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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185343		C 12/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVINGTON'S CONVALESCENT CENTER	115 CAYCE ST HOPKINSVILLE, KY 42240

(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 ***Amended SOD - F490 added*** An Abbreviated Survey investigating KY20857 was conducted on 10/18/13 through 10/23/13 to determine the facility's compliance with Federal requirements. KY20857 was substantiated with Immediate Jeopardy identified on 10/23/13 and determined to exist on 10/15/13, at 42 CFR 483.13 Resident Behavior and Facility Practices at F225 and F226 at a scope and severity of a "J". Substandard Quality of Care was identified at 42 CFR 483.13 Resident Behavior and Facility Practices. The facility was notified of the Immediate Jeopardy on 10/23/13. A partial extended survey was conducted on 11/01/13. Two Certified Nurse Aides (CNAs #2 and #3) failed to follow the facility's policy and procedure for reporting two (2) separate incidences of abuse by CNA #1 to the Nurse Supervisor immediately. On 10/15/13 at approximately 5:00 PM-5:30 PM, CNA #2 observed CNA #1 put a piece of clothing with feces up to Resident #1's face as she "fussed" at him/her. CNA #2 failed to immediately report the incident to the nurse, and instead provided care to three (3) other residents. In addition, on 10/15/13 at approximately 7:20 PM, another CNA (#3) observed and heard CNA #1 strike Resident #1 on the head and state, "I hate you, bitch." CNA #3 failed to report the incident immediately to the Nurse Supervisor, and instead went to another resident's room. CNA #3 did not report what she had witnessed until she spoke with CNA #2, and discovered CNA #2 had also witnessed an event of abuse by CNA #1. Both CNAs failed to follow the facility's policy and procedure for reporting incidences of abuse and	F 000	**COVINGTON'S CONVALESCENT CENTER, INC.** acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary and findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the resident. **COVINGTON'S CONVALESCENT CENTER, INC.'S** response to the statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is totally accurate. **F 225 483.13(c)(1)(ii-iii), (c)(2-4) INVESTIGATE\REPORT ABUSE\NEGLECT ALLEGATIONS \INDIVIDUALS** **Corrective Action:** The Administrative Secretary has in the past and continues presently, to check each new employee for listing on the Nurse Aide Abuse Registry as well as a Criminal Records Check. CNA #1 was not listed on either of these in any negative way upon hire or during her employment. The Administrator has implemented protocol to have new hires complete Stop and Yell program with Abuse and Neglect training prior to working in resident care areas. This protocol was initiated 10.23.2013 and will be handled by the Director of Nursing for nursing employees.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Admin | (X6) DATE 1-29-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 neglect to the Nurse Supervisor immediately. The facility failed to conduct a thorough investigation. CNA #2 wrote a statement detailing the incident she witnessed; she did not sign the statement, as she wanted to be anonymous. The facility failed to investigate this written statement, no interviews or actions were taken. An acceptable Allegation of Compliance (AoC) was received on 10/29/13, alleging removal of the Immediate Jeopardy on 10/26/13. The State Survey Agency validated on 11/01/13 that Immediate Jeopardy had been removed on 10/26/13, as alleged. The scope and severity was lowered to a "D" at 42 CFR 483.13 Resident Behavior and Facility Practices (F225 and F226) while the facility develops and implements the Plan of Correction (PoC) and the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The investigation was reopened on 12/09/13 and determined deficient practice also existed at 42 CFR 483.75 Administration at F490 at a S/S of a "J".	F 000	The Assistant Administrator DID report the abuse allegation of 10/15/2013 to Office of Inspector General and Adult Protective Services, etc as required (regarding alleged abuse from CNA #1 to RES #1). The CNA #2 & #3 DID report the abuse allegation against CNA #1 to the LPN#1 on the date of the incident (10-15-2013) as well as, the LPN #1 reported the abuse allegation immediately to the Director of Nursing where the DON told LPN #1 to remove CNA #1 from the care-giving area and have her exit from the facility. The Administrator was made aware of the abuse allegation by the Assistant Administrator on 10/15/13. The facility Administrator, Assistant Administrator, DON and Administrative RN have revised our Abuse/ Neglect Prevention Protocol and our Abuse/Neglect Investigation Protocol created 10/23/2013 to be used 10/23/13 forward.	
F 225 SS=J	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or	F 225	This new Abuse/Neglect Prevention Protocol is called "STOP AND YELL". This abuse\neglect prevention program makes staff aware that they must STOP right then and YELL for help if potential abuse\neglect is noted in order to protect the resident(s) from further potential abuse and prevent the aggressor(s) from committing any further abuse\neglect. The Abuse/Neglect Investigation Protocol was revised 10/23/2013 by Administrator, Assistant Administrator, DON and Administrative RN (for any abuse\neglect	

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F 225	Continued From page 2 other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated 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. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of statements of allegations of abuse, it was determined the facility failed to have an effective system to ensure staff reported observed mistreatment of one (1) of four (4) sampled residents (Resident #1) immediately. Two Certified Nurse Aides (CNAs #2 and #3) failed to follow the facility's policy and procedure for reporting incidences of abuse and neglect immediately to the Nurse Supervisor. On	F 225	Page 3 of 38 abuse\neglect allegations from 10/23/2013 forward) to include an expanded Abuse\Neglect Incident\Investigation Form designed specifically for abuse and neglect allegations which includes more detailed analysis of events, time frames, people witnessed or involved, witness statements and to help identify other residents at potential or actual risk. Revisions to Abuse\Neglect training and investigations were completed by Administrator, Assistant Administrator, and Administrative RN on 10/23/2013. In the review and revising of Abuse\Neglect training and investigations on 10/23/13, the Administrator, Assistant Administrator, Director of Nursing, and Administrative RN (with conferencing of Medical Director) revised the abuse\neglect policy to reflect changes a) reporting of abuse or neglect to "immediately" by following the Stop and Yell protocol; b) every staff member in every department would receive training on Stop and Yell protocol from 10-23-2013 forward; c) newly hired – direct care staff (ie: CNA's\Na's and Nurses) would receive abuse \ neglect training with Stop and Yell program prior to working directly with residents. Any new non-direct care staff hired will also receive the Abuse\Neglect training and Stop and Yell program during their new- employee training (non-direct care staff is: housekeeping staff, laundry staff, dietary staff, maintenance staff, activity staff, office staff).	

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F 225	Continued from page 3 10/15/13, on the evening shift, CNA #2 observed CNA #1, the alleged perpetrator, put a piece of clothing that had feces on up to Resident #1's face as she "fussed" at him/her. CNA #2 failed to immediately report to the nurse what she had witnessed, and instead provided care to three (3) other residents. Additionally, on 10/15/13, another CNA (#3) observed and heard CNA #1 strike Resident #1 on the head and state, "I hate you, bitch." CNA #3 failed to immediately report the incident to the Nurse Supervisor, and instead went to another resident's room, leaving the alleged perpetrator with the resident. CNA #3 did not report what she had witnessed until she spoke with CNA #2, and discovered CNA #2 had also witnessed an event of abuse. At this time, they reported the incidents to the Supervisor. The CNAs failed to follow the facility's policy and procedure for reporting incidences of abuse and neglect to the Nurse Supervisor immediately. The facility failed to protect Resident #1 and other residents that might have been affected by abuse from CNA #1. The facility's failure to have an effective system in place to ensure allegations of abuse were reported immediately, and a system to protect the residents from abuse has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified, on 10/23/13, and determined to exist on 10/15/13 at 42 CFR 483.13 Resident Behavior and Facility Practices at F225 and F226 at a Scope and Severity of a "J". Substandard Quality of Care was identified at 42 CFR 483.13 Resident Behavior and Facility Practices. The facility was notified of Immediate Jeopardy on 10/23/13. An acceptable Allegation of Compliance (AoC) was	F 225	Page 4 of 38 Abuse\neglect investigation process was reviewed and changed on 10/23/2013 by the Administrator, Assistant Administrator, Administrative RN, and DON (with Medical Director conferencing) to use from 10/23/2013 forward (Administrator, Assistant Administrator, Administrative RN and DON created the new process and educated each other on 10/23/2013). The revisions to the Abuse\Neglect Investigative process include a) replacing the old investigative form (1 page) to a Comprehensive 4 page format that includes incident report\ body audit report, two page interview report on anyone interviewed, & administrative final disposition report; b) replacing the prior investigative tactics of interviewing those residents involved in an abuse\neglect allegation to an expanded interview process to include any interviewable residents in areas that the alleged staff member worked (based on BIMS scores to determine interviewable residents); c) replacing interviews with staff that witnessed the event or were involved in allegation of abuse\neglect to expanded interviews with staff on all shifts (cna's\nurses) that may have cared for the resident involved in an allegation of abuse or neglect to ensure thorough investigation into the abuse\neglect allegation. Abuse\neglect investigations will be completed by one or more of the following: DON, Assistant Administrator, Administrator, or Administrative RN while having regular updates\meetings	

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F 225	Continued From page 4 received on 10/29/13 alleging removal of the Immediate Jeopardy on 10/26/13. The State Survey Agency validated, on 11/01/13, the Immediate Jeopardy was removed on 10/26/13, as alleged. The Scope and Severity was lowered to a "D" at 42 CFR 483.13 Resident Behavior and Facility Practices at F225 and F226, while the facility implements the Plan of Correction (PoC) and the facility's Quality Assurance (QA) monitors for the effectiveness of system changes. The findings include: Review of the facility's Abuse/Neglect policy, undated, revealed "Anyone who witnesses and/or suspects an incident of resident abuse is to report it to the nursing supervisor immediately." Further review of the policy revealed under the employee to resident abuse section, "a thorough investigation is conducted." Record review revealed the facility admitted Resident #1 on 01/22/04 with diagnoses which included Right Above the Knee Amputation, Dementia with Psychosis, and Anxiety with Behaviors. Review of a Quarterly Minimum Data Set (MDS) assessment, dated 09/02/13, revealed the facility assessed the resident as cognitively impaired. The resident required extensive assistance with all activities of daily living and was incontinent of bowel and bladder. Review of the Care Plan for Altered Activities of Daily Living (ADL) Performance, dated 08/22/11 and revised 09/03/13, revealed an intervention to provide assistance with incontinent care as {he/she} refuses to be toileted and would rather void on himself/herself. Further review of the Care Plan revealed a plan of care for Behaviors with potential for complications. Interventions	F 225	with the facility Administrator if he is not already directly investigating. Investigation into the allegation of abuse per Assistant Administrator and DON (10/16/2013) of Res #1 allegedly by CNA #1 was unsubstantiated by the facility as Res #1 and Res #2 denied the event. Res #1 denied the abuse allegation on the actual night of the alleged (10/15/2013) event according to LPN #1. Statement of Deficiencies notes that Res #1" ...looked away and would not make eye contact..." when asked about abuse allegation. Interview with MDS nurse 10/23/2013 revealed that Res #1 frequently did not make eye contact during conversations\interviews and Res #1 has always acted this way while in our facility. Further investigation into the allegation of abuse included skin audits conducted on all residents by the facility Skin Nurse (LPN) 10/15/2013 and\or 10/16/2013 and 10/23/2013 and\or 10/24/2013. No signs or symptoms were noted of abuse or neglect in the skin audits nor any redness\bruising. Interviews with Interviewable Resident's (according to BIMS scores) in care areas of CNA #1 were conducted and completed 10/23/2013 by the DON. No further abuse\neglect concerns were noted during resident interviews. <u>Identify Others:</u> All residents could potentially be affected by Abuse or Neglect if facility fails to	

