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MAY 2015

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

PRINTED: 04/21/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186402	INSURANCE MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/07/2015
NAME OF PROVIDER OR SUPPLIER  HENDERSON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH ELM ST. HENDERSON, KY 42420		
(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	
F 000	INITIAL COMMENTS  An Abbreviated Survey Investigating Complaint #KY23036 was conducted on 03/31/15 through 04/07/15. #KY23036 was substantiated with deficiencies cited at the highest Scope and Severity of a "D".	F 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered		
F 223 SS=D	483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION  The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.  The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's Abuse/Neglect policy and Abuse investigation, it was determined the facility failed to ensure each resident was free from mental and psychosocial abuse for one (1) of three (3) sampled residents (Resident #1). On 03/29/15, Resident #1 alleged Certified Nursing Assistant (CNA) #1 threw water in his/her face.  The findings include:  Review of the facility's policy and procedure, titled "Abuse and Neglect Policy", (not dated), revealed the purpose was to prohibit abuse of residents from any source. The Administration should initiate the investigation process by interviewing all staff and residents having any knowledge of the allegation immediately. All incidents of	F 223			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

*[Signature]* Dan Stockdale Intern Administrator 5/1/15

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 60 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 223	<p>Continued From page 1</p> <p>alleged abuse or neglect will be summarized. Following an allegation, the facility will implement increased supervision and monitoring of residents as needed to ensure that all residents are safe from any further abuse.</p> <p>Record review revealed the facility admitted Resident #1 on 11/20/13 with diagnoses to include a Fractured Acetabulum-closed, Fracture tibia/fibula, Senile Dementia, Anxiety, and a history of Urinary Tract Infections. Review of a Minimum Data Set (MDS) assessment, dated 03/25/15, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview of Mental Status (BIMS) score of nine (9) indicating the resident was interviewable and required extensive assist with one (1) to two (2) person assist for activities of daily living (bathing, transfers, bowel and bladder incontinence, and transfers).</p> <p>Review of the facility's final investigation report, dated 04/06/15, revealed the resident's initial allegation was CNA #1 had thrown water on him/her and cussed him/her out. The facility initiated an investigation on 03/29/15 obtaining statements from the staff working on 03/29/15. The alleged perpetrator was removed from the resident care area and after a statement was written by her, she clocked out and was escorted out of the building. Further review revealed the facility unsubstantiated the allegation.</p> <p>Interview with Resident #1, on 04/03/15 at 9:40 AM and 1:30 PM, revealed the girl that was taking care of him/her, threw water in his/her face and he/she did not know why or where the water came from. The resident stated the CNA was high tempered and maybe mad because she had</p>	F 223	<p>as an agreement with the allegations of noncompliance or admissions by the facility This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements</p> <p><b>F223</b></p> <p>1. The CNA # 1 providing care for resident #1 was immediately removed from the care area and was suspended pending investigation and has been terminated from employment on 04/08/2015 and reported to the KY Board of Nursing on 04/08/2015 by the Director of Nursing. On 05-01-15 the Administrator interviewed resident # 1 and resident # 1 reported that he/she had not concerns with any current staff and was pleased with everyone.</p> <p>2. All residents with a BIMS score of seven or less had skin assessments performed on April 6, 2015 by the Director of Nursing, Unit Managers, MDS Nurse, Assistant Director of Nursing, and the Charge Nurse to ensure no other residents had any incidents of unknown origin or injuries suspicious in nature. None</p>	5/11/15

