

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

PRINTED: 04/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2014
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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPPOINT DRIVE FLORENCE, KY 41042
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F 226	<p>Continued From page 80</p> <p>abuse and action plan related to Resident #1 and Resident #2 and also discussed the Immediate Jeopardy and action plan in April.</p> <p>9. Review of LPN #1's "Timecard" punches revealed the nurse clocked out on 04/03/14 at 2:04 PM.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and Administrator at 5:29 PM revealed LPN #1 was suspended on 04/03/14.</p> <p>10. Review of the initial faxed report sent to the State Survey Agency regarding the 03/02/14 abuse allegation involving Resident #2 and LPN #1 was sent on 04/03/14 by the Administrator.</p> <p>Interview with the Administrator on 04/10/14 at 5:29 PM confirmed she sent the faxed report on 04/03/14.</p> <p>11. Review of an interview with Resident #2 was completed on 04/04/14 as indicated on the AOC plan.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM revealed they interviewed Resident #2 on 04/04/14, and he/she confirmed the nurse threatened not to give the resident pain medication.</p> <p>Interview with Resident #2 on 04/10/14 at 10:19 AM, revealed the DNS and Administrator talked to him/her about the phone incident and pain medication.</p> <p>12. Review of the facility's documented interview with Resident #2's sister revealed it was performed on 04/04/14 as indicated on the AOC.</p>	F 226		
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F 226	<p>Continued From page 81</p> <p>Interview with the Administrator on 04/10/14 at 5:29 PM, revealed she interviewed Resident #2's sister on 04/04/14, and she asked about the incident. The Administrator stated the sister already knew about the allegation, but thought the nurse was trying to limit the resident's phone calls to her as requested. Interview with DNS on 04/10/14 at 12:13 PM revealed the Administrator interviewed the resident's sister.</p> <p>13. Review of witness statements of employees who worked from 7:00 AM to 3:00 PM on 03/02/14 were reviewed by comparison with the 03/02/14 dayshift schedule.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and 12:13 PM and the Administrator at 5:29 PM, revealed all staff who worked dayshift on 03/02/14 were interviewed mostly by the DNS and were asked did you hear a nurse yell or scream at a resident and did you hear a nurse threaten to withhold medication.</p> <p>Interview with the ADON on 04/10/14 at 4:27 PM, revealed she interviewed some of the staff who worked on 03/02/14 about the allegation.</p> <p>Interview with CNA #11 on 04/09/14 at 3:05 PM and with LPN #4 at 3:15 PM, revealed they had worked on 03/02/14 and were interviewed by the facility about the event on 04/04/14.</p> <p>14. Interview with the DNS on 04/10/14 at 10:37 AM and review of the facility's AOC implemented for Resident #2 revealed the facility entered the allegation of abuse for Resident #2 into the Risk Management System on 04/04/14.</p>	F 226		

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F 226	<p>Continued From page 82</p> <p>15. Review of the AOC documentation revealed the facility had new employees who were inserviced on 04/07/14 on the abuse policy, reporting requirements, promise of confidentiality and no fear of retribution.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM, revealed the facility had several newly hired staff who were interviewed on 04/07/14 regarding their inservice.</p> <p>Interview with the Administrator 04/09/14 at 1:28 PM, revealed the facility does not use agency staff.</p> <p>16. Review of the facility's work schedule 04/04/14 through 04/06/14 revealed the facility had supervisors on each shift.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed supervisors were assigned to each shift to monitor for abuse and were supposed to monitor interactions between residents and employees to ensure they were appropriate. They indicated if there was an allegation reported to the supervisor it was to be reported immediately to the Administrator.</p> <p>Interviews on 04/10/14 with the Maintenance Director at 3:39 PM; the ADON at 4:27 PM; RN #4/100 Unit Manager at 4:48 PM; Employee Benefits and Payroll Coordinator at 3:13 PM; and Activities Director at 2:44 PM revealed they all had a list of shifts and they picked up different shifts to observe and supervise interactions of employees and residents and if a suspected allegation of abuse was identified they were to call the DNS and Administrator immediately. The</p>	F 226		

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F 226	Continued From page 83 staff indicated no abuse allegations had been identified. 17. Reviewed the audit tool which was to be utilized for employee abuse interviews. Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed the facility had implemented audits to interview five (5) employees weekly for four (4) weeks and then monthly for three (3) months to determine if staff understood the abuse policy and reporting of all allegations of abuse. Continued interview revealed audits had been initiated and would be done by Administrator, DNS or Nursing Supervisors Monday through Friday, and staff would be re-educated if concerns were identified. Interview, on 04/10/14 at 4:27 PM, with the ADON revealed she had interviewed some employees for the abuse audits and they were supposed to do five (5) employees each week. The ADON indicated if she identified a problem during the audit she was to address it at that time; however had not identified a problem in her abuse audits. 18. Reviewed the audit tool which was to be utilized for resident interviews. Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed the facility had implemented the audits to interview five (5) residents weekly for four (4) weeks and then monthly for three (3) months to determine any issues with staff treatment and any withholding of medication. Continued interview with the DNS and Administrator revealed audits had been initiated and residents were to be interviewed by the Administrator, DNS and	F 226		

