room locked except when in use for meals. The Nurse, Maintenance and Housekeeping had a key to unlock it. Housekeepers work one night a week and after the evening meal, they were to ensure the entrance door was locked after the room was cleaned.</p> <p>5. Interview on 09/11/14 at 11:35 AM with the Social Service Assistant revealed she had received inservice training by the Inservice Coordinator on 08/03/14. The inservice covered the facility's Elopement Policy and the Elopement Risk Assessment Procedures. Residents at risk had care plan interventions implemented. The entrance door into the West End dining room from the hall was to be locked unless it was being utilized for meals or a church group. Maintenance was checking the doors in the room daily and Housekeeping was also checking to ensure the entrance door was locked. A log was being utilized to ensure verification documentation the doors were being checked.</p> <p>5. LPN #3 revealed in interview on 09/11/14 at 11:40 AM that she had received inservice training by the Inservice Coordinator. The inservice included how the entrance and exit doors of the West End dining room were being monitored daily to ensure the locks and alarms were functional.</p> | F 323  |   |   |

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| F 323  | <p>Continued From page 34</p> <p>A log was being kept to ensure documentation of the monitoring and an audit of the log was also being conducted. The West End dining room entrance door was to be locked at all times when not in use. Residents at risk for elopement behaviors were to have care plan interventions implemented to assure their safety.</p> <p>5. On 09/11/14 a 11:45 AM, Nurse Aide Student #1, revealed she had been provided inservice training by the Inservice Coordinator. The inservice covered keeping the West End dining room locked when not in use and checking to ensure the doors remained locked. Maintenance and Housekeeping were monitoring the doors daily and only Charge Nurses, Maintenance and Housekeeping had a key to unlock the dining room. Resident behaviors of exit seeking was to be reported to the nurse immediately.</p> <p>5. CNA #2 revealed in interview on 09/11/14 at 11:50 AM that she had been provided training in an inservice by the Inservice Coordinator. The facility's Elopement Policy and a risk assessment was covered in the inservice as well as keeping the door locked to the West End dining room. The doors were being monitored for functionality by Maintenance and Housekeeping. Charge Nurses, Maintenance and Housekeeping were the only staff that had keys to unlock the door to the dining room. Additionally, resident behaviors were to be reported to the nurse. CNA #2 took a post test to confirm competency.</p> <p>5. An interview on 09/11/14 at 11:55 AM was conducted with CNA #4. She revealed the Inservice Coordinator provided inservicing on keeping the entrance door to the West End dining room locked at all times when not in use for</p> | F 323  |   |                      |   |

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| F 323  | <p>Continued From page 35</p> <p>meals and Maintenance, Housekeeping and the Charge Nurse had the only keys. Maintenance and Housekeeping were monitoring the doors daily to make sure alarms and locks were functioning. Residents with wandering behaviors were monitored and behaviors reported to the nurse.</p> <p>6. Interview with a Laundry Aide on 09/11/14 at 12:00 PM revealed the Inservice Coordinator gave an inservice on 09/03/14 about keeping the West End dining room locked when not being used for meals. Maintenance and Housekeeping was monitoring the doors and keeping a log. A post test had to be completed with 100% accuracy. Maintenance, Housekeeping and the Charge Nurses had the only keys to the dining room. Residents were monitored for exit seeking and the nurse was to be informed of any of those type of behaviors.</p> <p>5. An interview conducted on 09/11/14 at 12:05 PM with CNA #5 revealed she had completed a post test with 100% after inservicing given on 09/03/14. The Inservice Coordinator provided the inservice which included monitoring residents when displaying exit seeking and reporting to the nurse. Maintenance and Housekeeping was monitoring the doors to the West End dining room and noting it on a log. The doors were to remain locked at all times when the dining room was not in use and the keys to the dining room were kept by the Charge Nurse, Maintenance and Housekeeping.</p> <p>5. CNA #6 revealed in interview conducted on 09/11/14 at 12:10 PM, that she had received recent inservicing related to the doors of the West End dining room. She stated the doors remain</p> | F 323  |   |                      |   |

