

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

PRINTED: 05/23/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/22/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAMBRIDGE PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2020 CAMBRIDGE DRIVE LEXINGTON, KY 40504</b>
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{F 000} INITIAL COMMENTS

{F 000}

An onsite revisit to the Recertification and Abbreviated Survey of 03/13/14 was initiated on 05/20/14 and concluded on 05/22/14. Based on the facility's acceptable Plan of Correction (POC) it was determined the deficient practices were corrected as alleged on 04/09/14.

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000 INITIAL COMMENTS

AMENDED

A Recertification Survey/Extended Survey and Abbreviated Survey investigating KY00021410 was initiated on 03/04/14 and concluded on 03/13/14. KY00021410 was unsubstantiated with deficiencies identified. Immediate Jeopardy was identified on 03/05/14 and was determined to exist on 02/20/14, in the areas of 42 CFR 483.13 Resident Behavior and Facility Practice, F-225 and F-226; and 42 CFR 483.75 Administration, F-490 and F-520 all at a Scope and Severity (S/S) of a "K". Substandard Quality of Care (SQC) was identified at 42 CFR 483.13 Resident Behavior and Facility Practice, F-225, and F-226. The facility was notified of the Immediate Jeopardy on 03/05/14.

On 02/25/14, at approximately 10:30 PM, State Registered Nursing Assistant (SRNA) #2, reported to her Supervisor, Registered Nurse (RN) #1, SRNA #1 had been verbally abusive to Resident #15 and Resident #12, and physically abusive to Resident #1 on 02/20/14 (five days earlier). SRNA #1 allegedly told Resident #15 she did not have time to keep fooling with him/her; and reportedly stated to the resident, "I'm not going to keep putting you on the bedpan. I don't have time to fool with your stinking ass". SRNA #1 allegedly told Resident #12 to "open" his/her legs so she could "clean out" his/her "coochie". In addition, SRNA #1 was allegedly "very rough" with Resident #1, "slamming" him/her into "the chair"; causing the resident to "cry out very loud" as if in pain.

Although administration became aware of the

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DISCLAIMER: THE COMPLETION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION THAT THE FACILITY AGREES WITH THE DEFICIENCIES AS STATED IN THE 2567. THE FACILITY IS COMPLETING THE PLAN OF CORRECTION BECAUSE IT IS REQUIRED BY STATE AND FEDERAL LAW. THE FACILITY DISAGREES WITH AND DISPUTES THE DEFICIENCIES STATED IN THE 2567 AND THE SCOPE AND SEVERITY AT WHICH THEY ARE CITED. FURTHER, THE FACILITY DISPUTES AND DISAGREES WITH THE ACCURACY OF STATEMENTS AND OTHER INFORMATION RELIED UPON IN THE 2567 IN SUPPORT OF THE ALLEGED DEFICIENCIES. THIS INCLUDES, BUT IS NOT LIMITED TO, THE ALLEGED CONTENT/SUMMARY OF INTERVIEWS, THE CHRONOLOGICAL/TIMING SEQUENCE OF EVENTS AND CONTACT WITH HEALTH CARE PROFESSIONALS, AND THE DESCRIPTION OF THE CARE AND SUPERVISION PROVIDED TO THE RESIDENTS. THE FACILITY RESERVES ITS RIGHT TO CONTINUE DISPUTING, APPEALING AND CONTESTING THESE DEFICIENCIES AND ANY ACTION RELATED TO OR ARISING THEREFROM IN ANY OTHER FORUM AS NEEDED.

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

*Dennis M. Duff*

*Administrator*

(X8) DATE

*5/5/14*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	<p>Continued From page 1</p> <p>allegations on 02/25/14, the allegations were not investigated by the facility until 02/27/14, two (2) days later. The facility failed to interview staff and other interviewable residents to ensure a thorough investigation. There was no documented evidence of interviews with the alleged perpetrator, SRNA #1, or other staff who worked the evening of 02/20/14. In addition, the State Survey Agency was not notified of the verbal abuse allegations until 02/28/14; and was not notified of the allegation of physical abuse until 03/05/14, when the Surveyors requested the facility's entire investigation. Also, Resident #1 was not assessed for injury after the facility became aware of the physical abuse allegation on 02/25/14.</p> <p>In addition, there was no documented evidence SRNA #1, the alleged perpetrator, had been removed from resident care to protect residents during the investigation. As a result of SRNA #2 not reporting the abuse which allegedly occurred on 02/20/14, until 02/25/14, SRNA #1 was allowed to work caring for residents on 02/20/14 from 3:00 PM to 11:15 PM, and on 02/21/14 from 4:15 PM until 11:15 PM. Also, even though administration became aware of the allegations on 02/25/14, SRNA #1, the alleged perpetrator, was allowed to work caring for residents on 02/26/14 from 3:00 PM to 3:30 PM prior to being suspended that day.</p> <p>Additionally, there was no documented evidence of re-education related to the facility's abuse policy with SRNA #1, SRNA #2 or other staff after the facility became aware of the allegations.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 03/12/14 with</p>	F 000		

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F 000	Continued From page 2 the facility alleging removal of the Immediate Jeopardy on 03/07/14. The Immediate Jeopardy was verified to be removed on 03/07/14, prior to exiting the facility on 03/13/14, with remaining non-compliance at 42 CFR 483.13 Resident Behavior and Facility Practice, F-225, and F-226; 42 CFR 483.75 Administration, F-490, and F-520 all at a S/S of an "E" while the facility develops and implements a Plan of Correction (POC), and the facility's Quality Assurance monitors the effectiveness of the systemic changes.  In addition, deficient practice was identified during the survey at 42 CFR 483.15 Quality of Life, F-246 at a S/S of a "D"; 42 CFR 483.20 Resident Assessment, F-282 at a S/S of a "D"; 42 CFR 483.25 Quality of Care, F-309, F-314 and F-322 all at a S/S of a "D", F-323 at a S/S of an "E"; 42 CFR 483.35 Dietary Services, F-371 at a S/S of a "F"; 42 CFR 483.65 Infection Control, F-441 at a S/S of an "F"; 42 CFR 483.70 Physical Environment, F-464 at a S/S of a "D"; and 42 CFR 483.75 Administration, F-514 at a S/S of an "E."	F 000			
F 225 SS=K	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry	F 225	F 225 The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures. The facility must have evidence that all alleged violations are thoroughly investigated, and must  N 108 902 KAR 20:300-5(3)(b) Section		

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F 225	<p>Continued From page 3 or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's policy and review of the Kentucky Revised Statutes (KRS), it was determined the facility failed to have an effective system to ensure allegations of abuse were reported immediately to the Administrator and to the appropriate State Agencies per policy and state law and fully investigated for three (3) of twenty-one (21) sampled residents (Residents #1, #12 and #15). In addition, the facility failed to protect residents in order to prevent further</p>	F 225	<p>5. Resident Behavior &amp; Fac. Practice. The facility shall have evidence that all alleged violations are thoroughly investigated, and shall prevent further potential abuse while the investigation is in progress.</p> <p>Criteria 1: SRNA #2 made two Allegations of verbal abuse and one allegation of physical abuse on 2/25/14 at 10:30pm to the Director of Nursing (DON). The DON immediately began an investigation. SRNA #1 (the employee whom the allegation was made against) was suspended on 2/26/14 at approximately 3pm by the Nursing Home Administrator. The investigation concluded on 2/28/14, and was unsubstantiated (see bullet point below for basis for allegations to be unsubstantiated). The Lexington Regional OIG office was notified of the allegations and the facility's findings on 2/28/14.</p> <p>-The investigation was re-opened on 3/5/14.</p> <p>-Residents #12 and #15 were interviewed again with additional questions by the DON, NHA and/or the SSD on 3/6/14.</p> <p>-Residents #12 and #15 were assessed by the DON and SSD on 2/27/14. No signs of emotional or any type of distress or changes were noted.</p> <p>-Resident #1 is not interviewable. Her roommate is her sister and was interviewed on 2/27/14 and 3/6/14 by the SSD.</p> <p>-A weekly skin assessment performed by the unit charge nurse on 2/22/14 for Resident #1 revealed no suspicious bruising or marks that would indicate physical abuse.</p>	

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F 225	<p>Continued From page 4 potential abuse while the investigation was in progress.</p> <p>State Registered Nursing Assistant (SRNA) #2 witnessed alleged incidents of verbal abuse for Resident #13 and #15; and an alleged incident of physical abuse of Resident #1 on the evening shift of 02/20/14. However, she did not report the alleged abuse until 02/25/14, five (5) days later. On 02/25/14, she reported the alleged abuse to Registered Nurse (RN) #1 who recognized the allegations as abuse and immediately had SRNA #2 notify the Director of Nursing (DON) via phone. Although the DON notified the Administrator the evening of 02/25/14 of the alleged abuse, there was no documented evidence the facility began an investigation until 02/27/14, two (2) days after having been notified of the allegations. The facility performed an investigation which initially only consisted of interviewing Resident #12, Resident #15 and Resident #1's roommate on 02/27/14. The facility's investigation failed to ensure other interviewable residents were interviewed as soon as possible after the allegations were received. The facility's investigation failed to ensure staff who had worked the evening of 02/20/14 were interviewed and written statements obtained and failed to ensure SRNA #1, the alleged perpetrator was interviewed timely and her written statement obtained. The facility's investigation failed to ensure Resident #1, who had been allegedly physically abused, received an assessment after the facility was notified. The facility's investigation also failed to ensure documented evidence SRNA #2 was re-educated on reporting abuse and SRNA #1 was re-educated regarding the facility's abuse policies.</p>	F 225	<p>-Routine weekly skin assessments performed 2/21/14-2/27/28 by the charge nurses on duty reveal no suspicious bruising or signs of potential physical abuse of the residents who may have received care by SRNA #1 on 2/20/14 and/or 2/21/14 (the day the alleged abuse occurred and the only day SRNA #2 worked prior to suspension). -During the resident interviews on 2/27/14 and 3/6/14, the residents interviewed did not make any complaints or allegations against SRNA #1 or any other employee. -All staff working on the same hall as SRNA #1 when the alleged verbal abuse occurred were interviewed by the DON, NHA and/or Social Services Director (SSD) on 3/6/14; no complaints or concerns were raised. -SRNA #2 was counseled by the DON immediately via phone on 2/25/14 and in writing on 2/28/14, regarding strict compliance with the facility's Abuse policy and the requirement of immediately reporting all suspected abuse. -The DON received education by the Nurse Consultant on 3/5/14 regarding the regulatory requirements on reporting and investigating allegation of abuse. -The investigation was concluded on 3/6/14 with the findings remaining unsubstantiated. -Basis for allegations to be unsubstantiated: Interviews with the 2 residents involved with the alleged verbal abuse (Residents # 12 &amp; #15) and other cognitively intact residents revealed no verbal abuse by SRNA # 1.</p>	

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F 225	Continued From page 5  Additionally, as a result of the allegations not being reported immediately to the Administrator, SRNA #1, the alleged perpetrator was allowed to continue caring for residents on 02/20/14 and 02/21/14; therefore leaving residents unprotected from the potential for further abuse. The facility failed to ensure SRNA #1, the alleged perpetrator was removed from resident care after the facility received the allegations on 02/25/14 and the SRNA therefore reported to work on 02/26/14 and cared for residents for approximately thirty (30) minutes before being suspended.  Although the facility's administration became aware of the allegations on 02/25/14, the facility failed to ensure State Agencies were notified of the verbal abuse allegations until 02/28/14; and failed to ensure the physical abuse allegation was reported to the State Agencies until 03/05/14. (Refer to F-225, F-226, F-490, and F-520).  Based on the above findings, it was determined the facility's failure to protect and comprehensively investigate alleged incidents of verbal and physical abuse; and to immediately report incidents of alleged abuse to the State Agencies, was likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) were identified on 03/05/14 and were determined to exist on 02/20/14.  The facility provided an acceptable credible Allegation of Compliance (AOC) on 03/12/14 with the facility alleging removal of the Immediate Jeopardy on 03/07/14. The Immediate Jeopardy was verified to be removed on 03/07/14 prior to exiting the facility on 03/13/14, with remaining non-compliance at CFR 483.13, Resident	F 225	The resident involved with the alleged physical abuse (Resident #1) is not interviewable; her roommate/sister was interviewed and denied any abuse by staff to resident. Routine weekly skin assessment of Resident #1 on 2/22/14 by the charge nurse showed no suspicious bruising or signs of physical abuse. Skin assessments of other residents under the care of SRNA revealed no suspicious bruising or signs of physical abuse (refer to Criteria #2). Staff interviews as listed above revealed no concerns with SRNA's care of residents.  <b>Criteria 2:</b> Routine weekly skin assessments performed 2/21/14-2/27/14 by the charge nurses on duty revealed no suspicious bruising or signs of potential physical abuse of the residents who may have received care by SRNA #1 on 2/20/14 and/or 2/21/14 (the day the alleged abuse occurred and the only day SRNA #1 worked prior to suspension). -Other residents under the care of SRNA #1 with a BIMS score of 8 or higher were interviewed on 3/1/14 and 3/6/14 by the DON, NHA, and/or the SSD with no complaints noted. Based on the findings of these interviews, the need for further resident interviews/assessments was determined to be unnecessary by the investigation team.  <b>Criteria 3:</b> The DON, NHA and SSD received in-service education by the Nurse Consultant on the investigation and reporting of abuse on 3/6/14. The re-education included, but was not limited to: identification of events requiring investigation; protecting the resident(s); interviewing of residents,		