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F 223	<p>Continued From page 2</p> <p>to do the work and if so she shouldn't have taken the job. Further interview with Resident #1, on 04/06/15 at 9:10 AM revealed the same accusation being made against CNA #1. He/She added he/she had not seen CNA #1 back on duty since the allegation was made.</p> <p>Interview with Resident #1's room mate, on 04/06/15 at 9:10 AM, revealed he/she heard his/her room mate yelling someone had thrown water in his/her face just after CNA #1 had left the room. The room mate revealed he/she was not able to see if the CNA had thrown water in his/her room mates face and he/she did not hear any cursing by either of them.</p> <p>Interview with CNA #1, on 04/06/15 at 10:38 AM, revealed she went into Resident #1's room to provide care to the room mate and when she was ready to provide care to Resident #1, the resident began to yell at her and call her names. She stated she left the room to get help and before she could get help, Licensed Practical Nurse (LPN #1) and LPN #2 asked her to go to the breakroom, write a statement, and clock out and leave the building. She revealed when she asked why, she was told Resident #1 had made an allegation of abuse against her.</p> <p>Interview with LPN #1, on 04/06/15 at 8:20 AM, revealed she was at the nursing station located across from Resident #1's room and she heard the resident yelling someone had thrown water in his/her face. She stated when she asked the resident who had done this, Resident #1 told her it was the girl that had just left the room (CNA #1). LPN #1 revealed the resident appeared to have water on his/her face and the back of his/her head was damp. Additionally, she stated it</p>	F 223	<p>were found.</p> <p>All residents with a BIMs score of eight or greater were interviewed on April 1, 2015 by Social Services Director to ensure none of them had any incidents of alleged abuse or neglect. None were noted.</p> <p>All staff was interviewed by April 7<sup>th</sup> 2015 by the Social Services Director MDS Nurse Assistant, Director of Nursing to determine if any of them had any knowledge of any alleged abuse or neglect. No incidents were reported.</p> <p>3. All facility staff were re-educated on the abuse and neglect policy including competency test by The Administrator, Director of Nursing, Nutritional services Manager, Director of Rehabilitation With no facility staff working after 5/10/15 without having received this re-education and competency test.</p> <p>4. The Administrator, Director of Nursing, or Social Service Director will test Five staff per week for twelve weeks to ensure staff</p>		

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F 223	Continued From page 3 appeared as if someone had washed their hands and flicked water on the resident.  Interview with LPN #2, on 04/06/15 at 8:40 AM, revealed LPN #1 came to her and reported the alleged abuse and she immediately went to Resident #1's room and she noticed drops of wetness on the resident's pillow case. She stated she asked Resident #1 what happened and was told the girl that was taking care of him/her threw water in his/her face.  Interview with the Director of Nursing, on 04/06/15 at 1:35 PM, revealed Resident #1 becomes confused at times when he/she has a Urinary Tract Infection and LPN #1 was a little over dramatic at times and may have exaggerated the water being on the resident's face and hair. Additionally, she revealed keeping the resident's safe was part of the facility's process.  Interview with the Administrator, on 04/06/15 at 1:47 PM, revealed he expected nursing staff to ensure resident's safety and all allegations of abuse should be investigated thoroughly.	F 223	understand of the abuse and neglect policy. All interviewable residents (BIMs score of 8 or greater) will be queried monthly for three months to determine if they have experienced or have knowledge of any incidents of abuse or neglect. If any are reported The alleged perpetrator will be removed immediately and an investigation began immediately. The results of these test and questionnaires will be reviewed with the Quality Assurance Committee monthly for at least three months. Anytime concerns are identified the Quality Assurance Committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Administrator, Dietary Services Manager, Social Services Director and Maintenance Director with the Medical Director attending at least Quarterly.		
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	F 225	<u>F 225</u>  1. A skin assessment was performed by the Director of Nursing on March 30, 2015 on resident # 1 to identify	5/11/15	

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F 225	<p>Continued From page 4</p> <p>indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's Abuse/Neglect policy and procedure and abuse investigation it was determined the facility failed to conduct skin assessments on non-interviewable residents and timely interviews with interviewable residents during the investigation of alleged abuse for one (1) of three (3) sampled residents (Resident #1).</p>	F 225	<p>any injury that was of unknown origin or suspicious in nature, no concerns were identified. O 05-01-15 the Administrator interviewed resident # 1 and resident # 1 reported that he/she had not concerns with any current staff and was pleased with everyone.</p> <p>2. Interviews with interviewable residents (BIMs score of 8 or greater) were conducted on April 1, 2015 by the Social Services Director to determine if any concerns with abuse and or neglect. None were noted. Skin assessments were completed on noninterviewable residents (BIMs score of 7 or less) were conducted by Director of Nursing, Unit Managers, MDS Nurse, Assistant Director of Nursing on April 6, 2015, with no concerns with Injury of Unknown Origin. or injuries suspicious in nature being noted. All staff were interviewed by April 7th 2015 by the Social Services Director MDS Nurse Assistant, Director of Nursing to determine if any of them had any knowledge of any alleged abuse or neglect. No incidents were reported.</p> <p>3. The Administrator and Director of nursing were re-educated by the</p>	