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| F 323  | Continued From page 36<br>locked at all times when not in use. The Charge Nurse, Maintenance and Housekeeping had the only keys to the entrance door which was changed to an automatic locking system. A log was being used to verify when Maintenance and Housekeeping checked the doors on a daily basis. Resident behaviors of wandering and exit seeking was to be reported to the nurse and interventions to address those behaviors was discussed. The inservice covered the Elopement Policy and Risk Assessment Policy. CNA #6 was required to pass a post test with 100% after the inservice.  | F 323  |  |                      |   |
| F 490<br>SS=J  | 483.75 EFFECTIVE<br>ADMINISTRATION/RESIDENT WELL-BEING<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview, record review and review of the Administrator Position Description and the facility's policy and procedures, it was determined the facility failed to be administered in 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 two (2) of six (6) sampled residents (Resident #1 and Resident #2). The facility failed to ensure staff were reeducated after Resident #1 and Resident #2 eloped from the facility per the facility's policy and procedure. | F 490  | F 490<br><br>Resident (#1 and #2) on 8-24-2014 were put on every 30 minute watches times 24 hours per facility policy with no further attempts to elope. A head to toe assessment was completed by the Charge Nurses, RN #1 and RN #2 on resident (#1 and #2) with no injuries identified. |                      |   |

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| F 490  | Continued From page 37<br><br>Resident #1 and Resident #2, who were assessed and care planned as elopement risks, exited the building without staff knowledge on 08/24/14 at approximately 8:15 AM. Resident #1 and Resident #2 entered the dining room at the West End of the building through an unlocked door, then proceeded to exit through the exit door to the outside without the two (2) alarms on the door sounding. The residents were found outside by Certified Nurse Aide (CNA) #3 who was leaving work. The facility's policy, to re-educate staff after the elopement, was not implemented until 09/03/14, ten (10) days later.<br><br>The facility's failure to ensure the facility was administered in a manner that enabled it to use its resources effectively and efficiently caused or was likely to cause serious injury, harm, impairment or death of a resident. Immediate Jeopardy was identified 09/03/14 and determined to exist on 08/24/14. An acceptable Allegation of Compliance (AoC) was received on 09/09/14, and the State Survey Agency validated the Immediate Jeopardy was removed on 09/05/14, as alleged. The Scope and Severity was lowered to a "D" at CFR 483.20 Resident Assessment at F282, CFR 483.25 Quality of Care at F323 and CFR 483.75 Administration at F490, while the facility develops and implements the Plan of Correction (POC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.<br><br>The findings include:<br><br>Review of the Administrator's job description and performance standards revealed: Purpose of this position: "The purpose of this position is to | F 490  | The door lock on the hallway entry door into Churchill Dining Room was replaced with an automatic lock mechanism on 8/24/14 by the Director of Maintenance. A licensed electrician was called in on 8/24/14 and identified that the exit door inside Churchill dining room had a mechanical failure and the problem was corrected immediately. All exit doors from the facility on 8/24/14 were checked by the Maintenance Director and Social Services Director and determined to be functioning correctly.<br><br>All residents at risk for elopement were reassessed by Director of Nursing on 8/25/2014. Hallway's entry door into Churchill and |                      |   |

