

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

PRINTED: 03/06/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/20/2015
NAME OF PROVIDER OR SUPPLIER  TELFORD TERRACE		SUBSET ADDRESS, CITY, STATE, ZIP CODE 1025 ROBERT L TELFORD DRIVE RICHMOND, KY 40475	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
F 000	<p><b>INITIAL COMMENTS</b></p> <p>An abbreviated standard survey (KY22833) was initiated on 02/17/15 and concluded on 02/20/15. The complaint was substantiated with deficient practice identified at "D" level.</p> <p><b>F 225 SS=D</b> 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</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</p>	F 000	<p>2<sup>nd</sup> Plan of Correction</p> <p><b>F 225</b> 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>(1)The resident's responsible party notified the Administrator and Director of Nursing of the allegations on February 9, 2015. The investigation was initiated by the DON on February 9, 2015. The employee was interviewed on February 9, 2015, she denied any wrong doing. All employees' working the day of the allegation were interviewed on February 9, 2015, allegation was found to be unsubstantiated. The investigation revealed a failure to report to the proper agency in a timely manner as stated in the Policy and Procedure Manuel and required by statute. The resident had been at Telford Terrace from April 19, 2014 through his transfer to psychiatric hospital on February 2, 2015. On March 11, 2015 the QA Nurse interviewed all interviewable residents. No residents reported any concerns about abuse, neglect, mistreatment or misappropriation of property. On March 12, 2015 all other residents/responsible parties were sent a letter regarding abuse, neglect, mistreatment, and</p> <p>CONT'D</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 3/18/15

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

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NAME OF PROVIDER OR SUPPLIER  TELFORD TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 ROBERT L TELFORD DRIVE RICHMOND, KY 40476		
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F 225	<p>Continued From page 1</p> <p>with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility abuse policy and procedure it was determined the facility failed to protect residents from abuse and ensure allegations of abuse were reported to state agencies for one (1) of three (3) sampled residents (Resident #1). Resident #1's responsible party notified the facility Administrator on 02/08/15 that a State Registered Nurse Aide cursed Resident #1, showered the resident in cold water, and threatened to not allow the resident to visit with his/her pet. The facility failed to remove the SRNA from resident care duties during the investigation and failed to report the allegation to appropriate state agencies as required.</p> <p>The findings include:</p> <p>A review of the facility policy for abuse and neglect (untitled and undated) revealed any alleged violations involving mistreatment, neglect, or abuse must be reported to the Administrator and/or his/her designee immediately and to appropriate agencies when an allegation of abuse occurs. Further review of the facility policy revealed while an investigation is being conducted facility employees who have been accused of resident abuse would be removed from resident care duties or suspended depending on the severity of the alleged offense</p>	F 225	<p>misappropriation of resident's property. The letter purposefully noted what to do if abuse, neglect, mistreatment, and misappropriation of resident's property were suspected. They were instructed that if they suspected abuse, neglect, mistreatment, and misappropriation of residents property to contact the Administrator or Director of Nursing.</p> <p>It was also noted that they could contact the facilities Ombudsman, Adult Protective Services or The Office of Inspector General if needed. To date we have not received any concerns related to the letter.</p> <p>(2) Interviewable residents were interviewed by the QA Nurse on March 11, 2015 and a letter was sent to the remaining responsible parties asking about abuse, neglect, mistreatment and misappropriation of resident's property on March 12, 2015. On March 11, 12, and 13 all of the facilities staff was interviewed. The interviews and letters did not reveal any additional reports of abuse, neglect, mistreatment, or misappropriation of resident's property. No other residents were identified to have been affected by this deficient practice.</p> <p>(3) An in-service was conducted by the QA Nurse for all facility staff on March 12, 2015 to address the issue of abuse, neglect, mistreatment, and misappropriation of resident's property including how and when to report the incident. The Administrator and</p> <p>CONT'D</p>	

