

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

PRINTED: 01/07/2014
FORM APPROVED
OMB NO. 0938-0391



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185089 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/18/2013 |
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| NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHABILITATION ROSEW | STREET ADDRESS, CITY, STATE, ZIP CODE 550 HIGH ST. BOWLING GREEN, KY 42101 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS An abbreviated survey investigating KY#21103 was conducted on 12/16/13-12/18/13 to determine the facility's compliance with Federal requirements. KY#21103 was unsubstantiated with a unrelated deficiency. | F 000 | <i>This Plan of Correction is the center's credible allegation of compliance.</i> | |
| 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. This REQUIREMENT is not met as evidenced by: Based on interview and facility policy and procedure review it was determined the facility failed to implement written policies and procedures that prohibit misappropriation of resident property. The facility failed to report an allegation that Licensed Practical Nurse (LPN) #1 was taking narcotics from a medication cart and selling them. The findings include: Review of the facility's Abuse policy and procedure, release date 08/31/12, revealed 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 procedure (including to the State survey and certification | F 226 | <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> 1. On 1/17/14 the District Director of Clinical Operations conducted education with the Executive Director(ED) and the Director of Nursing Services (DNS) on the regulation F 226 reporting allegations of abuse or neglect including injuries of unknown origin and misappropriation of resident property. 2. Re-education with all facility staff related to Abuse and Neglect, to include reporting was completed on 12/31/13 by the Staff Development Coordinator(SDC). No staff member has been allowed to work without having received this education. This education will be presented in orientation to new hires by the SDC. 3. The ED and DNS will review all grievance forms and event reports daily Monday thru Friday to identify alleged violations involving mistreatment, neglect or abuse, injuries of unknown origin and misappropriation of resident property to ensure appropriate reporting | 1/24/14 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Marcella Ardoy</i> | TITLE <i>Executive Director</i> | (X6) DATE <i>1/16/14</i> |
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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 226 | Continued From page 1 agency. Interview with the Director of Nursing (DON), on 12/17/13 at 4:00 PM, revealed the facility received a call from a man stating that LPN #1 was taking narcotics from the facility and selling them. The LPN was suspended pending the investigation. The facility was unable to identify any narcotics were missing from the medication cart the LPN had access too and interviews revealed no one had any knowledge of narcotics being taken. The DON stated the facility had failed to report the allegation to the appropriate state agencies. | F 226 | <i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> 4. The Executive Director will also validate through the monthly Performance Improvement meeting by review of any allegations involving abuse, neglect, injury of unknown origin and misappropriation of resident property to ensure appropriate reporting, monthly for three months and quarterly thereafter. | | |