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| (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  | <p>Continued From page 38</p> <p>establish and maintain systems that are effective and efficient to operate the facility in a manner to safely meet residents' needs in compliance with Federal, State and local requirements. To establish and maintain systems that are effective and efficient to operate the facility in a financially sound manner".</p> <p>Review of the facility policy titled "Elopement", not dated, revealed "Residents are comprehensively assessed for wandering/elopement risk in order to minimize the potential for eloping from the facility". The policy additionally revealed, "Re-education of staff is conducted following any actual elopement event to critique staff performance and to assure that any improvements to the facility protocol are known to all staff".</p> <p>1. Record review revealed the facility admitted Resident #1 on 03/31/13 with diagnoses which included Alzheimer's Disease, Dementia and Paralysis Agitans. Review of a Nursing Note, dated 08/24/14 at 8:15 AM, revealed "Resident becoming agitated, exit seeking and stating I'm a truck driver and I need to start my route. Very hard to redirect". The Nursing Note also revealed "This nurse notified of resident being outside Church Hill doors (West end dining room).</p> <p>2. Record review revealed the facility admitted Resident #2 on 10/08/12 with diagnoses which included Alzheimer's Disease, Anxiety and Bipolar Disorder. Review of a Nurse's Note, dated 08/24/14 at 8:15 AM revealed, "This nurse informed resident was outside Churchill doors. CNA pushed resident in wheel chair back into facility".</p> | F 490  | <p>Churchill dining's exit door to outside have been checked for functioning and effectiveness of the locking mechanism by the Restorative Nurse on 9/3/14. All janitors employed by the facility were trained by In-service Coordinator on 9/4/14 on proper procedure for checking door functioning and logging findings. A log was placed next to the exit door inside Churchill Dining Room and the door will be checked for functioning and effectiveness of the locking mechanism daily and the automatic lock on the entry door to Churchill Dining by the janitor on duty and findings documented on the log. If any malfunctions are observed maintenance will be notified immediately</p> |                      |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>605 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754  |                      |   |
| (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  | <p>Continued From page 39</p> <p>Interview with the In-service Coordinator, on 09/03/14 at 8:50 AM, revealed there had been no reeducation of staff related to the elopement on 08/24/14. She stated she started reeducating the staff this morning (09/03/14) because she had not been instructed to do so until this date.</p> <p>Interview with the Administrator on 08/29/14 at 11:00 AM revealed he was notified of Resident #1 and Resident #2 exiting the facility without staff knowledge on 08/24/14 about 8:30 AM. The Administrator stated the door entering the West End dining room was not locked and should have been. Resident #1 and #2 had entered the unsupervised dining room from the hall and exited out of the facility through the exit door and the key code alarm and the pull away alarm failed.</p> <p>A Post Survey Interview, on 09/15/14 at 4:45 PM, revealed he had no system in place to ensure the staff was educated after an elopement per the facility's policy and procedure.</p> <p>The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>1. Resident (#1 and #2) were put on every thirty (30) minute watches for twenty four (24) hours per facility policy with no further attempts to exit the facility. RN #1 and RN #2 performed head to toe assessments on Residents #1 and #2 with no injuries identified. The entry door to the West End dining room door lock was replaced with an automatic lock mechanism on 08/24/14. A licensed electrician was called to the facility on 08/24/14 and corrected a mechanical failure. All exit doors from the facility on 08/24/14 were checked by the Maintenance Director and Social</p> | F 490  | <p>and the janitor will stay at the door until maintenance arrives.</p> <p>The Administrator was In-serviced by an outside RN Consultant from KAHCF on 9/3/14 on the elopement policy statement and risk elopement policy procedures and assessments. The Administrator was required to take a post test with 100 % accuracy which has been completed. The In-Service Coordinator has been In-serviced on the elopement policy statement and risk elopement policy procedures and assessments by the Administrator, on 9/3/14. The In-service Coordinator was also required to take a post test</p> |                      |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>605 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42764   |   |
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| F 490  | <p>Continued From page 40</p> <p>Services Director and determined to be functioning.</p> <p>2. The Administrator was inserviced by an outside consultant RN on 09/03/14 on the elopement policy statement and Risk Elopement Policy procedures and assessments. The Administrator was required to take a post test with 100% accuracy.</p> <p>3. The Inservice Coordinator was inserviced on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments by the Administrator on 09/03/14 and was required to complete a post test with 100% accuracy.</p> <p>4. The DON, Restorative Nurse, Business Office Manager, Human Resources Manager, Laundry Manager, Activities Director, Environmental Director, Maintenance Director, RAI Nurses, Dietary Manager, Medical Records Manager, PC Coordinator, Social Services Director was inserviced on 09/03/14 by the Inservice Coordinator on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments. A post test was required and completed with 100% accuracy.</p> <p>5. A mandatory on-site inservice on the Elopement Policy Statement and Risk Elopement Policy Procedures and assessments was completed on 09/03/14 and 09/04/14 for all other staff by the Inservice Coordinator. The inservice also included the training of all staff that the hallway door leading into the West End dining room was locked at all times when not in use and can only be opened by a Charge Nurse for meal times and/or a Janitor in order to be cleaned. All</p> | F 490  | <p>with 100 % accuracy which has been completed. The Administrative Staff (Director of Nursing, Restorative Nurse, Business Office Manager, Human Resources Manager, Laundry Manager, Activities Director, Environmental Director, Maintenance Director, RAI Nurses, Dietary Manager, Medical Records Manager, PC Coordinator, Social Services Director) has been In-Serviced on 9/3/14 by In-service Coordinator on the elopement policy statement and risk elopement policy procedures and assessments. The Administrative Staff was also required to take a post test with 100 % accuracy which all has been completed. A mandatory on-site in-service on the</p> |   |

