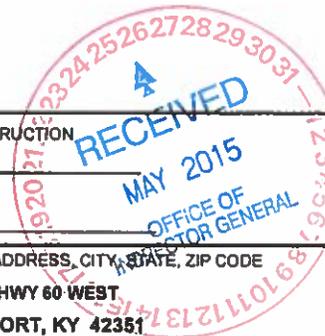


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185399	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2015
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NAME OF PROVIDER OR SUPPLIER HEARTLAND VILLA CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8006 US HWY 60 WEST LEWISPORT, KY 42351
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating Complaint #KY23213 was conducted on 05/12/15 through 05/13/15. KY#23213 was substantiated with deficiencies cited at the highest Scope and Severity of a "D".	F 000	The Heartland Villa Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.	5/21/15
F 225 SS=D	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 or licensing authorities. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated	F 225	A skin assessment was completed for Resident #1 on 4/30/15 by the RN. No injuries were identified. CNA #1 was provided re-education by the Assistant Director of Nursing (ADNS) on 5/1/15 regarding customer service. All residents of the facility have the potential to be affected including residents with a BIMS score of 8 or less. All residents with a Brief Interview for Mental Status (BIMS) score below 8 had skin assessment completed by the Director of Nursing Services (DNS) and/or the Assistant Director of Nursing (ADNS) on 5/14 and 5/15/15. No concerns were identified. The Administrator and the DNS were re-educated by the Manager of	

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 225	<p>Continued From page 1</p> <p>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 observation, interview, record review and review of the facility's investigation, and policy and procedure, it was determined the facility failed to conduct a thorough investigation related to an abuse allegation for one (1) of three (3) sampled residents (Resident #1). Resident #1 alleged Certified Nursing Assistant (CNA) #1 came into the resident's room and grabbed him/her by the hands and shook them. The facility failed to have documented evidence they assessed residents that were not interviewable during the investigation to determine if there were any signs and symptoms of abuse to include psychosocial. Review of the facility's investigation revealed skin assessments for non-interviewable residents were completed prior to the allegation or after the investigation was completed and there was no evidence a skin assessment was conducted at the time the abuse allegation was made.</p> <p>The findings include:</p> <p>Review of the facility policy and procedure titled, "OPS310-KY Abuse Prohibition-State of Kentucky", dated 07/01/13, revealed the facility should prohibit abuse, mistreatment, neglect, involuntary seclusion, and misappropriation of property for all patients through the following:</p>	F 225	<p>Clinical Operations (MCO) on 5/20/15 regarding documented evidence for assessing residents that are not interviewable during an investigation to determine if there are signs or symptoms of abuse to include psychosocial. A post test was administered and graded by the MCO.</p> <p>All allegations of abuse will be reviewed daily by the Administrator for 4 weeks to ensure a thorough investigation is in progress, complete, and residents with a BIMS score below 8 have been assessed for any signs or symptoms of abuse to include psychosocial then as determined by the monthly Quality Improvement Committee (QIC) with corrective action if indicated.</p>		

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F 225	<p>Continued From page 2</p> <p>screening of potential hires; training of employees (both new employees and ongoing training for all employees); prevention of occurrences; identification of possible incidents or allegations which need investigation; investigation of incidents and allegations; protection of patients during investigation; and reporting of incidents, investigations, and center response to the results of their investigations. Section six (6) states upon receiving information concerning a report of suspected abuse or alleged abuse, mistreatment, neglect, or exploitation, the Administrator or designee will perform the following: (Section 6.6) Initiate an investigation within 24 hours of an allegation of abuse that focuses on : whether abuse or neglect occurred and to what extent; clinical examination for signs of injuries, if indicated; causative factors; and interventions to prevent further injury.</p> <p>Record review revealed the facility readmitted Resident #1 on 04/27/14 with diagnoses which included Rheumatoid Arthritis, Senile Dementia, Muscle Weakness, Cognitive Communication Deficit, Anxiety State, Depressive Disorder, Contracture of Joint, Psychosis, and Personality Disorder. Review of the quarterly Minimum Data Set (MDS) assessment , dated 04/17/15, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of "09", indicating the resident was interviewable.</p> <p>Interview with Resident #1 on 05/12/15 at 10:00 AM, revealed the incident with the Nurse Aide had been taken care of. Resident #1 stated the Nurse Aide came in his/her room mad because the wedge pillow was not at his/her side and bad mouthed the resident when the resident said</p>	F 225	Trends identified will be reported by the Administrator to the QIC attended by the Medical Director, Administrator, DNS, ADNS, Director of Social Services, Recreation Director and Food Service Director for any additional follow up and/or in-service needs.		

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F 225	<p>Continued From page 3</p> <p>something back to her. Resident #1 revealed the Nurse Aide got mad and grabbed his/her hands and started shaking them. The resident stated the Nurse Aide hurt his/her hand and arm and there was another girl with her and she reported it. Resident #1 revealed he/she was not afraid of the Nurse Aide and the Nurse Aide had not been back in the room since that night. Resident #1 stated the facility checked him/her out to make sure there were no injuries and the resident declined a skin assessment.</p> <p>Review of the facility's Investigation, not dated, revealed there was no documented evidence skin assessments for signs and symptoms of abuse were conducted by licensed staff on non-interviewable residents related to the allegation of abuse. There was some documented evidence that weekly skin assessments and shower sheets, date 04/27/15 through 05/08/15 were reviewed.</p> <p>Interview with Director of Nursing (DON) on 5/12/15 at 3:00 PM, revealed the resident reported the incident to staff the morning of 04/30/15 and an investigation was immediately started. The DON stated she interviewed the resident and asked a nurse to complete a full skin assessment on the resident and then notified the residents spouse, medical provider and administrator. The DON revealed the Nurse Aide that the resident alleged had hurt him/her was not in the building at that time. The DON stated the Social Services Director interviewed all the residents with a BIMS of eight (8) or greater and all staff were interviewed related to the allegation and no one had any concerns with the care provided by the Nurse Aide in question. The DON revealed no formal skin assessments were</p>	F 225			