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F 225	<p>Continued From page 6</p> <p>Behavior and Facility Practice, F-225 Abuse, with a Scope and Severity of "E", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure all allegations were immediately reported to facility administration and State Agencies and all allegations of abuse were thoroughly investigated.</p> <p>The findings include:</p> <p>Review of the KRS Chapter 209.030 revealed an oral or written report was to be made immediately to the State Agencies upon knowledge of suspected abuse, neglect, or exploitation of an adult.</p> <p>Review of the facility's policy titled, "Policy on Abuse", undated, revealed all staff was required to report any observation or suspicion related to possible abuse to their supervisor, Social Services (SS), DON and Administrator immediately. The policy stated the facility would immediately investigate the alleged incident during the shift on which the alleged abuse occurred including interviews with the resident or other resident witnesses. Policy review revealed the Administrator, DON and SS Director were to conduct the investigations of abuse allegations when identified; and to protect residents from harm during an abuse investigation. Review of the policy revealed when a staff member was implicated in a potential resident abuse situation, the staff member was to have been removed from all resident care areas and sent home after a written statement had been obtained from them. The policy indicated the investigation was to have included interviews with the staff member implicated, and the staff member was to make a</p>	F 225	<p>staff and all witnesses; and timely reporting of allegations and findings.</p> <p>-All facility staff (licensed and unlicensed) received in-service education on abuse and the facility abuse policy, including, but not limited to: immediately reporting any suspected abuse, neglect, exploitation or misappropriation; and protecting the resident. The re-education was provided by the DON, NHA, SDC and SSD on 3/5/14-3/6/14. Any staff on leave, vacation, or unavailable for the in-service will not be able to clock in or work until completing the in-service education. The facility does not utilize agency staffing.</p> <p>-As part of orientation, all newly hired staff are provided education by the SDC on abuse and the facility abuse policy, including, but not limited to: immediately reporting any suspected abuse, neglect, exploitation or misappropriation; and protecting the resident.</p> <p>Criteria 4: All reported allegations will be reviewed by the facility investigation team including the NHA, SSD, and DON immediately during normal business hours to determine which team members will investigate and report the allegation to the required authorities. During off hours, staff shall notify the DON and/or NHA immediately via phone; the DON and/or NHA shall determine who shall investigate and report.</p>	

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F 225	<p>Continued From page 7</p> <p>written statement of their knowledge/version of the incident. Additionally the policy revealed interviews were to have been completed with all staff on that unit to make sure all information was gathered promptly and documented. Continued review revealed allegations were to be reported to the appropriate State Agencies; and the Administrator would be responsible for ensuring the facility's compliance with all abuse and neglect provisions.</p> <p>Review of the Employee Handbook, undated revealed all suspected or alleged incidents of abuse, neglect or exploitation were to be reported immediately to the employee's supervisor and the nurse on duty. According to the Handbook, if an employee was involved, he/she might be restricted from further contact with residents during the investigation process and the employee's written statement would be obtained.</p> <p>Review of the facility's investigation, "Combined Incident Report/Final Report" form submitted to State Agencies on 02/28/14, revealed SRNA #2 had been working with SRNA #1 and felt her conversation with Resident #12 and Resident #15 had been inappropriate and "too familiar". Review of the form revealed the "incident date" had been noted as 02/26/14; and the shift had been over when this information was reported to the House Supervisor. Continued review of the form revealed the House Supervisor had reported the information to the Administrator; and SRNA #1 had been immediately suspended to protect the residents. Per the form, the DON and the Social Worker (SW) interviewed two (2) residents, Resident #12 and #15 on 02/27/14, and they had no complaints of staff members saying or doing anything to them which they had</p>	F 225	<p>-The facility QA team (DON, NHA, and SSD), with the Medical Director, convened on 03/6/14 (DON, NHA, and SSD), with the Medical Director, convened on 03/6/14 to review the circumstances of the allegation and all interventions which have been and will be implemented by the facility.</p> <p>-The findings of the completed CQI indicators will be reviewed by the contracted Nurse Consultant with monthly visits, to - The CQI Tool is included for review as Attachment A-8. The CQI Tool addresses compliance with the entire regulation, and will be completed weekly X 4 weeks, monthly X 6 months and then quarterly thereafter under the supervision of the Administrator. Results of the audits will be reported to the QA Committee by Department Heads monthly for six (6) months and quarterly thereafter. If an accepted threshold of compliance, as referenced on the CQI Tool, is not achieved, the appropriate Department Head shall immediately develop and oversee a corrective plan. The details of the corrective plan will be reported to the QA Committee, with updated audit results, at the next monthly meeting. If appropriate compliance is not achieved at that time, the responsible Department Head will face personnel action.</p> <p>- Facility staff will complete a questionnaire at the completion of quarterly training on abuse, neglect, exploitation and misappropriation as provided by the SDC. Any areas of concern and/or problems will be immediately addressed by the SDC SDC will take results of the completed questionnaires auditing and any necessary interventions to the QA committee quarterly.</p> <p>Criteria 5: April 9, 2014</p>	
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F 225	Continued From page 8 felt was inappropriate. Review of the form revealed other residents had not been interviewed until 03/03/14. The form indicated the facility's conclusion had been to return SRNA #1 to work on the day shift and on another unit to monitor her closely, and to offer training in proper technique by the Staff Development Director. Further review of the form revealed no documented evidence of the physical abuse allegation involving Resident #1; or documented evidence other staff members were interviewed. Additionally, review of the form revealed no documented evidence of who initiated the investigation; or the dates and times the investigation was started and review of the form revealed it indicated the State Agencies were notified when the Administrator and DON were notified. On 03/05/14 at 10:30 AM, a copy of SRNA #2's written statement was received which indicated the alleged physical abuse regarding Resident #1.  Review of the "Resident Abuse Policy Acknowledgement" form dated and signed by SRNA #1 on 01/20/14, and by SRNA #2 on 02/11/14, revealed it was the policy of the facility that any type of abuse would be reported immediately to protect residents from physical, sexual, emotional or mental abuse. The form indicated the procedure included reporting any suspected abuse immediately to the Administrator/designee, DON and Social Worker (SW). Further review of the Acknowledgement form revealed if abuse of any type was witnessed and the employee did not report immediately they would receive disciplinary action up to and/or including termination.  Review of SRNA #2's written statement, undated,	F 225			

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F 225	<p>Continued From page 9</p> <p>received from the DON on 03/5/14 at 10:30 AM, revealed SRNA #2 worked with SRNA #1 on 02/20/14 and had observed SRNA #1 tell Resident #15 she was not going to keep putting him/her on the bedpan as she did not have time to fool with his/her "stinking ass". Continued review of the statement revealed that same evening, SRNA #1 told Resident #12 to open his/her legs so she could "clean out" her "coochie." Further review of the statement revealed SRNA #2 observed SRNA #1 being "very rough, practically slamming" Resident #1 in the chair, and the resident "cried out very loud, as if in pain." In addition, review of the statement revealed SRNA #2 had requested not to work with SRNA #1 again.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #2 on 03/05/14 at 3:30 PM and on 03/14/14 at 1:23 PM, revealed she had received training related to abuse; and knew if she were to witness abuse, she would need to report it immediately to the Charge Nurse or DON after ensuring the resident's safety. SRNA #2 stated she was unsure of the date and time of when she witnessed SRNA #1 being abusive towards Resident #15, Resident #12 and Resident #1. She indicated she knew it had been sometime "after dinner". SRNA #2 stated SRNA #1 had told Resident #15 she did not have time to "fool" with him/her taking his/her "stinking ass off the bed pan all the time". According to SRNA #2, that same evening, she and SRNA #1 were providing care for Resident #12; and SRNA #1 told Resident #12 "to open" his/her legs, so she could clean her "coochie". She stated she felt like these comments had been a fine line between "inappropriate or abuse". She indicated she had gone into Resident #1's room that same evening</p>	F 225		

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F 225	Continued From page 10 and SRNA #1 had been transferring the resident by herself by picking the resident up under his/her arms, was "rough" with him/her and slammed the resident down. She stated, she had heard Resident #1 make a noise that startled her, like maybe the resident was uncomfortable or in pain. SRNA #2 stated she had felt like SRNA #1 had been rough and abusive with Resident #1. She stated Resident #1 had no "visible injury"; and she had not reported what she had witnessed until 02/25/14 when she told Registered Nurse (RN) #1. Further interview revealed RN #1 had told her what she had witnessed was abuse and it needed to be reported immediately. SRNA #2 stated RN #1 called the DON and had her tell the DON what she had witnessed. She stated the DON told her she would talk to her more about what she had witnessed when she (DON) returned to work. SRNA #2 stated the next day RN #1 asked her to write down what happened on a piece of paper and she had done that. She stated the Administrator had talked to her about what she had witnessed also; however she could not recall the date and time. SRNA #2 stated the Administrator had told her he would do an investigation; and had called her at home on 03/03/14 and notified her she had been suspended. SRNA #2 stated she did not want to work with SRNA #1 anymore; as she was aggressive, abrasive and some of her conversations were not appropriate.  Interview with SRNA #1 (perpetrator) on 03/05/14 at 1:50 PM and 03/14/14 at 10:34 AM, revealed she had received training on abuse and was aware transferring residents roughly and telling a resident you did not have time to fool with their "stinking ass" would be considered abuse. She stated she knew staff should use the appropriate	F 225			

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F 225	Continued From page 11 term for private parts also. SRNA #1 stated, the Administrator had called her into his office on 02/26/14, "while I was out on the floor taking care of my" residents and told her she "needed to go home for talking badly to a resident". According to SRNA #1, the Administrator had not discussed the allegations; and told her the DON would investigate and get back with her. SRNA #1 stated she had asked which residents he had been referring to and who had reported her and the Administrator told her it was confidential. SRNA #1 stated she called the DON on 02/27/14 and asked her what she had been accused of; and the DON said she was investigating, had a few more people to talk to, and would get back in touch with her after that. Continued interview revealed SRNA #1 had not been asked to write a statement related to the allegation of abuse incidents. She stated "I do not recall the DON asking me about my side of the story." SRNA #1 indicated she had talked to the DON again on 03/01/14, who told her they had completed the investigation and determined the allegations not to be true. She stated the DON told her she could come back to work on 03/02/14. SRNA #1 stated she had "never got a chance to talk to" the DON who had indicated to her she would go over the "paperwork" regarding the allegations with her.  Record review of SRNA #1 (perpetrator) time card revealed on 02/20/14 she worked from 3:00 PM to 11:15 PM, on 02/21/14 worked from 4:15 PM to 11:15 PM and on 02/26/14 worked from 3:00 PM to 3:30 PM.  Interview with SRNA #5 on 03/05/14 at 3:11 PM revealed she had been working on the evening of the alleged abuse; however no one had	F 225			