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| F 490  | <p>Continued From page 41</p> <p>staff was required to take a post test with 100% accuracy. Any staff who has not attended the Elopement Policy Statement and Risk Elopement Policy procedures and assessments inservice was taken off the schedule until it is completed. They will not work until they have attended the inservice and passed the post test with 100% accuracy. This included Nurses, CMAs, Ward Clerks, Business Office personnel, Nurse Aides, Activities, Maintenance Department, Social Services, Receptionist, Environmental Services, Laundry Department, Maintenance Department, Dietary Department and Therapy Department.</p> <p>Orientation program will include inservice on the Elopement Policy Statement and Risk Elopement procedures and assessments by the inservice Coordinator for all new employees before they are allowed to work. This includes any new hires or contract labor should they employ them. They must complete a post test with 100% accuracy before being allowed to work.</p> <p>6. All residents at risk for elopement were re-assessed by the DON on 08/25/14. The West End dining room exit door to the outside was checked for functioning of the locking mechanism by the Restorative Nurse on 09/03/14. All Janitors employed by the facility were trained by the inservice Coordinator on 09/04/14 on proper procedure for checking door functioning and logging findings. A log was initiated and the door will be checked for functioning and effectiveness of the locking mechanism daily by the Janitor on duty and findings documented on the log. If any malfunctions are observed maintenance will be notified immediately and the Janitor will stay at the door until maintenance arrives. An audit of the log will be done by the Housekeeping</p> | F 490  | <p>elopement policy statement and risk elopement policy procedures and assessments was completed on 9/3/14 – 9/4/14 for all other staff by in-service coordinator (the in-service also included the training of all staff that the hallway door leading into Churchill was locked at all times when not in use and can only be opened by a charge nurse for meal times and/or a janitor in order to be cleaned. All other staff was required to take a post test with 100 % accuracy. Any staff that has not attended the elopement policy statement and risk elopement policy procedures and assessments in-service and took the post test has been taken off the schedule until it is completed.</p> |                      |   |

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| F 490  | <p>Continued From page 42</p> <p>Supervisor daily for fourteen (14) days of 100% compliance. Then weekly for four weeks until 100% compliance is met for four (4) consecutive weeks. Then monthly for three (3) months, then quarterly if 100% compliance is maintained. All logs and audits will be brought to the QAA meeting by the Housekeeping Supervisor and reviewed for any areas of concern.</p> <p>7. The hallway entry door into the West end dining room was checked for functioning and effectiveness of the automatic locking system by the Restorative Nurse on 09/03/14. A log will be kept related to the effectiveness and functioning of the automatic lock and will be documented on the same log as the exit door in the West End dining room. Any malfunctions observed will be reported to Maintenance immediately and the Janitor will stay at the door until Maintenance arrives. An audit of the log will be done by the Housekeeping Supervisor daily for fourteen (14) days of 100% compliance, then weekly for four (4) weeks until 100% compliance is met for four (4) consecutive weeks, then every month for three (3) months, then quarterly if 100% compliance is maintained. All logs and audits will be brought to the quarterly QAA meeting by the Housekeeping Supervisor and addressed for areas of concern.</p> <p>The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. Observation on 09/11/14 at 10:45 AM, revealed the entrance door to the West End dining room was locked. A log book located in the dining room revealed signatures from Maintenance and Housekeeping staff that verified monitoring of the entrance and exit doors of the</p> | F 490  | <p>They will not be allowed to work until they have attended the in-service and passed the post test with 100 % accuracy. The in-service presented by the In-service Coordinator included Charge Nurses, CMAs, Ward Clerks, Business Office Personnel, Nurse Aides, Activities, Maintenance Department, Social Services, Receptionist, Environmental Services Department, Laundry Department, Maintenance Department, Dietary Department &amp; Therapy. The Orientation program for new employees will include an in-service on the elopement policy statement and risk elopement policy procedures and assessments by the In-service Coordinator</p> |                      |   |