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F 225	<p>Continued From page 5</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure, titled "Abuse and Neglect Policy", (not dated), revealed the purpose was to prohibit abuse of residents from any source. The Administration should initiate the investigation process by interviewing all staff and residents having any knowledge of the allegation immediately. All incidents of alleged abuse or neglect will be summarized. Following an allegation, the facility will implement increased supervision and monitoring of residents as needed to ensure that all residents are safe from any further abuse.</p> <p>Record review revealed the facility admitted Resident #1 on 11/20/13 with diagnoses to include a Fractured Acetabulum-closed, Fracture tibia/fibula, Senile Dementia, Anxiety, and a history of Urinary Tract Infections. Review of a Minimum Data Set (MDS) assessment, dated 03/25/15, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview of Mental Status (BIMS) score of nine (9) indicating the resident was interviewable.</p> <p>Review of the facility's final investigation report, dated 04/06/15, revealed the resident's initial allegation was Certified Nurse Aide (CNA) #1 had thrown water on him/her and cussed him/her out. The facility initiated an investigation on 03/29/15 obtaining statements from the staff working on 03/29/15. The alleged perpetrator was removed from the resident care area and after a statement was written by her, she clocked out and was escorted out of the building. However, additional review revealed there was no skin assessments completed of Resident #1 and other residents who had been assessed with a BIMS score seven</p>	F 225	<p>Regional Director of Quality Management on April 7, 2015 regarding the investigation components of abuse and neglect including completing a resident interview and skin assessment at the time of an allegation of physical abuse. The Administrator will delegate personal to conduct resident interviews in the absence of the Social Services Director. All facility staff were re-educated on the abuse and neglect policy including competency test by The Administrator, Director of Nursing, Nutritional services Manager, Director of Rehabilitation. With no facility staff working after 5/10/15 without having received this re-education and competency test</p> <p>4. The Administrator will review all allegations of abuse or neglect to ensure that appropriate investigations have occurred and occurred timely. The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least three months. Anytime concerns are identified the Quality Assurance</p>	

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F 225	Continued From page 6  (7) and under. In addition, interview with the Social Worker, on 04/03/15 at 10:12 AM, revealed she was off sick on 03/30/15 and was not aware of the allegation until 03/31/15. She stated she was responsible for completing interviews with the alleged victim and residents with a BIM score of eight (8) or above. She provided a list of interviewable residents that she had interviewed on 03/31/15, two days after the alleged abuse.  Interview with Resident #1, on 04/03/15 at 9:40 AM and 1:30 PM revealed the girl that was taking care of him/her, threw water in his/her face and he/she did not know why or where the water came from. The resident stated the Certified Nursing Assistant (CNA) was high tempered and maybe mad because she had to do the work and if so she shouldn't have taken the job. Further interview with Resident #1, on 04/06/15 at 9:10 AM revealed the same accusation being made against the CNA. He/She added he/she had not seen CNA #1 back on duty since the allegation was made.  Interview with Licensed Practical Nurse (LPN) #1, on 04/06/15 at 8:20 AM, revealed she stated she assessed Resident #1 at the time of the allegation and found no injury. She stated she removed CNA #1 from the resident care area and notified the Director of Nursing (DON) who gave her directions to not document in the computer any of the events and to get statements from all staff working that day.  Interview with the Director of Nursing, on 04/06/15 at 1:35 PM, revealed she asked LPN #1 to perform a head to toe skin assessment on Resident #1 and to document her findings,	F 225	Committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Administrator, Dietary Services Manager, Social Services Director and Maintenance Director with the Medical Director attending at least Quarterly.	

