

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

PRINTED: 03/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/27/2015
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NAME OF PROVIDER OR SUPPLIER MADONNA MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017
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{F 000} INITIAL COMMENTS

An offsite revisit was conducted and based on the acceptable Plan of Correction (POC) the facility was deemed to be in compliance as alleged on 02/25/15.

{F 000}

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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acceptable

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F 000 INITIAL COMMENTS

F 000

An Abbreviated Survey investigating KY00022641 was initiated on 01/07/15 and concluded on 01/08/15. KY00022641 was unsubstantiated with unrelated deficiencies cited.

F 226 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES

F 226

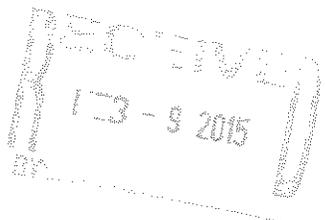
The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

The completion and submission of this plan of correction does not constitute an admission that the facility agrees with the cited deficiencies as stated in the 2567. The facility is completing the plan of correction because it is required by state and federal law.

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 implement policies and procedures in place to ensure all allegations of abuse were reported to the appropriate State Agencies for one (1) of twelve (12) unsampled residents and six (6) sampled residents (Unsampled Resident A).

The facility alleges compliance as of 2/25/2015.

On 10/11/14, the facility received a reported allegation of family abuse towards Unsampled Resident A on 10/11/14. However, the facility failed to ensure the alleged abuse was reported to the appropriate State Agencies.



The findings include:

Review of the facility's policy titled, "Abuse Policy", dated 02/20/14, revealed the Administrator should provide a written report of the results of all abuse investigations and

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Executive Director	(X6) DATE 1-29-15
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appropriate action taken should be reported within five (5) working days to: the State Survey Agency; the local police department; the Ombudsman; and others as might be required by state or local laws.

Record review revealed the facility admitted Unsampled Resident A on 07/01/11, with diagnoses which included Senile Dementia, Schizophrenia, Paranoid State, Psychosis and Impulse Control Disorder. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 08/24/14, revealed the facility assessed Unsampled Resident A to be severely cognitively impaired.

Review of an alleged abuse investigation revealed on 10/11/14, a staff member reported possible sexual abuse of a resident that involved a family member. Further review revealed no documented evidence the facility reported the potential sexual abuse to the appropriate State Agencies.

Interview with Director of Nursing (DON), on 01/08/15 at 12:08 PM, revealed the facility had received a report of alleged abuse on 10/11/14, and implemented actions at the time to ensure Unsampled Resident A's safety during the investigation. Per interview, the facility did not report the the alleged abuse to all state and local authorities, due to the events reported were continuously changing. The DON revealed the facility's investigation determined the allegation was unfounded, and therefore no notification of the alleged abuse was made to State Agencies. However, the DON stated the facility had twenty-four (24) hours, after notification of allegations, to report all allegations of abuse to

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F 226 Develop/Implement Abuse/Neglect, Etc. Policies

The Abuse and Neglect policy was reviewed by the Director of Nursing (DON) with no changes made. A teaching moment was given by (DON) on the facilities Abuse and Neglect Policy 1/12/2015. (See attachment A) The teaching moment included staffs reporting responsibility of any type of abuse or neglect and was directed to indirect and direct care staff. The DON also reviewed the policy at a nursing meeting on 1/16/2015. Abuse and neglect reporting is covered in orientation for all new staff members as well as annually. Annual training on abuse training is due to be completed by 2/20/2015 by all staff. Resident A remains in the facility and is doing well. Notification to physician and family had been completed prior to survey. No other allegation have been reported or investigated. No other residents were affected by this alleged deficiency as all staff were re-educated on the reporting policy.

The facilities abuse and neglect policy will be reviewed by the facilities Quality Assurance Committee on 2/13/2015 the quality assurance committee consists of the Medical Director, Director of Nursing, Administrator, Pharmacist, Therapy

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the State Agencies, and she should have reported the allegation of abuse of Unsampled Resident A to State Agencies and other authorities within twenty-four (24) hours, as per state and local regulations.