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| F 490  | <p>Continued From page 43</p> <p>room. The log indicated the doors were being checked three (3) times daily for functioning of the exit door and the entrance door. The log gave indicators to include Maintenance being notified if a door was not functioning properly and if not was a staff member posted at the door to monitor any malfunctioning. The log was current and no malfunction had been identified. An audit form also verified the checks were being completed and documented on the log.</p> <p>4. and 5. On 09/11/14, inservice training was verified completed on 09/03/14 and 09/04/14. The inservices had been completed by all facility staff, except four (4) who were on Family Medical Leave Act (FMLA). The Inservice Coordinator was responsible to ensure the four (4) staff that had not received the inservice would have the inservice prior to being allowed to work and would have to take a post test. The Orientation Program will include the inservice on the Elopement Policy Statement and Risk Elopement Policy Procedures and Assessments by the Inservice Coordinator for any new employees before they are allowed to work.</p> <p>2. Interview with the Administrator on 09/03/14 at 10:45 AM revealed he had received inservicing on 09/03/14 by an outside consultant on the Elopement Policy Statement and Risk Elopement Policy Procedures and Assessments. He was required to take a post test with 100% accuracy.</p> <p>1 and 4. On 09/11/14 at 11:00 AM, the DON verified through Interview that the door entering into the West End dining room was secured on 08/24/14 by replacing the existing lock with one that locks automatically. Repair was made to the exit door by an electrician. Inservicing was</p> | F 490  | <p>before they are allowed work. This includes contract labor should we employ them. This facility does not use agency staff. Should we choose to employ agency staff, they will be in-serviced on the elopement policy. New hires and contract labor must complete a post test with a score of 100 % accuracy before they are allowed to work. They will not be allowed to work in any department unless they have passed the elopement test with 100 % accuracy. The "Event Report" has been changed on 9-15-2014 to include a note by the administrator's signature line that states "the administrator's signature indicates completion of the event form and the</p> |                      |   |

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| F 490  | <p>Continued From page 44</p> <p>completed by the Inservice Coordinator on 09/03/14. Inservice training was on the Elopement Policy Procedures and Assessments which included residents identified at risk would have a plan of care developed and implemented to ensure their safety. She was inserviced on the Elopement Policy and the door checks implemented 09/03/14. She was required to pass a post test with 100% accuracy. The inservice also included that the entrance door from the hall into the West End dining room would remain locked at all times when not in use for meals or church services and only be opened by a Charge Nurse and/or a Janitor in order to be cleaned. A log was placed in the West End dining room and the door will be checked for functioning and effectiveness of the locking mechanism daily by the Janitor on duty and finding documented.</p> <p>4 and 7. Interview on 09/11/14 with the Restorative Nurse at 11:05 AM revealed she checked the doors on 09/03/14 and a log was initiated for daily checking for functioning of the automatic lock placed by the Janitor. She was inserviced on the Elopement Policy Statement and Risk Elopement Policy procedures and assessments and was required to pass a post test with 100% accuracy. The Charge Nurses, Janitor and Housekeeping are the only staff with a key to the West End dining room.</p> <p>5 and 6. The Housekeeping Supervisor verified through interview on 09/11/14 at 11:10 AM that she had inservice training related to keeping the West End dining room locked at all times except when being used for meals or Church. Housekeeping, Maintenance and the Charge Nurses were the only staff with a key to unlock the entrance door to the dining room. She was</p> | F 490  | <p>acknowledgement of all in-service training has commenced when facility policy and procedures indicate after events such as elopement.</p> <p>The logs for Churchill entry and exit doors will be audited by the House Keeping Supervisor daily for fourteen days of 100 % compliance. Then weekly for four weeks until 100 % compliance is met for four consecutive weeks. Then monthly for three months, then quarterly if 100% compliance is maintained. If noncompliance is found by any individual at any time the audit process will automatically start over with the daily audits. All logs and audits will be brought to the</p> |                      |   |

