

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

PRINTED: 03/06/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/20/2014
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NAME OF PROVIDER OR SUPPLIER  FORDSVILLE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 313 MAIN STREET FORDSVILLE, KY 42343
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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 #KY21287 was conducted on 02/18/14 through 02/20/14 to determine the facility's compliance with Federal requirements. #KY21287 was unsubstantiated with no deficiencies cited. #KY21289 was substantiated with a deficiency to be cited at a scope and severity of a "D".	F 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator, or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as condition to participate in Title 18 and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
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.  This REQUIREMENT is not met as evidenced by: Based on interview and review of the facility's Summary of Investigation for Resident # and Abuse /Neglect policy, it was determined the facility failed to implement the facility's policy related to reporting an allegation of staff to resident abuse to the appropriate State agencies and immediately suspending the alleged perpetrator.  The findings include:  Review of the facility's Abuse and Neglect Policy, not dated, revealed s the facility administration should immediately suspend staff who are alleged to have or be suspicious for abuse and or neglect; and, notify the appropriate State Agencies.	F 226		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Angela R. Head, Administrator TITLE: \_\_\_\_\_ (X6) DATE: 3/16/2014

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 226	<p>Continued From page 1</p> <p>Review of the facility's written statement of Certified Nurse Aide (CNA) #2 revealed she was coming out of the shower room on 12/22/14 around 5:30 PM when she saw CNA #1 sitting on one leg of Resident #1 for a brief amount of time.</p> <p>Interview with CNA #2, on 02/19/14 at 3:40 PM, revealed she reported the incident to Registered Nurse (RN) #1 and he reported it to the Assistant Director of Nursing (ADON).</p> <p>Interview with RN #1, on 02/19/14 at 3:25 PM, revealed he was never made aware of an incident that involved CNA #1 was sitting on Resident #1's leg.</p> <p>Review of CNA #1's timecard revealed CNA #1 worked on 12/22/13 from 1:41 PM until 10:00 PM. The CNA continued to work the remainder of her shift with residents in the facility.</p> <p>Interview with the ADON, on 02/20/14 at 11:30 AM, revealed she was made aware of the incident by CNA #2 on the morning of 12/23/13 and CNA #1 was immediately suspended and the investigation was initiated.</p> <p>Review of the facility's Summary of Investigation, revealed the physician and family were made aware of the incident; however, there was no evidence the facility notified the appropriate State agencies.</p> <p>Interview with the Administrator, on 02/20/14 at 11:55 AM, revealed the incident was not reported to the appropriate State agencies because it was determined after the investigation that no harm was done to the resident. Further interview with the Administrator, on 02/20/14 at 2:00 PM,</p>	F 226	<ol style="list-style-type: none"> <li>1. Resident #1 was discharged from the facility on 1/11/2014. Certified Nurse Aide (CNA) was suspended on 12/23/2013 and left employment on 12/30/2013.</li> <li>2. The Administrator and Social Service Director will conduct interviews with all interviewable residents to identify any allegations of abuse or neglect by 3/15/2014. Any identified allegations of abuse or neglect will be reported. All resident concerns were reviewed by the Administrator by 3/15/2014 to assure no resident concerns were reportable as abuse or neglect; any identified will be reported. The Director of Nursing will review all Accident and Incident reports for the past 60 days to identify any trends or patterns or injury of unknown origin. any injury of unknown origin will be reported; to be completed by 3/31/2014.</li> <li>3. All staff will be trained on our Abuse and Neglect policy by the Administrator and Director of Nursing by 3/15/2014.</li> <li>4. Weekly review of all resident concerns by Social Service Director and five (5) staff interviews on Abuse and Neglect Policy by Assistant Director of Nursing will be completed for twelve (12) weeks.</li> </ol>	3/31/2014

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F 226	Continued From page 2 revealed the staff should have immediately reported the incident to the Administrator; the alleged perpetrator should have been walked out of the building immediately and suspended until the investigation was completed and a determination was made; and, the appropriate State agencies should have been notified after the incident was reported to the Administrator.	F 226	5. The results of the audits will be reviewed by the Quality Assurance Committee consisting of the Director of Nursing, Administrator, Social Service Director, Assistant Director of Nursing and the Life Enrichment Director monthly for three (3) months. The Medical Director will attend at least quarterly. If at any time concerns are identified, the Quality Assurance Committee will meet to analyze and implement further measures dependent upon the root cause to assure ongoing compliance.		