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F 226	Continued From page 84 Nursing Supervisors Monday through Friday. Interview on 04/10/14 at 4:27 PM, with the ADON revealed she had performed resident interviews for the audits and they were supposed to do five (5) per week. She indicated if a concern was identified it was to be addressed at the time of interview; however, had not identified any concerns in her resident interview audits. 19. Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed the facility did not have a specific form for auditing the abuse investigation but the Administrator would be performing audits on all abuse investigations to determine if the allegations were reported timely, investigations were thoroughly completed and the initial report was sent to the State Survey Agency in twenty-four (24) hours and the five (5) day follow up was sent in timely. Continued interview with the DNS and Administrator revealed any concerns would be addressed at that time. 20. Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed the audit data would be presented to the monthly PI Committee meetings by the Administrator or DNS for four (4) months as indicated in the AOC. Continued interview with the DNS and Administrator revealed they have not yet had the monthly PI Committee meeting. 21. Interview, on 04/10/14 at 1:40 PM, with the MCO revealed her role was to review prior abuse investigations from 03/06/14 to 04/06/14, to ensure the investigations were done, were thorough and incidents were reported in a timely manner per the facility's abuse policy. Continued	F 226			

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F 226	Continued From page 85 interview with the MCO revealed she had audited five (5) incidents, including those involving Resident #1 and #2, and reported those were the only problematic events.	F 226		
F 490 SS=J	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy, grievances forms, and final investigative reports it was determined the facility's Administration failed to have an effective system to ensure policy and procedures were implemented related to abuse. The facility failed to immediately report an allegation of abuse; investigate allegations of abuse; prevent the potential for further abuse; and report allegations to appropriate State Agencies as per the facility's policy and procedures. This failure affected two (2) of seven (7) sampled residents (Residents #1 and #2). Licensed Practical Nurse (LPN) #4 completed a Grievance/Concern Report on 03/02/14, after being informed by Resident #2 that LPN #1 had "snatched" the phone from him/her and told the resident he/she was not allowed to use the phone. Resident #2 also reported LPN #1 told him/her if he/she continued to curse at her, the	F 490	<ol style="list-style-type: none"> 1. The interim administrator at the time of the occurrence has been employed since 2/24/14. As the interim administrator this person is aware of the ultimate responsibility for the operation of the facility and understands that the administrator possess the authority to manage the facility and make needed changes to facility systems related to policies and procedures implementation of abuse. 2. The Regional Vice President of Operations reviewed the Administrator job description with the interim administrator 4/29/14 to verify understanding of responsibility. 	6/1/14

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F 490

Continued From page 86
LPN would not give the resident his/her pain medication. LPN #4 gave copies of the Grievance/Concern Report to the Administrator, Director of Nursing Services (DNS) and Social Services (SS). Although the facility's Administration was aware of the grievance they failed to view the incident as potential abuse. Therefore, the facility's Administration failed to perform a thorough investigation to include staff and other resident interviews, failed to suspend the alleged perpetrator which could have resulted in potential further abuse and failed to report the alleged abuse to the State Agencies.

Additionally, staff witnessed an incident of verbal abuse by Licensed Practical Nurse (LPN) #6 on 03/07/14 early in the morning. Staff heard LPN #6 yelling at Resident #1 for using the call light multiple times to request pain medication. Staff heard LPN #6 inform Resident #1 he/she would not get pain medication any quicker by banging his/her call light. LPN #6 was heard telling Resident #1 he/she was acting like a child. Interviews with Certified Nursing Assistants (CNA) #3 and CNA #7 revealed they were aware of the incident; however, had not reported it immediately as per the abuse policy. As a result of the staff not reporting the alleged abuse immediately, LPN #6 worked another entire shift the night of 03/08/14. The facility's Administration only became aware of the incident after Resident #1's family filed a grievance. (Refer to F-223, F-225 and F-226)

The facility's Administration's failure to have an effective system in place to ensure the facility's policies were implemented was likely to cause serious injury, harm, impairment or death. Immediate Jeopardy (IJ) and Substandard Quality

F 490

3. The interim Administrator has and will continue to ensure the facility is administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practical physical, mental, and psychosocial well-being of each resident.

1. The allegation of abuse regarding Resident #2 was reported to the appropriate state agencies LPN #1 was suspended on 4-3-14 by the Administrator and Director of Nursing. The investigation was completed and the final report was submitted to the appropriate state agencies on 4/8/14 by the Administrator. LPN#1 was terminated on 4/14/14 by the Director of Nursing.