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F 225	Continued From page 4 completed on the non-interviewable residents at the time of the investigation. She stated the residents' skin assessments and weekly bath and skin reports completed by the nursing assistants were reviewed for all the non-interviewable residents related to injury of unknown origin and no concerns were noted. The DON further revealed CNA #1 had been reassigned to work on another hallway; received a final written warning; and, had been completing customer service education this week with her along with reeducation on abuse and neglect that all the employees had received. Interview with Administrator, on 05/13/15 at 11:00 AM, revealed the facility would use the residents' Activity of Daily Living (ADL's) to determine if a skin assessment was needed and the facility always monitored for potential of abuse and screened for injury of unknown origin. The Administrator stated the skin assessment was negative for the resident in the complaint; however, if a bruise had occurred and was unexplained then they would have completed skin assessments on all the other residents, or if any of the interviewable residents had voiced a concern then they would have gone down that path.	F 225			
F 226 SS=D	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.	F 226			

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F 226	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, review of the facility's investigation, and facility policy and procedure review it was determined the facility failed to have an effective system to ensure the facility's written policy and procedures were followed related to the investigation of alleged violation of abuse for one (1) of three (3) sampled residents (Resident #1).</p> <p>On 04/30/15, Resident #1 accused Certified Nursing Assistant (CNA) #1 of going into his/her room and grabbing his/her hands and shaking them. Review of the facility's investigation revealed skin assessments for non-interviewable residents were completed prior to the allegation or after the investigation was completed, and there was no evidence a skin assessments were conducted at the time the abuse allegation was made to identify if there were any symptom of abuse/neglect to include psychosocial. Refer to F225</p> <p>The findings include:</p> <p>Review of the facility policy and procedure titled: "OPS310-KY Abuse Prohibition-State of Kentucky", effective date 07/01/13, revealed the facility will prohibit abuse, mistreatment, neglect, involuntary seclusion, and misappropriation of property for all residents. The facility should identify possible incidents or allegations which need investigation and conduct an investigation of incidents and allegations. Further review of the policy revealed when the information was received concerning a report of suspected abuse or alleged abuse, mistreatment, neglect, or exploitation, the Administrator or designee should</p>	F 226	<p>A skin assessment was completed for Resident #1 on 4/30/15 by the RN. No injuries were identified. CNA#1 was provided re-education by the ADNS on 5/1/15 regarding customer service.</p> <p>All residents of the facility have the potential to be affected including residents with a BIMS score of 8 or less.</p> <p>All residents with a Brief Interview for Mental Status (BIMS) score below 8 had skin assessment completed by the Director of Nursing Services (DNS) and/or the Assistant Director of Nursing (ADNS) on 5/14 and 5/15/15. No concerns were identified.</p> <p>The Administrator and the DNS were re-educated by the Manager of Clinical Operations (MCO) on 5/20/15 regarding conducting a thorough investigation. A post test was administered and graded by the MCO.</p> <p>Future allegations of abuse or neglect will be audited daily by the Administrator for 3 months to ensure</p>		

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F 226	<p>Continued From page 6</p> <p>initiate an investigation within 24 hours of an allegation of abuse that focuses on : whether abuse or neglect occurred and to what extent; and clinical examination for signs of injuries, if indicated; causative factors; and interventions to prevent further injury.</p> <p>Record review revealed the facility readmitted Resident #1 on 04/27/14 with diagnoses which included Rheumatoid Arthritis, Senile Dementia, Muscle Weakness, Cognitive Communication Deficit, Anxiety State, Depressive Disorder, Contracture of Joint, Psychosis, and Personality Disorder. Review of the residents quarterly Minimum Data Set (MDS) assessment, dated 04/17/15, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview for Mental Status (BIMS) score of "09", indicating the resident was interviewable.</p> <p>Interview with Resident #1, on 05/12/15 at 10:00 AM, and review of the facility investigation, not dated, and interview with the DON, on 05/13/15, revealed Resident #1 reported on 04/30/15 a Nurse Aide came into his/her room mad, bad mouthed him/her and grabbed his/her hands and shook them which caused him/her pain. Further review of the facility investigation revealed there was documented evidence the facility reviewed routine skin assessments and shower sheets completed 04/27/15-05/08/15; however, there was no documented evidence skin assessments for signs and symptoms of abuse to include psychosocial were conducted on non-interviewable residents by licensed staff at the time of the allegation to focus and to ensure no abuse had occurred per the facility policy.</p> <p>Interview with Administrator, on 05/13/15 at 11:00</p>	F 226	<p>completed. Then as determined by the monthly Quality Improvement Committee (QIC) with corrective action if indicated.</p> <p>Trends identified will be reported by the Administrator to the QIC attended by the Medical Director, Administrator, DNS, ADNS, Director of Social Services, Recreation Director and Food Service Director for any additional follow up and/or in-service needs.</p>		

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F 226	Continued From page 7 AM, revealed the facility always monitored for potential of abuse and screened for injury of unknown origin. She stated the skin assessment was negative for the resident in the complaint but if bruise had been identified and was unexplained they would have completed skin assessments on all the other residents, or if any of the interviewable residents had voiced a concern then they would have gone down that path.	F 226			