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F 225	Continued From page 12 interviewed her.  Interview with Licensed Practical Nurse (LPN) #4 on 03/05/14 at 6:27 PM, revealed she had worked the evening of 02/20/14, and had not been interviewed by facility staff related to any abuse incident.  Interview with LPN #5 on 03/05/14 at 2:43 PM, revealed she had worked on evening shift on 02/20/14, and the facility had never talked to her about any occurrence of allegations of abuse.  Interview with RN #1, House Supervisor on 03/05/14 at 3:50 PM, on 03/08/14 at 3:15 PM and on 03/11/14 at 1:48 PM, revealed SRNA #2 reported to her about 10:30 PM on 02/25/14, she had witnessed SRNA #1 on 02/20/14 slam Resident #1 into the wheelchair. She stated SRNA #2 told her she had also witnessed SRNA #1 tell Resident #12 to spread her/his legs so she could clean her "coochie" and had observed SRNA #1 tell Resident #15 she was "tired" of putting her/his "stinky ass" on the bedpan. She stated she told SRNA #2 she should have reported the allegations immediately after her observations. RN #1 stated she called the DON and had SRNA #2 report her allegations to the DON at that time. RN #1 stated when she talked to the DON after SRNA #2 she asked the DON if she needed to do anything; and the DON told her she would take care of it and report it to the Administrator. According to RN #1, the DON told her she did not think she would report the allegations to "state", because it had happened a week ago; and SRNA #2 should have reported it then. RN #1 stated she had not performed a skin assessment on Resident #1 after receiving the allegation of physical abuse; however, in	F 225			

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F 225	Continued From page 13 hindsight she should have. RN #1 stated she had not done "anything with" SRNA #1 that night because after getting off the phone with the DON it was "about 11:00 PM" and time for SRNA #1 to go home. Continued interview with RN #1 revealed on 02/26/14, she had been working and noted SRNA #1 was there caring for residents; she stated she went to the Administrator's office to report this as the DON had not been at the facility. She indicated the Administrator had been on the phone and told her he would get to her "when he was done". She stated she spoke with the Administrator at approximately 4:00 PM, indicating she had received report from both units before speaking to him. RN #1 stated she informed the Administrator SRNA #1 was working and should have been suspended immediately as allegations of abuse had been made against her. She stated the Administrator told her he was aware of the allegations and had RN #2, Unit Manager get SRNA #1, bring her to his office and suspended SRNA #1 at that time. Additionally, interview with RN #1 revealed the facility had not followed the policy as SRNA #1 was not suspended immediately pending the investigation. RN #1 stated no one from the facility had talked to her further regarding the allegations. The RN stated on 02/26/14 the DON had called her and told her she had learned from a conference she attended that the guidelines for abuse had changed; and for an incident now to be considered abuse, the facility had to prove malicious intent. She stated the DON had informed her on 02/27/14, the facility had interviewed the residents and were unable to "prove anything had happened". RN #1 further stated, she had thought about calling the State Agency to report the abuse; however on Friday, 02/28/14 the DON informed her she was	F 225			

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F 225	Continued From page 14 "thinking" about reporting the incidents to the "state".  Interview with RN # 2, Unit Manager on 03/05/14 at 10:20 AM, at 6:52 PM and on 03/08/14 at 2:30 PM, revealed RN # 1 had been mad on 02/26/14 when she saw SRNA #1 working and wanted to know why the SRNA was there. She stated RN #1 told her she was going to the Administrator's office and indicated shortly after that the Administrator called her and asked her to bring SRNA #1 to his office and she took the SRNA there. She indicated SRNA #1 was told there had been an allegation of abuse against her, and the facility's policy was to suspend her until the investigation had been completed. RN #2 stated the Administrator asked her to walk SRNA #1 to the time clock and out of the building. RN #2 stated SRNA #1 should not have worked on 02/26/14, after Administration had been made aware of the allegations and she felt the facility had not followed the abuse protocol.  Interview with the SS Director on 03/5/14 at 2:50 PM, revealed transferring someone in a rough manner and inappropriate use of terminology were examples of abuse. She stated when an abuse allegation was reported the DON, Administrator and herself collaborated on the investigations with her usually interviewing residents and the DON interviewing staff. She stated the DON oversaw the investigations and the Administrator was to submit the initial investigation form to the State Agencies within twenty-four (24) hours; with the final report in five (5) days. She stated if an allegation of abuse was received regarding the care of a staff member she interviewed residents and they would need to talk to "several" staff on that shift. She stated the	F 225			

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F 225	<p>Continued From page 15</p> <p>Administrator and DON told her who to interview; however do not tell her what to ask the residents. The SSD stated she had been notified of the allegations made by SRNA #2 on 02/26/14, when she and the DON were at a conference and she and the DON started talking to residents the next day. Continued interview revealed she had interviewed all interviewable residents on the hallway SRNA #1 had worked on; except Resident #15 who the DON had interviewed. The SS Director stated the facility should have initiated the investigation when they were notified of the allegations on 02/25/14; and SRNA #1, the alleged perpetrator should have been removed from the building the day of the allegation to keep residents safe pending the results of the investigation. She indicated the Administrator was to report allegations to the State Agencies when the facility became aware. The SS Director stated SRNA #2 should have reported the allegations on 02/20/14, when she had witnessed them.</p> <p>Interview with the DON on 03/05/14 at 10:30 AM, at 6:30 PM, on 03/11/14 at 3:00 PM, and on 03/13/14 at 1:53 PM, revealed after staff witnessed abuse they were to notify their supervisor immediately, and the Administrator was also to be notified immediately. She stated the supervisor starts the investigation; and the facility had twenty-four (24) hours to notify the State Agencies. The DON stated the final investigation report was due to State Agencies in five (5) days. The DON stated after the facility received an allegation of abuse the alleged perpetrator was not allowed to work; and was suspended until the investigation had been completed. She stated she was responsible for completing the "abuse packet"; and had not felt</p>	F 225		
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F 225	Continued From page 16 the facility waited too long to investigate the allegations received on 02/25/14 at 10:30 PM, as they were verbal abuse and not physical abuse. She stated when she talked to SRNA #2 on the phone, she told her SRNA #1 had been verbally abusive last week. The DON stated she told SRNA #2 she should have reported the abuse to her supervisor right away last week when it occurred. The DON stated SRNA #2 had informed her she had not reported the allegations as she could not find a supervisor at that time. According to the DON, she told SRNA #2 to put her allegations in writing. The DON indicated at that time she had not known exactly what had happened and how many residents were involved but should have asked for more information regarding the allegations. The DON stated she had not documented her conversation with SRNA #2 on 02/25/14; however had told RN #2 to have SRNA #2 put her allegations in writing and put it under her office door. She stated she called the Administrator on 02/25/14 at approximately 10:45 PM, and told him she received a call from a SRNA about verbal abuse by SRNA #1 which had occurred the week before. The DON reported she called the Administrator again on 02/26/14 at 5:30 AM, and asked him if she should still attend the abuse conference and was told to go ahead. The DON stated she received a text message from the Administrator on 02/26/14 at 3:36 PM, and was informed he had suspended SRNA #1. According to the DON, when she arrived at the facility on 02/27/14 at 8:00 AM, she had found SRNA #2's written statement which had been placed under her door and she became aware of the allegation details then. She stated she initiated the investigation after she read SRNA #2's statement which had included two (2) verbal allegations and one (1) physical allegation. The	F 225		

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F 225	<p>Continued From page 17</p> <p>DON stated she and the SW had not interviewed any staff who had worked the evening of 02/20/14; because the allegations had been unsubstantiated after resident interviews were completed on 02/27/14, 02/28/14 and 03/03/14. The DON indicated she had not obtained statements from RN #1 or SRNA #1 or other employees but should have. Continued interview revealed SRNA #1 had not been re-educated related to the abuse policy; and had returned to work after suspension on 03/04/14.</p> <p>Interview with the Administrator on 03/05/14 at 7:15 PM, on 03/08/14 at 4:30 PM and on 03/11/14 at 3:14 PM, revealed staff were to report any abuse to their Supervisor immediately and the perpetrator was to be suspended immediately pending an investigation. The Administrator stated the SS Director, DON and himself performed abuse allegation investigations. He indicated SRNA #2's allegations of SRNA #1 slamming a resident in a chair would have been physical abuse; and what she had said to Residents #12 and 15 would have been verbal abuse. However, according to the Administrator, the DON reported to him on 02/25/14, SRNA #2 had told her she had been working with SRNA #1; and felt SRNA #1's language to the residents had been inappropriate five (5) days earlier. The Administrator stated the DON informed him SRNA #2 had reported the allegations initially to the Night Supervisor who had recognized the allegations as abuse which needed to be reported. He stated the DON felt SRNA #2's allegation rose to the level of abuse but had not gone into detail of what the allegations were. He indicated he had informed the DON to go ahead to her conference the next day and she had called him again early the next morning to inquire</p>	F 225		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185444	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/13/2014
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F 225	Continued From page 18 if she should go to the conference and he told her to go ahead. He reported the DON also told him that morning SRNA #2 had slid her statement regarding the incident under her office door. The Administrator indicated he thought/expected the DON would come to the facility after her conference on 02/26/14 and initiate the investigation; however she had not returned until 02/27/14, so they had gotten a "day behind" in initiating the investigation. The Administrator stated he "figured" they could wait until 02/27/14, to start the investigation because SRNA #1 had not been in the building, and he knew she had not been scheduled to work again until the weekend per the DON. He reported he should have started the investigation of the allegations immediately himself as he believed investigations should be thoroughly investigated as it could be a potential for harm if not investigated thoroughly. He further stated he knew the facility had twenty-four (24) hours to report the allegation to State Agencies but he guessed they had "blanked out" on notifying the State Agencies; however should have ensured it was reported timely. Further interview revealed on 02/27/14, he and the DON had talked with SRNA #2 regarding the allegations and he had asked what she had overhead that made her think SRNA #1's actions had been abuse; and SRNA #2 had informed him of what she had witnessed. He stated he had asked SRNA #2 why she waited five (5) days to report the information; and she told him she had not been able to find a nurse. The Administrator stated he had asked SRNA #2 if she knew what the facility's abuse reporting policy was; but she only stated "she couldn't find a nurse". He indicated the facility's "Self Reported Incident Form" he submitted to the State Agency should not have had the incident date recorded as	F 225			

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F 225	<p>Continued From page 19</p> <p>02/26/14; the incident date should have been 02/20/14 as alleged. He stated the "Self Reported Incident Form" should have had the alleged incident of physical abuse of Resident #1 in it also; and he was unsure why he had left that information off the form. The Administrator stated on 02/26/14, RN #1 came to his office and stated SRNA #1 had come to work and she was supposed to have been suspended. He stated he did not know SRNA #1 had been scheduled to work 02/26/14; and he asked RN #2 to bring SRNA #1 to his office. He stated he informed SRNA #1 there had been an allegation of abuse and he was going to have to suspend her but had failed to get a statement from her as he did not want her to know what the situation was until he had investigated further. He indicated he or the DON should have called SRNA #1 when the allegations were received; and told her not to come to work until completion of the investigation. In addition, he indicated the investigation should have been more thorough because there was the potential for harm of residents if the Abuse Policy was not followed.</p> <p>Interview, on 03/08/14 at 11:30 AM, with the Medical Director revealed the facility had made him aware of the allegation after being informed of the Immediate Jeopardy. He stated the facility should thoroughly investigate all allegations of abuse, including interviewing residents and staff, evaluating subjective and objective data, corroborating the story, and coming up with an action plan. Continued interview revealed the State Agencies were to be notified of abuse allegations within twenty-four (24) hours. He stated, if a staff member were to witness abuse, they should immediately notify their superior, the DON and Administrator. According to the Medical</p>	F 225		
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F 225	<p>Continued From page 20</p> <p>Director, interviews were to be done with the perpetrator, and any staff on the unit involved in care for the residents allegedly abused. Continued interview revealed SRNA #1, the perpetrator should not have been allowed to work after administration had been notified of the allegations. The Medical Director stated, "at the point the fuse was lit, Administration should have investigated", indicating administration should have immediately started the investigation.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC), on 03/12/14 which alleged removal of the Immediate Jeopardy on 03/07/14. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> <li>1. The investigation was reopened on 03/05/14. Residents #12 and #15 were re-interviewed with additional questions by the DON, Administrator and/or Social Services (SS) Director on 03/06/14. Resident #1's roommate, which was the resident's sister was interviewed on 03/06/14, by the DON because Resident #1 was not interviewable. During the resident interviews on 03/06/14, no complaints or allegations against State Registered Nursing Assistant (SRNA) #1 were received. Other residents under the care of SRNA #1 with a Brief Interview for Mental Status (BIMS) score of eight (8) or above were also interviewed from 03/01/14 to 03/06/14 by the DON, Administrator and/or SS Director with no complaints noted. All the staff working on the same hall as SRNA #1 the evening the alleged abuse occurred were interviewed by the DON, Administrator or SS Director on 03/06/14 and no complaints or concerns were verbalized.</li> <li>2. SRNA #2 was counseled by the DON</li> </ol>	F 225			