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F 225	Continued From page 7 however, review of the Nursing Progress Notes, dated 03/29/15, revealed no documentation of the assessment of Resident #1. The DON stated she did not tell LPN #1 to conduct skin assessments of any other residents and she would normally do the skin assessment on the non-interviewable residents in the building when there was an allegation of abuse.	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.  This REQUIREMENT is not met as evidenced by: Based on Interview, record review and review of the facility's Abuse and Neglect Policy and Abuse investigation, it was determined the facility failed to implement the Abuse policy for one (1) of three (3) sampled residents, (Resident #1) related to to ensure the resident was free of verbal and mental abuse and to ensure a complete investigation was conducted timely. Resident #1 alleged a Certified Nurse Aide threw water in his/her face and the facility failed to conduct skin assessments on non-interviewable residents and timely interviews with interviewable residents	F 226	<u>F 226</u>  1. A skin assessment was performed by the Director of Nursing on March 30, 2015 on resident # 1 to identify any injury that was of unknown origin or suspicious in nature, no concerns were identified. O 05-01-15 the Administrator interviewed resident # 1 and resident # 1 reported that he/she had not concerns with any current staff and was pleased with everyone.  2. Interviews with interviewable residents (BIMs score of 8 or greater) were conducted on April 1, 2015 by the Social Services Director to determine if any concerns with abuse and or neglect. None were noted. Skin assessments were completed on	5/11/15	

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F 226	<p>Continued From page 8</p> <p>during the investigation to ensure there were no signs/symptoms of abuse. Refer to F223 and F225.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure, titled "Abuse and Neglect Policy", (not dated), revealed the purpose of the policy was to prohibit abuse of residents from any source, to promote the well-being of residents by providing a safe and supportive environment, and to maintain the resident's right to be free from verbal and mental abuse. The facility administration will initiate the investigation process by interviewing staff and residents having knowledge of the allegation immediately.</p> <p>Record review revealed the facility admitted Resident #1 on 11/20/13 with diagnoses to include a Fractured Acetabulum-closed, Fracture tibia/fibula, Senile Dementia, Anxiety, and a history of Urinary Tract Infections. Review of a Minimum Data Set (MDS) assessment, dated 03/25/15, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview of Mental Status (BIMS) score of nine (9) indicating the resident was interviewable.</p> <p>Review of the facility's final investigation report, dated 04/06/15, and interviews with Resident #1 on 04/03/15 at 9:40 AM, Licensed Practical Nurse (LPN) #1, on 04/04/15 at 1:40 PM, and the Social Worker on 04/03/15 at 10:12 AM revealed Resident #1 reported on 03/29/15, Certified Nurse Aide (CNA) #1 threw water in Resident #1's face and cursed at the resident. The facility initiated an investigation on 03/29/15 which included suspending CNA #1 and interviewing</p>	F 226	<p>noninterviewable residents (BIMS score of 7 or less) were conducted by Director of Nursing, Unit Managers, MDS Nurse, Assistant Director of Nursing on April 6, 2015, with no concerns with Injury of Unknown Origin or injuries suspicious in nature being noted. All staff were interviewed by April 7th 2015 by the Social Services Director MDS Nurse Assistant, Director of Nursing to determine if any of them had any knowledge of any alleged abuse or neglect. No incidents were reported.</p> <p>3. The Administrator and Director of nursing were re-educated by the Regional Director of Quality Management on April 7, 2015 regarding the investigation components of abuse and neglect including completing a resident interview and skin assessment at the time of an allegation of physical abuse. The Administrator will delegate personal to conduct resident interviews in the absence of the Social Services Director. All facility staff were re-educated on the abuse and neglect policy including competency test by The Administrator, Director of Nursing,</p>		

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NAME OF PROVIDER OR SUPPLIER  HENDERSON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420		
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F 226	Continued From page 9 Resident #1 and staff. However, the interviewable residents were not interviewed for two (2) days and skin assessments were not completed on non-interviewable residents to determine if any other residents had been abused. In addition the facility unsubstantiated the allegation. However, further interview with LPN #1 on 04/04/15 at 1:40 PM and LPN #2, on 04/06/15 at 8:40 AM, revealed when they entered Resident #1's room there was water on the resident's face and pillow. as if someone had thrown water in the resident's face.  Interview with the Director of Nursing, on 04/06/15 at 1:35 PM, revealed Resident #1 becomes confused at times when he/she has a Urinary Tract Infection and LPN #1 was a little over dramatic at times and may have exaggerated the water being on the resident's face and hair. The DON stated she asked LPN #1 to perform a head to toe skin assessment on Resident #1 and to document her findings, however, review of the Nursing Progress Notes, dated 03/29/15, revealed no documentation of the assessment of Resident #1. The DON stated she did not conduct the skin assessments on the non-interviewable residents and she did not ask LPN #1 to do them.  Interview with the Administrator, on 04/06/15 at 1:47 PM, revealed he expected nursing staff to ensure resident's safety, all allegations of abuse should be investigated thoroughly and he expected nursing staff to follow the facility's Abuse/Neglect policy.	F 226	Nutritional services Manager, Director of Rehabilitation: With no facility staff working after 5/10/15 without having received this re-education and competency test  4. The Administrator will review all allegations of abuse or neglect to ensure that appropriate investigations have occurred and occurred timely. The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least three months. Anytime concerns are identified the Quality Assurance Committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Administrator, Dietary Services Manager, Social Services Director and Maintenance Director with the Medical Director attending at least Quarterly.  <u>F282</u>		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	F 282	1. A review of resident # 1 plans of care by the Director of Nursing on 04-23-2015 noted that all care planed	5/11/15	