Interview with the Administrator, on 01/08/15 at 4:37 PM, revealed his expectation was for all allegations to be reported to State Agencies when an investigation of an allegation was taking place. Further interview revealed all allegations should be reported to the appropriate authorities within twenty-four (24) hours.

F 323 483.25(h) FREE OF ACCIDENT
SS=E HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of the facility's Materials Safety Data Sheets (MSDS) and policy, it was determined the facility failed to ensure the residents' environment remained as free of accident hazards as was possible for mobile cognitively impaired residents.

Observation revealed hazardous chemicals and a butcher knife stored which were accessible to residents.

F 226 Manager, Director of Dining, Facility Manager, MDS Nurse, Human Resources Director and Social Worker. All allocations of abuse and neglect are also reported to the quality assurance committee.

Compliance Date 2/25/2015

F 323 Free of accident Hazards/Supervision/Devices
F 323 A teaching moment was given by the Director of Nurses (DON) re-educating staff on the proper storage of all chemicals. (See attachment B) This education was provided to staff working in housekeeping, nursing and dietary. The Director of Dining Services is conducting weekly audits of the household kitchen areas to monitor for proper storage of chemical's as well as kitchen equipment including butcher knives. (See attachment C) Audits are done weekly and turned into the quality assurance committee at bi-monthly meetings. Weekly audits will be completed for six weeks and then as directed by the quality Assurance Committee. A meeting was also held on 1-12-15 with the household STNA Team Leaders, the Director of Housekeeping, the Assistant Director of Nursing and the Administrator to review facility policy

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The findings include:

Review of the facility's policy titled, "Accidents and Incidents Policy and Procedures" updated February 2014, revealed it was the facility's policy for the residents' environment to remain as free of accident hazards as was possible.

Review of the facility's policy titled, "Chemical Use & Storage Policy & Procedure", reviewed January 2015, revealed all staff were trained on chemical use and storage.

Interview with the Director of Nursing (DON), on 01/08/15 at 3:45 PM, revealed the facility had thirteen (13) residents who were independently mobile and cognitively impaired.

Observation, on 01/07/15 at 9:34 AM, of Household A's kitchenette revealed an unlocked cabinet under the hand sink which had the following items stored in it: two (2) thirty-two (32) ounce bottles of Virex 256 (a concentrated disinfectant cleaner) and a gallon container of Pantastic (a manual warewashing detergent). Observation of an unlocked cabinet near the dishwasher and under a sink revealed it contained: Escort Dishmachine Detergent; and an EcoLab Crystal Dry Rinse Aide agent. Further observation of Household A's environment revealed in the residents dining room an unlocked cabinet above a computer, which contained two (2) bottles of Acetone nail polish remover and two (2) canisters of Micro Kill (disinfectant) wipes.

Observation, on 01/07/14 at 9:56 AM, of Household B's kitchenette revealed an unlocked cabinet under the hand sink which contained one (1) thirty-two (32) ounce bottle of Virex (a

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regarding storage of chemicals (see Attachment D). Knife Safety and storage of knives was also reviewed at the meeting. The completed weekly dietary audit will be turned into the facility quality assurance committee quality assurance committee consists of the Medical Director, Director of Nurses, Administrator, Pharmacist, Therapy Manager, Director of Dining, Facility Manager, MDS Nurse, Human Resources Director and Social Worker. The audits will be completed for six weeks and then as directed by the Quality Assurance Committee. The facilities policy regarding the use and storage of chemicals is also covered in orientation for all new employees. The locking cabinets were also inspected by the facilities maintenance staff new locks and keys were added where needed. A back up safety lock was also added to each cabinet on each household.

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disinfectant) and a canister of Micro Kill wipes. Continued observation revealed an unlocked cabinet under the sink near the dishwasher which contained a gallon container of EcoLab Crystal Dry Rinse Aide and a gallon container of Escort Dishmachine Detergent. Further observation of the kitchenette area revealed an unlocked drawer under the juice machine which contained a large white handled butcher knife. Continued observation of Household B's environment revealed the resident dining room contained two (2) bottles of Acetone nail polish remover and ten (10) disposable razors in an unlocked cabinet.