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F 490	<p>Continued From page 87</p> <p>of Care (SQC) was identified on 04/03/14 and was determined to exist on 03/02/14.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 04/08/14 with the facility alleging removal of the Immediate Jeopardy on 04/07/14. The Immediate Jeopardy was verified to be removed on 04/07/14 as alleged, prior to exit from the facility on 04/10/14, with remaining non-compliance at a Scope and Severity of "D", while the facility develops and implements the Plan of Correction, and the facility's Quality Assurance continues to monitor to ensure residents are free from abuse.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "OPS310 KY Abuse Prohibition", effective 07/01/13, revealed the facility prohibited abuse through: identifying and investigating possible incidents or allegations; protecting residents during investigations; and reporting the incidents/allegations and results of the investigations to State Agencies. Review revealed staff witnessing suspected abuse were to report the incident immediately to the supervisor, who would report the allegations immediately to the Administrator or designee. Policy review revealed the Administrator was to fax a report to the State Agencies of the alleged abuse. Review of the policy revealed employees alleged to have committed abuse would be immediately removed from duty pending investigation. Further policy review revealed an investigation was to be initiated within twenty-four (24) hours of allegations of abuse to determine if the abuse occurred and to what extent.</p>	F 490	<p>The allegation of abuse regarding Resident #1 was reported to the appropriate state agencies and the LPN #6 was suspended on 3-9-14. The investigation was completed and the final report was submitted to the appropriate state agencies on 3/14/14 by</p> <p>the Administrator. LPN #6 was terminated on 3/17/14 by the Director of Nursing.</p> <p>Residents' #1 and #2 have had no additional allegations of abuse.</p>		

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F 490

Continued From page 88

1. Review of the facility's grievance form completed by LPN #4 on 03/02/14 revealed Resident #2 told her LPN #1 had "snatched" the phone from him/her and told the resident he/she was not allowed to use it anymore. Continued review of the form revealed Resident #2 also told LPN #4 that LPN #1 told him/her if he/she continued to curse her she would not give his/her pain medication. Further review revealed no documented evidence the facility's Administration had performed an abuse investigation or reported the incident within twenty-four (24) hours to State Agencies as per the policy.

Interview, on 04/02/14 at 11:36 AM, with LPN #4 revealed on 03/02/14 Resident #2 reported LPN #1 had "snatched" the phone from him/her and told the resident he/she could not use the phone anymore. LPN #4 indicated Resident #2 told her he/she was upset when LPN #1 did that and had cursed her. LPN #4 stated she felt this was abuse and called the DNS who told her she would take care of it. However, LPN #4 filed the incident as a grievance and gave copies of the grievance form to the Administrator, the DNS and SS.

Interview, on 04/02/14 at 12:30 PM and on 04/03/14 at 5:34 PM, with the DNS revealed the facility's abuse investigation process had not been followed and the Administrator had not been notified immediately. The DNS reported if the facility did not fully investigate abuse allegations and the alleged perpetrator remained working there was the potential for additional abuse to occur. The DNS stated the facility had re-opened the incident, an investigation was being performed and the nurse had been suspended.

F 490

2. Director of Nurses, Administrator, and Nurse Supervisors have interviewed alert and oriented residents from 3/13/14 to 4/4/14 to determine if the resident has experienced or witnessed any abuse in the center or any issues with receiving PRN medications timely with corrective action if indicted upon discovery.

Allegations of abuse were reported to the appropriate state agencies within 24 hours of being reported to the interim administrator.

Director of Nurses and Unit Managers completed an assessment of non-interviewable residents 3/12/14 and 4/14/14 to determine any injury associated with possible abuse with no corrective action

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F 490	<p>Continued From page 89</p> <p>Interview, on 04/02/14 at 1:53 PM with the Administrator revealed she had seen the grievance form regarding the incident involving Resident #2 sometime around 03/06/14. According to the Administrator, she had heard about the incident prior to reading the grievance, but thought it had been minimized when told to her. She stated after she read the grievance she should have recognize it as an allegation of abuse or even neglect because there was a threat to withhold pain medication. The Administrator stated she should have had the alleged perpetrator removed from resident care, reported the incident to the State Agencies and performed a thorough investigation of the alleged abuse. She indicated a breakdown had occurred because of the lack of recognition of abuse which lead to the absence of investigation and failure to report the alleged abuse. She stated she had not followed the abuse policy.</p> <p>2. Review of the facility's final report sent to the State Agency, dated 03/14/14 revealed Resident #1's family completed a grievance related to LPN #6 talking to the resident "unprofessionally" the early morning of 03/07/14. Further review revealed an investigation was initiated.</p> <p>Interview with Resident #1 on 04/01/14 at 2:16 PM and on 04/02/14 at 4:15 PM and 5:14 PM revealed a night shift nurse had yelled at him/her and became upset with the resident because he/she had been banging the call light. Resident #2 indicated the nurse had told him/her he/she was acting like a kid. Resident #2 revealed when the nurse yelled it had scared him/her and had made him/her feel like a child.</p> <p>Interview with CNA #7 on 04/02/14 at 8:55 AM</p>	F 490	<p>required.</p> <p>3. Director of Nurses, Administrator, Nurse Management, and Human Resources will have provided reeducation by 4/30/14 with the administrative, nursing, therapy, dietary, housekeeping, laundry, and maintenance staff regarding an effective system that ensures each resident remains free of abuse:</p>		

