

Acceptable

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

PRINTED: 11/06/2014
FORM APPROVED
OMB NO. 0938-0391

11/14/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185332	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2014
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NAME OF PROVIDER OR SUPPLIER GRAND HAVEN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 109 RODGERS PARK GYNTHIANA, KY 41031
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(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
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F 000 INITIAL COMMENTS

An Abbreviated Survey was conducted on 10/23/14 to investigate KY#00022322 and KY#00022323. KY#00022322 was unsubstantiated and KY#00022323 was substantiated with deficiencies cited.

F 226 483.13(c) DEVELOP/IMPLEMENT SS=D 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 record review, interview and review of the facility's policy, it was determined the facility failed to have an effective system in place to ensure policy and procedures were implemented related to abuse for one (1) of five (5) sampled residents (Resident #2). The facility failed to ensure staff reported allegations of abuse in a timely manner per the facility's policy.

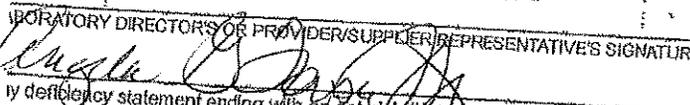
The findings include:
Review of the facility's policy, titled "Abuse Investigation" undated, revealed it was the policy of the facility to investigate any allegation involving abuse or mistreatment of residents. Further review revealed the Administrator would be responsible for ensuring the facility's compliance with all abuse and neglect provisions. Continued review revealed all allegations of abuse or neglect should be reported to a

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Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared and executed solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements.

F 226 (D) Develop/Implement Abuse/Neglect, Etc Policies

Targeted Residents
Resident #2 was interviewed by the Social Services Director on 10/15/2014 resident stated he did not think the nurse spoke mean to him. When asked if resident felt threatened or scared at any time, resident stated "No"
SRNA received an in-service on 10/15/2014 regarding Abuse Prevention, Timely Reporting, and Customer Service by the RN, Clinical Nurse Consultant.
LPN #1 has been reeducated on the facility's abuse policies and procedures and completed a post-test on 10/16/2014.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11-14-14
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ly deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

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F 226	<p>Continued From page 1</p> <p>supervisor, Director of Nursing, Social Services and Administrator. Further review revealed the reporting of actual or suspected physical, verbal, or mental abuse, neglect, misappropriation of resident property or involuntary seclusion of a resident should be reported immediately.</p> <p>Review of the facility's training on abuse, titled "Resident Abuse" dated 10/02/14, revealed all staff were educated on abuse. Further review revealed the education given included the facility's policy related to abuse. Continued review revealed the education directed staff to report allegations of abuse to the Direct Supervisor immediately.</p> <p>Review of the facility's investigation, revealed State Registered Nursing Assistant (SRNA) #2 had been working with Licensed Practical Nurse (LPN) #1 the evening of 10/14/14 and felt LPN #1 had been inappropriate in her conversations with Resident #2. Continued review revealed SRNA #2 overheard LPN #1 yell at Resident #2 around 8:30 PM on 10/14/14. Continued review revealed SRNA #2 did not report this to the facility supervisor or administration until 10/15/14 around 2:30 PM.</p> <p>Interview with SRNA #2, on 10/23/14 at 6:50 PM, revealed she overheard LPN #1 yelling at Resident #2 on 10/14/14 around 8:30 PM. Further interview revealed she attempted to call the Assistant Director of Nurses (ADON) to report the allegation; however, her cell phone died and she did not report the allegation until 10/15/14. Further interview revealed she did not report the allegation of verbal abuse to the facility supervisor on duty "because the nurses don't listen to you". SRNA #2 stated she should have reported the</p>	F 226	<p><i>Identification of the Other Residents</i> On 10/16/2014, Residents that reside on the 200 hall were interviewed by the Social Services Director utilizing the facility's "Review Questions to Solicit Resident Concerns". No concerns were identified during this review.</p> <p><i>Systemic Changes</i> All facility staff were rein-serviced on 10/15/2014 through 10/24/2014 on the facility Abuse Policies and Procedures including, immediate reporting of any allegations of abuse. Post-testing was completed to validate education comprehension. A copy of the policy is posted at the nurse's station as an additional reminder to staff.</p> <p><i>Monitoring</i> Post-testing of employees will be completed monthly. Facility tool, "Review Questions to Solicit Resident Concerns" will be completed for all residents monthly by facility management staff. All results of the post testing and facility tool results will be referred to the Quality Assurance (QA) committee for recommendations and follow-up.</p> <p><i>Correction Date</i> 11/25/2014</p>

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F 226 Continued From page 2
incident to the charge nurse or administration the night of the incident.

F 226

Interview with the Administrator, on 10/23/14 at 5:24 PM, revealed the incident was reported to her on 10/15/14 around 2:30 PM. Further review revealed the facility's policy and her expectation was for staff to report any allegation of abuse immediately to the on duty supervisor or admnistration. Further interview revealed the facility had provided abuse training for all staff on 10/02/14 and repeated the training for all SRNA's on 10/15/14 and 10/16/14.