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F 225	<p>Continued From page 21</p> <p>immediately via phone on 02/25/14, and in writing on 02/28/14, regarding compliance with the facility's Abuse Policy; and the requirement of immediately reporting all suspected abuse. The DON received education by the Nurse Consultant on 03/05/14 regarding the regulatory requirements on reporting and investigating abuse. The DON, Administrator and SS Director received in-service education by the Nurse Consultant on investigation and reporting of abuse on 03/06/14. The re-education included, but was not limited to: identification of events requiring investigation; protecting residents; interviewing residents, staff and all witnesses; and timely reporting of allegations and findings. All facility staff licensed and unlicensed received in-service education on abuse and on the facility's abuse policy, which included: immediately reporting any suspected abuse, neglect, exploitation or misappropriation; and protecting residents. The re-education was provided by the DON, Administrator and SS Director on 03/05/14 through 03/06/14. Any staff on leave, vacation, or unavailable for the in-service would not be able to clock in or work until completing the in-service education. The facility does not utilize agency staffing.</p> <p>3. A weekly skin assessment performed by the Charge Nurse on 02/22/14, for Resident #1 revealed no suspicious bruising or marks which would indicate physical abuse. Routine skin assessments performed 02/21/14 through 02/27/14, by the Charge Nurses on duty, revealed no suspicious bruising or signs of potential physical abuse of the residents who might have received care by SRNA #1, 02/20/14 through 02/21/14 or any other employee.</p>	F 225		

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F 225	<p>Continued From page 22</p> <p>4. The investigation was concluded on 03/06/14 with the findings unsubstantiated based on the interviews with Resident #12 and Resident #15 and other cognitively intact residents which revealed no verbal abuse by SRNA #1. Resident #1's roommate/sister had been interviewed and denied any abuse by staff.</p> <p>5. All reported allegations were to be reviewed by the facility's investigation team including the Administrator, SS Director and DON immediately during normal business hours to determine which team members would investigate, and report the allegation to the required authorities. During off hours, staff was to notify the DON and/or Administrator immediately via phone; and the DON and/or Administrator would determine who should investigate and report. The Administrator was to report all findings of the facility's investigation team to the Nurse Consultant upon conclusion of the team review, within five (5) working days of the allegation, to determine that all necessary investigation and reporting interventions had been initiated.</p> <p>6. The Continuous Quality Improvement (CQI) indicator for the monitoring for compliance with the components of the abuse regulation, including but not limited to investigating and reporting of abuse, was to be utilized with each allegation of abuse weekly for four (4) weeks, then monthly for four (4) months and then quarterly thereafter under the supervision of the Administrator. Results of each abuse allegation CQI indicator was to be presented by the DON, Administrator or SS Director or designee; and reviewed with the QA team as part of the daily meetings Monday through Friday. Failure to meet the established threshold of one hundred percent (100 %) on the</p>	F 225		

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F 225	<p>Continued From page 23</p> <p>CQI indicator tool would result in intervention; and an immediate internal plan of correction to address the identified areas of concern. The findings of the completed CQI indicators were to be reviewed by the contracted Nurse Consultant with monthly visits, to determine that allegations were investigated and reported as indicated. The effectiveness of the facility's administration would be monitored through the CQI process. Results were to be reported to the QA Committee by the Administrator, DON, SS Director or designee.</p> <p>7. The facility's QA team with the Medical Director convened on 03/06/14 to review the circumstances of the allegations, and all interventions which had been and were to be implemented by the facility.</p> <p>8. The Contracted Nursing Consultant and or Nursing Home Administrator (NHA) consultant will conduct an evaluation of the facility's CQI program monthly for three (3) months, then annually thereafter. Results will be reported to the QA committee.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <p>1. Review of the facility's documentation revealed the investigation had been re-opened. Review revealed Resident #12 and Resident #15 were re-interviewed on 03/06/14 by the SS Director with additional specific questions and no concerns identified. Review of the documentation revealed Resident #1's roommate/sister had been re-interviewed on 03/06/14 by the SS Director with no concerns noted. Additionally, review revealed seventeen (17) other residents with a BIMS of eight (8) or above had been interviewed</p>	F 225	

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F 225	<p>Continued From page 24</p> <p>between 03/01/14 and 03/06/14 with no concerns identified. Further review revealed all staff members who had worked the West Wing evening shift on 02/20/14, where SRNA #1 allegedly abused residents, were interviewed and had signed Witness Statements, dated 03/06/14.</p> <p>2. Review of the "Improvement Plan" dated 02/26/14, revealed SRNA #2 had been counseled for not reporting concerns to the supervisor immediately in regards to verbal remarks from another SRNA; and for not following facility policy related to abuse. The Plan was marked as "first counseling" and signed by the DON on 02/28/14. Continued review revealed the DON had attempted to provide a written counseling with SRNA #2 on 02/28/14; however the employee refused to sign it.</p> <p>Interview with the DON on 03/13/14 at 2:20 PM, revealed she had talked to SRNA #2 about abuse on 02/28/14 and attempted to have her sign a written counseling; however SRNA #2 had refused to sign it.</p> <p>Review of a sign-in sheet dated 03/06/14, revealed the Administrator, DON and SS Director had attended the Nurse Consultant's inservice on abuse.</p> <p>Interview with the DON on 03/13/14 at 11:30 AM revealed she had received an inservice from the Nurse Consultant on 03/05/14 and 03/06/14 via phone conference call. She stated the Nurse Consultant educated her on abuse, investigation of abuse, getting statements from residents and staff related to the incident; and regulatory requirements. She stated the Nurse Consultant had also talked about events which would require</p>	F 225			

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F 225	<p>Continued From page 25</p> <p>investigation, types of abuse, how to suspect abuse, protecting residents, and reporting abuse to State Agencies.</p> <p>Interview with the Administrator on 03/12/14 at 5:27 PM, and the SS Director on 03/12/14 at 4:29 PM, revealed they had a conference with the Nurse Consultant on 03/06/14; and were educated on identifying abuse, the different types of abuse, what needed to be investigated, interviewing all the staff working with the residents, interviewing residents, having staff turn in a written statement related to the abuse, reporting abuse and time frames for reporting abuse.</p> <p>Interview with the Nurse Consultant on 03/13/14 at 9:30 AM, revealed she had given training to the Administrator, SS Director and DON on 03/06/14. She further stated the training on abuse had included identification, documentation, conducting interviews, investigation, and timely reporting requirements of abuse.</p> <p>Review of the facility's inservice education related to abuse revealed it had included the policies on abuse, reporting and investigating abuse, examples of abuse. Review of the facility's documentation revealed staff had taken a post test after the education and signed an acknowledgement form. Continued review of the documentation revealed staff attendance signatures which indicated they had received the abuse inservice on 03/05/14 and 03/06/14. Further review of the inservice education sign-in sheets revealed dietary, housekeeping, nurses, SRNAs, office staff, activities, SS, medical records, laundry and therapy staff had received the education. Additionally, review revealed staff</p>	F 225		

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F 225	Continued From page 26 who had not received the education on 03/05/14 and 03/06/14 were inserviced prior to returning to work on 03/07/14 through 03/13/14.  Interview with the Staff Development Nurse on 03/13/14 at 2:05 PM, revealed she had a master list of staff with signatures of everyone who had been inserviced; and she had inserviced everyone who had worked so far. The Staff Development Nurse stated the facility had some "PRN" (as needed) staff who had not worked since 03/05/14; and she would inservice those staff before they worked. According to the Staff Development Nurse, the staff abuse inservice covered types of abuse, protecting residents, immediately reporting abuse; and to who and when to report suspected abuse.  Interviews on 03/12/14 with SRNA #8 at 3:20 PM; SRNA #6 at 5:10 PM; SRNA #10 at 5:15 PM; SRNA # 9 at 5:56 PM; SRNA #11 at 5:25 PM; LPN #5 at 3:44 PM; LPN #12/Unit Coordinator East Wing at 4:30 PM; LPN #6 at 4:50 PM; LPN # 10 at 4:53 PM; LPN #8 at 4:55 PM; LPN #7 at 5:50 PM; RN #2/Unit Manager West Wing at 5:35 PM; Activity Director at 3:45 PM; Activity Assistant at 4:05 PM; Housekeeping Supervisor at 4:15 PM; Laundry Personnel #1 at 4:20 PM; Laundry Personnel #2 at 6:10 PM; Director of Dietary 4:25 PM; Dietary Aide #1 at 4:30 PM; PM Cook at 4:32 PM; Administrative Assistant at 5:10 PM; Bookkeeper at 5:15 PM; and Maintenance Director at 5:40 PM revealed they all had been in-serviced on types of abuse, suspecting abuse, protecting residents and immediately reporting abuse; and to whom to report abuse.  Interviews on 03/13/14 with SRNA #15 at 9:00 AM; SRNA #12 at 9:29 AM; SRNA #13 at 9:36	F 225			

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F 225	<p>Continued From page 27</p> <p>PM; SRNA #17 at 9:46 PM; SRNA #14 at 10:06 AM; SRNA #1 at 10:34 AM; SRNA #5 at 12:23 PM; SRNA #16 at 12:35 PM; SRNA #2 at 1:23 PM; LPN # 11/House Supervisor at 8:50 AM; LPN #13 at 10:55 AM; LPN #12 at 10:26 AM; LPN #4 at 2:24 PM; LPN #14/Quality Assurance Nurse at 2:54 PM; RN #4 at 8:43 PM; RN #5 at 9:56 PM; RN #6 at 11:08 PM; Maintenance Assistance at 9:05 AM; Laundry Personnel #3 at 9:15 AM; Speech Therapist at 10:20 AM; Floor Tech at 10:30 AM; Housekeeping Personnel #1 at 10:45 AM; Business Office Manager at 10:50 AM; and MDS Coordinator at 12:00 PM revealed they all had been in-serviced on types of abuse, suspecting abuse, protecting residents and immediately reporting abuse; and to whom to report abuse.</p> <p>3. Record review revealed a weekly skin assessment was completed on 02/22/14 for Resident #1; which had no documented suspicious bruising or marks that might have indicated physical abuse. Record review revealed routine skin assessments had been completed on 02/21/14 to 02/27/14, for all residents cared for by SRNA #1 on 02/20/14 and 02/21/14, with no documented evidence of suspicious bruising or signs of potential physical abuse noted.</p> <p>4. The facility's re-investigation was reviewed and revealed interviews had been conducted with Resident #12 and Resident #15, and other cognitively intact residents and had revealed no complaints of verbal abuse by SRNA #1. In addition, Resident #1's roommate/sister had been interviewed by the facility and denied any abuse by staff of herself or Resident #1.</p>	F 225		

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F 225	<p>Continued From page 28</p> <p>Interviews on 03/12/14 with Resident #12, Resident #15, Unsampld Resident I, who was Resident #1's roommate/sister, and other cognitively intact residents verified they had been interviewed by facility staff in regards to any staff abuse.</p> <p>Interview with the Administrator on 03/12/14 at 5:27 PM, and the DON on 03/13/14 at 11:30 AM, revealed they had obtained statements from the residents who had been involved in the allegations; and from other interviewable residents who had been cared for by SRNA #1. The DON and Administrator both stated the facility had not been able to substantiate any of the abuse allegations.</p> <p>5. Interview with the SS Director on 03/12/14 at 4:29 PM, with the Administrator on 03/12/14 at 5:27 PM, and with the DON on 03/13/14 at 11:30 AM revealed allegations of abuse were to be reviewed by the investigation team and investigations were to be started immediately during normal business hours and the tasks would be delegated. The interviews revealed during off hours staff was to notify the supervisor who would contact the Administrator, SS Director or DON; and they would direct the supervisor on the investigation, and a member of the investigation team would come in. The Administrator stated the findings of the facility's investigation would be reported to the Nurse Consultant during the investigation, and as soon as the investigation was completed for her review. Further interview with the Administrator revealed he, or in his absence the DON, SS Director or designee, would do the reporting to the required authorities within the required time frames.</p>	F 225		