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F 225	Continued From page 5 included to watch for smearing and throwing fecal matter around the room. Observation of Resident #1, on 10/23/13 at 12:25 PM, revealed the resident sitting in his/her room in a wheelchair, dressed and groomed. Interview with CNA #2, on 10/22/13 at 10:15 AM, revealed, on 10/15/13, sometime after the supper meal from 5:00 PM to 5:30 PM, she went into Resident #1's room to assist CNA #1 with Resident #1's care. Further interview revealed CNA #1, the alleged perpetrator, was "fussing" at Resident #1. CNA #2 did not recall what CNA #1 was saying but knew she was fussing at the resident for making a mess. Resident #1 had behaviors of smearing feces all over everything. CNA #2 stated, "She (CNA #1) had the resident's long pants, which had feces on them, in her hand. CNA #1 put the feces soiled pants up to Resident #1's face while she "fussed" at him/her. CNA #2 stated the resident did not say anything but kept his/her head down. CNA #2 stated she did not do anything, she just looked at CNA #1 and could not believe what she had just witnessed. CNA #2 left the room leaving CNA #1, the alleged perpetrator, still in the room with the resident. CNA #2 left to answer other residents' call lights; she provided care for three (3) other residents (Residents #4, #5 and #6). CNA #2 failed to immediately report what she had observed to the nurse. Interview revealed while providing care for other residents, CNA #2 saw CNA #3, who was visibly upset. Further interview revealed CNA #3 told CNA #2 she had witnessed CNA #1 (the alleged perpetrator) slap Resident #1 on the head and state "I hate you bitch." CNA #2 stated she told CNA #3 that she had also witnessed a similar act.	F 225	Page 6 of 38 thoroughly investigate abuse\neglect allegations. **However, the facility Administrator, Assistant Administrator, DON, and Administrative RN have created a new awareness program** called "STOP AND YELL" (with Medical Director conferencing). This program makes all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff aware that they must STOP right then and YELL for help if potential abuse\neglect occurs in order to protect the resident(s) from further / potential abuse and prevent the aggressor(s) from committing any further abuse\neglect. The Abuse\Neglect Investigation Protocol was revised 10/23/2013 by Administrator, Assistant Administrator, DON and Administrative RN (with Medical Director conferencing) to include an expanded Abuse\Neglect Incident\Investigation Form designed specifically for abuse\neglect allegations which includes more detailed analysis of events, time frames, people that witnessed or were involved, witness statements and to help identify other residents at potential or actual risk. The facility DON assessed interviewable residents (based on BIMS scores) in care areas where CNA #1 worked on 10-23-2013 without any further abuse\neglect identified. Skin audits on every resident in the facility were completed by the facility Skin Care Nurse (LPN) on 10/15/13,	

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F 225	Continued From page 6 At this time, CNA #3 reported to the nurse what she had observed. CNA #2 stated that a while later, she was asked by Licensed Practical Nurse (LPN) #1 to write a statement of what she had witnessed earlier in the shift. CNA #2 wrote a statement detailing that she witnessed CNA #1 fussing at Resident #1 and putting pants covered with feces up to the resident's face earlier in the shift. CNA #2 stated she did not sign the statement because she wanted to remain anonymous. Interview with CNA #3, on 10/22/13 at 11:00 AM, revealed, on 10/15/13 at approximately 7:20 PM, CNA #1(the alleged perpetrator) asked her if she would help with Resident #1. CNA #3 stated she entered Resident #1's room and observed the resident lying on the bed naked; there were no linens on the bed. Further interview revealed Resident #1 had transferred himself/herself back onto the bed from the bedside commode, and CNA #1 had wanted the resident to remain on the bedside commode. CNA #3 stated CNA #1 was visibly upset that Resident #1 had gotten feces on everything, the bed, his/her hands, and the bedside commode. CNA #3 stated Resident #1 had done this in the past and everyone was aware of this behavior. She stated she assisted CNA #1 to transfer Resident #1 back to the bedside commode. CNA #3 stated after the resident was transferred back to the bedside commode, CNA #1 drew back her right hand and slapped the resident on his/her head with her open hand. The resident did not respond, CNA #1 said to the resident, "You bitch, I hate you." CNA #3 stated she washed her hands and left the room as she was in "shock" as what had happened was very disturbing so she just walked out of the room trying to calm herself down. CNA	F 225	Page 7 of 38 10/16/13, 10/23/13 and 10/24/2013 with NO signs or symptoms of abuse or neglect. Systemic Changes: The facility Administrator, Assistant Administrator, DON and Administrative RN have revised our Abuse/Neglect Prevention Protocol and our Abuse/Neglect Investigation Protocol effective 10/23/2013 (with Medical Director conferencing) to be used on 10/23/13 forward. The facility Medical Director participated in conferences of updates\revisions to our Abuse\Neglect Policy, Abuse\Neglect Prevention Program and Abuse\Neglect Investigative Protocol on 10/23/2013 by the Administrator. This new Abuse/Neglect Prevention Protocol is called "STOP AND YELL". This program makes Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff aware that they must STOP right then and YELL for help if potential abuse\neglect occurs in order to protect the resident(s) from further potential abuse and prevent the aggressor(s) from committing any further abuse\neglect. Stop and Yell Program inservicing was conducted by Administrative RN and	

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F 225	Continued From page 7 #3 left the room, leaving the alleged perpetrator with the resident. CNA #3 stated she did not report what she had observed immediately and went on to care for other residents. Further interview with CNA #3 revealed later she was assisting CNA #2 and told CNA #2 that she had witnessed CNA #1 slap Resident #1 on the head and state, "You bitch, I hate you." CNA #2 told her she had witnessed something similar related to CNA #1, and it was abusive. CNA #3 stated she then went to tell the nurse what she had witnessed. The CNA revealed the nurse notified the Director of Nursing (DON). CNA #3 stated she wrote a statement of what she had witnessed on white Nursing Notes and gave it to LPN #1 after CNA #1 left the facility. She also spoke with the DON the next morning, on 10/16/13, and the DON wrote a statement and she signed it. Interview with LPN #1, on 10/22/13 at 11:45 AM, revealed CNA #3 had reported to her sometime before bedtime, on 10/15/13, that CNA #1 hit Resident #1 on the back of the head and said "Bitch, I hate you." LPN #1 stated she notified the DON and was instructed to send CNA #1 home and to assess the resident for injury and notify the family. The LPN assessed Resident #1 and found no visible injury. Further interview revealed Resident #1 denied any mistreatment when LPN #1 asked if anyone had hurt him/her. LPN #1 stated she interviewed the resident's roommate who denied any knowledge of the event. LPN #1 revealed she did not conduct skin assessments or interview any other residents related to abusive behaviors, or any other residents that CNA #1 had provided care. LPN #1 stated when CNA #3 turned in her written statement, the CNA stated	F 225	DON on 10/23/13, 10/24/13, & 10/25/13 for all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff. The Abuse/Neglect Investigation Protocol was revised 10/23/2013 by Administrator, Assistant Administrator, DON and Administrative RN to include an expanded form designed specifically for abuse\neglect allegations which includes more detailed analysis of events, time frames, people witnessed or involved, witness statements, mandatory reporting, and to help identify other residents at potential or actual risk. The facility DON has also created an **Abuse\Neglect Awareness Inservicing** method as of 10/23/2013 to bring attention to the types of abuse\neglect and the appropriate procedures for reporting abuse\neglect, along with investigating abuse\neglect allegations and scenarios of situations that could occur relative to abuse\neglect. The facility's DON has been conducting the Abuse\Neglect Awareness Inservicing for all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff. The Abuse\Neglect Awareness Inservicing started 10/23/2013, completed by the DON, and will continue weekly for one month, bi-weekly for one month, and once for the final month for all Cna's, Na's,	

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F 225	Continued From page 8 CNA #2 had also witnessed CNA #1 doing something to Resident #1. LPN #1 stated CNA #2 wanted to remain anonymous but did write a statement of what she observed. LPN #1 stated she did not know there was a second incident until she read CNA #2's statement. LPN #1 stated CNA #2 and CNA #3 should have reported what they observed immediately. Review of Resident #1's record revealed a Nurses' Note written by LPN #1, dated 10/15/13, which stated "CNA #3 reported CNA #1 hit Resident #1 on the head at 8:15 PM." The Note also revealed the DON was notified at 8:45 PM. Review of a prepared statement by the DON, dated 10/16/13 and signed by CNA #3, revealed, on 10/15/13 at 7:20 PM, she observed CNA #1 slap Resident #1 on the back of the head with an open hand and it was an audible slap. CNA #1 stated "Bitch, I hate you." The statement also stated, "I did not do anything and walked out of the room and went to put a resident on the bedside commode." Documentation in the statement revealed CNA #3 spoke with LPN #1 then went to care for another resident and CNA #1 came to the room and "pulled me out" and confronted her. Review of the facility's list of interviewable residents revealed the facility assessed Resident #4's cognition as cognitively intact. Interview with Resident #4, on 10/23/13 at 12:30 PM, revealed on 10/15/13 CNA #3 came to his/her room and was crying. Resident #4 stated CNA #3 stated she was upset because she had witnessed another CNA being abusive to a resident. Resident #4 stated he/she told the CNA that what she witnessed needed to be reported. Resident	F 225	Page 9 of 38 Nurses, Dietary Personnel, Housekeeping\ Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff during this 90 day period of monitoring. During this 90 day monitoring period, all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff are continually educated on Abuse\Neglect, Stop and Yell program, Appropriate Protocol for Reporting Abuse\neglect allegations, Types of Abuse\Neglect and Examples of scenarios that might be considered Abuse\Neglect to ensure their understanding and compliance with the protocol. This Abuse\Neglect Awareness Inservicing is being completed by the DON for all Cna's, Na's, Nurses, Dietary Personnel, Housekeeping \ Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Personnel. Dates of Abuse\Neglect Inservicing conducted by the DON are as follows: October 23,24,25; November 2013= 5, 6, 7, 9, 11, 13, 15, 18,20,21,22,23,24,25 and December 2,9,10,11,12,16,17,18. Monitoring: The facility DON has created an **Abuse\Neglect Awareness Inservicing** method to continue to bring attention to the types of abuse\neglect, the appropriate procedures for reporting abuse\neglect allegations, and abuse\neglect policies. The Director of Nursing has been	

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#4 revealed CNA #1 had come into his/her room and physically grabbed CNA #3 by the arm and took her out of the room. Resident #4 could hear the two (2) CNAs in another room because they were loud; however, he/she could not understand what was said, but knew the CNAs were upset.