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F 282	<p>Continued From page 10</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to implement the care plan for one (1) of three (3) sampled residents (Resident #1). Resident #1's care plan stated the resident had a history of exhibiting alterations in moods/behaviors and should be approached in a calm manner, however, CNA #1 was alleged to have thrown water in the resident's face.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure, titled "Resident Comprehensive Care Plan", dated 09/08, revealed the residents comprehensive care plan should be viewed as an Interdisciplinary approach to managing the acute and chronic needs of the residents living in the facility.</p> <p>Record review revealed the facility admitted Resident #1 on 11/20/13 with diagnoses which included Fractured Acetabulum-closed, Fracture tibia/fibula, Senile Dementia, Anxiety, and a history of Urinary Tract Infections.</p> <p>Review of a Minimum Data Set (MDS) assessment, dated 03/25/15, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview of Mental Status (BIMS) score of nine (9) indicating the resident</p>	F 282	<p>interventions were being followed.</p> <p>2. On 04-22-15 and 04-23-2015 the Interdisciplinary team consisting of the Director of Nursing, Assistant Director , Social Services Director Activities Director , Nutrition Director and Unit Manager, MDS Nurse: completed an audit of all current resident's care plans to ensure that the interventions were in place . Any noted care plans interventions that were not in place were immediately put in place.</p> <p>3. All licensed Nurses and Certified Nursing Assistants will be educated in regard to following the care plan or reporting to the nurse if unable to follow the plan of care and if the nurse is unable to follow the plan of care and it is not within their scope of practice to make a decision the physician must be notified. This education will be completed by the Director of Nursing, Assistant Director of Nursing or Unit Managers.</p> <p>4. The Director of Nursing will audit five resident records per week for twelve weeks to ensure that the care</p>		

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F 282	Continued From page 11 was interviewable. The resident required extensive assist with one (1) to two (2) person assist for activities of daily living (bathing, transfers, bowel and bladder incontinence, and transfers).  Review of the Comprehensive Care Plan, last revised 02/18/15, revealed Resident #1 exhibited alteration in mood/behaviors of physical abuse towards staff with interventions to approach the resident in a calm manner and if the resident refused/rejected care, assure safety and leave the immediate area and approach later. However, review of an Abuse/Neglect Investigation, dated 04/06/15, revealed the Resident #1 alleged Certified Nurse Aide (CNA) #1 had thrown water on him/her and cussed him/her out and had not approached him/her in a calm manner. Interviews with Licensed Practical Nurse (LPN) #1 on 04/04/15 at 1:40 PM and LPN #2, on 04/06/15 at 8:40 AM, revealed when they entered Resident #1's room there was water on the resident's face and pillow as if someone had thrown water in the resident's face.  Interview with CNA #1, on 04/06/15 at 10:38 AM, revealed Resident #1 accused her of throwing water in his/her face. She revealed she only stated to the resident, "I need to check you" and the resident began to yell at her and call her names and she did not raise her voice or speak badly to the resident.  Interview with the Director of Nursing (DON), on 04/06/15 at 10:45 AM, revealed staff including licensed nurses and CNAs should follow the interventions on the care plan.	F 282	plan is being followed. The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least three months. Anytime concerns are identified the Quality Assurance Committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Administrator, Dietary Services Manager, Social Services Director and Maintenance Director with the Medical Director attending at least Quarterly		
F 490	483.75 EFFECTIVE	F 490	<u>F 490</u> 1. A skin assessment was performed	5/11/15	