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F 225	<p>Continued From page 2</p> <p>until the results of the investigation had been reviewed by the Administrator.</p> <p>A review of the medical record for Resident #1 revealed the resident was admitted to the facility on 04/19/14. A review of the resident's current diagnoses revealed the resident had diagnoses that included Schizoaffective Mood Disorder, Psychosis, Anxiety, Bipolar, and Depression. Additional review revealed a comprehensive Minimum Data Set (MDS) assessment dated 12/19/14 in which the resident was assessed to require the extensive assistance of two people for bathing. In addition, the resident was assessed to have moderately impaired cognition. Further review of the record revealed Resident #1 struck a staff member while the staff was attempting to bathe the resident on 02/04/15 at 6:00 AM and twisted another staff member's arm at 11:00 AM the same day. The resident's physician was contacted and orders received to transfer the resident to a psychiatric hospital for evaluation. The resident was admitted to the psychiatric hospital on 02/04/15 and remained in the hospital at the time of the investigation.</p> <p>A review of a facility investigation completed by the Director of Nursing (DON) on 02/09/15 for Resident #1 revealed an allegation that State Registered Nurse Aide (SRNA#1) cursed at Resident #1 on 02/04/15. The investigation further revealed SRNA #1 told Resident #1 he/she would never be able to see his/her dog again if he/she didn't "straighten up" and also gave the resident a cold shower.</p> <p>An interview conducted with the Director of Nursing (DON) on 02/20/15 at 2:05 PM, revealed the Administrator informed the DON of an</p>	F 225	<p>Director of Nursing were in-serviced on March 12, 2015 about the proper time frame to report the incident as well as when to suspend an employee. To help prevent future incidents employee orientation will include a thorough review of the abuse, neglect, mistreatment, and misappropriation of resident's property and a signed acknowledgment sheet.</p> <p>Abuse, neglect, mistreatment, and misappropriation of resident's property will continue to be part of our bi-annual in-service to all employees and as orientation of new employees. Bi-annual in-service will include the importance of reporting allegations immediately and that the Administrator or Director of Nursing will report the alleged incident immediately and the investigation is completed in 5 days and findings are reported to the State Certification and Survey Agency and all other required state officials. The Activities Director will review during monthly resident's council meetings abuse, neglect, mistreatment, and misappropriation of resident's property and give everyone an opportunity to discuss any concerns they may have in complete confidence.</p> <p>(4)The QA Nurse will conduct monthly interviews with 10% of the current census to inquire if they are aware of any abuse, neglect, mistreatment or misappropriation of resident property at Telford Terrace. The Activities</p> <p>CONT'D</p>	

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F 225	<p>Continued From page 3</p> <p>allegation of abuse on 02/06/15. The interview further revealed the DON was instructed to conduct an investigation regarding the allegation of abuse of Resident #1. The DON stated she conducted an investigation of the allegation. The DON further stated she did not suspend the employee or remove the employee from resident care during the investigation and did not report the allegation to state agencies. The DON stated she was new to the job and this was her first allegation of abuse to investigate.</p> <p>An interview conducted with the Administrator on 02/20/15 at 2:30 PM, revealed the Administrator was contacted by Resident #1's Responsible Party (RP) on 02/06/15 by phone. The Administrator stated the Responsible Party informed the Administrator that Resident #1 was upset because a staff member left the resident alone in the shower for a long time and sprayed the resident with cold water. Further interview revealed the Administrator instructed the DON to conduct an investigation of the allegation. The Administrator stated he did not report the allegation to the state agencies or remove/suspend the employee because the allegation was unsubstantiated and he felt abuse did not occur.</p>	F 225	<p>Director will give the residents an opportunity to report abuse, neglect, mistreatment, and misappropriation of resident's property in a confidential environment. The Quality Assurance Team will review weekly all reports of abuse, neglect, mistreatment, and misappropriation of resident's property for a period of one year. The review will look at timely reporting to all appropriate agencies to include but not limited to Office of the Inspector General, Adult Protection and local or state law enforcement agencies, interviews with staff and residents, safety of residents, what action was initiated on the accused, was the investigation completed within the five day period, and the outcome of the investigation.</p> <p>(5)Completion Date</p>	03/14/15