Review of a prepared statement by the DON (who was delegated to conduct this investigation), dated 10/16/13 and signed by CNA #1, revealed she put Resident #1 on the bedside commode after supper and CNA #2 assisted her to put the resident back on the bedside commode after he/she had transferred back onto the bed independently. She then went to care for other residents. Resident #1 again self-transferred back to the bed and CNA #1 requested CNA #3 assist her to place Resident #1 back on the bedside commode again. CNA #1 described placing the bed sheet in the resident's hand to clean the feces off himself/herself.

Interview with the Director of Nursing (DON), on 10/22/13 at 1:45 PM, revealed LPN #1 notified him of the allegation involving CNA #1 on 10/15/13 about 8:45 PM. The DON stated he instructed LPN #1 to remove CNA #1 from resident care and get statements. The DON revealed he interviewed Resident #1 on 10/16/13 and said he/she denied any mistreatment; and, the roommate also denied any knowledge of mistreatment. The DON stated no other residents that may have been affected were interviewed or assessed. The DON interviewed CNA #1 and CNA #3 on 10/16/13, and felt CNA #1 and CNA #3's statements cancelled each other out. The DON stated he read CNA #2's statement but could not reach her to interview her, and he was not sure she had written the

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conducting Abuse\Neglect Inservices, reviews of compliance for Abuse\Neglect Protocol\Policy, and regular audits of incident reports, abuse\neglect allegations, and abuse\neglect awareness inservicing to ensure compliance with appropriate procedures regarding Abuse\Neglect Prevention and Investigation of Abuse\Neglect allegations. Any Abuse\Neglect allegations will be reviewed with Assistant Administrator and Administrator by DON as it occurs.

The facility's current abuse/neglect monitoring system is Abuse\Neglect Awareness Inservicing and Abuse\Neglect Compliance Rounds. Abuse\Neglect compliance rounds are conducted by the DON to review compliance with Abuse\Neglect Policy\protocol with Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff and monitoring of all residents in the facility for complaints\concerns of abuse\neglect.

These Abuse\Neglect Compliance Rounds have been done outside of normal office \ business hours on the following dates: October 23,24,25; November 2013= 5, 6, 7, 9, 11, 13, 15, 18, 20, 21, 22, 23, 24, 25 and December 2,9,10,11,12,16,17,18 by DON & will continue three times per week throughout our 90 day monitoring period. The Abuse/Neglect Awareness Inservicing started 10/23/2013 by DON & will continue weekly for one month, bi-weekly

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F 225	Continued From page 10 statement. Interview with the Assistant Administrator, on 10/22/13 at 3:00 PM, revealed he usually conducted the abuse neglect investigations, but did delegate some things. This investigation was delegated to the Director of Nursing. The Assistant Administrator revealed there were no other interviews or assessments conducted of any residents that could have been affected. Further review of the facility's initial investigation revealed there were no actions or interviews to address an unsigned statement, written by CNA #2, that read: "10/15/13 at 8:39 PM, was in Resident #1's room with CNA #1. I was helping her get Resident #1 off the bed and onto the toilet once we got his/her clothes down and sat him/her on the toilet, CNA #1 kind of pushed Resident #1's head and fussed at him/her because he/she did not want to stand up for us at first, then she took Resident #1's "shitty" pants and put them into (his/her) face." The facility failed to investigate this statement; it was not part of the final investigation sent to the State Survey Agency. The facility implemented the following actions to remove the Immediate Jeopardy: On 10/15/13, the alleged perpetrator (CNA #1) was removed from the resident care area promptly after an allegation of abuse was reported. An investigation was initiated by LPN #1 related to the allegations of abuse involving Resident #1 and CNA #1. The investigation involved staff interviews, record reviews, and review of documentation.	F 225	for one month, and once for the final month for all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff. During this 90 day monitoring period, Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff are continually educated on Abuse\Neglect, Stop and Yell program, Appropriate Protocol for Reporting Abuse\neglect allegations, Types of Abuse\Neglect and Examples of Situations that might be considered Abuse\Neglect to ensure their understanding and compliance. This will ensure they recognize & report an abuse\neglect event. The facility's CQI meetings (quarterly) will be monitoring that newly hired Cna's, Na's, and RN's\LPN's receive Abuse/Neglect Training including the Stop and Yell Program prior to giving care to residents (monitored by DON). That Abuse\Neglect Allegation Investigations are thorough and reported to appropriate Agencies, and that Abuse\Neglect allegations are immediately reported to Charge Nurse and Administration (monitored by Asst Administrator). CQI staff consists of but not limited to Administrator, Assistant Administrator, DON, Administrative RN, MDS-LPN, Maintenance Supervisor, Dietary	

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F 225	Continued From page 11 On 10/23/13, the facility's Administrator, Assistant Administrator, Administrative Registered Nurse (RN), and Director of Nursing (DON) created the facility's new "Stop and Yell" Program for reporting abuse and neglect timely. Two (2) employees (CNA #2 and #3) were identified as failing to report allegations of abuse timely regarding Resident #1. The facility was made aware of the IJ on 10/23/13 and began the IJ correction process with re-education of how to report allegations timely. The Administrative RN and DON provided education to all staff for the new "Stop and Yell" Program on 10/23/13, 10/24/13, and 10/25/13. The "Stop and Yell" Program teaches the employee to immediately stop and yell for help if abuse/neglect is noted, that way the resident(s) can be protected and this will prevent the aggressor from committing further abuse/neglect. The facility revised the protocol for investigating allegations of abuse/neglect on 10/23/13 which included an expanded form designed specifically for allegations which include more detailed analysis of events, time frames, people who were witnesses or involved, and to help identify other residents at potential/actual risk. This new expanded form for investigating, and the protocol for investigating allegations of abuse/neglect is the tool Administrative staff will utilize to help maximize the investigative process. Persons making these policy revisions and new protocol were the Administrator, Assistant Administrator, and DON. These new tools have been put into place effective 10/23/13 for any allegations forward. The facility met with CNA #2 and CNA #3 on	F 225	Page 12 of 38 Manager, Laundry\Housekeeping Supervisor and Assistant Supervisor, and Activity Director. Completion date:	12-19-13

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F 225	Continued From page 12 10/23/13 and explained to them how the deficient practice occurred (failure to report allegations of abuse/neglect timely). Education of staff on the facility's new "Stop and Yell" Program took place with CNA #2 and CNA #3 prior to them working on 10/23/13. The Administrative RN conducted the explanation and education of staff on the facility's new "Stop and Yell" Program. The "Stop and Yell" Program teaches the employee to immediately stop and yell for help if abuse/neglect is noted, that way you can protect residents and prevent aggressors from committing further abuse/neglect. Abuse/neglect in-service training was started on 10/23/13 and completed by the Ombudsman. However, the facility's new program for reporting allegations of abuse timely, known as "Stop and Yell" Program was taught by the Administrative RN and DON to all staff in all departments. Education dates for the "Stop and Yell" Program were 10/23/13, 10/24/13, and 10/25/13 for all staff. A new protocol was instituted that requires all new "direct care staff" to have Abuse/Neglect Training plus the facility's new program on "Stop and Yell" prior to beginning work in care giving areas, effective 10/26/13. The facility's Administrative staff (Administrative RN, DON, and Assistant Administrator) were present in the facility approximately twelve (12) hours each day during the time of IJ resolution (10/23/13 through 10/25/13), plus one or all were entering the facility for rounds, concerns, and compliance of the new Abuse/Neglect "Stop and Yell" Program as well as ensuring resident well-being by frequent spot checks on the	F 225	**Intentionally left blank**	

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F 225	Continued From page 13 evening and off shifts. This extra monitoring was conducted 10/23/13, 10/24/13, and 10/25/13. The facility's skin nurse (LPN #2) conducted body/skin audits on 10/23/13 and 10/24/13. These audits revealed no further issues related to abuse/neglect. All interviewable residents (according to the facility's BIMS scores assessments) were interviewed on 10/23/13 by the DON, which revealed no further concerns. The State Survey Agency validated the corrective action by the facility as follows: On 10/15/13, the alleged perpetrator (CNA #1) was removed from the resident care area promptly after an allegation of abuse was reported. An investigation was initiated by LPN #1 related to the allegations of abuse involving Resident #1 and CNA #1. The investigation involved staff interviews, record reviews, and review of documentation. Interview with the DON, on 11/01/13 at 2:30 PM, revealed CNA #1 had not worked in the facility since 10/15/13, nor would she return to work at the facility. CNA #2 and CNA #3 were re-educated about timely reporting of abuse/neglect, as well as the new "Stop and Yell" Program, on 10/23/13 by the Administrative RN, prior to working their shift. Review of the facility's abuse/neglect inservices, dated 10/23/13, 10/24/13, and 10/25/13, revealed all facility staff was in-serviced on the components of the abuse/neglect prevention policy. Additionally, a policy addressing the new "Stop and Yell" Program was developed and implemented on 10/23/13, with staff in-servicing	F 225	**Intentionally left blank**	

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F 225	Continued From page 14 conducted on 10/23/13, 10/24/13, and 10/25/13. Additional questions were added to the abuse/neglect quiz already in place, new investigative reports and tools were also put into place on 10/23/13. The Ombudsman conducted an abuse/neglect in-service on 10/23/13 at 7:30 AM and 3:00 PM. Interviews, on 11/01/13 from 9:30 AM to 2:30 PM, with six (6) CNAs, five (5) LPNs, two (2) RNs (to include the DON), one (1) Maintenance Supervisor, one (1) Housekeeping Supervisor, one (1) Dietary Aide, and one (1) Dietary Manager, revealed they were in-serviced on the components of abuse/neglect as well as the new "Stop and Yell" Program. Interviews, on 11/01/13 at 12:15 PM and 4:15 PM with the Administrative staff, which included the Assistant Administrator, Administrative RN, and the DON, revealed, on 10/23/13, 10/24/13, and 10/25/13, they entered the facility to make rounds and were in the facility approximately twelve (12) hours each day to ensure compliance or address concerns. Administrative staff in-serviced their entire facility staff on the components of abuse/neglect as well as the new "Stop and Yell" Program. Interview with the Administrative RN, on 11/01/13 at 12:15 PM, revealed new direct care staff would be in-serviced on the components of abuse/neglect as well as the new "Stop and Yell" Program, prior to being allowed to work in resident care areas. Interview, on 11/01/13 at 4:15 PM, with the Assistant Administrator and the DON revealed ongoing education and monitoring was conducted every shift each day and they had met with each employee in every department about the	F 225	**Intentionally left blank**	