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F 490 SS=D	<p>Continued From page 12</p> <p><b>ADMINISTRATION/RESIDENT WELL-BEING</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of the Administrator's job description, it was determined the facility failed to ensure the facility was administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The Administrator failed to ensure the day to day functions of the facility were in accordance with federal, state and local standards, guidelines and regulations that govern nursing facilities. The facility failed prohibit abuse of Resident #1 and ensure a complete investigation was conducted and failed to ensure the facility's 02/20/15 Plan of Correction was effective.</p> <p>The findings include:</p> <p>Review of the Administrator's job description, (no date), revealed the position purpose was to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to residents at all times; and the essential functions of the position included to work with and</p>	F 490	<p>by the Director of Nursing on 03/30/2015 on resident # 1 to identify any injury that was of unknown origin or suspicious in nature, no concerns were identified. On 05-01-15 the Administrator interviewed resident # 1 and resident # 1 reported that he/she had not concerns with any current staff and was pleased with everyone. On 04-22-2015 the Regional Quality Manager observed the Administrator in oversight of the facility and noted that the Administrator was directing activities in a manner that enabled the facility to use its resources effectively and efficiently to attain or Maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>2 Interviews with interviewable residents (BIMs score of 8 or greater) were conducted on April 1, 2015 by the Social Services Director to determine if any concerns with abuse and or neglect. None were noted. Skin assessments were completed on noninterviewable residents (BIMs score of 7 or less) were conducted by the Director of Nursing, Assistant Director of Nursing, MDS Nurse,</p>		

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F 490	<p>Continued From page 13</p> <p>supervise personnel in the facility by providing opportunities for instruction, guidance, and counseling as necessary to ensure complete understanding of responsibilities.</p> <p>Review of the facility's policy and procedure, titled "Abuse and Neglect Policy", (not dated), revealed the purpose of the policy was to prohibit abuse of residents from any source, to promote the well-being of residents by providing a safe and supportive environment, and to maintain the resident's right to be free from verbal and mental abuse. The facility administration will initiate the investigation process by interviewing staff and residents having knowledge of the allegation immediately.</p> <p>Review of the facility's final investigation report, dated 04/06/15, and interview with Resident #1 on 04/03/15 at 9:40 AM, revealed Resident #1 reported Certified Nurse Aide (CNA) #1 threw water in Resident #1's face and cursed at the resident. Interviews with Licensed Practical Nurse (LPN) #1, on 04/04/15 at 1:40 PM, and the Social Worker on 04/03/15 at 10:12 AM revealed the facility failed to conduct a complete investigation by not conducting skin assessments on non-interviewable residents and resident interviews with interviewable residents for two days to determine if they had any signs/symptoms of abuse. Interviews with LPN #1 on 04/04/15 at 1:40 PM and LPN #2, on 04/06/15 at 8:40 AM, revealed when they entered Resident #1's room there was water on the resident's face and pillow as if someone had thrown water in the resident's face. The facility failed to prohibit abuse of Resident #1 and conduct a complete investigation.</p>	F 490	<p>Unit Manager and charge Nurse on April 6, 2015, with no concerns with Injury of Unknown Origin or injuries suspicious in nature being noted. On 04-22-2015 the Regional Quality Manager observed the Administrator in oversight of the facility and noted that the Administrator was directing activities in a manner that enabled the facility to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>3. All facility staff were re-educated on the abuse and neglect policy including competency test by Administrator, Director of Nursing, Director of Rehabilitation and Nutritional Services Manager. With no facility staff working after 5/10/15 without having received this re-education and competency test. The Administrator and Director of nursing were re-educated by the Regional Director of Quality Management on April 7, 2015 regarding the investigation components of abuse and neglect including completing a resident interview and skin assessment at the time of an</p>		