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| F 490  | <p>Continued From page 45</p> <p>Inservice on the facility's Elopement Policy to include reporting to the nurse if she saw any resident displaying exit seeking behaviors. She stated she was trained to check the door to ensure it was locked every day after meals and a log was used for documenting. After fourteen (14) days, then weekly for four (4) weeks, then every month for three (3) months, then quarterly. All logs and audits will be taken to the QAA meeting by the Housekeeping Supervisor.</p> <p>5 and 6. On 09/11/14 at 11:20 AM Maintenance Staff #1, revealed he had received inservice training on the facility's Elopement Policy Statement and Risk Elopement Policy procedures and assessments and had to pass a post test with 100% accuracy. The doors will be checked daily by the Janitor and documented on a log. Housekeeping, Maintenance and Charge Nurses were the only staff that could unlock the entrance door to the West End dining room. If a malfunction was noted when checked, Maintenance would be notified immediately and the Janitor would stay with at the door until Maintenance arrived. Audits were also being done by Housekeeping.</p> <p>4. Interview with the Social Service Director on 09/11/14 at 11:25 AM revealed she had received inservicing from the Inservice Coordinator on 09/03/14 and was required to take a post test with 100% accuracy. The inservice included keeping the entrance door to the West End dining room locked except when in use and only Charge Nurses, Maintenance and Housekeeping had a key to unlock it. Monitors were in place to ensure the doors were locked daily and will continue for a few months. The facility Elopement Policy and Elopement Risk Assessment policy and</p> | F 490  | <p>quarterly quality assurance meeting by the House Keeping Supervisor and reviewed for any areas of concern. An audit will be conducted by the Quality Assurance Coordinator to check for the administrator's signature on "Event Reports" pertaining to in-services being started when facility policy and procedures indicate after events such as elopement. This will be done daily for fourteen days of 100 % compliance. Then weekly for four weeks until 100 % compliance is met for four consecutive weeks. Then monthly for three months, then Quarterly (Quarterly meaning every three months) if 100% compliance is maintained. All audits will be brought to the Quarterly</p> |                      |   |

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| F 490  | <p>Continued From page 46</p> <p>Procedures Assessment were included in the inservice.</p> <p>3. On 09/11/14 at 11:30 AM LPN #3 revealed in interview that she had been provided inservice training on 09/03/14 by the Inservice Coordinator. The inservice included the Elopement Policy and the Elopement Risk Assessment Procedures. She stated only nurses, janitors and housekeeping had a key to unlock the door to the West End dining room and it was to remain locked all times when not in use for meals. She stated the Elopement Risk Assessment was completed when a resident exhibited exit seeking behaviors. The doors were being checked daily and documented on a log and the log was being audited by Housekeeping.</p> <p>5. Housekeeping Staff #1 revealed in interview on 09/11/14 that she had received inservice by the Inservice Coordinator last week. She stated the inservice covered keeping the door to the West End dining room locked except when in use for meals. The Nurse, Maintenance and Housekeeping had a key to unlock it. Housekeepers work one night a week and after the evening meal, they were to ensure the entrance door was locked after the room was cleaned.</p> <p>5. Interview on 09/11/14 at 11:35 AM with the Social Service Assistant revealed she had received inservice training by the Inservice Coordinator on 09/03/14. The inservice covered the facility's Elopement Policy and the Elopement Risk Assessment Procedures. Residents at risk had care plan interventions implemented. The entrance door into the West End dining room from the hall was to be locked unless it was being</p> | F 490  | Quality Assurance meeting by the Quality Assurance Coordinator and reviewed for any areas of concern.           | 9/16/2014            |   |

