

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2014
NAME OF PROVIDER OF SUPPLIER EDMONSON CENTER		STREET ADDRESS, CITY, STATE, ZIP 813 S. MAIN ST. BROWNSVILLE, KY 42210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0223 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Protect each resident from all abuse, physical punishment, and being separated from others.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review, and review of the facility's policy and procedure and the facility's investigation, it was determined the facility failed to ensure nine (9) of ten (10) sampled residents (Resident #1, #2, #4, #5, #6, #7, #8, #9 and #10) and two (2) unsampled residents (Unsampled Resident A and B) were free from abuse. The facility failed to have an effective system in place to ensure residents were free from abusive treatment by staff; and, failed to ensure staff reported the observed mistreatment of [REDACTED]. Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1, and Registered Nurse (RN) #1 were alleged to have abused Resident #1, Resident #2, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9 and Resident #10. In addition, it was alleged RN #1 and SRNA #1 also abused Unsampled Resident A and Resident B. The allegations revealed the abuse occurred on the second shift but the facility was unable to determine specific dates. The allegations of abuse included verbal, physical and mental abuse. Although LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 witnessed LPN #1, RN #1, and SRNA #1 exhibit abusive behaviors toward the residents, there was no evidence staff intervened to protect the residents. Abusive behaviors witnessed by LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 included pinching the resident's breasts and noses; telling resident(s) to shut his/her mouth; dropping one (1) resident to the bed from face height; putting soap in a resident's mouth; video taping telling a resident to cluck like a chicken, placing a resident on a bare mattress and covering him/her with a fitted sheet; putting gloved fingers in a resident's mouth to aggravate the resident; jumping up and down on a resident's bed and pretending to vomit in his/her ear; slapping a resident; videotaping of residents being made to cluck like a chicken; and pouring bath water with ice cubes on one (1) resident during a bath leaving the resident cold and totally exposed. Interviews with the above listed staff members revealed the allegations of abuse were not reported to the Administrative Staff due to LPN #1 threatening if anyone told on him he would make their lives a living hell and he was untouchable. The facility's failure to ensure residents were free from abuse has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on [DATE] and determined to exist on [DATE]. The facility was notified of the Immediate Jeopardy on [DATE]. An acceptable Allegation of Compliance (AoC) was received on [DATE] and the State Survey Agency validated the Immediate Jeopardy was removed on [DATE].</p> <p>as alleged. The Scope and Severity was lowered to a F while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the facility's policy and procedure, titled Abuse Prohibition, dated [DATE], revealed the facility would prohibit abuse, mistreatment, neglect, involuntary seclusion, and misappropriation of property for all residents through the following: Screening of potential hires; Training of employees (both new employees and ongoing training for all employees); Prevention of occurrences; Identification of possible incidents or allegations which need investigation; Investigation of incidents and allegations; Protection of residents during investigations; and, Reporting of incidents, investigations, and the Center's response to the results of their investigations. The Administrator, or designee, was responsible for operationalizing policies and procedures that prohibit and would protect residents from further harm during an investigation and provide the resident with a safe environment by identifying persons with whom he/she feels safe and conditions that he/she would feel safe. Interview with the Marketing/Admission Director, on [DATE] at 2:03 PM, revealed he got a call from an anonymous employee who told him he needed to come to the facility and speak with LPN #2. He stated he immediately called the Administrator and she asked him to initiate the investigation because she was an hour away. He stated he went to the facility and spoke with LPN #2 and was told about the alleged abuse by LPN #1 and SRNA #1. He stated part of the alleged abuse was supposed to have been recorded on SRNA #1's phone. Further interview revealed the Administrator arrived at the facility and took over the investigation. He stated the anonymous employee told him they did not call the Administrator as they did not want their voice recognized by her. Further interview with the Marketing/Admission Director revealed he was not given a reason why the anonymous employee did not want to speak with the Administrator. 