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F 490	<p>Continued From page 90</p> <p>and CNA #3 on 04/02/14 at 8:55 AM and 04/09/14 at 6:58 PM revealed both heard the nurse yelling at Resident #1. However, neither CNA reported the incident immediately per the facility's policy. CNA #7 reported the incident to the nurse and weekend supervisor on 03/09/14, two (2) days after she had witnessed the incident.</p> <p>Interview with the DNS on 04/02/14 at 12:30 PM and on 04/04/14 at 5:00 PM, revealed the facility's expectation was for staff to report any abuse allegation immediately to their supervisor. She stated when she became aware of the incident on the evening of 03/09/14 she had initiated an investigation. She indicated the investigation had revealed staff was aware of the incident; however, had not reported it immediately as per the policy. The DNS indicated as a result of the staff's failure to report LPN #6 worked the next night after the incident. She stated the investigation revealed staff had not followed the facility's abuse policy as they were aware of the alleged abuse and did not report it immediately.</p> <p>Interview, on 04/03/14 at 6:23 PM, with the Administrator revealed staff was aware of the incident involving Resident #1 and should have reported it immediately. She stated staff had failed to report it immediately, allowed the nurse involved to work another shift before being suspended, which could have led to the potential for additional abuse of residents. The Administrator reported if staff had reported the incident immediately and she had been notified she would have immediately suspended the nurse and started the investigation.</p> <p>Further interview with the Administrator, on 04/08/14 at 6:46 PM, revealed she expected her</p>	F 490	<ul style="list-style-type: none"> Center Abuse policy; Reporting requirements; Promise of confidentiality and no fear of retribution. Including stress management strategies for staff. Employee competency validated using the Abuse Prevention post-test. Licensed nurses were provided reeducation 3/14/14 by Director of Nurses regarding the need for licensed nurses to count off controlled medications and relinquish med cart keys with another nurse if leaving the center for <p>lunch or other periods of time to ensure that medications are accessible to residents as needed.</p>	

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2014
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F 490	<p>Continued From page 91</p> <p>staff to report any suspected abuse immediately to their supervisor and the supervisor to call Administration. She stated the process was then to report the alleged abuse to the State Agencies, perform an investigation, and report the results of the investigation to the State Survey Agency. According to the Administrator, the investigation process included interviewing the person reporting the abuse and the residents involved, and collecting witness statements from staff and other residents. She stated the investigation was important for ensuring allegations regarding staff took the person out of the equation. Further interview revealed as the Administrator she was ultimately responsible for the protection of residents.</p> <p>Interview, on 04/10/14 at 1:40 PM, with the Manager of Clinical Operations (MCO) revealed she felt there was a breakdown at the Administrative level for the incident involving Resident #2. She stated she felt the breakdown was due to staff not understanding the abuse policy, in regards to what constituted abuse and the process for reporting alleged abuse. She stated she also thought there was a breakdown at the Administrative level because they had not interpreted the incident as abuse, but as a grievance. The MCO indicated the allegations involving Resident #2 and Resident #1 had not been reported as they should have been per the policy.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 04/08/14 which alleged removal of the Immediate Jeopardy (IJ) effective 04/07/14. Review of the AOC revealed the facility had implemented the following:</p>	F 490	<ul style="list-style-type: none"> The Director of Nurses and Administrator were reeducated 3/12/14, 4/4/14, and 4/30/14 by the Manager of Clinical Operations regarding Abuse Policy and reporting requirements. Employees upon hire and/or not working during this timeframe will have education/ reeducation by administrative management to the center's abuse policy, reporting requirements, promise of confidentiality and no fear of retribution and will be repeated annually with all staff. Facility does not use agency staff. 		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 490 Continued From page 92

1. The facility's DNS, Administrator and Nurse Supervisors interviewed all interviewable residents to determine if they had experienced or witnessed any abuse in the facility or any issues with receiving PRN medications timely or threatening to have their medication withheld. The facility completed the interviews 03/14/14 and on 04/04/14.
2. The facility's DNS and Nurse Supervisors completed assessments of all non-interviewable residents to determine any injury associated with possible abuse. The facility completed the assessments on 03/14/14 and on 04/04/14.
3. The DNS and Administrator were re-educated to the Abuse Policy, the timely reporting requirements and completion of a thorough investigation by the MCO on 03/12/14 and on 04/03/14.
4. The facility's DNS, Administrator and Nurse Supervisors educated administrative, therapy, dietary, housekeeping, laundry, and maintenance staff on the facility's abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution. Staff was also inserviced on stress management. Employees completed the Abuse Prevention post-test. The facility completed the inservices on 03/14/14 and again on 04/04/14.
5. The facility's DNS and Nurse Supervisors educated licensed nurses to count off controlled medications and relinquish med cart keys with another nurse if leaving the facility for lunch breaks or other periods of time to ensure medications were accessible to administer to

F 490

4. Administrator and Director of Nurse have assigned supervisors across the 3 shifts daily (includes Saturday and Sunday) to observe staff/resident interaction, and to determine that any allegations are reported immediately to the Administrator as of 4/4/14. Any concerns with staff interaction or allegations identified will be called to the Administrator/DNS by the Shift Supervisor for review to determine any action to be taken including reporting to the state agency if indicated.

