

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

PRINTED: 12/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/26/2013
NAME OF PROVIDER OR SUPPLIER FRIENDSHIP MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056	
(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 12/18/13 An abbreviated survey was initiated and concluded on 11/26/13 to investigate KY20990. The Division of Health Care unsubstantiated the allegation with related deficiencies cited.	F 000	Plan of Correction / Allegation of Compliance ID PREFIX F 225 483.13 (c) (1) (ii)-(iii), (c) (2)-(4) Investigate / Report Allegations / Individuals	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or 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	F 225	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. 1) The cited deficiency was corrected for resident # 3 and #4 on 11/26/2013 when Candace Spurlock, the social services director, submitted a report of unsubstantiated allegations of staff to resident abuse. It should be noted that the safety of all residents was maintained. As per our report submitted to agencies on 11/26/13 by Social Service, all staff indicated in the incident were removed from the facility immediately on 11/13/13 and did not return during the investigation. Residents identified	

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

TITLE

(X6) DATE

X

[Handwritten Signature]

X Administrator

X 12-17-13

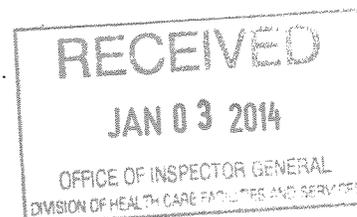
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

JAN 03 2014

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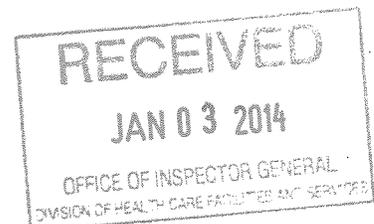
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F 225	<p>Continued From page 1</p> <p>to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy Abuse Prohibition, it was determined the facility failed to report alleged staff to resident abuse for two (2) of the four (4) sampled residents (Resident #3 and #4).</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Abuse Prohibition, not dated, revealed all reports would be called into Community Based Services and the Office of Inspector General immediately.</p> <p>Review of Resident #3's medical record revealed the facility admitted the resident on 08/09/13, with diagnoses of Anxiety, Bipolar Disorder, Depression, and Osteoarthritis. The facility assessed the resident utilizing the Minimum Data Set (MDS), on 11/12/13, as having a Brief Interview for Mental Status (BIM) score of 15 indicating the resident's cognition was intact and interviewable. Review of a Psychiatric Consult, dated 09/19/13, revealed the resident was adjusting to the facility, but had a history of registering multiple complaints about the staff. Review of the facility's comprehensive plan of care for Resident #3 revealed the resident had a</p>	F 225	<p>stated they felt safe during interviews with Social Service.</p> <p>2) The facility will identify other residents having the potential to be affected by the same cited deficient practice by having social services review all Grievance Complaint Reports from the last 90 days. They will be reviewed for any reports of mistreatment and reporting will be made to OIG as indicated to assure that reporting requirements have been met. Social Service reviews were conducted on 12/19/13 and no other incidents were identified to be reportable.</p> <p>3) The Administrator and DON will be re-inserviced by the RN Nurse Consultant about reporting allegations of mistreatment as alleged abuse. Any future allegations of mistreatment will be reported to the state agency according to the policy and procedure on abuse reporting. An in-service was conducted on 12/17/13.</p>		



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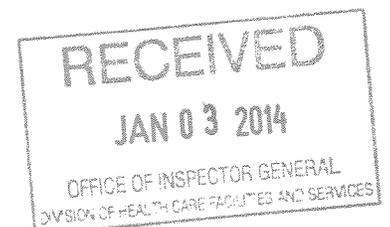
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F 225	<p>Continued From page 2</p> <p>history of making allegations against the staff, hoarding pills, and reporting missing items.</p> <p>Interview with Resident #3, on 11/26/13 at 11:50 AM, revealed an allegation of being injured while being assisted to the bathroom. The resident reported a Certified Nursing Assistant (CNA) handled her roughly causing her to hit her head on the wall a week prior. The resident revealed the incident resulted in a large bump to his/her forehead and a bruise. Observation of the resident during that time revealed no swelling or bruising to the face, head or neck area.</p> <p>Interview with the Social Service Director (SSD), on 11/26/13 at 12:08 PM, revealed she received a call reporting an incident with Resident #3, on 11/13/13. The SSD revealed the resident alleged a CNA handled the him/her roughly causing pain in the resident's leg and shoulder.</p> <p>Review of the incident report, dated 11/13/13, revealed the resident reported two (2) CNA's carried the resident by the arms and legs and threw him/her on the toilet. In addition, another incident report, dated 11/13/13, stated the same CNA named by Resident #3 pushed Resident #4 in the bed.</p> <p>Continued interview with the SSD, on 11/26/13 at 12:08 PM, revealed she received both allegations the same day. However, the Social Service Director revealed the incidents were not reported to the State Survey Agency. The Social Service Director revealed after completion of the investigation it was discussed with the Director of Nursing (DON) and the Administrator and they did not feel anything willful had occurred, therefore it was not reported.</p>	F 225	<p>4) The facility plans to monitor its performance to ensure that solutions are sustained by Nursing/ Social Service reporting weekly in the morning QA meeting all grievances made to social service for a period of 90 days. The Administrator will review weekly with RN Nurse Consultant.</p> <p>The facility will also include reportable grievances in the QAPI program on a quarterly basis. The facility will continue with annual staff inservices on the Abuse Prohibition policy. All grievances will be addressed immediately and reviewed in morning meeting for follow up.</p> <p>5) Completion Date: 12-20-13</p>	12-20-13



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F 225	Continued From page 3 Review of Resident #4's medical record revealed the facility assessed the resident utilizing the MDS, on 09/13/13, as having a BIM score of 15 indicating intact cognition. The resident had a comprehensive plan of care for behaviors directed toward others and making accusations against the staff. Interview with Resident #4, on 11/26/13 at 4:00 PM, revealed he/she had trouble bending to a seated position when getting onto the bed. The resident revealed the CNA placed his/her hands on the resident's chest and pushed the resident backwards to get onto the bed. Review of Resident #4's medical record revealed the facility assessed the resident utilizing the MDS, on 09/13/13, as having a BIMS score of 15 indicating intact cognition. The resident had a comprehensive plan of care for behaviors directed toward others and making accusations against the staff. Interview with the Director of Nursing (DON), on 11/26/13 at 2:33 PM, revealed she did not look at the allegation as abuse but as an incident. The DON revealed both residents had a history of making allegations and a witness reported nothing negative had occurred. Continued interview, on 11/26/13 at 4:10 PM, revealed the facility investigated any concerns, if it was deemed an allegation then the facility reported the incident within 24 hours to the State Survey Agency. The DON revealed she did not think the allegations from Resident #3 and #4 should have been reported. Interview with the Administrator, on 12/26/13 at	F 225		



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F 225	Continued From page 4 4:49 PM, revealed it was the facility's responsibility to investigate all incidents. The Administrator revealed they felt the situation was an incident and therefore treated as an incident, and not as an allegation of abuse. The administrator defined the term incident as any concern the family, staff, or resident may have. The Administrator revealed that after investigation, they did not feel the residents were reporting alleged abuse. The Administrator revealed the definition of the term alleged abuse was any story or accusation of mistreatment or harm, whether it be proven correct or not. The Administrator stated the resident's initial statements met the definition.	F 225			