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|--|--|--|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>606 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754                    |                      |   |
| (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  | <p>Continued From page 47</p> <p>utilized for meals or a church group. Maintenance was checking the doors in the room daily and Housekeeping was also checking to ensure the entrance door was locked. A log was being utilized to ensure verification documentation the doors were being checked.</p> <p>5. LPN #3 revealed in interview on 09/11/14 at 11:40 AM that she had received inservice training by the Inservice Coordinator. The inservice included how the entrance and exit doors of the West End dining room were being monitored daily to ensure the locks and alarms were functional. A log was being kept to ensure documentation of the monitoring and an audit of the log was also being conducted. The West End dining room entrance door was to be locked at all times when not in use. Residents at risk for elopement behaviors were to have care plan interventions implemented to assure their safety.</p> <p>5. On 09/11/14 a 11:45 AM, Nurse Aide Student #1, revealed she had been provided inservice training by the Inservice Coordinator. The inservice covered keeping the West End dining room locked when not in use and checking to ensure the doors remained locked. Maintenance and Housekeeping were monitoring the doors daily and only Charge Nurses, Maintenance and Housekeeping had a key to unlock the dining room. Resident behaviors of exit seeking was to be reported to the nurse immediately.</p> <p>5. CNA #2 revealed in interview on 09/11/14 at 11:50 AM that she had been provided training in an inservice by the Inservice Coordinator. The facility's Elopement Policy and a risk assessment was covered in the inservice as well as keeping the door locked to the West End dining room.</p> | F 490  |   |                      |   |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>506 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42754                    |                      |   |
| (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  | <p>Continued From page 48</p> <p>The doors were being monitored for functionality by Maintenance and Housekeeping. Charge Nurses, Maintenance and Housekeeping were the only staff that had keys to unlock the door to the dining room. Additionally, resident behaviors were to be reported to the nurse. CNA #2 took a post test to confirm competency.</p> <p>5. An interview on 09/11/14 at 11:55 AM was conducted with CNA #4. She revealed the Inservice Coordinator provided inservicing on keeping the entrance door to the West End dining room locked at all times when not in use for meals and Maintenance, Housekeeping and the Charge Nurse had the only keys. Maintenance and Housekeeping were monitoring the doors daily to make sure alarms and locks were functioning. Residents with wandering behaviors were monitored and behaviors reported to the nurse.</p> <p>5. Interview with a Laundry Aide on 09/11/14 at 12:00 PM revealed the Inservice Coordinator gave an inservice on 09/03/14 about keeping the West End dining room locked when not being used for meals. Maintenance and Housekeeping was monitoring the doors and keeping a log. A post test had to be completed with 100% accuracy. Maintenance, Housekeeping and the Charge Nurses had the only keys to the dining room. Residents were monitored for exit seeking and the nurse was to be informed of any of those type of behaviors.</p> <p>5. An interview conducted on 09/11/14 at 12:05 PM with CNA #5 revealed she had completed a post test with 100% after inservicing given on 09/03/14. The Inservice Coordinator provided the inservice which included monitoring residents</p> | F 490  |   |                      |   |

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|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>GRAYSON MANOR NURSING HOME |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>606 WILLIAM THOMASON BYWAY<br>LEITCHFIELD, KY 42764                    |   |
| (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 49<br>when displaying exit seeking and reporting to the nurse. Maintenance and Housekeeping was monitoring the doors to the West End dining room and noting it on a log. The doors were to remain locked at all times when the dining room was not in use and the keys to the dining room were kept by the Charge Nurse, Maintenance and Housekeeping.<br><br>5. CNA #6 revealed in interview conducted on 09/11/14 at 12:10 PM, that she had received recent inservicing related to the doors of the West End dining room. She stated the doors remain locked at all times when not in use. The Charge Nurse, Maintenance and Housekeeping had the only keys to the entrance door which was changed to an automatic locking system. A log was being used to verify when Maintenance and Housekeeping checked the doors on a daily basis. Resident behaviors of wandering and exit seeking was to be reported to the nurse and interventions to address those behaviors was discussed. The inservice covered the Elopement Policy and Risk Assessment Policy. CNA #6 was required to pass a post test with 100% after the inservice. | F 490  |   |   |