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

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F 490	<p>Continued From page 93</p> <p>residents as needed. The facility completed the inservices on 03/14/14.</p> <p>6. The facility's DNS and Administrator were responsible for terminating the nurse involved in the allegation of abuse for Resident #1 and reporting the nurse to the Kentucky Board of Nursing. The facility completed the action on 03/14/14.</p> <p>7. The two (2) staff members who heard the incident involving Resident #1, but did not report the allegation received disciplinary action by the DNS and Administrator. The facility completed the action on 03/14/14.</p> <p>8. A Performance Improvement (PI) Meeting, to include the Administrator, DNS and Medical Director was held to discuss the late reporting of the allegation of abuse related to Resident #1 and the plan to correct this. The facility completed this action on 03/14/14.</p> <p>Additionally, a Performance Improvement Meeting, to include the Administrator, DNS and Medical Director, was held to discuss the late reporting of the allegation of abuse related to Resident #2, the Immediate Jeopardy citations, root cause and plan of correction. The facility completed this on 04/04/14.</p> <p>9. The nurse identified in the allegation of abuse for Resident #2 was suspended on 04/03/14. The facility identified the DNS and Administrator as being responsible for the action. The facility completed the action on 04/03/14.</p> <p>10. The initial report of the allegation involving Resident #2 was submitted to the State Agencies</p>	F 490	<p>Administrator, Director of Nursing, and Nurse Supervisors will interview 5 employees from all departments weekly x4 weeks and then monthly x3 months then as determined by the monthly Quality Assurance /Performance Improvement Committee to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately, and that allegations or statements are kept confidential with no fear of retribution for reporting. Concerns identified will be addressed upon discovery.</p> <p>Administrator, Director of Nurses and Nurse Supervisors will interview 5</p>	
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 490	<p>Continued From page 94</p> <p>on 04/03/14, the persons assigned responsibility were the DNS and Administrator. The facility completed the action on 04/03/14.</p> <p>11. The facility's DNS and Administrator was responsible for interviewing Resident #2 regarding the allegation of abuse reported on 03/02/14. The facility completed the action on 04/04/14.</p> <p>12. The facility's DNS, Administrator and Nursing Supervisors were responsible for interviewing the sister of Resident #2 regarding the allegation of abuse reported on 03/02/14. The facility completed the action on 04/04/14.</p> <p>13. The facility's DNS, Administrator and Nurse Supervisors were responsible for interviewing employees who worked 7:00 AM to 3:00 PM on 03/02/14 regarding the allegation of abuse related to Resident #2. The facility completed the interviews on 04/05/14.</p> <p>14. The facility's DNS and Nurse Supervisors were responsible to enter the allegation of abuse for Resident #2 into the Risk Management System (RMS). The facility completed the action on 04/04/14.</p> <p>15. The facility's DNS, Nurse Supervisors and Administrator were responsible to provide education to new hires on the facility's abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution during orientation. This was an ongoing action. The facility did not use agency staff.</p> <p>16. The facility was to assign supervisors on each shift to monitor staff and resident interactions and</p>	F 490	<p>residents weekly x4 weeks and monthly x3 months to determine any issues with staff treatment or abuse and any issues with withholding of medication. Concerns identified will be addressed upon discovery.</p> <p>Administrator and/or Social Services, or Shift Supervisors will review grievances, complaints and allegations daily (includes Saturday and Sunday) times 4 weeks then as determined by the monthly Quality Assurance /Performance Improvement Committee to determine that Abuse allegations are reported timely, resident is protected from further potential abuse as per the Abuse Policy and that investigations are thoroughly completed. Concerns identified will be addressed upon discovery.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 490	<p>Continued From page 95</p> <p>to determine any allegations of abuse were reported immediately to the Administrator. The facility's Administrator and DNS were responsible to implement the action and the facility completed on 04/04/14.</p> <p>17. The facility was to implement monitoring actions to include interview of five (5) employees weekly for four (4) weeks and then monthly for three (3) months to determine: staff understood the facility's abuse policy; understood reporting allegations to the Administrator immediately; and understood allegations or statements were kept confidential and there was no fear of retribution for reporting. Any concerns were to be addressed at the time of interview. The facility identified the DNS, Nurse Supervisors and Administrator as being responsible for the audits which were ongoing.</p> <p>18. The facility was to implement monitoring actions to include interview of five (5) residents weekly for four (4) weeks and then monthly for three (3) months to determine any issues with staff treatment or abuse and any issues with withholding of medication. Any concerns identified were to be addressed at that time. The facility identified the Administrator as being responsible for he audits and they were ongoing.</p> <p>19. The facility was to implement monitoring actions to include an audit of all abuse investigations to determine that abuse allegations were reported timely as per the abuse policy and the investigations were thoroughly completed. Any concerns identified during the audit were to be addressed at that time. The facility identified the Administrator as being responsible for the audits and they were to be ongoing.</p>	F 490	<p>The Human Resources personnel screen potential applicants for hire to determine if they have been found guilty of abusing, neglecting or mistreating residents. If found guilty, the applicant will not be eligible for hire. New hires will be trained on the abuse policy and</p> <p>procedures in orientation and then at least annually. Any employee who is alleged to abuse, neglect or mistreat residents will be reported by the Administrator to the State Abuse Registry or State Agency as per the regulation.</p>	
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 490	Continued From page 96 20. The findings of the monitoring identified above were to be reported to the Performance Improvement Committee monthly for four (4) months for further review and recommendation. The Administrator and DNS were responsible and this was to be ongoing. 21. The facility was to perform an audit on abuse allegations identified for the prior thirty (30) days, 03/06/14 through 04/06/14, to assure a thorough investigation was completed and any abuse was reported timely as per the facility policy. The person responsible was the MCO and the facility was to complete this on 04/07/14. The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Interview and review of the facility's AOC implementation documentation for Resident #1 and Resident #2, with the DNS on 04/10/14 at 10:37 AM, 12:13 PM and at 1:16 PM, revealed the facility used a Resident Census Report to identify all interviewable residents. The resident interviews were performed by the DNS and Nursing Supervisors which included Unit Managers. Reviewed the documented resident interviews all completed by 03/14/14 and 04/04/14. Interview with the Assistant Director of Nursing (ADON) on 04/10/14 at 4:27 PM, and RN #5/100 Unit Manager on 04/10/14 at 4:48 PM revealed resident interviews were performed as per the AOC. Interview on 04/10/14, with Resident #1 at 12:58 PM; Resident #2 at 10:19 AM; Unsampld	F 490	5. The Administrator will bring trends identified from the daily review of allegations, complaints and grievances, and employee and resident interviews to the monthly Quality Assurance /Performance Improvement Committee x4 months for further review and recommendations. 6. Completion date 5/1/14.		

