

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

PRINTED: 03/25/2013
FORM APPROVED
OMB NO. 0938-0391

RECEIVED
MAR 26 2013
BY: _____

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185174 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 03/12/2013 |
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| NAME OF PROVIDER OR SUPPLIER FLORENCE PARK CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 0975 BURLINGTON PIKE FLORENCE, KY 41042 |
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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 investigating KY00019883 was initiated on 03/11/13 and concluded on 03/12/13. KY00019883 was substantiated with regulatory deficiencies cited with the highest scope and severity of a D.

F 000 F-172

1. Per interviews, residents #1 and #2 showed no negative impacts from the allegations.

F 172 483.10(j)(1)&(2) RIGHT TO/FACILITY PROVISION OF VISITOR ACCESS

F 172

2. Florence Park Care Center has modified our terminated employee visitation policy. All supervisory staff members at Florence Park were educated on the new policy by Beverly Stanton, DON on 3/13/2013. Residents were educated on the new policy on 3/26/13 by Molly MacGregor, Social Services Director, and at the resident council meeting held on 3/26/13.

The resident has the right and the facility must provide immediate access to any resident by the following:

- Any representative of the Secretary;
- Any representative of the State;
- The resident's individual physician;
- The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);
- The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);
- The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);

Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and

3. The following terminated employee visitation policy was modified and implemented on 3/13/13:

Florence Park Care Center
Terminated Employee Visitation Policy
Revised March 13, 2013

It is the policy of Florence Park Care Center that employees are not permitted to have visitors (including former employees) in the building at any time. Former employees are allowed in the building only under the following circumstances:
If a former employee is designated as "not eligible for rehire" at Florence Park Care Center or any other HCMG facility, the former employee will be allowed access to the building to visit. These visits must be pre-scheduled. Visits must be scheduled, with adequate notice, by the former staff

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>David [Signature]</i> | TITLE Administrator | (X6) DATE 3-26-13 |
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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 172 | Continued From page 1 Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident. The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time. This REQUIREMENT is not met as evidenced by: Based on interviews, record review and review of the facility's policy it was determined the facility failed to provide reasonable access for visitation of residents. The facility failed to ensure Resident #1 was permitted to have a visitor on weekends and evenings when the facility sent a letter to the visitor stating she could only visit the facility Monday through Friday, between the hours of 9:00 AM and 5:00 PM. The findings include: Review of the facility's policy titled 'Terminated Employee Policy', not dated, revealed former employees who were designated as "not eligible for rehire" at Florence Park Care Center, were only allowed access to the building to visit resident's only and these visits were to be pre-arranged and take place during the normal business hours of Monday through Friday between the hours of 9:00 AM and 5:00 PM. Further review revealed the former employee was to remain in the resident's room who they had scheduled the visit with, and the length of the visit | F 172 | member with the front desk receptionist. Residents must be specified as they will be asked if they would like to have a visit with the former employee. It is the residents right to decline a visit. During these visits, the former employee must remain with the scheduled resident(s) in the resident(s) room or a common area. The former employee must arrive and depart the building through the main entrance only. The former employee and any guest(s) must sign in and designate arrival time, resident's name and departure time on the visitor's log. 4. A quality assurance (QA) study was initiated to ensure compliance of the new policy. The Social Services Director will interview two residents per month X 3 months then quarterly X 3 to ensure policy compliance. Findings will be documented and presented quarterly to the Quality Assurance Committee. The Administrator will ensure compliance through the review and evaluation of the effectiveness of the implemented changes and quality assurance study results. | | |
| | | | 5. Alleged Date of Compliance | 3/26/2013 | |

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| F 172 | Continued From page 2 was not to exceed that of the specified hours listed above. Interview with the visitor, on 03/12/13 at 8:00 AM, revealed she had received a phone call from Resident #1, telling her that a resident who the complainant was close to had passed away. She stated Resident #1 had asked her if she would come to the facility to visit because he/she and another resident would like to see her. She stated she worked Monday through Friday, therefore, she went to the facility on 02/16/13, which was a Saturday to visit with Resident #1 and #2. She stated she was at the facility for an hour, and had visited with Resident #2. She further stated on 02/21/13 she received a certified letter which stated she would have to call one of the administrative staff to arrange a visit with the residents and the only times she could visit was Monday through Friday, between the hours of 9:00 AM and 5:00 PM, excluding acknowledged holidays for the facility, and the times of the visit was not to exceed the normal business hours. She further stated, the letter had also stated she could only visit with the resident in the resident's room. She further stated the letter stated failure to follow these guidelines would be considered trespassing. | F 172 | | | |
| | Review of the quarterly Minimum Data Set (MDS) for Resident #2, dated 02/04/13, revealed the resident had a Brief Interview for Mental Status (BIMS) of fourteen (14) out of fifteen (15), indicating Resident #2 was not cognitively impaired. Interview with Resident #2, on 03/12/13 at 11:00 AM, revealed the complainant had come to visit | | | | |

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| F 172 | Continued From page 3 with him/her on a Saturday and they had gone outside to visit. She stated she had enjoyed the visit and was looking forward to the complainant coming back to visit. Resident #2 further stated she did not have a lot of visitors and if the complainant was not allowed to come back to visit he/she would be upset. Interview with the Human Recourse Director, on 03/12/13 at 2:30 PM, revealed the facility policy stated after a staff member had been terminated they were unable to visit unless they made prior arrangements with administrative staff and staff could only visit during business hours when administrative staff were in the facility. | F 172 | | | |