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F 490	Continued From page 14 In addition, review of the 02/20/15 POC for F-282 revealed the facility implemented training related to following the resident's plan of care and the Director of Nursing (DON) and Assistive DON were to audit five (5) residents weekly for twelve weeks to ensure care plans meet the needs of the resident and care plan interventions were being followed with no concerns identified. However, CNA #1 entered Resident #1's room to provide care and threw water in the resident's face.  Interview with the Administrator, on 04/06/15 at 1:47 PM and 4:17 PM, revealed he expected nursing staff to conduct skin assessments to determine if any other alleged abuse had occurred. The Administrator stated he would create a system to drive the process to investigate abuse and with the system in place it would be easier to identify any failures immediately and then additional training with repeat performance would be provided to staff. In addition, he stated all staff were inserviced related to following the care plan on interacting with residents and no concerns were identified.	F 490	allegation of physical abuse. The Administrator will delegate personal to conduct resident interviews in the absence of the Social Services Director.  On April 7th 2015, the Regional Director of Operations conducted re-education with the Administrator on conducting and coordination of investigations as well as to ensure the facility was administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintaining the highest practicable physical, mental, and psychosocial well-being of each resident.		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and	F 514	4. The Administrator will review all allegations of abuse or neglect to ensure that appropriate investigations have occurred and occurred timely. The Regional Director of Operations or the Regional Quality Manager will observe the Administrator monthly for at least three months to ensure the facility was administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintaining the highest practicable physical, mental, and psychosocial well-being of each resident.		

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F 514	<p>Continued From page 15</p> <p>services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to maintain clinical records on each resident in accordance with accepted professional standards and practices that were complete and accurately documented for one (1) of three (3) sampled residents (Resident #1). Licensed Practical Nurse (LPN) #1 failed to document in the clinical record Resident #1's allegation of abuse and the assessment she completed on the resident after the allegation.</p> <p>The findings include:</p> <p>Review of the position description for a licensed practical nurse (LPN) revealed, a licensed nurse follows established procedures for charting and reporting all reports of incident/accidents for residents.</p> <p>Review of the facility's final investigation report, dated 04/06/15, revealed Resident #1 alleged Certified Nurse Aide (CNA) #1 had thrown water on him/her and cussed him/her out. However, review of a Nursing Progress Notes, dated 03/29/15, revealed there was no documentation in Resident #1's record that addressed the resident's allegation of abuse he/she made on 03/29/15. In addition, there was no documented evidence Resident #1 was assessed after the</p>	F 514	<p>The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least three months. Anytime concerns are identified the Quality Assurance Committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Administrator, Dietary Services Manager, Social Services Director and Maintenance Director with the Medical Director attending at least Quarterly.</p> <p><b>F514</b></p> <p>1. Documentation in Resident #1's clinical record allegation and assessment was completed as a late entry by the Director of Nursing on 3-30-15.</p> <p>2. On 05-01-2015 the Director of Nursing conducted an audit of all or any allegation of abuse within the past thirty days to ensure there was documentation of the allegation as well as an assessment. No concerns were identified.</p>	5/11/15

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F 514	Continued From page 16 allegation of the abuse.  interview with Licensed Practical Nurse (LPN) #1, on 04/06/15 at 8:20 AM, revealed she was instructed by the Director of Nursing (DON) to not document the details of the allegation in the computer. Additionally, she revealed she would normally be the one to fill out an incident report when an incident occurred on her shift, but she was instructed to not document anything and the DON would take care of it on 03/30/15.  Interview with the Director of Nursing (DON), on 04/06/15 at 1:35 PM, revealed she had instructed LPN #1 to perform a head to toe skin assessment on Resident #1 but there was no documentation a skin assessment was completed. The DON stated she believed LPN #1 misunderstood her instruction on documenting in the computer as she told LPN #1 to not document the resident's statement regarding the alleged incident in the computer, but did not tell her not to document anything.  Interview with the Administrator, on 04/06/15 at 1:47 PM, revealed he expected the nursing staff to document any findings of a resident in the clinical record.	F 514	3. All licensed nurses were inserviced on reporting and investigation of abuse and neglect including documentation requirements in the clinical record by the Director of Nursing, Assistant Director of Nursing or Unit Manager by 05/10/2015 with no licensed staff working after 05/10/20156 without having had this education.  4. The Administrator will review all allegations of abuse to ensure there is documentation of the allegation and assessment. The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least three months. Anytime concerns are identified the Quality Assurance Committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Administrator, Dietary Services Manager, Social Services Director and Maintenance Director with the Medical Director attending at least Quarterly.	
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS  A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.	F 520		