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

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F 490	Continued From page 97 Resident A at 5:05 PM; Unsampeld Resident B at 4:49 PM; and Unsampeld Resident C at 5:10 PM revealed they were all interviewed by facility staff two (2) different times recently about abuse and medications. Interview with the Administrator on 04/10/14 at 5:29 PM, revealed she was in charge of the AOC plan to make sure everything was completed as indicated and verified all the resident interviews were completed by the 03/14/14 and 04/04/14 as noted on the AOC. 2. Interview and review of the facility's AOC implementation documentation with the DNS on 04/10/14 at 10:37 AM, 12:13 PM and at 1:16 PM, revealed the facility used a Resident Census Report to identify all non-interviewable residents. The DNS stated they had two (2) staff present for skin assessments and no problems were identified indicating abuse, such as, bruises, scratches, any type of redness or any signs they were not getting care. Review and interview with the DNS revealed the skin assessments were performed by the DNS and Nursing Supervisors on 03/13/14, 03/14/14 and again on 04/04/14 with no issues identified. Interview with the ADON on 04/10/14 at 4:27 PM and RN #5/100 Unit Manager at 4:48 PM, revealed skin assessments were performed on non-interviewable residents. Interview with the Administrator on 04/10/14 at 5:29 PM, revealed she had verified all skin assessments of non-interviewable residents were completed by 03/14/14 and 04/05/14 as noted on the AOC with no issues identified.	F 490			

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

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F 490	Continued From page 98 3. Review of a documented inservice on 03/12/14 and 04/03/14 revealed the DNS and Administrator were re-educated on the facility's abuse policy and reporting requirements by the MCO. Interview with the DNS on 04/10/14 at 12:13 PM, and the Administrator on 04/10/14 at 5:29 PM, revealed both had received an inservice on the abuse policy and reporting requirements on 03/12/14 and 04/03/14 by the MCO. 4. Interview and review of the facility's AOC implementation documentation for Resident #1 and Resident #2, with the DNS on 04/10/14 at 10:37 AM, at 12:13 PM and at 1:16 PM, revealed the facility used a master list of employees to inservice all staff on 03/10/14 thru 03/14/14 and on 04/03/14 thru 04/04/14. The DNS stated staff inservices included review of the abuse policy which included examples of abuse and reporting, investigations and reporting were confidential, stress management, and abuse post-test. She further stated inservices were performed by the Administrative team which included herself, the Administrator and Nursing Supervisors. The DNS stated staff who were not present were contacted by phone and given the inservice on the abuse policy and stress management. She indicated staff who the facility was unable to contact by phone were sent the inservice education by certified mail. The list of staff who were sent the inservice education by certified mail and the certified mail receipts were reviewed. Interview with the DNS revealed when the staff who were not present at the inservice came in to work they went over the post test and signed inservice sheets prior to beginning work. She stated the inservices were performed by the Administrative team which included herself, the	F 490			

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

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FORM APPROVED
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F 490	Continued From page 99 Administrator and Nursing Supervisors. Review of the AOC implementation documentation revealed a master list of employees which showed staff were inserviced from 03/10/14 through 03/14/14 and on 04/03/14 and 04/04/14, on the abuse policy, reporting requirements, promise of confidentiality, no fear of retribution and stress management. The inservice material and post-tests completed by employees after the inservicing were reviewed. Interview on 04/10/14 with the ADON at 4:27 PM; RN #4/Weekend Supervisor at 4:08 PM; Activities Director at 2:44 PM; the Employee Benefits and Payroll Coordinator at 3:13 PM; the Maintenance Director at 3:39 PM; and RN #5/100 Unit Manager at 4:48 PM revealed they had inserviced staff on the facility's abuse policy and stress management in March and April. Staff interviews on 04/09/14 with LPN #10 at 5:22 PM; CNA #18 at 5:30 PM; LPN #11 at 5:41 PM; CNA #14 at 5:51 PM; CNA #3 at 6:55 PM; and, on 04/10/14 with LPN #12 at 7:30 AM; LPN # 13 at 7:50 AM; LPN # 14 at 7:55 AM; Dietary Aide #1 at 2:05 PM; Housekeeping #1 at 2:18 PM; Dietary Aide #2 at 2:27 PM; Housekeeping #2 at 2:32 PM; Activities Director at 2:44 PM; Maintenance #1 at 2:55 PM; Laundry #1 at 3:04 PM; Employee Payroll and Benefits Coordinator at 3:13 PM; Occupation Therapist (OT) #1 at 3:21 PM; Physical Therapy Assistant (PTA) #1 at 3:26 PM; CNA #16 at 3:33 PM; Maintenance #2 at 3:39 PM; CNA #17 at 3:47 PM; RN #4/Weekend Supervisor at 4:08 PM; and LPN #15 at 4:17 PM revealed all indicated they had received inservices on abuse in March and April which included the types of abuse, how and when to	F 490			

