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

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RECEIVED
DEC 30 2013
Division of Health Care
Southern Enforcement Branch

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185293	A. BUILDING B. WING	C 11/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL CREEK HEALTH CARE CENTER	1033 NORTH HIGHWAY 11 MANCHESTER, KY 40962

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated standard survey (KY20952) was initiated on 11/19/13 and concluded on 11/20/13. The complaint was substantiated with deficient practice identified at 'D' level.	F 000		
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 to the administrator or his designated representative and to other officials in accordance	F 225	1. Resident #1's bruise has since faded away and resident shows no physical signs or symptoms of complications or emotional issues related to bruise. 2. To identify other residents with possible injuries of unknown origin, the Assistant Director of Nursing (ADON) and Unit Managers did a skin assessment on all residents on 11/21/13 and 11/22/13 and compared those to prior skin assessments to verify all skin issues have been noted and cause of that skin issue had been identified. No reportable issues were found.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Clara E Benge	Executive Director	12/27/13

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.

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F 225	Continued From page 1 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 observation, interview, record review, and review of the facility's investigation and policy and procedures, it was determined the facility's investigation failed to include resident and staff interviews related to an allegation of abuse, and failed to report the alleged incident to the appropriate state agencies as required for one of three sampled residents (Resident #1). Staff observed Resident #1 on 11/05/13 to have a discolored, raised area on the left forearm; however, the facility only interviewed staff that had worked at the time the area was discovered and failed to interview alert and oriented residents related to the allegation of abuse. The findings include: A review of the facility's Abuse, Mistreatment and Neglect Policy, not dated, revealed injuries of unknown source were classified as such when the source of the injury was not observed by any person, the source of the injury could not be explained by the resident, or the injury was suspicious because of the extent of the injury or the location of the injury. Further review of the policy revealed the Executive Director would notify the appropriate state offices and adult protective agency immediately of allegations of abuse.	F 225	Social Services and unit managers did interviews with residents with a BIM score of 10 or greater asking questions of care, treatment by staff and their knowledge on reporting abuse, this was done 11/21/13. No concerns or reportable issues were found. 3. The Executive Director (ED) and interim DON were in-serviced by the Regional Director on reportable events, to include bruises of unknown origin on 12/2/13. The ED in-serviced the Department Heads on reportable events, to include bruises of unknown origin on 12/3/13. The Staff Development Nurse (SDC) in-serviced all staff on reportable events, to include bruises of unknown origin on 12/6/13. Once facility receives an allegation of abuse the facility will immediately report the alleged incident to the appropriate State agencies and begin an investigation with staff interviewing all alleged involved as well as staff randomly	

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F 225	Continued From page 2 A review of the medical record for Resident #1 revealed the resident was admitted to the facility on 06/17/13 with diagnoses including Alzheimer's Disease, Atrial Fibrillation, and Coronary Atherosclerosis. A review of the resident's Minimum Data Set (MDS) annual assessment revealed the resident was cognitively impaired. A review of documentation on an Incident Follow-Up and Recommendation Form, dated 11/05/13, revealed staff observed a discolored raised area on Resident #1's left forearm on 11/05/13. A review of the facility's documentation revealed the facility had interviewed staff that worked at the time the discolored area was observed on Resident #1's left forearm; however, it could not be determined by a review of documentation that the facility had conducted interviews with staff that provided care to Resident #1 on the shift(s) prior to the observation of the discolored area on the resident's forearm, that interviews with alert and oriented residents had been conducted, or that the facility had conducted assessments of other residents determine if there were other injuries of unknown origin. In addition, it could not be determined by a review of the facility's documentation that the appropriate state agencies had been notified of the injury of unknown source to Resident #1's forearm. Observation of Resident #1 on 11/19/13 at 12:30 PM revealed there was a raised area to the resident's left forearm that was discolored (yellow, green, and purple) from the tips of the resident's fingers to the area above the resident's elbow. Interview on 11/19/13 with State Registered Nurse Aide (SRNA) #1 at 1:15 PM and SRNA #2	F 225	interviewing different departments/ shifts. Any/all associates named will be immediately suspended until investigation completed. Associates will be inserviced on the facility Abuse, Mistreatment and Neglect policy. Ten or more residents with BIMS greater than 10 will be interviewed. Once investigation completed results will be forwarded to OIG. 4. ADON and unit managers will review weekly skin assessments for any new skin issue noted and cause of skin issue identified, including bruises; Monday through Friday for 4 weeks, twice a week for four weeks and once a week for four weeks. Accident/Incident reports will be reviewed in the Monday through Friday Clinical Meeting for verification of investigation and identification of any injury or skin issue.	

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F 225	Continued From page 3 at 1:29 PM revealed the SRNAs observed the discolored, raised area on Resident #1's forearm when they provided care to the resident on the morning of 11/05/13 and immediately reported the area to the nurse. The interview further revealed the nurse immediately assessed the resident. Interview on 11/19/13 at 2:44 PM with Licensed Practical Nurse (LPN) #1 revealed an SRNA had requested LPN #1 to come to Resident #1's room on 11/05/13 to assess an area on the resident's forearm. According to LPN #1, the area on the resident's left forearm was raised and looked like a bad bruise. The LPN stated she had provided direct care to Resident #1 on 11/04/13, the day before the area was observed on the resident's arm, and there was no discolored, raised area on the resident's arm at that time. The LPN revealed she immediately notified the Supervisor of the area on the resident's arm, and asked the facility's Medical Director to assess the area. LPN #1 stated although the Medical Director suspected the area was a hematoma due to the resident's elevated Prothrombin/International Normalized Ratio (PT/INR) levels (a blood test that measures how long it takes the blood to clot) which could cause the resident to be prone to bruise, she requested the resident be sent to the Emergency Department (ED) for additional evaluations. The physician also requested an x-ray of the resident's left arm. Interview on 11/19/13 at 3:40 PM with the Medical Director revealed she assessed the area on Resident #1's arm on the morning of 11/05/13. The interview further revealed the area appeared to be a hematoma which could have been the result of the resident's elevated PT/INR levels and the possibility that the resident had hit his/her	F 225	Results will be reviewed in monthly Performance Improvement Committee meeting. The systems will be up-dated as indicated. Audits will continue until committee determines compliance. 5. Date of compliance 12-16-13.	

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F 225	Continued From page 4 arm on the side rail of the bed. Continued interview revealed Resident #1 was sent to the ED for x-ray and an evaluation. A review of a radiology report, dated 11/05/13, revealed Resident #1 had an x-ray of the left forearm on 11/05/13 with no fractures or dislocations seen. Interview on 11/19/13 at 11:35 AM, and 11/20/13 at 3:09 PM, with the Director of Nursing (DON) revealed the facility had conducted an investigation of the raised/discolored area observed on Resident #1's forearm on 11/05/13 and stated the Unit Manager had interviewed staff from the previous shifts about the area; however, the DON was unable to locate the interviews. The DON acknowledged the facility had not interviewed other residents about the alleged abuse or of the care they received by staff, and had not assessed other residents for injuries. The DON also acknowledged the facility had failed to report the injury of unknown cause to the appropriate state agencies because the Medical Director had assessed the area to Resident #1's forearm on the morning it was discovered and thought the area could have been the result of the resident hitting his/her arm on the bed rail. The Administrator stated she did "not feel" there was any "mistreatment or wrongdoing" of Resident #1.	F 225		