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F 225	Continued From page 29  Interview with the Nurse Consultant on 03/12/14 at 5:45 PM, revealed the facility's investigation team would complete the allegation of abuse investigations, and the Nurse Consultant would be notified of the findings. The Nurse Consultant stated he/she would review the facility's investigation to ensure initial reporting had occurred and to ensure the investigation had been completed within the five (5) day time frame for reporting to the State Agency.  6. Review of the facility's CQI Indicator for Abuse Reporting and Investigation tool revealed the components of the abuse regulations were included in the tool; and the tool had a threshold goal of 100%. In addition, the Evaluation of CQI Program tool used to determine if the CQI Indicator tool outcome had been successful or if corrective actions were needed was also reviewed.  Interviews with the Administrator on 03/12/14 at 5:27 PM and the DON on 03/13/14 at 11:30 AM, verified the facility would utilize the CQI Indicator tool when conducting the abuse investigations at a minimum weekly for four (4) weeks, then monthly for four (4) months and then quarterly thereafter as per the AOC. The CQI Indicator tool would be utilized for a longer period of time if necessary which would be determined by the QA Committee. The interviews with the DON and Administrator revealed the CQI tool would take them through the abuse protocol steps; and at the end of the investigation it would help them make sure they had taken the appropriate actions. The Administrator stated the CQI team would supervise the CQI monitor; however he was ultimately responsible. The Administrator stated	F 225		

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F 225	<p>Continued From page 30</p> <p>during abuse investigations the CQI tool results would be presented to the QA team at the daily meetings Monday through Friday; and to the QA Committee monthly. He stated if the established threshold of 100% was not met, they would determine what had gone wrong and set up a plan of correction. In addition, the Administrator stated the completed CQI tool would be reviewed by the Nurse Consultant monthly to determine that allegations were investigated and reported appropriately and that thresholds were met.</p> <p>Interview, on 03/13/14 at 1:54 PM, with the QA Nurse verified the CQI tool for abuse results would be reported to the QA Committee at the monthly meetings. In addition, she stated if the CQI indicator did not meet the threshold they would analyze why it had not met the threshold; and put together an action plan to resolve the area of concern.</p> <p>7. Review of the 03/06/14 QA Committee Meeting Minutes, no time noted, revealed the QA team had communicated with the Medical Director via phone call and discussed the two (2) allegations of verbal abuse, and one (1) allegation of physical abuse which had occurred on 02/20/14. Continued review revealed the Medical Director was informed the allegations were not reported by the SRNA until 02/25/14 because the SRNA could not find a nurse to report the allegations to. In addition, review of the meeting minutes revealed the QA team and Medical Director discussed what the facility had done to ensure the safety of all residents, and had started the abuse investigation process.</p> <p>Interviews with the Administrator on 03/12/14 at 5:27 PM and with the DON on 03/13/14 at 11:30</p>	F 225			

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F 225	Continued From page 31 AM revealed the Medical Director was contacted on 03/06/14 regarding the abuse allegations, interviews, what the facility had put in place and the reporting of the abuse.  Interview, on 03/08/14 at 11:30 AM, with the Medical Director revealed he was made aware of the Immediate Jeopardy (IJ) situation at the facility on 03/06/14. He stated the facility had discussed with him what had occurred, what the facility had done so far, and what they would be implementing.  8. Interview, on 03/12/14 at 5:45 PM, with the Nurse Consultant verified the Nurse Consultant would conduct an evaluation of the facility's CQI program on the monthly visits for three (3) months, then annually thereafter. According to the Nurse Consultant the results would be reported to the QA Committee.	F 225			
F 226 SS=K	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's policy, it was determined the facility failed to have an effective system in place to ensure policy and procedures were implemented related to abuse for three (3) of twenty-one (21) sampled residents (Residents #1 #12 and #15).	F 226	F226  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. N 110 902 KAR 20:300-5(3)(d) Section 5. Resident Behavior & Fac. Practice (3) Staff treatment of residents. (d)The facility shall document alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the administrator of the facility or to other official in accordance with KRS chapters 209 and 620.		

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F 226	<p>Continued From page 32</p> <p>The facility failed to ensure staff reported allegations of abuse, failed to interview staff in regards to the allegations received and failed to ensure other interviewable residents were interviewed timely after the notification of abuse to ensure to ensure a thorough investigation, failed to prevent the potential for further abuse, and failed to report allegations to the appropriate State Agencies per the facility's policy and procedures.</p> <p>On 02/25/14, at approximately 10:30 PM, State Registered Nursing Assistant (SRNA) #2 reported to House Supervisor/Registered Nurse (RN) #1, she had witnessed possible abusive incidents on 02/20/14, five (5) days earlier, involving SRNA #1 which she had not yet reported. RN #1 informed SRNA #2 what she had witnessed had been abuse and the RN notified Administration of the alleged abuse on 02/25/14. However, RN #1 failed to ensure Resident #1, who had allegedly been physically abused, was assessed as per facility policy to ensure there had been no injuries. Even though Administration had been notified on 02/25/14; there was no documented evidence the facility began an immediate investigation as per facility policy. The facility did not initiate the investigation until 02/27/14, two (2) days after receiving the allegations and only interviewed two (2) of the residents involved and the roommate of Resident #1 on 02/27/14. There was no documented evidence the facility interviewed staff and obtained documented statements from staff, who worked the evening of 02/20/14 when the incidents allegedly occurred; or obtained a documented statement from the alleged perpetrator, SRNA #1 as per facility's policy.</p>	F 226	<p><b>Criteria I:</b> SRNA #2 made two Allegations of verbal abuse and one allegation of physical abuse on 2/25/14 at 10:30pm to the Director of Nursing (DON). The DON immediately began an investigation. SRNA #1 (the employee whom the allegation was made against) was suspended on 2/26/14 at approximately 3pm by the Nursing Home Administrator. The investigation concluded on 2/28/14, and was unsubstantiated (see bullet point below for basis for allegations to be unsubstantiated). The Lexington Regional OIG office was notified of the allegations and the facilities findings on 2/28/14.</p> <p>-The investigation was re-opened on 3/5/14.</p> <p>-Residents #12 and #15 were interviewed again with additional questions by the DON, NHA and/or the SSD on 3/6/14.</p> <p>-Residents #12 and #15 were assessed by the DON and SSD on 2/27/14. No signs of emotional or any type of distress or changes were noted.</p> <p>-Resident #1 is not interviewable. Her roommate is her sister and was interviewed on 2/27/14 and 3/6/14 by the SSD. -A weekly skin assessment performed by the unit charge nurse on 2/22/14 for Resident #1 revealed no suspicious bruising or marks that would indicate physical abuse.</p> <p>-Routine weekly skin assessments performed 2/21/14-2/27/14 by the charge nurses on duty reveal no suspicious bruising or signs of potential</p>		

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F 226	<p>Continued From page 33</p> <p>In addition, as a result of the allegations not being reported immediately as per facility policy, the alleged perpetrator, SRNA #1, had not been removed from resident care as per the facility's policy. SRNA #1 had been allowed to continue to provide care of residents the rest of her shift on 02/20/14, an entire shift on 02/21/14 and approximately thirty (30) minutes on 02/26/14. Additionally, the facility's policy revealed State Agencies were to be notified of the allegations; however, they were not notified until 02/28/14 of the verbal abuse and were not notified of the alleged physical abuse until 03/05/14. (Refer to F-225, F-490, and F-520).</p> <p>Based on the above findings, it was determined the facility's failure to implement its policy and procedures regarding protecting, reporting and thoroughly investigating alleged incidents of verbal and physical abuse; and failing to immediately report the alleged incidents to the State Agencies, was likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) was identified on 03/05/14 and was determined to exist on 02/20/14.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 03/12/14 with the facility alleging removal of the Immediate Jeopardy on 03/07/14. The Immediate Jeopardy was verified to be removed on 03/07/14 prior to exiting the facility on 03/13/14, with remaining non-compliance at CFR 483.13, Resident Behavior and Facility Practice, F-226 Abuse, with a Scope and Severity of an "E", while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure abuse policy and procedures</p>	F 226	<p>physical abuse of the residents who may have received care by SRNA #1 on 2/20/14 and/or 2/21/14 (the day the alleged abuse occurred and the only day SRNA #2 worked prior to suspension).</p> <p>-During the resident interviews on 2/27/14 and 3/6/14, the residents interviewed did not make any complaints or allegations against SRNA #1 or any other employee.</p> <p>-All staff working on the same hall as SRNA #1 when the alleged verbal abuse occurred were interviewed by the DON, NHA and/or Social Services Director (SSD) on 3/6/14; no complaints or concerns were raised.</p> <p>-SRNA #2 was counseled by the DON immediately via phone on 2/25/14 and in writing on 2/28/14, regarding strict compliance with the facility's Abuse policy and the requirement of immediately reporting all suspected abuse.</p> <p>-The DON received education by the Nurse Consultant on 3/5/14 regarding the regulatory requirements on reporting and investigating allegation of abuse.</p> <p>-The investigation was concluded on 3/6/14 with the findings remaining unsubstantiated.</p> <p>-Basis for allegations to be unsubstantiated: Interviews with the 2 residents involved with the alleged verbal abuse (Residents # 12 &amp; #15) and other cognitively intact residents revealed no verbal abuse by SRNA # 1. The resident involved with the alleged physical abuse (Resident #1) is not interviewable; her roommate/sister was interviewed and denied any abuse by staff to resident. Routine weekly skin</p>		

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F 226	Continued From page 34 are implemented.  The findings include:  Review of the facility's policy titled, "Policy on Abuse", undated, revealed if staff observed possible abuse they were to report the abuse to their supervisor, Social Services (SS), Director of Nursing (DON) and Administrator immediately. Review of the policy revealed the Administrator, DON and SS Director were to conduct immediate investigations of abuse or neglect allegations when identified during the shift on which the alleged abuse occurred, to include interviews with the resident or other resident witnesses which were to have been documented. Review of the policy revealed the facility was to ensure a thorough examination of the resident had been performed after an allegation of physical abuse. Policy review revealed allegations were to be reported to the appropriate State Agencies; and, the Administrator was responsible for ensuring the facility's compliance. According to the policy, written documentation was to be obtained from all persons with knowledge of the reported incident, which was to include the staff person implicated. Further review of the policy revealed if a staff person had been implicated, the employee was to be removed from resident care and sent home after completing a written statement.  Review of the facility's investigation, "Combined Incident Report/Final Report" which was submitted to the State Agencies on 02/28/14, revealed SRNA #2 had been working with SRNA #1, and felt SRNA #1 had been inappropriate in her conversations with Resident #12 and Resident #15. Review of the incident date on the Report revealed it was documented as 02/26/14,	F 226	assessment of Resident #1 on 2/22/14 by the charge nurse showed no suspicious bruising or signs of physical abuse. Skin assessments of other residents under the care of SRNA revealed no suspicious bruising or signs of physical abuse (refer to Criteria #2). Staff interviews as listed and 3/6/14 by the DON, NHA, and/or the SSD with no complaints noted. Based on the findings of these interviews, the need for further resident interviews/assessments was determined to be unnecessary by the investigation team.  Criteria 2: Routine weekly skin assessments Performed 2/21/14-2/27/14 by the charge nurses on duty revealed no suspicious bruising or signs of potential physical abuse of the residents who may have received care by SRNA #1 on 2/20/14 and/or 2/21/14 (the day the alleged abuse occurred and only day SRNA #1 worked prior to suspension).  -Other residents under the care of SRNA #1 with a BIMS score of 8 or higher were interviewed on 3/1/14 and 3/6/14 by the DON, NHA, and/or the SSD with no complaints noted. Based on the findings of these interviews the need for further resident interviews/assessments was determined to be unnecessary.  Criteria 3: The DON, NHA and SSD received in-service education by the Nurse Consultant on the investigation and reporting of abuse on 3/6/14. The re-education included, but was not limited to: identification of events requiring investigation; protecting the resident(s); interviewing of residents, staff and all witnesses; and timely reporting of allegations and findings. -All facility staff (licensed and unlicensed) received inservice education on abuse and the		

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F 226	Continued From page 35 not 02/20/14 as alleged by SRNA #2. Continued review of the Report revealed the House Supervisor reported to the Administrator; and, SRNA #1 had been immediately suspended to protect the residents. According to the Report, the DON and the Social Worker (SW) interviewed the two (2) residents involved; and they stated no staff member had said or done anything to them they felt had been inappropriate. Per the Report, the facility's "conclusion" had been to return SRNA #1 to work on day shift and on the other unit to monitor her closely; and to offer training in proper technique by the Staff Development Director. Further review of the Report revealed no documented evidence of the physical abuse allegation involving Resident #1; of a written statement from SRNA #2; or of written statements from other employees working when the allegations occurred.  Further review of the facility's investigation revealed an "Abuse Investigation and Reporting Checklist" completed by the DON which indicated the staff person had not immediately reported the alleged incident to her immediate supervisor and the incident allegedly occurred on 02/20/14, however had not been reported until 02/25/14 to the supervisor. Review of the Checklist revealed no documented evidence of when the investigation had been initiated, or of dates and times of when it had been initiated to indicate the investigation had been initiated immediately as per facility policy. Continued review of the Checklist revealed the Administrator, DON, and SS, Physician and State Agencies had been notified; however, there was no documented evidence of the dates and times of the notifications to indicate when the notifications had occurred. The checklist revealed SRNA #1, the	F 226	facility abuse policy, including, but not limited to: immediately reporting any suspected abuse, neglect, exploitation or misappropriation; and protecting the resident. The re-education was provided by the DON, NHA, SDC and SSD on 3/5/14 -- 3/6/14. Any staff on leave, vacation, or unavailable for the in-service will not be able to clock in or work until completing the in-service education. The facility does not utilize agency staffing. -As part of orientation, all newly hired staff are provided education by the SDC on abuse and the facility abuse policy, including, but not limited to: immediately reporting any suspected abuse, neglect, exploitation or misappropriation; and protecting the resident.  Criteria 4: All reported allegations will be reviewed by the facility investigation team including the NHA, SSD, and DON immediately during normal business hours to determine which team members will investigate and report the allegation to the required authorities. During off hours, staff shall notify the DON and/or NHA immediately via phone; the DON and/or NHA shall determine who shall investigate and report. -The facility QA team (DON, NHA, and SSD), with the Medical Director, convened on 03/6/14 to review the circumstances of the allegation and all interventions which have been and will be implemented by the facility. -The findings of the completed CQI indicators will be reviewed by the contracted Nurse Consultant with monthly visits, to determine that allegations were investigated and reported as indicated.		