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F 225	Continued From page 15 abuse/neglect program, along with the new "Stop and Yell" Program. Observations revealed there were manuals in each nursing area for reference, they monitored incident reports Monday through Friday, as well as conducting investigations as required. The Administrator signs off on every incident report. Monitoring through QA is conducted daily by the DON, Administrative RN, Charge Nurses, and the Department Heads (Dietary, Laundry/Housekeeping, DON, Administrator, Assistant Administrator, Maintenance, MDS Coordinator, Activity Director, and the Medical Director). The QA team meets quarterly. Review of Treatment Administration Records (TARs), dated 10/23-24/13, revealed head to toe skin assessments were completed on every resident with no concerns identified. Interview with the facility's skin nurse (LPN #2), on 11/01/13 at 12:40 PM, revealed she conducted body/skin audits on all residents, on 10/23/13 and 10/24/13, with no issues identified. Review of a written statement from the DON, dated 10/23/13, revealed, from 4:45 PM through 5:30 PM, he interviewed residents in rooms 210 through 232 (who were interviewable), and were previously assigned to CNA #1's care. This included fifteen (15) residents, and he stated none of the residents expressed any dissatisfaction or unhappiness related to living at the facility. All were neat, clean, comfortable, and able to express themselves freely, as well as their rooms being clean and neat. Interview with the DON, on 11/01/13 at 4:15 PM, confirmed this information. Observations and interviews with Residents (#1,	F 225	**F 226 483.13(c) DEVELOPMENT \IMPLEMENTATION OF ABUSE\ NEGLECT POLICIES** Corrective Action: The Medical Director and Res #1's physician were notified of the abuse allegation of Res #1 allegedly by CNA #1 on 10/15/13 by LPN #1. Medical Director was informed of removal of CNA #1 from facility on 10/15/13 by LPN #1. Res #1 was evaluated by her Physician on 10/20/13, regarding overview of diagnoses, resident well being, health status, medications, and lab work. Res #1 was found stable by her physician's visit on 10/20/13. The facility Medical Director participated in conferences of updates\revisions to our Abuse\Neglect Policy, Abuse\Neglect Prevention Program and Abuse\Neglect Investigative Protocol on 10/23/2013 by the Administrator. The facility Administrator, Assistant Administrator, DON, and Administrative RN have revised our Abuse/ Neglect Prevention Protocol and our Abuse/Neglect Investigation Protocol effective 10/23/2013 (with Medical	

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F 225	Continued From page 16 #2, #3, #4, A, and B), on 11/01/13 from 8:20 AM through 9:30 AM, revealed no concerns related to abuse/neglect. Interview with the DON, on 11/01/13 at 4:30 PM, revealed he would ensure the audits and monitoring would continue as stated in the Allegation of Compliance. This audit will continue weekly for four (4) weeks beginning 10/28/13, then bi-weekly a second month, and once the third month. Administrative staff will conduct off hour rounds outside the hours of 8:00 AM - 4:00 PM three (3) times weekly for ninety (90) days beginning 11/04/13, to include weekends.	F 225	Director conferencing by Administrator). The new abuse\neglect prevention program was developed for resident protection and facility adoption. The new Abuse/Neglect Investigation Protocol was developed for the Assistant Administrator and DON to utilize when investigating any abuse\neglect allegation. This protocol will ensure that any abuse\neglect allegation is investigated thoroughly. The Administrator, Assistant Administrator, Administrative RN, and DON created the abuse\neglect prevention\investigative protocols on 10/23/13 and stressed the importance of following the new policy and procedures.	
F 226 SS=J	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, review of the facility's investigation, and review of the facility's abuse/neglect policy/procedure, it was determined the facility failed to ensure its policy and procedure was implemented. On 10/15/13, the facility failed to ensure, two (2) witnessed incidences of abuse were reported immediately. After witnessing two (2) separate abusive acts by CNA #1, both CNA #2 and CNA #3 left the room, leaving CNA #1, the alleged perpetrator alone in the room with the residents. The two (2) Certified Nurse Aides proceeded to provide care for other	F 226	This new Abuse/Neglect Prevention Protocol created 10/23/13 is called "STOP AND YELL". This program makes Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff aware that they must STOP right then and YELL for help if potential abuse\neglect is noted in order to protect the resident(s) from further potential abuse and prevent the aggressor(s) from committing any further abuse\neglect. The Abuse/Neglect Investigation Protocol was revised & adopted for use 10/23/2013 forward by Administrator, Assistant Administrator, DON and Administrative RN (with Medical Director conferencing by the Administrator) to include an expanded Abuse\Neglect Incident\Investigation Form designed specifically for abuse\neglect allegations.	

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F 226	Continued From page 17 residents; they did not immediately report the abusive acts to the Nurse Supervisor. The facility failed to conduct an investigation that included interviews with other residents who received care from CNA #1. In addition, the facility had a written detailed account of abuse that was witnessed by CNA #2; however, no interviews or actions were taken to address this statement (CNA #2 did not sign the statement). The facility's failure to have an effective system in place to ensure allegations of abuse were reported and thoroughly investigated immediately has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified, on 10/23/13, and determined to exist on 10/15/13 at 42 CFR 483.13 Resident Behavior and Facility Practices at F225 and F226 at a scope and severity of a "J". Substandard Quality of Care was identified at 42 CFR 483.13 Resident Behavior and Facility Practices. The facility was notified of Immediate Jeopardy on 10/23/13. An acceptable Allegation of Compliance (AoC) was received on 10/29/13 alleging removal of the Immediate Jeopardy on 10/26/13. The State Survey Agency validated, on 11/01/13, the Immediate Jeopardy was removed on 10/26/13, as alleged. The Scope and Severity was lowered to a "D" at 42 CFR 483.13 Resident Behavior and Facility Practices at F225 and F226, while the facility implements the Plan of Correction (PoC) and the facility's Quality Assurance (QA) monitors for the effectiveness of system changes. The findings include: Review of the facility's Abuse/Neglect policy, undated, revealed: "Anyone who witnesses	F 226	It includes a more detailed analysis of events, time frames, people witnessed or involved, witness statements and to help identify other residents at potential or actual risk. This new protocol for Abuse\Neglect prevention and investigation was developed and implemented on 10/23/2013 by Administrator, Assistant Administrator, Administrative RN and DON with Medical Director. The Assistant Administrator and DON will utilize the new Abuse\neglect Investigation forms to ensure that all abuse\neglect allegations are investigated thoroughly. <u>Identify Others:</u> All residents could potentially be affected by Abuse or Neglect if facility fails to develop and implement policies and procedures to prohibit abuse\neglect. **However, the facility Administrator, Assistant Administrator, Administrative RN, and DON have created a new abuse\neglect awareness program** called "STOP AND YELL" on 10/23/13. This program makes Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff aware that they must STOP right then and YELL for help if potential	

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F 226	Continued From page 18 and/or suspects an incident of resident abuse is to report it to the nursing supervisor immediately". The policy additionally revealed under the employee to resident abuse section: A thorough investigation is conducted. Record review revealed the facility admitted Resident #1 on 01/22/04, with diagnoses which included Right Above the Knee Amputation, Dementia with Psychosis and Anxiety with Behaviors. A Quarterly Minimum Data Set (MDS) assessment, dated 09/02/13, revealed the facility assessed the resident with cognitive impairment. Review of the Care Plan for Behaviors, dated 08/22/11 and revised 09/03/13, revealed the potential for complications related to behavioral symptoms. Interventions included to watch for smearing and throwing fecal matter around the room. Review of Resident #1's record revealed a Nursing Note dated 10/15/13, written by Licensed Practical Nurse (LPN) #1 that stated "CNA #3 reported CNA #1 hit Resident #1 on the head at 8:15 PM. The Note indicated the Director of Nursing (DON) was notified at 8:45 PM. On 10/22/13 at 10:15 AM, an interview with CNA #2 revealed sometime after the supper meal (5:00 PM to 5:30 PM) she witnessed CNA #1 put fecal covered clothing up to Resident #1's face and was "fussing" at the resident for making a mess. CNA #2 stated Resident #1 did not say anything at the time but kept his/her head down. CNA #2 stated Resident #1 had behaviors of smearing feces everywhere. Continued interview revealed CNA #2 could not believe what she had witnessed; she left the room, to answer other call lights. CNA #2 left CNA #1, alone in the room	F 226	abuse\neglect occurs in order to protect the resident(s) from further / potential abuse, prevent the aggressor(s) from committing any further abuse\neglect, and remove the alleged aggressor from the facility\patient care area until investigation is completed. The Abuse Investigation Protocol was revised 10/23/2013 by the Administrator, Assistant Administrator, DON and Administrative RN to include an expanded Incident\Investigation Form designed specifically for abuse\neglect allegations which includes more detailed analysis of events, time frames, people witnessed or involved, witness statements, mandatory reporting, and to help identify other residents at potential or actual risk. The Administrative RN trained the Administrator, Assistant Administrator and DON on 10/23/13 on the use of the new abuse\neglect investigative forms. The Administrative RN also educated the Administrator, Assistant Administrator and DON on the need for clear & concise documentation of each item on the abuse\neglect investigation forms; done 10/23/13. These new forms will be utilized from 10/23/13 forward. The facility Medical Director participated in conferences of updates\revisions to our Abuse\Neglect Policy, Abuse\Neglect Prevention Program and Abuse\Neglect Investigative Protocol on 10/23/2013 by the Administrator.	