No residents were affected by this alleged defiant practice. The Director of House Keeping, Dining Services, and the ADON audit the household five times a week when doing resident rounds to monitor and re-educate when needed.

Observation, on 01/07/14 at 10:25 AM, of Household C's kitchenette revealed an unlocked cabinet under the sink near the dishwasher which contained a gallon container of EcoLab Crystal Dry Rinse Aide and a gallon of Escort Dishmachine Detergent. Continued observation of Household C's environment revealed the resident dining room to have one (1) bottle of Acetone nail polish remover in an unlocked cabinet.

Compliance Date 2/25/2015

Review of the facility's MSDS for the Concentrated Escort Dishmachine Detergent revealed the product to be a hazardous corrosive which could cause the following: burns to the eye and might cause permanent damage including blindness; burns to the skin and could cause permanent damage with to the skin if contact was made; inhalation of the mists might cause corrosive effects to the nose, throat and respiratory system, burns to the mouth, throat and stomach; and the product was harmful or fatal if swallowed.

Review of the facility's MSDS for the Virex 256

2-25-15

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revealed the product to be a hazardous corrosive which could cause the following: permanent eye damage, including blindness; burns and permanent damage to the skin; irritation and corrosive effects to the nose, throat and respiratory tract, could be irritating to the mouth, throat and stomach; and was harmful or fatal if swallowed.

Review of the facility's MSDS for the Acetone nail polish remover revealed the product to be a highly flammable liquid. Further review of the MSDS revealed the product was a scheduled poison and should be stored, maintained and used in accordance with relevant state poisons act.

Review of the facility's MSDS for the Micro-Kill Germicidal Wipes revealed the product to be flammable and could cause the following: mild to severe eye irritation, might cause burning of the eye, blurred vision, and corneal injury; might cause skin redness and was harmful if absorbed through the skin; inhalation overexposure could lead to central nervous sytem depression which could lead to unconsciousness and coma; extreme exposures could lead to death, gastrointestinal disturbances, central nervous system depression pneumonitis, pulmonary edema/hemorrhage, aspiration and death.

Review of the facility's MSDS revealed the Pantastic product could potentially cause serious eye damage/eye irritation.

Review of the facility's MSDS for the Concentrated Crystal Dry Rinse Aide revealed the product could be mildly irritating to the eyes and was harmful if swallowed.

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Interview with State Registered Nursing Assistant (SRNA) #1, on 01/07/15 at 10:10 AM, revealed the residents could access the kitchenettes; however, were told to ask for staff to assist them. Further interview revealed the facility did have confused or wandering residents, and the butcher knife, disposable razors and the chemicals could be hazardous to those residents.

Interview with Registered Nurse (RN) #2, on 01/08/15 at 10:48 AM, revealed the following: the chemicals stored in the cabinets should be locked up and not accessible to residents. Per interview, the butcher knife should not have been stored in the drawer and accessible to residents. RN #2 stated the disposable razors should have been secured and not accessible to residents. Continued interview revealed all these items were dangerous and a potential hazard as residents could possible access them.

Interview with the DON, on 01/07/15 at 5:32 PM, revealed the kitchenette and other cabinets where chemicals were stored should have been locked and not accessible to residents. Per interview, the butcher knife should have not been stored in an unlocked drawer accessible to residents. The DON stated disposable razors should be secured and not accessible to residents. Continued interview revealed the items could be a potential hazard to the facility's cognitively impaired residents.

Interview with the Administrator, on 01/08/15 at 4:37 PM, revealed hazardous chemicals and butcher knives should not be accessible to residents. Per interview, his expectations were when chemicals were not in use or in view of the

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 staff, they should be locked up and not accessible to others. The Administrator stated the butcher knife should be stored in the facility's main kitchen and not stored in the kitchenette. Continued interview revealed disposable razors should be secured and not in unlocked cabinets. Further interview revealed these findings could be hazardous to some residents.

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