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F 226	<p>Continued From page 36</p> <p>alleged perpetrator, had been suspended for three (3) days on 02/26/14, 02/27/14, and 02/28/14; however there was no documented evidence the SRNA had been removed from resident care and sent home after completing a written statement as per facility policy. Review of the facility's investigation revealed only interviews with Resident #12, Resident #15, and Unsampld Resident I, roommate of Resident #1, had been conducted on 02/27/14. Continued review of the investigation revealed no documented evidence other residents who might have been witnesses of the alleged abuse had been interviewed until 03/03/14, six (6) days after the facility had been notified of the allegations.</p> <p>Review of the written statement from SRNA #2, undated, revealed on 02/20/14 SRNA #2 had heard SRNA #1 tell Resident #15 she was not going to keep putting him/her on the bedpan as she did not have time to fool with his/her "stinking ass". Continued review of the written statement, revealed SRNA #1 had told Resident #12 "to open" his/her legs so she could clean his/her "coochie". Further review of the statement from SRNA #2 revealed SRNA #1 had been very rough with Resident #1 when transferring him/her, practically slamming the resident in his/her chair causing him/her to cry out very loud as if in pain. Additionally, review of the written statement revealed SRNA #2 had requested not to work with SRNA #1 again.</p> <p>Interview with SRNA #2 on 03/05/14 at 3:30 PM and on 03/14/14 at 1:23 PM, revealed she knew if she was to witness abuse, she would need to report it immediately to the Charge Nurse or DON. SRNA #2 stated, however one day sometime after dinner, she had witnessed SRNA</p>	F 226	<p>-The CQI Tool is included for review as Attachment A-8. The CQI Tool addresses compliance with the entire regulation, and will be completed weekly X 4 weeks, monthly X 6 months and then quarterly thereafter under the supervision of the Administrator. Results of the audits will be reported to the QA Committee by Department Heads monthly for six (6) months and quarterly thereafter. If an accepted threshold of compliance, as referenced on the CQI Tool, is not achieved, the appropriate Department Head shall immediately develop and oversee a corrective plan.</p> <p>The details of the corrective plan will be reported to the QA Committee, with updated audit results, at the next monthly meeting. If appropriate compliance is not achieved at that time, the responsible Department Head will face personnel</p> <p>action. -Facility staff will complete a questionnaire at the completion of quarterly training on abuse, neglect, exploitation and misappropriation as provided by the SDC. Any areas of concern and/or problems will be immediately addressed by the SDC SDC will take results of the completed questionnaires auditing and any necessary interventions to the QA committee quarterly.</p> <p>Criteria 5: April 9, 2014</p>		

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F 226	<p>Continued From page 37</p> <p>#1 tell Resident #15, she did not have time to fool with him/her, taking his/her "stinking ass" off the bedpan all the time. She stated she also heard SRNA #1 tell Resident #12 "to open" his/her legs, so she could clean his/her "coochie" that same evening. SRNA #2 indicated she felt like this had been inappropriate and abusive. SRNA #2 stated also, that same evening, SRNA #1 had been transferring Resident #1 by herself and had picked the resident up and slammed him/her down. She stated she had been startled when Resident #1 made a noise after being slammed down as if he/she had been uncomfortable or in pain. SRNA #2 stated she felt SRNA #1 had been very rough and felt this would have been considered abusive. However, SRNA #2 stated she had not reported what she had witnessed until 02/25/14, when she reported it to Registered Nurse (RN) #1 sometime in the evening. She stated RN #1 told her this had been abuse which needed to be reported; RN #1 placed a call to the DON and had her tell the DON what she had witnessed. However, SRNA #2 stated the DON informed her she would talk to her about what she had witnessed when she (DON) returned to work. She stated the next day RN #1 asked her to write a statement as to what she had witnessed. Continued interview revealed the Administrator had talked with her and told her he would be investigating what she had witnessed; however, she was unsure what date and time this had occurred. She further stated she had been suspended by the Administrator on 03/03/14.</p> <p>Interview with SRNA #1 on 03/05/14 at 1:50 PM and 03/14/14 at 10:34 AM, revealed she had received training on abuse at the facility on hire and knew if someone told a resident they did not have time to fool with their "stinking ass" or</p>	F 226		

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F 226	Continued From page 38 transferred residents roughly it would be considered abuse. She stated on 02/26/14, while she had been caring for her residents the Administrator called her to his office and had sent her home for talking "badly" to residents. SRNA #1 stated there had been no discussion of what the allegations were or which residents were involved and she had been told the DON would investigate and then talk to her. She indicated the Administrator had told her it was confidential. She stated she called the DON on 02/27/14 to ask what she had been accused of and the DON told her she was still investigating and would let her know later. SRNA #1 stated she did not recall the DON asking for her side of the story and no one had asked her to write a statement in regards to the allegations. Further interview revealed she talked to the DON again, on 03/01/14, and was told the investigation had determined the allegations were not true and she should report to work on 03/02/14. Additionally, interview revealed SRNA #1 denied the allegations related to Resident #1, Resident #12 and Resident #15.  Interview with SRNA # 5 on 03/05/14 at 3:11 PM; Licensed Practical Nurse (LPN) #4 on 03/05/14 at 6:27 PM; and LPN #5 on 03/05/14 at 2:43 PM, revealed they all had worked the evening of 02/20/14, and had not been interviewed during the facility's initial investigation.  Interview with RN #1/House Supervisor on 03/05/14 at 3:50 PM, on 03/08/14 at 3:15 PM, and on 03/11/14 at 1:48 PM, revealed SRNA #2 told her on 02/25/14 she had witnessed SRNA #1 on 02/20/14 being verbally abusive to three (3) residents, Residents #12 and Resident #15; and physically abusive to Resident #1. RN #1 stated she had called the DON and had SRNA #2 report	F 226			

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F 226	<p>Continued From page 39</p> <p>the allegations to the DON. According to RN #1 she asked the DON if she needed to complete anything and the DON had told her no, she would take of it and report the allegations to the Administrator. She stated the DON told her SRNA #2 should have reported the abuse she had witnessed a week ago when she witnessed it. RN #1 stated the DON informed her she did not think she would report this allegation to the "State". RN #1 stated she had not done anything else as it had been time for SRNA #1's shift to end. She stated she had not completed a skin assessment of Resident #1 after having been informed of the alleged physical abuse of the resident; however, she should have per facility policy. RN #1 stated on 02/26/14 she had observed SRNA #1 come in to work and begin caring for residents. She stated she went immediately to the Administrator, who was on the phone, to report this; and indicated it had been approximately 4:00 PM when she was able to talk to him. RN #1 reported she had told the Administrator SRNA #1 needed to be suspended right away related to the abuse allegations and he told her he was aware of the allegations. She indicated the Administrator had SRNA #1 brought to his office and he suspended her then. RN #1 stated SRNA #1 should have been immediately suspended pending the investigation; and the facility had not followed its policy.</p> <p>Interview with RN #2/Unit Manager on 03/05/14 at 10:20 AM, 6:52 PM and on 03/08/14 at 2:30 PM, revealed RN #1 had been furious upon arriving to work on 02/26/14, and realizing SRNA #1 had been working. She stated RN #1 had asked her why SRNA #1 was there; and went to the Administrator's office immediately. RN #2 stated she had taken SRNA #1 to the Administrator's</p>	F 226		

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F 226	<p>Continued From page 40</p> <p>office per his request and indicated SRNA #1 had been told allegations of abuse had been made against her and she was to be suspended per the facility's policy until completion of the investigation. RN #2 stated she had not been informed of what the allegations were and therefore had not known SRNA #1 should not have been caring for residents on 02/26/14. According to RN #2, SRNA #1 should not have been at work on 02/26/14, after Administration had been informed of the allegations. She indicated she felt the facility had not followed the abuse protocol.</p> <p>Review of SRNA #1's time card revealed she worked on 02/26/14 from 3:00 PM to 3:30 PM.</p> <p>Interview with the SS Director on 03/05/14 at 2:50 PM, revealed transferring someone in a rough manner; and inappropriate use of terminology for private parts would be examples of abuse and should be reported immediately. She stated the DON oversaw abuse investigations; however the DON, Administrator and she collaborated as a team for conducting abuse investigations. The SS Director stated the Administrator was to submit an initial investigation to the State Agencies in twenty-four (24) hours. The SS Director stated she had been notified of the allegations involving SRNA #1 on 02/26/14, while she had been out of the facility at a conference with the DON. She stated SRNA #2 should have reported the allegations immediately on 02/20/14, when they allegedly occurred; and the facility's investigation should have been initiated on 02/25/14 when SRNA #2 finally reported them. She stated the alleged perpetrator should have been immediately suspended pending the investigation, per facility policy. The SS Director</p>	F 226			

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F 226	<p>Continued From page 41</p> <p>indicated the residents involved had not been interviewed until 02/27/14 when she and the DON returned to the facility. The SS Director stated she interviewed all interviewable residents residing on the hall on which SRNA #1 had worked on 02/20/14, except for Resident #15 who the DON interviewed. However, she did not indicate when the resident interviews had occurred. She stated she had not been aware staff interviews had not been completed; and indicated several staff working on 02/20/14 should have been interviewed as per the policy. The SS Director stated she also was unaware SRNA #1 had not been interviewed; and stated the alleged perpetrator should have been interviewed immediately. Continued interview revealed she was also not aware the facility had failed to immediately report the allegations to the State Agencies as per the policy. She stated the facility's policy should have been followed.</p> <p>Interview with the DON on 03/05/14 at 10:30 AM, 6:30 PM, 03/11/14 at 3:00 PM, 03/13/14 at 1:53 PM, revealed if staff witnessed potential abuse they were to immediately notify their supervisor who should immediately notify the Administrator. She stated the supervisor should start the investigation immediately; and stated the facility had twenty-four (24) hours to notify the State Agencies. The DON stated after an allegation of abuse had been reported, the perpetrator was to be suspended until the investigation was completed. She stated the Administrator was the "leader" in abuse investigation and she was responsible for starting the abuse packet which included the "Abuse Investigation and Reporting Checklist". However she stated she had not received any in-service or guidelines on how to complete the checklist and abuse packet and</p>	F 226		

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F 226	<p>Continued From page 42</p> <p>indicated the dates and times of notifications should have been included on the "Abuse Investigation and Reporting Checklist" in her investigation packet. She stated she had been notified on 02/25/14 at 10:30 PM, of the alleged verbal abuse when RN #1 and SRNA #2 called her. She stated SRNA #2 reported to her SRNA #1 had been verbally abusive last week; and she informed SRNA #2 she should have reported the abuse to her supervisor right away when she witnessed the abuse as per the policy. The DON stated SRNA #2 told her she had not reported the abuse right away because she had been unable to find a supervisor to report it to at the time. The DON stated she had not documented what she had been told; however she told SRNA #2 to put what she had witnessed in writing. She stated she told RN #2 also to have SRNA #2 write a statement of her allegations and put it under her office door. She stated at that time she had not known the details of what happened and should have asked more questions. She stated she called the Administrator on 02/25/14 at approximately 10:45 PM, and informed him of what SRNA #2 had told her she had witnessed SRNA #1 do which had occurred the week before. The DON stated when she returned to work on 02/27/14 at 8:00 AM she read SRNA #2's written statement which included two (2) verbal abuse and one (1) physical abuse allegation and started the investigation, two (2) days after the facility had been notified of the allegations. She stated she had not obtained written statements from RN #1 or SRNA #1; however, she should have, as well as, obtained written statements from other staff who had worked the evening of 02/20/14. The DON stated SRNA #1 should not have worked after the facility was notified of the allegations pending the investigation results.</p>	F 226		