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F 226	Continued From page 19 with the residents. CNA #2 stated she went on to care for Residents #4, #5 and #6. CNA #2 did not immediately report this abusive behavior to the Supervisor, as per policy. Further interview with CNA #2 revealed CNA #3 came to assist her with one of the residents. At this time, CNA #3 told CNA #2 she had witnessed CNA #1 (the alleged perpetrator) slap Resident #1 on the head and state "I hate you, bitch". CNA #2 stated she then revealed to CNA #3 that she too had witnessed CNA #1 doing something earlier in the shift that was abusive to Resident #1. Further interview revealed, at this time CNA #3 then left to notify the nurse what she had observed earlier. CNA #2 stated the Nurse then asked CNA #2 to write a statement of what she had witnessed earlier in the shift. CNA #2 wrote a statement that she had observed CNA #1 fussing at Resident #1 and putting feces covered pants up in the resident's face, but she did not sign the statement because she wanted to remain anonymous. CNA #2 gave the statement to LPN #1. An interview with CNA #3, on 10/22/13 at 11:00 AM, revealed on 10/15/13 about 7:20 PM, CNA #1 requested assistance with Resident #1. CNA #3 stated when she entered the room she observed Resident #1 on his/her bed naked and there were no linens on the bed. Resident #1 had transferred himself/herself back onto the bed from the bedside commode and CNA #1 wanted the resident to remain on the bedside commode. CNA #3 stated CNA #1 was upset because Resident #1 had gotten feces all over everything. Further interview revealed CNA #3 revealed after she helped CNA #1 assist the resident back to the bedside commode she observed CNA #1	F 226	The revisions to the Abuse\Neglect Investigative process include a) replacing the old investigative form (1 page) with a Comprehensive 4 page format that includes incident report\ body audit report, two page interview report on anyone interviewed, & administrative final disposition report; b) replacing the prior investigative tactics of interviewing those residents involved in an abuse\neglect allegation to an expanded interview process to include any interviewable residents in areas that the alleged staff worked (based on BIMS scores to determine interviewable residents); c) replacing interviews with staff that witnessed or were involved in allegation of abuse\neglect to expanded interviews with staff on all shifts (cna's\nurses) that may have cared for the resident involved in an allegation of abuse or neglect. This will ensure thorough investigation into the abuse\neglect allegation. Abuse\neglect investigations will be completed by one or more of the following: DON, Assistant Administrator, Administrator, or Administrative RN while having regular updates\meetings with the facility Administrator if he is not already personally investigating. Res #1 was assessed (body audit and interview) by LPN #1 on 10/15/13 right after the abuse allegation was reported. That revealed no signs of abuse. Res #1 was also interviewed\assessed by DON 10/16/13 with no signs or symptoms of abuse noted. Res #1 and her roommate	

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F 226	Continued From page 20 strike Resident #1 on the head, open handed and state, "You bitch, I hate you". CNA #3 stated she then washed her hands and left the room. She stated she was in "shock" because she felt what she had witnessed was disturbing. However, she did not go immediately to the nurse to report what she had witnessed per the facility's policy. CNA #3 left CNA #1 alone in the room with the residents. Interview with LPN #1, on 10/22/13 at 11:45 AM, revealed CNA #3 had reported to her sometime before bedtime on 10/15/13 that she had observed CNA #1 strike Resident #1 on the head and say "Bitch, I hate you". She notified the Director of Nursing (DON) and was instructed to send CNA #1 home and to assess the resident for injury and notify the family. The LPN stated she found no visible injury when she assessed the resident and he/she denied any mistreatment. The LPN interviewed the roommate who denied any knowledge of any mistreatment of Resident #1. However, LPN #1 stated she did not assess or interview any other residents in the facility that were at risk to be affected. LPN #1 stated when CNA #3 gave her a written statement, she told her that CNA #2 had also witnessed CNA #1 doing something to Resident #1. LPN #1 stated CNA #2 and CNA #3 should have reported what they had observed immediately per the facility's policy. Further review of the facility's initial investigation revealed the facility failed to investigate the written statement given by CNA #2. The statement read: "10:15/13 8:39 PM, was in Resident #1's room with CNA #1. I was helping her get Resident #1 off the bed and onto the toilet. Once we got his/her clothes down and sat	F 226	Res #2 denied the abuse allegation charged against CNA #1 on 10/15/13 and again on 10/16/13. Systemic Changes: **The facility Administrator, Assistant Administrator, DON and Administrative RN have created a new awareness program** called "STOP AND YELL" on 10/23/13. This program makes Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff aware that they must STOP right then and YELL right then for help if potential abuse\neglect occurs in order to protect the resident(s) from further / potential abuse and prevent the aggressor(s) from committing any further abuse\neglect. The Abuse/Neglect Investigation Protocol was revised 10/23/2013 by the Administrator, Assistant Administrator, DON and Administrative RN to include an expanded Incident\Investigation Form designed specifically for abuse\neglect allegations which includes more detailed analysis of events, time frames, people that witnessed or were involved in the abuse\neglect situation, witness statements and to help identify other residents at potential or actual risk. Identifying other staff members that may be at risk for failure to follow procedures for abuse/neglect has been addressed repeatedly in our	

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F 226	Continued From page 21 him/her on the toilet, CNA #1 kind of pushed Resident #1's head and fussed at him/her because he/she didn't want to stand up for us at first, then she took Resident #1's "shitty pants and put them into(up to) the resident's face". The statement was not part of the final investigation sent to the State Survey Agency. An interview with the DON on 10/22/13 at 1:45 PM revealed LPN #1 notified him of the allegation against CNA #1 on 10/15/13 about 8:45 PM. The DON stated he instructed LPN #1 to remove CNA #1 from direct care and get statements. The DON revealed on 10/16/13, he interviewed Resident #1 and said he/she denied any mistreatment and the roommate also denied any knowledge of mistreatment. The facility failed to ensure other residents were not affected by CNA #1's behavior. According to the DON, no other residents that may have been affected were interviewed or assessed for injury. Further interview with the DON, revealed when he interviewed CNA #1 and CNA #3 on 10/16/13, he felt their statements canceled each other out. The DON stated he read CNA #2's statement but couldn't contact her to interview. He stated he wasn't sure if it was her statement. The DON did not interview CNA #2, who was a witness to the abuse. Interview on 10/22/13 at 3:00 PM with the Assistant Administrator revealed he usually conducted the abuse/neglect investigations but did not conduct this investigation. This investigation was delegated to the Director of Nursing. He revealed there were no other interviews or assessments conducted of any residents that could have been affected by this abusive behavior.	F 226	Page 22 of 38 Abuse\Neglect Awareness Inservices (created by DON on 10.23.13). This protocol educates and reiterates scenarios that may be considered abuse\neglect, procedures for reporting abuse\neglect allegations immediately, and appropriate responses to these situations should they arise. Initial Stop and Yell training began 10/23/2013 and was conducted by Administrative RN and DON. Training continued 10/23/2013, 10/24/2013, and completed by 10/25/2013 for all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff by the DON and Administrative RN. Ongoing efforts & inservices to re-educate and reinforce the Stop and Yell abuse\neglect prevention program, types of abuse\neglect, scenarios that may occur related to abuse\neglect, and proper protocol for reporting abuse\neglect allegations have been conducted by the DON for all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff on the following dates: November 2013= 5, 6, 7, 9, 11, 13, 15, 18, 20,21,22,23,24,25 and December 2,9,10,11,12,16,17,18.	

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F 226	Continued From page 22 The facility implemented the following actions to remove the Immediate Jeopardy: On 10/15/13, the alleged perpetrator (CNA #1) was removed from the resident care area promptly after an allegation of abuse was reported. An investigation was initiated by LPN #1 related to the allegations of abuse involving Resident #1 and CNA #1. The investigation involved staff interviews, record reviews, and review of documentation. On 10/23/13, the facility's Administrator, Assistant Administrator, Administrative Nurse #3, and Director of Nursing (DON) created the facility's new "Stop and Yell" Program for reporting abuse and neglect timely. Two employees (CNA #2 and #3) were identified as failing to report allegations of abuse timely regarding Resident #1. The facility was made aware of the IJ on 10/23/13 and began the IJ correction process with re-education of how to report allegations timely. The employees who provided the education for the new "Stop and Yell" Program were the Administrative Registered Nurse (RN) and DON on 10/23/13, 10/24/13, and 10/25/13. The "Stop and Yell" Program teaches the employee to immediately stop and yell for help if abuse/neglect is noted, that way the resident(s) can be protected and this will prevent the aggressor form committing further abuse/neglect. The facility revised the protocol for investigating allegations of abuse/neglect on 10/23/13 to include an expanded form designed specifically for allegations which included more detailed analysis of events, time frames, people who	F 226	Monitoring: The facility DON has created an **Abuse\Neglect Awareness Inservicing** method to continue to bring attention to the types of abuse\neglect and the appropriate procedures for reporting and abuse\neglect allegations a s of 10/23/13. The Director of Nursing has been conducting Abuse\Neglect Inservices, compliance reviews of Abuse\Neglect Protocol\Policy, and daily audits of incident reports, abuse\neglect allegations, and inservicing to ensure compliance with appropriate procedures regarding Abuse\Neglect Prevention and Investigation of Abuse\neglect allegations. Daily audits of incident reports will be done by the DON. Monitoring of policies & protocols for abuse\neglect prevention & reporting have been done by the DON with zero areas of noncompliance on the following dates: November 2013= 5,6,7,9,11,13,15, 18,20,21,22,23,24,25 and December 2,9,10,11,12,16,17,18. The DON and Assistant Administrator will investigate any abuse\neglect allegations with Administrator. The facility's current abuse/neglect monitoring system (created by Administrator, Assistant Administrator, DON, and Administrative RN on 10.23.13) is	

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F 226	Continued From page 23 witnessed or were involved in the incident, and to help identify other residents at potential/actual risk. This new expanded form for investigating allegations of abuse/neglect is the tool Administrative staff will utilize to help maximize the investigative process. Persons making these policy revisions and new protocol were the Administrator, Assistant Administrator, and DON. These new tools have been put into place effective 10/23/13 for any allegations here forward. The facility met with CNAs #2 and #3 on 10/23/13 to explain to them how the deficient practice occurred (failure to report allegations of abuse/neglect timely). Education of the facility's new "Stop and Yell" Program took place with CNAs #2 and #3 prior to them working on 10/23/13. The Administrative Nurse conducted the explanation and education of the new "Stop and Yell" Program. The "Stop and Yell" Program teaches the employee to immediately stop and yell for help if abuse/neglect is noted, that way you can protect residents and prevent aggressors from committing further abuse/neglect. The education of staff: abuse/neglect in-service training was conducted on 10/23/13 as part of the facility's compliance with Abuse and Neglect Training and completed by the State Ombudsman. However, the facility's new program for reporting allegations of abuse timely, known as the "Stop and Yell" Program was taught by the Administrative RN and DON to all staff in all departments. Education dates on the "Stop and Yell" Program were 10/23/13, 10/24/13, and 10/25/13 for all staff. A new protocol was instituted that requires all new	F 226	Page 24 of 38 Abuse\Neglect Awareness Training and Compliance Rounds (with Inservicing completed for Administrator & Assist Administrator by Administrative RN and DON on 10/23/13). These abuse\neglect compliance rounds were conducted outside of normal office hours on the following dates: November 2013= 5,6,7,9,11,13,15, 18,20,21,22,23,24,25 and December 2,9,10,11,12,16,17,18 by DON & will continue three times per week throughout our 90 day monitoring period. Abuse\Neglect compliance rounds are conducted by the DON for Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff to verify their adherence to Abuse\Neglect policy\protocol. The DON is also monitoring the residents during these compliance rounds to ensure their well being and discuss any concern\complaints. The Abuse/Neglect Awareness Training (created by DON on 10.23.13) started 10/23/2013 will continue weekly for one month, bi-weekly for one month, and once for the final month for all staff. During this 90 day monitoring period, Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff are continually educated on Abuse\Neglect, Stop and Yell program, Appropriate Protocol for Reporting Abuse\neglect	