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

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FORM APPROVED
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F 490	Continued From page 100 report abuse, confidentiality/retribution, and stress management. 5. Interview and review of the facility's AOC implementation documentation for Resident #1, with the DNS on 04/10/14 at 12:13 PM and at 1:16 PM, revealed the facility used a master list of nurses identified as receiving inservice education on 03/13/14 and 03/14/14 on counting controlled medications in the medication carts and giving the medication cart keys to another nurse before leaving the facility for lunch breaks. She stated the inservices were performed by herself and the Nursing Supervisors. Interview on 04/10/14 with DNS and ADON at 4:27 PM, RN #4/Weekend Supervisor at 4:08 PM, Activities Director at 2:44 PM, and RN #5/Unit Manager 100 at 4:48 PM revealed they inserviced staff on abuse in March and when applicable nursing staff on med cart. Staff interviews on 04/09/14 with LPN #10 at 5:22 PM; LPN #11 at 5:41 PM; and on 04/10/14 with LPN #12 at 7:30 AM; LPN #13 at 7:50 AM; LPN #14 at 7:55 AM; RN #4/Weekend Supervisor at 4:08 PM; and LPN #15 at 4:17 PM revealed all indicated they had received inservices on counting controlled medications in the medication carts and on giving the medication cart keys to another nurse prior to leaving the facility for lunch breaks in March. Interview with the Administrator, on 04/10/14 at 6:29 PM, revealed nurses were inserviced staff as indicated on the AOC in March. 6. Review of the facility's report of LPN #6 to KBN revealed the nurse was reported on 03/21/14.	F 490			

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2014
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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPPOINT DRIVE FLORENCE, KY 41042
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F 490	<p>Continued From page 101</p> <p>Personnel record review revealed LPN #6 was terminated from employment.</p> <p>Interview with the DNS on 04/10/14 at 1:16 PM and the Administrator at 5:29 PM, revealed LPN #6 was terminated on 03/17/14 per the AOC and reported to KBN by the DNS.</p> <p>7. Interview with the DNS on 04/10/14 at 1:16 PM and the Administrator at 5:29 PM, revealed the two (2) staff who did not report the abuse of Resident #1 received final written warnings by the DNS for not reporting timely. The final written warnings for CNA #3 and CNA #7 were reviewed.</p> <p>Interview with CNA #7 on 04/02/14 at 8:55 AM and CNA #3 on 04/09/14 at 6:58 PM, revealed they were counseled by the facility about reporting abuse sooner.</p> <p>8. Review of the PI meeting sign in sheets dated 03/14/14 and 04/04/14, revealed it was signed by Administrator, DNS and Medical Director.</p> <p>Interview with the Medical Director on 04/09/14 at 4:13 PM, revealed he attended the PI meeting in March about the allegation of abuse involving Resident #1 and a nurse. He stated they discussed what happened and an action plan on how to prevent it from happening again. Additionally, the Medical Director stated he attended the PI meeting in April regarding the allegation of abuse involving Resident #2 and in the meeting they had discussed the Immediate Jeopardy related to the abuse incident and the action plan to prevent reoccurrence.</p> <p>Interview with the DNS on 04/10/14 at 12:13 PM and the Administrator at 5:29 PM, revealed they</p>	F 490		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 490	<p>Continued From page 102</p> <p>attended the March and April PI meeting with the Medical Director and discussed the allegation of abuse and action plan related to Resident #1 and Resident #2 and also discussed the immediate Jeopardy and action plan in April.</p> <p>9. Review of LPN #1's "Timecard" punches revealed the nurse clocked out on 04/03/14 at 2:04 PM.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and Administrator at 5:29 PM revealed LPN #1 was suspended on 04/03/14.</p> <p>10. Review of the initial faxed report sent to the State Survey Agency regarding the 03/02/14 abuse allegation involving Resident #2 and LPN #1 was sent on 04/03/14 by the Administrator.</p> <p>Interview with the Administrator on 04/10/14 at 5:29 PM confirmed she sent the faxed report on 04/03/14.</p> <p>11. Review of an interview with Resident #2 was completed on 04/04/14 as indicated on the AOC plan.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM revealed they interviewed Resident #2 on 04/04/14, and he/she confirmed the nurse threatened not to give the resident pain medication.</p> <p>Interview with Resident #2 on 04/10/14 at 10:19 AM, revealed the DNS and Administrator talked to him/her about the phone incident and pain medication.</p> <p>12. Review of the facility's documented interview</p>	F 490		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 490	<p>Continued From page 103</p> <p>with Resident #2's sister revealed it was performed on 04/04/14 as indicated on the AOC.</p> <p>Interview with the Administrator on 04/10/14 at 5:29 PM, revealed she interviewed Resident #2's sister on 04/04/14, and she asked about the incident. The Administrator stated the sister already knew about the allegation, but thought the nurse was trying to limit the resident's phone calls to her as requested. Interview with DNS on 04/10/14 at 12:13 PM revealed the Administrator interviewed the resident's sister.</p> <p>13. Review of witness statements of employees who worked from 7:00 AM to 3:00 PM on 03/02/14 were reviewed by comparison with the 03/02/14 dayshift schedule.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and 12:13 PM and the Administrator at 5:29 PM, revealed all staff who worked dayshift on 03/02/14 were interviewed mostly by the DNS and were asked did you hear a nurse yell or scream at a resident and did you hear a nurse threaten to withhold medication.</p> <p>Interview with the ADON on 04/10/14 at 4:27 PM, revealed she interviewed some of the staff who worked on 03/02/14 about the allegation.</p> <p>Interview with CNA #11 on 04/09/14 at 3:05 PM and with LPN #4 at 3:15 PM, revealed they had worked on 03/02/14 and were interviewed by the facility about the event on 04/04/14.</p> <p>14. Interview with the DNS on 04/10/14 at 10:37 AM and review of the facility's AOC implemented for Resident #2 revealed the facility entered the allegation of abuse for Resident #2 into the Risk</p>	F 490			