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F 226	Continued From page 43  Interview with the Administrator on 03/05/14 at 7:15 PM, 03/08/14 at 4:30 PM and 03/11/14 at 3:14 PM, revealed staff was to report any abuse to their supervisor immediately; and the perpetrator was to be suspended immediately pending an investigation. The Administrator stated the DON reported to him on 02/25/14, SRNA #2 had told her she had been working with SRNA #1 and had felt SRNA #1's language to the residents had been inappropriate. He stated the DON felt SRNA #2's allegation had risen to the level of abuse and had occurred five (5) days before. The Administrator stated SRNA #2 had reported the allegations initially to the Night Supervisor who had identified the allegations as abuse which needed to be reported; however, he stated the DON had not gone into detail about what the allegations were and indicated he had not asked. He stated the allegations made by SRNA #2 would have been examples of verbal and physical abuse and SRNA #1 should have been suspended immediately as per the facility policy. The Administrator stated he had informed the DON to go ahead to the conference on 02/26/14, and he would deal with the allegations the next morning; however he did not, as he thought the DON would initiate the investigation on 02/26/14 after the conference. He stated, she did not return to the facility until 02/27/14 so they had gotten a day behind in initiating the investigation. The Administrator stated he thought initiation of the investigation could wait until 02/27/14, as well as suspending SRNA #1 as she had not been scheduled to work again until the weekend per the DON. He indicated, he knew this was not the facility's policy. He stated he knew the facility had twenty-four (24) hours to report the allegations to the State Agencies; but	F 226			

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F 226	Continued From page 44 he guessed they had "blanked out" on notifying the State Agencies as per the policy. The Administrator stated on 02/27/14, he and the DON had talked with SRNA #2 regarding the allegations; however, he had not documented the interview. He stated he had asked SRNA #2 why she had waited five (5) days to report the allegations; and she told him she had not been able to find a nurse to report it to. He stated as part of the investigation they should have interviewed staff who worked the evening of 02/20/14; and obtained their written statements, as per policy. He indicated they had not talked to any of those staff members until 03/01/14 and 03/02/14; and had not written the interviews down. The Administrator stated on 02/26/14, RN #1 came to his office and stated SRNA #1 had come to work and should have been suspended. He stated after RN #1 telling him SRNA #1 had been working, he had SRNA #1 brought to his office, informed her an allegation of abuse had been made and suspended SRNA #1. He reported, however he had failed to get a written statement from SRNA #1 at that time; but had not wanted the SRNA to know what the situation was until he had investigated further. The Administrator stated he or the DON should have called SRNA #1 immediately to inform her she had been suspended until the investigation had been completed as per the policy. He indicated the facility's investigation submitted to the State Agency should have had the incident date recorded as 02/20/14, not 02/26/14; and should have included the allegation of physical abuse of Resident #1. He indicated he was unsure why he had left that information off the report submitted to the State Agency on 02/28/14, three (3) days after the abuse allegations had been made. He indicated he felt the facility's investigation had not	F 226		

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F 226	<p>Continued From page 45</p> <p>been thorough in hindsight. The Administrator stated by not thoroughly investigating and timely reporting the allegations as per the policy, there could be the potential for harm for residents.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC), on 03/12/14 which alleged removal of the Immediate Jeopardy on 03/07/14. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> <li>1. The investigation was reopened on 03/05/14. Residents #12 and #15 were re-interviewed with additional questions by the DON, Administrator and/or Social Services (SS) Director on 03/06/14. Resident #1's roommate, which was the resident's sister was interviewed on 03/06/14, by the DON because Resident #1 was not interviewable. During the resident interviews on 03/06/14, no complaints or allegations against State Registered Nursing Assistant (SRNA) #1 were received. Other residents under the care of SRNA #1 with a Brief Interview for Mental Status (BIMS) score of eight (8) or above were also interviewed from 03/01/14 to 03/06/14 by the DON, Administrator and/or SS Director with no complaints noted. All the staff working on the same hall as SRNA #1 the evening the alleged abuse occurred were interviewed by the DON, Administrator or SS Director on 03/06/14 and no complaints or concerns were verbalized.</li> <li>2. SRNA #2 was counseled by the DON immediately via phone on 02/25/14, and in writing on 02/28/14, regarding compliance with the facility's Abuse Policy; and the requirement of immediately reporting all suspected abuse. The DON received education by the Nurse Consultant on 03/05/14 regarding the regulatory</li> </ol>	F 226		

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F 226	Continued From page 46  requirements on reporting and investigating abuse. The DON, Administrator and SS Director received in-service education by the Nurse Consultant on investigation and reporting of abuse on 03/06/14. The re-education included, but was not limited to: identification of events requiring investigation; protecting residents; interviewing residents, staff and all witnesses; and timely reporting of allegations and findings. All facility staff licensed and unlicensed received in-service education on abuse and on the facility's abuse policy, which included: immediately reporting any suspected abuse, neglect, exploitation or misappropriation; and protecting residents. The re-education was provided by the DON, Administrator and SS Director on 03/05/14 through 03/06/14. Any staff on leave, vacation, or unavailable for the in-service would not be able to clock in or work until completing the in-service education. The facility does not utilize agency staffing.  3. A weekly skin assessment performed by the Charge Nurse on 02/22/14, for Resident #1 revealed no suspicious bruising or marks which would indicate physical abuse. Routine skin assessments performed 02/21/14 through 02/27/14, by the Charge Nurses on duty, revealed no suspicious bruising or signs of potential physical abuse of the residents who might have received care by SRNA #1, 02/20/14 through 02/21/14 or any other employee.  4. The investigation was concluded on 03/06/14 with the findings unsubstantiated based on the interviews with Resident #12 and Resident #15 and other cognitively intact residents which revealed no verbal abuse by SRNA #1. Resident #1's roommate/sister had been interviewed and	F 226			

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F 226	Continued From page 47 denied any abuse by staff.  5. All reported allegations were to be reviewed by the facility's investigation team including the Administrator, SS Director and DON immediately during normal business hours to determine which team members would investigate, and report the allegation to the required authorities. During off hours, staff was to notify the DON and/or Administrator immediately via phone; and the DON and/or Administrator would determine who should investigate and report. The Administrator was to report all findings of the facility's investigation team to the Nurse Consultant upon conclusion of the team review, within five (5) working days of the allegation, to determine that all necessary investigation and reporting interventions had been initiated.  6. The Continuous Quality Improvement (CQI) indicator for the monitoring for compliance with the components of the abuse regulation, including but not limited to investigating and reporting of abuse, was to be utilized with each allegation of abuse weekly for four (4) weeks, then monthly for four (4) months and then quarterly thereafter under the supervision of the Administrator. Results of each abuse allegation CQI indicator was to be presented by the DON, Administrator or SS Director or designee; and reviewed with the QA team as part of the daily meetings Monday through Friday. Failure to meet the established threshold of one hundred percent (100 %) on the CQI indicator tool would result in intervention; and an immediate internal plan of correction to address the identified areas of concern. The findings of the completed CQI indicators were to be reviewed by the contracted Nurse Consultant with monthly visits, to determine that allegations	F 226			

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F 226 Continued From page 48  
were investigated and reported as indicated. The effectiveness of the facility's administration would be monitored through the CQI process. Results were to be reported to the QA Committee by the Administrator, DON, SS Director or designee.

7. The facility's QA team with the Medical Director convened on 03/06/14 to review the circumstances of the allegations, and all interventions which had been and were to be implemented by the facility.

8. The Contracted Nursing Consultant and or Nursing Home Administrator (NHA) consultant will conduct an evaluation of the facility's CQI program monthly for three (3) months, then annually thereafter. Results will be reported to the QA committee.

The State Survey Agency validated the implementation of the facility's AOC as follows:

1. Review of the facility's documentation revealed the investigation had been re-opened. Review revealed Resident #12 and Resident #15 were re-interviewed on 03/06/14 by the SS Director with additional specific questions and no concerns identified. Review of the documentation revealed Resident #1's roommate/sister had been re-interviewed on 03/06/14 by the SS Director with no concerns noted. Additionally, review revealed seventeen (17) other residents with a BIMS of eight (8) or above had been interviewed between 03/01/14 and 03/06/14 with no concerns identified. Further review revealed all staff members who had worked the West Wing evening shift on 02/20/14, where SRNA #1 allegedly abused residents, were interviewed and had signed Witness Statements, dated 03/06/14.

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F 226	<p>Continued From page 49</p> <p>2. Review of the "Improvement Plan" dated 02/26/14, revealed SRNA #2 had been counseled for not reporting concerns to the supervisor immediately in regards to verbal remarks from another SRNA; and for not following facility policy related to abuse. The Plan was marked as "first counseling" and signed by the DON on 02/28/14. Continued review revealed the DON had attempted to provide a written counseling with SRNA #2 on 02/28/14; however the employee refused to sign it.</p> <p>Interview with the DON on 03/13/14 at 2:20 PM, revealed she had talked to SRNA #2 about abuse on 02/28/14 and attempted to have her sign a written counseling; however SRNA #2 had refused to sign it.</p> <p>Review of a sign-in sheet dated 03/06/14, revealed the Administrator, DON and SS Director had attended the Nurse Consultant's inservice on abuse.</p> <p>Interview with the DON on 03/13/14 at 11:30 AM revealed she had received an inservice from the Nurse Consultant on 03/05/14 and 03/06/14 via phone conference call. She stated the Nurse Consultant educated her on abuse, investigation of abuse, getting statements from residents and staff related to the incident; and regulatory requirements. She stated the Nurse Consultant had also talked about events which would require investigation, types of abuse, how to suspect abuse, protecting residents, and reporting abuse to State Agencies.</p> <p>Interview with the Administrator on 03/12/14 at 5:27 PM, and the SS Director on 03/12/14 at 4:29</p>	F 226		

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F 226	<p>Continued From page 50</p> <p>PM, revealed they had a conference with the Nurse Consultant on 03/06/14; and were educated on identifying abuse, the different types of abuse, what needed to be investigated, interviewing all the staff working with the residents, interviewing residents, having staff turn in a written statement related to the abuse, reporting abuse and time frames for reporting abuse.</p> <p>Interview with the Nurse Consultant on 03/13/14 at 9:30 AM, revealed she had given training to the Administrator, SS Director and DON on 03/06/14. She further stated the training on abuse had included identification, documentation, conducting interviews, investigation, and timely reporting requirements of abuse.</p> <p>Review of the facility's inservice education related to abuse revealed it had included the policies on abuse, reporting and investigating abuse, examples of abuse. Review of the facility's documentation revealed staff had taken a post test after the education and signed an acknowledgement form. Continued review of the documentation revealed staff attendance signatures which indicated they had received the abuse inservice on 03/05/14 and 03/06/14. Further review of the inservice education sign-in sheets revealed dietary, housekeeping, nurses, SRNAs, office staff, activities, SS, medical records, laundry and therapy staff had received the education. Additionally, review revealed staff who had not received the education on 03/05/14 and 03/06/14 were inserviced prior to returning to work on 03/07/14 through 03/13/14.</p> <p>Interview with the Staff Development Nurse on 03/13/14 at 2:05 PM, revealed she had a master</p>	F 226			