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F 226	Continued From page 24 "direct care staff" to have Abuse/Neglect Training plus the facility's new program on "Stop and Yell" prior to beginning work in care giving areas, as of 10/26/13 forward. The facility's Administrative staff (Administrative Nurse, DON, and Assistant Administrator) were present in the facility approximately twelve (12) hours each day during the time of IJ resolution (10/23/13 through 10/25/13), plus one or all were entering the facility for rounds, concerns, and compliance of the new Abuse/Neglect "Stop and Yell" Program as well as resident well-being by frequent spot checks on the evening and off shifts. This extra monitoring was completed 10/23/13, 10/24/13, and 10/25/13. The facility's skin nurse (LPN #2) conducted body/skin audits on 10/23/13 and 10/24/13. These audits revealed no further issues related to abuse/neglect. All interviewable residents (according to BIMS scores) were interviewed on 10/23/13 by the DON, which revealed no further concerns. The State Survey Agency validated the corrective action by the facility as follows: On 10/15/13, the alleged perpetrator (CNA #1) was removed from the resident care area promptly after an allegation of abuse was reported. An investigation was initiated by LPN #1 related to the allegations of abuse involving Resident #1 and CNA #1. The investigation involved staff interviews, record reviews, and review of documentation. Interview with the DON, on 11/01/13 at 2:30 PM, revealed CNA #1 had not worked in the facility since 10/15/13, nor	F 226	allegations, Types of Abuse\Neglect and Examples of Situations that might be considered Abuse\Neglect. This will ensure Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff have understanding and compliance with abuse\neglect policy\protocol. The new Abuse and Neglect Incident\Investigation Form (created by Administrator, Assistant Administrator, DON and Administrative RN) will maximize the facility's investigative process to include a more detailed analysis of events, time frames, people that witnessed or were involved, and to help identify other residents at potential or actual risk. The Assistant Administrator and DON will investigate any abuse\neglect allegations utilizing the new Abuse\Neglect Investigative Forms while meeting with or conferencing with the Administrator during the investigative process. The facility's CQI meetings (quarterly) will be monitoring that newly hired CNA's\Nurses receive Abuse/Neglect Training including the Stop and Yell Program prior to giving care to residents (monitoring by DON). As well, any non-direct care staff (Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff) will receive Abuse\Neglect training and Stop and Yell program during their new employee orientations (monitored by	

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F 226	Continued From page 25 would she return to work at the facility. CNA #2 and CNA #3 were re-educated about timely reporting of abuse/neglect, as well as the new "Stop and Yell" Program, on 10/23/13 by the Administrative RN, prior to working their shift. Review of the facility's abuse/neglect inservices, dated 10/23/13, 10/24/13, and 10/25/13, revealed all facility staff was in-serviced on the components of the abuse/neglect prevention policy. Additionally, a policy addressing the new "Stop and Yell" Program was developed and implemented on 10/23/13, with staff in-servicing conducted on 10/23/13, 10/24/13, and 10/25/13. Additional questions were added to the abuse/neglect quiz already in place, new investigative reports and tools were also put into place on 10/23/13. The Ombudsman conducted an abuse/neglect in-service on 10/23/13 at 7:30 AM and 3:00 PM. Interviews, on 11/01/13 from 9:30 AM to 2:30 PM, with six (6) CNAs, five (5) LPNs, two (2) RNs (to include the DON), one (1) Maintenance Supervisor, one (1) Housekeeping Supervisor, one (1) Dietary Aide, and one (1) Dietary Manager, revealed they were in-serviced on the components of abuse/neglect as well as the new "Stop and Yell" Program. Interviews, on 11/01/13 at 12:15 PM and 4:15 PM with the Administrative staff, which included the Assistant Administrator, Administrative RN, and the DON, revealed on 10/23/13, 10/24/13, and 10/25/13, they entered the facility to make rounds and were in the facility approximately twelve (12) hours each day to ensure compliance or address concerns. Administrative staff in-serviced their entire facility staff on the components of	F 226	Page 26 of 38 facility staff educator). CQI will also verify that Abuse\Neglect Allegation Investigations are thorough and reported to appropriate Agencies along with the abuse\neglect allegations being immediately reported to Charge Nurse and Administration (monitored by Assistant Administrator and DON). CQI staff consists of but not limited to Administrator, Assistant Administrator, DON, Administrative RN, MDS-LPN, Maintenance Supervisor, Dietary Manager, Laundry\Housekeeping Supervisor and Assistant Supervisor, and Activity Director. Completion date:	12-19-13

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F 226	Continued from page 26 abuse/neglect as well as the new "Stop and Yell" Program. Interview with the Administrative RN, on 11/01/13 at 12:15 PM, revealed new direct care staff would be in-serviced on the components of abuse/neglect as well as the new "Stop and Yell" Program, prior to being allowed to work in resident care areas. Interview, on 11/01/13 at 4:15 PM, with the Assistant Administrator and the DON revealed ongoing education and monitoring is conducted every shift each day and they have met with each employee in every department about the abuse/neglect program, along with the new "Stop and Yell" Program. There are manuals in each nursing area for reference, they are monitoring incident reports Monday through Friday, as well as conducting investigations as required. The Administrator signs off on every incident report. Monitoring through QA is conducted daily by the DON, Administrative RN, Charge Nurses, and the Department Heads (Dietary, Laundry/Housekeeping, DON, Administrator, Assistant Administrator, Maintenance, MDS Coordinator, Activity Director, and the Medical Director). The QA team meets quarterly. Review of Treatment Administration Records (TARs), dated 10/23-24/13, revealed head to toe skin assessments were completed on every resident with no concerns identified. Interview with the facility's skin nurse (LPN #2), on 11/01/13 at 12:40 PM, revealed she conducted body/skin audits, on 10/23/13 and 10/24/13, with no issues identified. Review of a written statement from the DON, dated 10/23/13, revealed, from 4:45 PM through 5:30 PM, he interviewed residents in rooms 210	F 226	**Intentionally left blank**	

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F 226	Continued From page 27 through 232 (who were interviewable), and were previously assigned to CNA #1's care. This included fifteen (15) residents, and he revealed none of them expressed any dissatisfaction or unhappiness related to living at the facility. All were neat, clean, and comfortable, and able to express themselves freely; their rooms were clean and neat. Interview with the DON, on 11/01/13 at 4:15 PM, confirmed this information. Observations and interviews with Residents (#1, #2, #3, #4, A and B), on 11/01/13 from 8:20 AM through 9:30 AM, revealed no concerns related to abuse/neglect. Interview with the DON, on 11/01/13 at 4:30 PM, revealed he would ensure the audits and monitoring would continue as stated in the Allegation of Compliance. This audit will continue weekly for four (4) weeks beginning 10/28/13, then bi-weekly a second month, and once the third month. Administrative staff will conduct off hour rounds outside the hours of 8:00 AM - 4:00 PM three (3) times weekly for 90 days beginning 11/04/13, to include weekends.	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 observation, interview, record review	F 490	**F 490 EFFECTIVE ADMINISTRATION \ RESIDENT WELL-BEING** Corrective Action: WE DID PREVENT FURTHER POTENTIAL ABUSE DURING THE INVESTIGATION PROCESS BECAUSE THE CNA#1 WAS RELEASED FROM DUTY WITHIN MINUTES OF THE ALLEGATION REPORTING ON THE VERY NIGHT OF THE ALLEGATION (10/15/2013). CNA #2 & #3 were educated on the importance of completion of witness statements and timeliness of reporting as of 10.23.2013 by Administrative RN. In order to promote each resident's highest practicable freedom from abuse or neglect, the facility Administrator, Assistant Administrator, DON and Administrative RN have revised our Abuse/ Neglect Prevention Protocol and our Abuse/Neglect Investigation Protocol effective 10/23/2013. This new Abuse/Neglect Prevention Protocol is	

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F 490	Continued From page 28 and facility policy and procedure review it was determined the facility's administration failed to ensure it administered in a manner that enabled it to use its resources effectively and efficiently to maintain the highest practicable physical, mental and psychosocial well-being for one (1) of four (4) sampled residents (Resident #1). The Administrator failed to ensure there was an effective system to ensure staff reported observed mistreatment of Resident #1 immediately. On 10/15/13, Certified Nurse Aides (CNA) #2 and #3, failed to follow the facility's policy for reporting incidences of abuse immediately to the Nurse Supervisor. CNA #2 observed CNA #1, the alleged perpetrator, put a piece of clothing with feces up to Resident #1's face as she "fussed" at him/her. CNA #2 went on to provide care to three (3) other residents instead of immediately reporting what she had witnessed to the nurse. Additionally, CNA #3 observed and heard CNA #1 strike Resident #1 and stated to the resident "I hate you bitch". CNA #3 also failed to immediately report what she had observed to the nurse and instead went to another resident's room, leaving the alleged perpetrator with the resident. CNA #2 and CNA #3 did not report what they had witnessed until after each had discovered the other had also observed CNA #1 mistreating Resident #1. The Administrator stated he was made aware of the incident on 10/15/13 by phone; however, he did not get involved in the investigation of the incident. He stated it was the responsibility of the Assistant Administrator to direct and coordinate the investigation and write a report. The Administrator stated he usually read the reports, but he "could not swear he read that report".	F 490	called "STOP AND YELL" created 10/23/13. Administrative RN inserviced & educated the Administrator, Assistant Administrator, & DON on the content of Stop and Yell Program on 10/23/13. This program makes facility Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff aware that they must STOP right then and YELL for help if potential abuse\neglect is noted in order to protect the resident(s) from further potential abuse and prevent the aggressor(s) from committing any further abuse\neglect. In order to ensure the Administrator has the alleged violations thoroughly investigated, the Abuse/Neglect Investigation Protocol was revised 10/23/2013 to include an expanded Incident\Investigation Form designed specifically for abuse\neglect allegations. This protocol includes more detailed analysis of events, time frames, people witnessed or involved, witness statements and to help identify other residents at potential or actual risk. This new protocol for prevention and investigation was developed\ implemented on 10/23/2013 by the Administrator, Assistant Administrator, Administrative RN and DON. Education on the new Abuse\Neglect Investigation forms was conducted on 10/23/13 by the Administrative RN for the Administrator, Assistant Administrator, and DON. Assistant Administrator and DON will be the primary investigators for any	

