

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

PRINTED: 06/29/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/30/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE AT HERITAGE HALL REHAB &amp; WELL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>331 SOUTH MAIN STREET</b> <b>LAWRENCEBURG, KY 40342</b>	
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F 000	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>An Abbreviated Survey investigating Complaint KY#00024080 was initiated on 11/30/15 and concluded on 11/30/15. Compliant KY#00024080 was unsubstantiated. Deficiencies were cited with the highest scope and severity of a "D".</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated</p>	F 225		

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

TITLE

(X6) DATE

12/23/2015

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	<p>Continued From page 1</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, it was determined the facility failed to have an effective system to ensure all alleged violations involving mistreatment, neglect, or abuse are reported immediately to officials in accordance with State Law through established procedures including the State Survey and Certification Agency (Office of Inspector General) for one (1) of three (3) sampled residents (Resident #1).</p> <p>Resident #1 made an allegation of sexual abuse on 11/13/15 and the Department of Community Based Services (DCBS) was notified of the allegation; however, there was no documented evidence the Office of Inspector General (OIG) was notified of the allegation.</p> <p>The findings include:</p> <p>Review of the facility's Abuse Prohibition Policy and Procedure, revised 08/31/14, revealed "An incident can be determined to be suspected abuse per this policy and if so a report was to be made to the Department of Community Based Services and to the Division of Long Term Care (LTC)".</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 10/22/14, with diagnoses including Corticobasal Degeneration (neurodegenerative disease involving the cerebral cortex and the basal ganglia), Macular Degeneration, Legal Blindness and Diabetes Mellitus. Review of the Significant Change Minimum Data Set (MDS) Assessment dated 09/30/15, revealed the facility assessed the resident as having significant cognitive impairment.</p> <p>Review of the facility Investigation dated 11/13/15, revealed Resident #1 informed the Hospice Workers that an employee touched him/her inappropriately. Per the Investigation, the Administrator, Director of Nursing (DON), Unit Manager, and Social Services Director (SSD) spoke with the resident on 11/13/15 at 11:30 AM, and the resident made numerous inconsistent statements regarding an incident that the resident believed happened on 11/11/15. Further review revealed, Resident #1 stated staff scrubbed him/her too rough during a bed bath and the resident made references related to staff members being lesbians. Continued review of the Investigation revealed DCBS was notified of the allegation; however, there was no documented evidence OIG was notified of the allegation.</p> <p>Interview with Resident #1 was attempted on 11/30/15 at 10:44 AM. The resident was determined to be non-interviewable.</p> <p>Interview, on 11/30/15 at 1:00 PM, was conducted with Resident #1's sister who stated Resident #1 had a disease that kept him/her from saying things he/she wanted to say. The resident's</p>	F 225			

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F 225	Continued From page 3 sister revealed, the resident had been saying things "we know are not true". Further interview revealed the resident had been saying he/she walked at night, "but we know that's not true".  Interview, conducted on 11/30/15 at 2:36 PM, with the DON revealed Resident #1 had a recent significant change due to a decrease in her cognitive condition and Hospice Services was ordered for the resident on 09/19/15. The DON revealed Resident #1 reported to a Hospice Aide that he/she believed his/her body had been violated on 11/13/15. The facility's Assistant Director of Nursing (ADON) conducted an investigation, notified law enforcement and DCBS. However, the DON stated, the ADON did not notify the OIG because prior investigations by outside agencies had determined the allegation of sexual abuse was unsubstantiated.  Interview, conducted on 11/30/15 at 3:18 PM, with the ADON revealed the facility's Administrator, SSD and herself conducted an internal investigation regarding Resident #1's allegation of sexual abuse. The ADON stated, they also contacted DCBS, who conducted an investigation. Further interview with the ADON, revealed since DCBS concluded the allegation was unsubstantiated, there was no need to notify the OIG.	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.	F 226			

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F 226	Continued From page 4  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, it was determined the facility failed to have an effective system in place to ensure written policies and procedures that prohibit mistreatment, and abuse of residents were implemented for one (1) of three (3) sampled residents (Resident #1).  Resident #1 made an allegation of sexual abuse on 11/13/15, and the Department of Community Based Services (DCBS) was notified of the allegation; however, there was no documented evidence the facility's abuse policy was implemented related to notification of the Division of Long Term Care (LTC) Office of Inspector General (OIG).  The findings include:  Review of the facility's Abuse Prohibition Policy and Procedure, revised 08/31/14, revealed "An incident can be determined to be suspected abuse per this policy and if so a report is to be made to the Department of Community Based Services (DCBS) and to the Division of Long Term Care (LTC)".  Review of Resident #1's clinical record revealed the facility admitted the resident on 10/22/14 with diagnoses including Corticobasal Degeneration (neurodegenerative disease involving the cerebral cortex and the basal ganglia), Macular Degeneration, Legal Blindness and Diabetes Mellitus. Review of the Significant Change Minimum Data Set (MDS) Assessment dated	F 226			

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F 226	<p>Continued From page 5</p> <p>09/30/15, revealed the facility assessed Resident #1 as having significant cognitive impairment.</p> <p>Review of the facility Investigation, dated 11/13/15, revealed the resident informed the Hospice Workers that an employee touched him/her inappropriately. Per the Investigation, the Administrator, Director of Nursing (DON), Unit Manager, and Social Services Director (SSD) spoke with Resident #1 on 11/13/15 at 11:30 AM, and the resident made numerous inconsistent statements regarding an incident that the resident believed happened on 11/11/15. Continued review revealed, Resident #1 stated staff scrubbed him/her too rough during a bed bath and the resident made references related to staff members being lesbians. Further review of the Investigation revealed DCBS was notified of the allegation; however, there was no documented evidence OIG was notified of the allegation.</p> <p>Interview on 11/30/15 at 2:36 PM, with the facility's Director of Nursing (DON), revealed Resident #1 reported to a Hospice Aide that he/she believed his/her body had been violated on 11/13/15. The DON, stated the Assistant Director of Nursing (ADON) conducted an investigation, notified law enforcement and DCBS. However, continued interview, revealed the ADON did not notify OIG because prior investigations by outside agencies had determined the allegation of sexual abuse was unsubstantiated.</p> <p>Interview on 11/30/15 at 3:18 PM, with the facility's ADON revealed the facility's Administrator, SSD and herself conducted an internal investigation regarding Resident #1's allegations of sexual abuse. The ADON stated,</p>	F 226			

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F 226	Continued From page 6 the facility contacted DCBS, who conducted an investigation; however, since DCBS concluded the allegation was unsubstantiated, she did not see a need to notify OIG.	F 226			