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F 226	<p>Continued From page 51</p> <p>list of staff with signatures of everyone who had been inserviced; and she had inserviced everyone who had worked so far. The Staff Development Nurse stated the facility had some "PRN" (as needed) staff who had not worked since 03/05/14; and she would inservice those staff before they worked. According to the Staff Development Nurse, the staff abuse inservice covered types of abuse, protecting residents, immediately reporting abuse; and to who and when to report suspected abuse.</p> <p>Interviews on 03/12/14 with SRNA #8 at 3:20 PM; SRNA #6 at 5:10 PM; SRNA #10 at 5:15 PM; SRNA # 9 at 5:56 PM; SRNA #11 at 5:25 PM; LPN #5 at 3:44 PM; LPN #12/Unit Coordinator East Wing at 4:30 PM; LPN #6 at 4:50 PM; LPN # 10 at 4:53 PM; LPN #8 at 4:55 PM; LPN #7 at 5:50 PM; RN #2/Unit Manager West Wing at 5:35 PM; Activity Director at 3:45 PM; Activity Assistant at 4:05 PM; Housekeeping Supervisor at 4:15 PM; Laundry Personnel #1 at 4:20 PM; Laundry Personnel #2 at 6:10 PM; Director of Dietary 4:25 PM; Dietary Aide #1 at 4:30 PM; PM Cook at 4:32 PM; Administrative Assistant at 5:10 PM; Bookkeeper at 5:15 PM; and Maintenance Director at 5:40 PM revealed they all had been in-serviced on types of abuse, suspecting abuse, protecting residents and immediately reporting abuse; and to whom to report abuse.</p> <p>Interviews on 03/13/14 with SRNA #15 at 9:00 AM; SRNA #12 at 9:29 AM; SRNA #13 at 9:36 PM; SRNA #17 at 9:46 PM; SRNA #14 at 10:06 AM; SRNA #1 at 10:34 AM; SRNA #5 at 12:23 PM; SRNA #16 at 12:35 PM; SRNA #2 at 1:23 PM; LPN # 11/House Supervisor at 8:50 AM; LPN #13 at 10:55 AM; LPN #12 at 10:26 AM; LPN #4 at 2:24 PM; LPN #14/Quality Assurance Nurse at</p>	F 226		

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F 226	Continued From page 52 2:54 PM; RN #4 at 8:43 PM; RN #5 at 9:56 PM; RN #6 at 11:08 PM; Maintenance Assistance at 9:05 AM; Laundry Personnel #3 at 9:15 AM; Speech Therapist at 10:20 AM; Floor Tech at 10:30 AM; Housekeeping Personnel #1 at 10:45 AM; Business Office Manager at 10:50 AM; and MDS Coordinator at 12:00 PM revealed they all had been in-serviced on types of abuse, suspecting abuse, protecting residents and immediately reporting abuse; and to whom to report abuse.  3. Record review revealed a weekly skin assessment was completed on 02/22/14 for Resident #1; which had no documented suspicious bruising or marks that might have indicated physical abuse. Record review revealed routine skin assessments had been completed on 02/21/14 to 02/27/14, for all residents cared for by SRNA #1 on 02/20/14 and 02/21/14, with no documented evidence of suspicious bruising or signs of potential physical abuse noted.  4. The facility's re-investigation was reviewed and revealed interviews had been conducted with Resident #12 and Resident #15, and other cognitively intact residents and had revealed no complaints of verbal abuse by SRNA #1. In addition, Resident #1's roommate/sister had been interviewed by the facility and denied any abuse by staff of herself or Resident #1.  Interviews on 03/12/14 with Resident #12, Resident #15, Unsampled Resident I, who was Resident #1's roommate/sister, and other cognitively intact residents verified they had been interviewed by facility staff in regards to any staff abuse.	F 226		

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Interview with the Administrator on 03/12/14 at 5:27 PM, and the DON on 03/13/14 at 11:30 AM, revealed they had obtained statements from the residents who had been involved in the allegations; and from other interviewable residents who had been cared for by SRNA #1. The DON and Administrator both stated the facility had not been able to substantiate any of the abuse allegations.

5. Interview with the SS Director on 03/12/14 at 4:29 PM, with the Administrator on 03/12/14 at 5:27 PM, and with the DON on 03/13/14 at 11:30 AM revealed allegations of abuse were to be reviewed by the investigation team and investigations were to be started immediately during normal business hours and the tasks would be delegated. The interviews revealed during off hours staff was to notify the supervisor who would contact the Administrator, SS Director or DON; and they would direct the supervisor on the investigation, and a member of the investigation team would come in. The Administrator stated the findings of the facility's investigation would be reported to the Nurse Consultant during the investigation, and as soon as the investigation was completed for her review. Further interview with the Administrator revealed he, or in his absence the DON, SS Director or designee, would do the reporting to the required authorities within the required time frames.

Interview with the Nurse Consultant on 03/12/14 at 5:45 PM, revealed the facility's investigation team would complete the allegation of abuse investigations, and the Nurse Consultant would be notified of the findings. The Nurse Consultant

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F 226	<p>Continued From page 54</p> <p>stated he/she would review the facility's investigation to ensure initial reporting had occurred and to ensure the investigation had been completed within the five (5) day time frame for reporting to the State Agency.</p> <p>6. Review of the facility's CQI Indicator for Abuse Reporting and Investigation tool revealed the components of the abuse regulations were included in the tool; and the tool had a threshold goal of 100%. In addition, the Evaluation of CQI Program tool used to determine if the CQI Indicator tool outcome had been successful or if corrective actions were needed was also reviewed.</p> <p>Interviews with the Administrator on 03/12/14 at 5:27 PM and the DON on 03/13/14 at 11:30 AM, verified the facility would utilize the CQI Indicator tool when conducting the abuse investigations at a minimum weekly for four (4) weeks, then monthly for four (4) months and then quarterly thereafter as per the AOC. The CQI Indicator tool would be utilized for a longer period of time if necessary which would be determined by the QA Committee. The interviews with the DON and Administrator revealed the CQI tool would take them through the abuse protocol steps; and at the end of the investigation it would help them make sure they had taken the appropriate actions. The Administrator stated the CQI team would supervise the CQI monitor; however he was ultimately responsible. The Administrator stated during abuse investigations the CQI tool results would be presented to the QA team at the daily meetings Monday through Friday; and to the QA Committee monthly. He stated if the established threshold of 100% was not met, they would determine what had gone wrong and set up a</p>	F 226			

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F 226	<p>Continued From page 55</p> <p>plan of correction. In addition, the Administrator stated the completed CQI tool would be reviewed by the Nurse Consultant monthly to determine that allegations were investigated and reported appropriately and that thresholds were met.</p> <p>Interview, on 03/13/14 at 1:54 PM, with the QA Nurse verified the CQI tool for abuse results would be reported to the QA Committee at the monthly meetings. In addition, she stated if the CQI indicator did not meet the threshold they would analyze why it had not met the threshold; and put together an action plan to resolve the area of concern.</p> <p>7. Review of the 03/06/14 QA Committee Meeting Minutes, no time noted, revealed the QA team had communicated with the Medical Director via phone call and discussed the two (2) allegations of verbal abuse, and one (1) allegation of physical abuse which had occurred on 02/20/14. Continued review revealed the Medical Director was informed the allegations were not reported by the SRNA until 02/25/14 because the SRNA could not find a nurse to report the allegations to. In addition, review of the meeting minutes revealed the QA team and Medical Director discussed what the facility had done to ensure the safety of all residents, and had started the abuse investigation process.</p> <p>Interviews with the Administrator on 03/12/14 at 5:27 PM and with the DON on 03/13/14 at 11:30 AM revealed the Medical Director was contacted on 03/06/14 regarding the abuse allegations, interviews, what the facility had put in place and the reporting of the abuse.</p> <p>Interview, on 03/08/14 at 11:30 AM, with the</p>	F 226		

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F 226	Continued From page 56  Medical Director revealed he was made aware of the Immediate Jeopardy (IJ) situation at the facility on 03/06/14. He stated the facility had discussed with him what had occurred; what the facility had done so far; and what they would be implementing.  8. Interview, on 03/12/14 at 5:45 PM, with the Nurse Consultant verified the Nurse Consultant would conduct an evaluation of the facility's CQI program on the monthly visits for three (3) months, then annually thereafter. According to the Nurse Consultant the results would be reported to the QA Committee.	F 226			
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES  A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy it was determined the facility failed to ensure services were provided to reasonably accommodate the individual needs and preferences for one (1) of twenty-four (24) sampled residents (Resident #8). Multiple observations on 03/05/14 revealed Resident #8's water pitcher was empty and out of reach of the resident.	F 246	F246  A resident has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; N 123 902 KAR 20:300-6(4)(a) Section 6. Quality of Life (4) Accommodation of needs. A resident shall have the right to: (a)Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered;  Criteria #1 The water pitcher for Resident #8 is filled with fresh ice water QID and prn. The water pitcher is placed to allow easy access to it by the resident as determined by SRNA Room Round audits.  Criteria #2 All residents without		

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F 246	Continued From page 57 The findings include:  Review of the facility's policy: "Policy for Water Pitchers", undated, revealed each resident was to be provided with a water pitcher for hydration purposes, unless contraindicated, and water pitchers were refilled each morning and evening, and as needed.  Review of the medical record revealed the facility admitted Resident #8 on 10/16/13 with diagnoses which included Alzheimer's Disease, Non-Alzheimer's Dementia, Depression, Mood Disorder, Chronic Kidney Disease, Diabetes, Peripheral Vascular Disease (narrowing of blood vessels that restricts blood flow), History of Urinary Tract Infection, Hyponatremia (low levels of sodium in the blood), and Bilateral Lower Limb Above the Knee Amputation. Continued review revealed the resident was re-admitted on 02/26/14, after a hospital stay, with additional diagnoses of Pneumonia, Hematuria, and Urinary Retention. Review of the most recent Quarterly Minimum Data Set (MDS), dated 01/23/14, revealed the facility's Brief Interview for Mental Status assessment indicated Resident #8 was severely cognitively impaired.  Observation, on 03/05/14 at 9:42 AM, revealed Resident #8's water pitcher was empty. Subsequent observations, at 10:51 AM and 11:10 AM, revealed the water pitcher was empty and out of reach of the resident.  Interview with LPN #8, on 03/06/14 at 4:12 PM, revealed Resident #8 should not have been without water available. She acknowledged the resident's the resident's water pitcher was empty and out of reach. LPN #8 stated it was the	F 246	fluid restrictions have the potential to be affected by this alleged deficient practice as identified in SRNA walking rounds. SRNA walking rounds at shift change aid staff to identify and address resident individual needs and preferences to ensure reasonable accommodations as completed from 3/17/14 -- 4/8/14 and ongoing.  <b>Criteria #3</b> Facility protocol for monitoring bedside water pitchers has been revised; SRNA's will check water pitchers for adequate ice water and resident access when making walking rounds at shift change. All SRNA's have received in-service education on the change in protocol on 3/24/14, 3/25/14, 3/26/14, 3/27/14, 3/28/14, 3/29/14, 3/31/14, and 4/4/14, as provided by the Staff Development Coordinator (SDC). The SRNA walking rounds identify areas of individual resident needs and preferences for staff to address to ensure reasonable accommodations.  <b>Criteria #4</b> -The CQI Tool is included for review as Attachment N-26. The CQI Tool addresses compliance with the entire regulation, and will be completed monthly X 6 months and then quarterly thereafter under the supervision of the DON. Results of the audits will be reported to the QA Committee by Department Heads monthly for six (6) months and quarterly thereafter. If an accepted threshold of compliance, as referenced on the CQI Tool, is not achieved, the appropriate Department Head shall immediately develop and oversee a corrective plan. The details of the corrective plan will be reported to the QA Committee, with updated audit results, at the		

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resident's right to have water and she thought staff passed water a couple of times each shift. She further stated residents should have water available in order to prevent dehydration and help maintain skin integrity.

Interview with State Registered Nursing Aide (SRNA) #14 on 03/07/14 at 10:08 AM, revealed she took care of Resident #8 during the day shift on 03/05/14. She stated the resident loved his/her water. She further stated it was her routine on the day shift to get the residents up first thing and pass water after breakfast. Continued interview revealed SRNA #14 tried to make sure residents had water but there was no set time to pass water and sometimes she got busy. She stated on 03/05/14 she got a late start passing ice because she worked in the dining room for breakfast. Further interview revealed Resident #8 required assistance with meals and whoever assisted him/her with breakfast should have made sure water was available and the overbed table was within reach.

Interview with LPN #6, on 03/08/14 at 3:50 PM, revealed she took care of Resident #8 on 03/05/14, but was not aware the resident's water pitcher was empty and away from the resident. The LPN stated when she gave the resident his morning medication the water pitcher was near the resident and had water. She further stated every time staff go into a room, they were to check to see if the resident had water.

Interview, on 03/08/14 at 7:56 PM, with the Director of Nursing (DON) revealed it was her expectation staff should consider fluid needs and ensure residents had water available and accessible whenever they went in the residents'

F 246 next monthly meeting. If appropriate compliance is not achieved at that time, the responsible Department Head will face personnel action.

Criteria #5 April 9, 2014