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F 490	Continued From page 29 The facility's administration failed to ensure all alleged violations were investigated; failed to interview CNA #2, who witnessed one of the incidents; and, failed to prevent further potential abuse while the investigation was in progress. This failure to administer the facility effectively and efficiently to maintain each resident's highest practicable physical, mental and physical psychosocial well-being has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 10/23/13 and determined to exist on 10/15/13. (Refer to F225 and F226) The findings include: Review of the facility's Abuse/Neglect policy, undated, revealed "Anyone who witnesses and/or suspects an incident of resident abuse is to report it to the nursing supervisor immediately." Further review of the policy revealed under the employee to resident abuse section, "a thorough investigation is conducted." Interview with CNA #2 on 10/22/13 at 10:15 AM revealed on 10/15/13 she observed CNA #1 put pants soiled with feces up to Resident#1's face while she "fussed" at him/her. CNA #2 left the room leaving CNA #1, the alleged perpetrator in the room with the resident. CNA #2 provided care for three (3) other residents before she reported this abusive behavior to the nurse. Interview with CNA #3, on 10/22/13 at 11:00 AM, revealed on 10/15/13 she observed CNA #1 draw back her right hand and slap Resident#1 on the head with her open hand and stated "I hate you	F 490	Page 30 of 38 abuse\neglect allegation while meeting with and conferencing with the Administrator. Revisions to Abuse\Neglect training and investigations were completed by Administrator, Assistant Administrator, and Administrative RN on 10/23/2013. In the review and revising of Abuse\Neglect training and investigations on 10/23/13, the Administrator, Assistant Administrator, Director of Nursing, and Administrative RN (with conferencing of Medical Director) revised the abuse\neglect policy to reflect changes a) reporting of abuse or neglect to "immediately" by following the Stop and Yell protocol; b) all staff would receive training on Stop and Yell protocol from 10-23-2013 forward; c) newly hired – direct care staff (ie: CNA's\Na's and Nurses) would receive abuse \ neglect training with Stop and Yell program prior to working directly with residents freely. Any new non-direct care staff hired will also receive the Abuse\Neglect training and Stop and Yell program during their new- employee training (non-direct care staff is: housekeeping staff, laundry staff, dietary staff, maintenance staff, activity staff, office staff). Abuse\neglect investigation process was reviewed and changed on 10/23/2013 by the Administrator, Assistant Administrator, Administrative RN, and DON (with Medical Director conferencing) to use from 10/23/2013	

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F 490	Continued From page 30 bitch". CNA #3 then left the room, leaving the alleged perpetrator with the resident. CNA #3 stated she did not report what she had observed immediately and went on to care for other residents. Interview with the Director of Nursing (DON), on 10/22/13 at 1:45 PM, revealed the Assistant Administrator had delegated him to conduct this investigation. During further interview with the DON, he stated he felt CNA #3's and CNA #1's statements cancelled each other out. Interview, with the DON revealed he could not reach CNA #2; the DON did not interview CNA #2, who was a witness to one of the incidents The DON stated no other residents that may have been affected were interviewed or assessed. Interview with the Assistant Administrator, on 12/10/13 at 3:10 PM, revealed he delegated the investigation to the DON, but he was in constant contact with the DON throughout the investigation. He stated when they conducted the investigation they did not have the statement from CNA #2, so when they interviewed Resident #1 and his/her roommate and they both denied the incident had happened they felt they did not need to go any further with the investigation. He stated CNA #2's statement was placed underneath the DON's door later but there was no signature on it and they did not know at the time who had put it there. He stated after further investigation they found out from the LPN who worked that night that it was CNA #2's written statement and she did not want to sign her name to the statement. Interview with the Administrator, on 12/09/13 at 11:00 AM and 1:40 PM, revealed he expected the facility's Abuse and Neglect Policy to be followed.	F 490	Page 31 of 38 forward (Administrator, Assistant Administrator, Administrative RN and DON created the new process and educated\stressed to each other the importance of following this new protocol on 10/23/2013). The revisions to the Abuse\Neglect Investigative process include a) replacing the old investigative form (1 page) with a Comprehensive 4 page format that includes incident report\ body audit report, two page interview report on anyone interviewed, & an administrative final disposition report; b) replacing the prior investigative tactics of interviewing those residents involved in an abuse\neglect allegation with an expanded interview process to include any interviewable residents in areas that the alleged staff worked (based on BIMS scores to determine interviewable residents); c) replacing interviews with staff that witnessed or were involved in allegation of abuse\neglect with expanded interviews with staff on all shifts (cna's\nurses) that may have cared for the resident involved in an allegation of abuse or neglect to ensure thorough investigation into the abuse\neglect allegation. Abuse\neglect investigations will be completed by one or more of the following: DON, Assistant Administrator, Administrator, or Administrative RN while having regular updates\meetings with the facility Administrator if he is not already directly investigating.	

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F 490	Continued From page 31 The Administrator stated he was made aware of the incident on 10/15/13 by phone; however, he did not get involved in the investigation of the incident. The Administrator stated it was the responsibility of the Assistant Administrator to direct and coordinate the investigation and write a report. He stated he usually reads the reports, but he "could not swear he read that report", but he knew it was discussed with him. Further interview with the Administrator, on 12/09/13 at 11:00 AM and 1:40 PM, revealed the Assistant Administrator and/or the Director of Nursing had interviewed Resident #1 and the resident's roommate and both denied the allegation. He stated they felt the incident did not happen as CNA #1 had also denied the occurrence. He stated in hindsight, he was seeing it differently and other residents should have been interviewed and assessed to determine if they were affected, but at the time the facility felt nothing had happened. The facility implemented the following actions to remove the immediate Jeopardy: On 10/15/13, the alleged perpetrator (CNA #1) was removed from the resident care area promptly after an allegation of abuse was reported. An investigation was initiated by LPN #1 related to the allegations of abuse involving Resident #1 and CNA #1. The investigation involved staff interviews, record reviews, and review of documentation. On 10/23/13, the facility's Administrator, Assistant Administrator, Administrative Nurse #3, and Director of Nursing (DON) created the facility's new "Stop and Yell" Program for reporting abuse	F 490	Identify Others: All residents could potentially be affected by Abuse or Neglect if facility fails to develop and implement policies and procedures to prohibit abuse\neglect. **However, the facility Administrator, Assistant Administrator, DON and Administrative RN have created a new abuse\neglect awareness program** called "STOP AND YELL". This program (created by Administrator, Assistant Administrator, DON and Administrative RN on 10.23.13) makes staff aware that they must STOP right then and YELL for help if potential abuse\neglect occurs in order to protect the resident(s) from further / potential abuse and prevent the aggressor(s) from committing any further abuse\neglect. The Abuse Investigation Protocol was revised 10/23/2013 (revised by Administrator, Assistant Administrator, DON and Administrative RN) to include an expanded Incident\Investigation Form designed specifically for abuse\neglect allegations which includes more detailed analysis of events, time frames, people witnessed or involved, witness statements, mandatory reporting, and to help identify other residents at potential or actual risk.	

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and neglect timely. Two employees (CNA #2 and #3) were identified as failing to report allegations of abuse timely regarding Resident #1. The facility was made aware of the IJ on 10/23/13 and began the IJ correction process with re-education of how to report allegations timely.

The employees who provided the education for the new "Stop and Yell" Program were the Administrative Registered Nurse (RN) and DON on 10/23/13, 10/24/13, and 10/25/13. The "Stop and Yell" Program teaches the employee to immediately stop and yell for help if abuse/neglect is noted, that way the resident(s) can be protected and this will prevent the aggressor form committing further abuse/neglect.

The facility revised the protocol for investigating allegations of abuse/neglect on 10/23/13 to include an expanded form designed specifically for allegations which included more detailed analysis of events, time frames, people who witnessed or were involved in the incident, and to help identify other residents at potential/actual risk. This new expanded form for investigating allegations of abuse/neglect is the tool Administrative staff will utilize to help maximize the investigative process. Persons making these policy revisions and new protocol were the Administrator, Assistant Administrator, and DON. These new tools have been put into place effective 10/23/13 for any allegations here forward.

The facility met with CNAs #2 and #3 on 10/23/13 to explain to them how the deficient practice occurred (failure to report allegations of abuse/neglect timely). Education of the facility's new "Stop and Yell" Program took place with

F 490

Systemic Changes:

In order to ensure all abuse\neglect allegations of abuse or neglect are identified and reported immediately, **the facility has created a new abuse\neglect awareness program** called "STOP AND YELL". This program (created by Administrator, Assistant Administrator, DON and Administrative RN on 10.23.13) makes facility staff aware that they must STOP right then and YELL for help if potential abuse\neglect occurs in order to protect the resident(s) from further / potential abuse and prevent the aggressor(s) from committing any further abuse\neglect.