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

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F 490	<p>Continued From page 104 Management System on 04/04/14.</p> <p>15. Review of the AOC documentation revealed the facility had new employees who were inserviced on 04/07/14 on the abuse policy, reporting requirements, promise of confidentiality and no fear of retribution.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM, revealed the facility had several newly hired staff who were interviewed on 04/07/14 regarding their inservice.</p> <p>Interview with the Administrator 04/09/14 at 1:28 PM, revealed the facility does not use agency staff.</p> <p>16. Review of the facility's work schedule 04/04/14 through 04/06/14 revealed the facility had supervisors on each shift.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed supervisors were assigned to each shift to monitor for abuse and were supposed to monitor interactions between residents and employees to ensure they were appropriate. They indicated if there was an allegation reported to the supervisor it was to be reported immediately to the Administrator.</p> <p>Interviews on 04/10/14 with the Maintenance Director at 3:39 PM; the ADON at 4:27 PM; RN #4/100 Unit Manager at 4:48 PM; Employee Benefits and Payroll Coordinator at 3:13 PM; and Activities Director at 2:44 PM revealed they all had a list of shifts and they picked up different shifts to observe and supervise interactions of employees and residents and if a suspected</p>	F 490	

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

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F 490	<p>Continued From page 105</p> <p>allegation of abuse was identified they were to call the DNS and Administrator immediately. The staff indicated no abuse allegations had been identified.</p> <p>17. Reviewed the audit tool which was to be utilized for employee abuse interviews.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed the facility had implemented audits to interview five (5) employees weekly for four (4) weeks and then monthly for three (3) months to determine if staff understood the abuse policy and reporting of all allegations of abuse. Continued interview revealed audits had been initiated and would be done by Administrator, DNS or Nursing Supervisors Monday through Friday, and staff would be re-educated if concerns were identified.</p> <p>Interview, on 04/10/14 at 4:27 PM, with the ADON revealed she had interviewed some employees for the abuse audits and they were supposed to do five (5) employees each week. The ADON indicated if she identified a problem during the audit she was to address it at that time; however had not identified a problem in her abuse audits.</p> <p>18. Reviewed the audit tool which was to be utilized for resident interviews.</p> <p>Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed the facility had implemented the audits to interview five (5) residents weekly for four (4) weeks and then monthly for three (3) months to determine any issues with staff treatment and any withholding of medication. Continued interview with the DNS and Administrator revealed audits</p>	F 490		
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F 490	Continued From page 106 had been initiated and residents were to be interviewed by the Administrator, DNS and Nursing Supervisors Monday through Friday. Interview on 04/10/14 at 4:27 PM, with the ADON revealed she had performed resident interviews for the audits and they were supposed to do five (5) per week. She indicated if a concern was identified it was to be addressed at the time of interview; however, had not identified any concerns in her resident interview audits. 19. Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed the facility did not have a specific form for auditing the abuse investigation but the Administrator would be performing audits on all abuse investigations to determine if the allegations were reported timely, investigations were thoroughly completed and the initial report was sent to the State Survey Agency in twenty-four (24) hours and the five (5) day follow up was sent in timely. Continued interview with the DNS and Administrator revealed any concerns would be addressed at that time. 20. Interview with the DNS on 04/10/14 at 10:37 AM and the Administrator at 5:29 PM, revealed the audit data would be presented to the monthly PI Committee meetings by the Administrator or DNS for four (4) months as indicated in the AOC. Continued interview with the DNS and Administrator revealed they have not yet had the monthly PI Committee meeting. 21. Interview, on 04/10/14 at 1:40 PM, with the MCO revealed her role was to review prior abuse investigations from 03/06/14 to 04/06/14, to ensure the investigations were done, were	F 490			

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F 490	Continued From page 107 thorough and incidents were reported in a timely manner per the facility's abuse policy. Continued interview with the MCO revealed she had audited five (5) incidents, including those involving Resident #1 and #2, and reported those were the only problematic events.	F 490		
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