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F 520	<p>Continued From page 17</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of the facility's policy and procedure and the facility's 02/20/15 Plan of Correction (POC) it was determined the facility failed to ensure the identification of issues with respect to which quality assessment and assurance activities were necessary; and develop and implement appropriate plans of action to correct identified quality deficiencies.</p> <p>The findings include: Review of the facility's policy and procedure, titled "Quality Assurance Policy", (not dated), revealed the facility was to ensure an Interdisciplinary (IDT) approach to all residents needs and to provide the highest level of care possible all the while keeping the IDT, physician, and Responsible</p>	F 520	<p><u>F520</u></p> <p>1. The QA Committee convened to review the allegation of abuse by resident # 1 and the facility plan of correction on 04/10/2015. On 05/01/2015 the Regional Quality Manager observed the facility Quality Assurance Committee and noted that the committee was identifying issues as well as reviewing prior identified plans of improvement and making appropriate recommendations.</p> <p>2. On 05/01/2015 the Regional Quality Manager observed the facility Quality assurance Committee and noted that the committee was identifying issues as well as reviewing prior identified plans of improvement and making appropriate recommendations.</p> <p>3. The Administrator and Director of Nursing was re-educated by the Regional Director of Operations on 04/07/2015 related to having an effective and efficient Quality Assurance Committee that identifies concerns, monitors corrective actions and makes appropriate</p>	5/11/15

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F 520	<p>Continued From page 18</p> <p>Party informed of their condition changes and interventions implemented as they occur and when necessary according to F520. The process included the Quality Assurance (QA) committee would follow up daily but no less than weekly, to review outcomes and ensure highest level of care possible in all areas of the facility. The members of the QA committee include the IDT team consisting of at a minimum the Administrator, Director of Nursing (DON) or Nursing Representative, Social Services, Therapy, Dietary, and Activities.</p> <p>Review of the facility's 02/20/15 Plan of Correction (POC) for F282 revealed the facility implemented training related to following the resident's plan of care. Further review revealed the Director of Nursing (DON) and Assistive DON were to audit five (5) residents weekly for twelve weeks to ensure care plans meet the needs of the resident and care plan interventions were being followed. The audits were to be reviewed by Quality Assurance (QA) Committee monthly for further recommendations as needed. However, review of the facility's final investigation report, dated 04/06/15, and interviews with Resident #1 on 04/03/15 at 9:40 AM, Licensed Practical Nurse (LPN) #1, on 04/04/15 at 1:40 PM, and LPN #2, on 04/06/15 at 8:40 AM, revealed CNA #1 threw water in Resident #1's face instead of approaching the resident in a calm manner and leaving the resident's room and returning later if the resident was upset.</p> <p>Interview with the Administrator, on 04/06/15 at 4:17 PM, revealed QA occurred every week and he was not sure why the process failed. He revealed abuse was discussed weekly during the meetings as well as following the resident plan of</p>	F 520	<p>recommendations to correct identified concerns.</p> <p>4. The Regional Director of Operations or the Regional Quality Manager will observe the facility Quality Assurance Committee monthly for at least three months to ensure the committee is identifying concerns, monitoring corrective actions and making appropriate recommendations to correct identified concerns. The results of these audits will be reviewed with the Quality Assurance Committee monthly for at least three months. Anytime concerns are identified the Quality Assurance Committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Administrator, Dietary Services Manager, Social Services Director and Maintenance Director with the Medical Director attending at least Quarterly.</p>	

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/07/2015
NAME OF PROVIDER OR SUPPLIER  HENDERSON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420		
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F 520	Continued From page 19 care. All staff were inserviced related to following the care plan and audits were to be ongoing weekly for twelve weeks to ensure the care plans met the resident's needs and were implemented. All monitoring was to be reviewed at least monthly by the QA Committee and no concerns were identified.  Interview with the Medical Director, on 04/06/15 at 4:30 PM, revealed he was a part of the QA committee and during the meetings, the QA process was discussed as to how it was to be implemented. He revealed he was not sure how things fall through the cracks resulting in an incomplete investigation related to the allegation of abuse. He stated the QA committee develops a plan of correction during the meetings and he is not at the facility to ensure execution of the plan of correction was followed.	F 520			