In order to maximize the accuracy of investigations of abuse and neglect, the Abuse/Neglect Investigation Protocol was revised by Administrator, Assistant Administrator, DON and Administrative RN on 10/23/2013. This new investigative protocol ensures abuse\neglect allegations will be investigated more thoroughly. The New Incident\Investigation Form was designed specifically for abuse\neglect allegations w hich includes more detailed analysis of events, specific time frames, people witnessed or involved, witness statements and to help identify other residents at potential or actual risk for abuse\neglect. The Abuse\neglect Investigation Form was created by Assistant Administrator, Administrator, DON and Administrative RN on

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F 490	Continued From page 33 CNAs #2 and #3 prior to them working on 10/23/13. The Administrative Nurse conducted the explanation and education of the new "Stop and Yell" Program. The "Stop and Yell" Program teaches the employee to immediately stop and yell for help if abuse/neglect is noted, that way you can protect residents and prevent aggressors from committing further abuse/neglect. The education of staff: abuse/neglect in-service training was conducted on 10/23/13 as part of the facility's compliance with Abuse and Neglect Training and completed by the State Ombudsman. However, the facility's new program for reporting allegations of abuse timely, known as the "Stop and Yell" Program was taught by the Administrative RN and DON to all staff in all departments. Education dates on the "Stop and Yell" Program were 10/23/13, 10/24/13, and 10/25/13 for all staff. A new protocol was instituted that requires all new "direct care staff" to have Abuse/Neglect Training plus the facility's new program on "Stop and Yell" prior to beginning work in care giving areas, as of 10/26/13 forward. The facility's Administrative staff (Administrative Nurse, DON, and Assistant Administrator) were present in the facility approximately twelve (12) hours each day during the time of IJ resolution (10/23/13 through 10/25/13), plus one or all were entering the facility for rounds, concerns, and compliance of the new Abuse/Neglect "Stop and Yell" Program as well as resident well-being by frequent spot checks on the evening and off shifts. This extra monitoring was completed 10/23/13, 10/24/13, and 10/25/13.	F 490	Page 34 of 38 10/23/2013. Identifying other staff members that may be at risk for failure to follow procedures for abuse/neglect protocol has been addressed repeatedly in our Abuse\neglect Awareness Inservices & Abuse\Neglect compliance rounds. The inservices\rounds were completed by the DON (on these dates: November 2013= 5,6,7,9,11,13,15, 18, 20, 21, 22, 23, 24, 25, 26, 27; December 2,9,10,11,12,16,17,18. This educates and reiterates scenarios that may be considered abuse\neglect, procedures for reporting abuse\neglect allegations immediately, and appropriate responses to these situations should they arise. (The Administrative RN and DON were able to verify compliance with Abuse\Neglect Prevention Protocol through the compliance rounds conducted by the DON as detailed above.) Initial Abuse\Neglect Prevention program known as Stop and Yell Program, training began 10/23/2013 and was conducted by Administrative RN and DON. Training continued 10/23/2013, 10/24/2013, and completed by 10/25/2013 for all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff. The Administrative RN and DON verified all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff were knowledgeable after education of the	

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F 490	Continued From page 34 The facility's skin nurse (LPN #2) conducted body/skin audits on 10/23/13 and 10/24/13. These audits revealed no further issues related to abuse/neglect. All interviewable residents (according to BIMS scores) were interviewed on 10/23/13 by the DON, which revealed no further concerns. The State Survey Agency validated the corrective action by the facility as follows: On 10/15/13, the alleged perpetrator (CNA #1) was removed from the resident care area promptly after an allegation of abuse was reported. An investigation was initiated by LPN #1 related to the allegations of abuse involving Resident #1 and CNA #1. The investigation involved staff interviews, record reviews, and review of documentation. Interview with the DON, on 11/01/13 at 2:30 PM, revealed CNA #1 had not worked in the facility since 10/15/13, nor would she return to work at the facility. CNA #2 and CNA #3 were re-educated about timely reporting of abuse/neglect, as well as the new "Stop and Yell" Program, on 10/23/13 by the Administrative RN, prior to working their shift. Review of the facility's abuse/neglect inservices, dated 10/23/13, 10/24/13, and 10/25/13, revealed all facility staff was in-serviced on the components of the abuse/neglect prevention policy. Additionally, a policy addressing the new "Stop and Yell" Program was developed and implemented on 10/23/13, with staff in-servicing conducted on 10/23/13, 10/24/13, and 10/25/13. Additional questions were added to the abuse/neglect quiz already in place, new investigative reports and tools were also put into	F 490	facility's new abuse\neglect awareness inservices and abuse\neglect compliance rounds conducted by DON on November 2013= 5,6,7,9,11,13,15, 18, 20, 21, 22, 23, 24, 25, 26, 27; December 2,9,10,11,12,16,17,18. Abuse\Neglect compliance rounds are conducted by the DON to review compliance with Abuse\Neglect Policy\protocol with Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff and monitoring of all residents in the facility for complaints\concerns of abuse\neglect. The Administrative Policy for Abuse\Neglect has been reviewed to ensure that it encompasses establishing and monitoring all policies and procedures for all departments of the facility. Administrator and Administrative RN reviewed this policy 12.18.2013. <u>Monitoring:</u> The facility DON has created an **Abuse\Neglect Awareness Inservicing** method to continue to bring attention to the types of abuse\neglect and the	

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F 490	Continued From page 35 place on 10/23/13. The Ombudsman conducted an abuse/neglect in-service on 10/23/13 at 7:30 AM and 3:00 PM. Interviews, on 11/01/13 from 9:30 AM to 2:30 PM, with six (6) CNAs, five (5) LPNs, two (2) RNs (to include the DON), one (1) Maintenance Supervisor, one (1) Housekeeping Supervisor, one (1) Dietary Aide, and one (1) Dietary Manager, revealed they were in-serviced on the components of abuse/neglect as well as the new "Stop and Yell" Program. Interviews, on 11/01/13 at 12:15 PM and 4:15 PM with the Administrative staff, which included the Assistant Administrator, Administrative RN, and the DON, revealed on 10/23/13, 10/24/13, and 10/25/13, they entered the facility to make rounds and were in the facility approximately twelve (12) hours each day to ensure compliance or address concerns. Administrative staff in-serviced their entire facility staff on the components of abuse/neglect as well as the new "Stop and Yell" Program. Interview with the Administrative RN, on 11/01/13 at 12:15 PM, revealed new direct care staff would be in-serviced on the components of abuse/neglect as well as the new "Stop and Yell" Program, prior to being allowed to work in resident care areas. Interview, on 11/01/13 at 4:15 PM, with the Assistant Administrator and the DON revealed ongoing education and monitoring is conducted every shift each day and they have met with each employee in every department about the abuse/neglect program, along with the new "Stop and Yell" Program. There are manuals in each nursing area for reference, they are monitoring incident reports Monday through Friday, as well	F 490	appropriate procedures for reporting and abuse\neglect allegations. The Director of Nursing has been conducting Abuse\Neglect Inservices, reviews of Abuse\Neglect Protocol\Policy, and daily audits of incident reports, checking daily for any abuse\neglect allegations, and inservicing needs to ensure compliance with appropriate procedures regarding Abuse\Neglect Prevention and Investigation of Abuse\neglect allegations. The DON & Assistant Administrator will investigate any abuse\neglect allegation while working with the Administrator during the investigative process. The facility's current abuse/neglect monitoring system is Abuse\Neglect Awareness Training and Compliance Rounds (created by Administrator, Assistant Administrator, DON and Administrative RN on 10/23/2013). These abuse\neglect compliance rounds have been done outside of normal office hours by the DON on the following dates: November 2013= 5,6,7,9,11,13,15, 18, 20, 21, 22, 23, 24, 25, 26, 27; December 2,9,10,11,12,16,17,18 & will continue three times per week throughout our 90 day monitoring period. These abuse\neglect compliance rounds educate and reiterate scenarios that may be considered abuse\neglect, procedures for reporting abuse\neglect allegations immediately, and appropriate responses to these situations should they arise. During abuse\neglect compliance rounds, the DON have been monitoring and talking with the residents to ensure their well-	

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	185343		C 12/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVINGTON'S CONVALESCENT CENTER	115 CAYCE ST HOPKINSVILLE, KY 42240

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F 490	Continued From page 36 as conducting investigations as required. The Administrator signs off on every incident report. Monitoring through QA is conducted daily by the DON, Administrative RN, Charge Nurses, and the Department Heads (Dietary, Laundry/Housekeeping, DON, Administrator, Assistant Administrator, Maintenance, MDS Coordinator, Activity Director, and the Medical Director). The QA team meets quarterly. Review of Treatment Administration Records (TARs), dated 10/23-24/13, revealed head to toe skin assessments were completed on every resident with no concerns identified. Interview with the facility's skin nurse (LPN #2), on 11/01/13 at 12:40 PM, revealed she conducted body/skin audits, on 10/23/13 and 10/24/13, with no issues identified. Review of a written statement from the DON, dated 10/23/13, revealed, from 4:45 PM through 5:30 PM, he interviewed residents in rooms 210 through 232 (who were interviewable), and were previously assigned to CNA #1's care. This included fifteen (15) residents, and he revealed none of them expressed any dissatisfaction or unhappiness related to living at the facility. All were neat, clean, and comfortable, and able to express themselves freely; their rooms were clean and neat. Interview with the DON, on 11/01/13 at 4:15 PM, confirmed this information. Observations and interviews with Residents (#1, #2, #3, #4, A and B), on 11/01/13 from 8:20 AM through 9:30 AM, revealed no concerns related to abuse/neglect. Interview with the DON, on 11/01/13 at 4:30 PM, revealed he would ensure the audits and	F 490	being, care needs being met and has not identified any concerns\signs of abuse\neglect. The Abuse/Neglect Awareness Training created by DON on 10.23.13 will continue weekly for one month, bi-weekly for one month, and once for the final month for all Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff during this 90 day period of monitoring. During this 90 day monitoring period, Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff are continually educated on Abuse\Neglect, Stop and Yell program, Appropriate Protocol for Reporting Abuse\neglect allegations, Types of Abuse\Neglect and Examples of Situations that might be considered Abuse\Neglect to ensure staff understanding and compliance with the protocol. This will ensure that Cna's\Na's, Nurses, Dietary Personnel, Housekeeping\Laundry Personnel, Maintenance Personnel, Activity Personnel, and Administrative Staff are practicing the elements of the Abuse\Neglect Prevention program (stop and yell with reporting procedures). The new Abuse and Neglect Incident\Investigation Form (created by Administrator, Assistant Administrator, DON and Administrative RN) will maximize the facility's investigative process to include a more detailed analysis	

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F 490	Continued From page 37 monitoring would continue as stated in the Allegation of Compliance. This audit will continue weekly for four (4) weeks beginning 10/28/13, then bi-weekly a second month, and once the third month. Administrative staff will conduct off hour rounds outside the hours of 8:00 AM - 4:00 PM three (3) times weekly for 90 days beginning 11/04/13, to include weekends.	F 490	Page 38 of 38 of events, time frames, people witnessed or involved, and to help identify other residents at potential or actual risk. The facility's CQI meetings (quarterly) will be monitoring that newly hired direct care employees (CNA's\Nurses) receive Abuse/Neglect Training including the Stop and Yell Program prior to giving care to residents (monitored by DON). CQI will also review any Abuse\Neglect Allegation Investigations to verify that it was thorough and reported to appropriate Agencies, and abuse\neglect allegations are immediately reported to Charge Nurse and Administration. CQI staff consists of but not limited to Administrator, Assistant Administrator, DON, Administrative RN, MDS-LPN, Maintenance Supervisor, Dietary Manager, Laundry\Housekeeping Supervisor and Assistant Supervisor, and Activity Director. Completion date:	12-19-13