1. Record review revealed the facility admitted Resident #1 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated [DATE], revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview Mental Status (BIMS) score of nine (9) indicating the resident was interviewable. SRNA #9 alleged LPN #1 would make Resident #1 go to bed at approximately 6:00 PM every night; would deny the resident the use of his/her computer, as well as tell the resident to shut his/her mouth when he/she asked for the computer. Additionally, she revealed she was unsure why LPN #1 was the way he was with Resident #1. Interview with SRNA #9, on [DATE] at 11:10 AM, revealed LPN #1 would tell her and the other aides to place Resident #1 outside his/her room door after dinner and put him/her to bed at 6:00 PM. LPN #1 would not allow the resident to use his/her computer. Additionally, she revealed she heard LPN #1 state, on several occasions, I hate them all referring to the residents. She stated she did not report the abuse because Resident #1 was the Administrator's relative and told her things all the time; therefore she was sure the Administrator knew how Resident #1 was being treated by LPN #1. Interview with the Social Service Director (SSD), on [DATE] at 9:49 AM, revealed on [DATE] the Administrator told her about the allegations of abuse and asked her to begin the investigation by conducting interviews along with the Admissions/Marketing Director. She revealed she interviewed Resident #1 and was told he/she did not like LPN #1 because he told him/her to shut up and would not let him/her use his/her computer. She stated she knew Resident #1 was telling the truth because he/she would begin to shake as if he/she was in fear and would state he will be here tonight and tears would come to his/her eyes. Interview with the Administrator, on [DATE] at 10:55 AM, revealed she had spoken with LPN #1 regarding making Resident #1 go to bed at 6:00 PM every night and thought she and LPN #1 had come to an agreement about Resident #1's schedule. Resident #1 was to be placed in bed at 8:00 PM on school nights and would be allowed to remain up until 8:30 or 9:00 PM on non-school nights. She revealed she explained to LPN #1 that Resident #1 liked to have access to his/her computer. Additionally, she revealed she was unaware of LPN #1 not complying with her wishes related to Resident #1's schedule. An interview was conducted with the Administrator rather than Resident #1 as the resident was not reliable in giving accurate information. 2. Record review revealed the facility admitted Resident #2 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #2's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable. SRNA #3 alleged LPN #1 scooped Resident #2 off of the commode after he/she refused to go to bed and carried the resident to the bed, held him/her like a baby, and dropped him/her on the bed (naked). LPN #1 fell on the bed and the resident landed on top of him. LPN #1 then told the SRNAs in the room to get this [***] off of me. Interview with SRNA #3, on [DATE] at 12:00 PM revealed she witnessed SRNA #1 and SRNA #8 with Resident #2. The resident was on the commode and was resisting care not wanting to go to bed. She stated the SRNAs called LPN #1 to assist</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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 0223 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>with Resident #2; the LPN scooped Resident #2 off the commode, pinched his/her breasts, walked to the bed and dropped the resident from face height down onto the bed with the resident completely naked. She stated the LPN fell to the bed with the resident landing on top of him. SRNA #3 stated LPN #1 then told SRNA #1 and SRNA #8 to Get this [***] off of me. She stated the LPN proceeded to tell Resident #2 he/she was going to bed and if he/she didn't he was going to call his/her son and he/she (the resident) would not like how he talked to him. Further interview with SRNA #3 revealed she resigned because she could not work in that type of environment. SRNA #3 revealed she did not report the allegations of abuse to the Administrator because she told the Charge Nurse on duty and expected her to follow up with the Administrator. Interview with LPN #2, Charge Nurse, on [DATE] at 11:11 AM, revealed after SRNA #3 reported the abuse to her, she did not report the alleged abuse to Administration because she felt nothing would be done about it. LPN #2 stated LPN #1 threatened the staff with making their lives a living hell if they told on him, therefore the abuse went unreported. 3. Record review revealed the facility admitted Resident #4 on [DATE] with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated [DATE], revealed the facility assessed Resident #4's cognition as severely impaired with a BIMS' score of six (6) indicating the resident was not interviewable. LPN #2 alleged SRNA #1 and LPN #1 pinched Resident #4's nose and breasts. She also alleges that this was recorded on SRNA #1's cell phone. Interview with LPN #2, on [DATE] at 11:11 AM, revealed she witnessed LPN #1 and SRNA #1 pinching Resident #4's breasts. LPN #2 also revealed she had witnessed videos on the phones of LPN #1 and SRNA #1 telling Resident #4 to cluck like a chicken. LPN #2 stated LPN #1 threatened the staff with making their lives a living hell if they told on him, therefore the abuse went unreported. Interview with SRNA #4, on [DATE] at 10:08 AM, revealed she witnessed RN #1 putting her gloved fingers in Resident #4's mouth; LPN #1 and SRNA #1 pinch Resident #4's breasts. Further interview revealed SRNA #4 felt threatened by LPN #1 as LPN #1 would tell staff that he and SRNA #1 were untouchable and if anyone told on them they would make their lives a living hell; therefore, the abuse went unreported. 4. Record review revealed the facility admitted Resident #5 on [DATE] with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated [DATE], revealed the facility assessed Resident #5's cognition as severely impaired. An anonymous caller as well as LPN #2 and SRNA #4 alleged LPN #1 and SRNA #1 pinched the resident's nose and breasts; LPN #1 jumped up and down, straddled the resident in bed, then put his mouth at the resident's ear and acted like he was vomiting. LPN #1 threw cold water on the resident as well. Interview with LPN #2, on [DATE] at 11:11 AM, revealed she also witnessed LPN #1 and SRNA #1 pinching Resident #5's breasts. She stated LPN #1 jumped up and down straddling Resident #5 on the bed and pretended to vomit in the resident's ear to make him/her scream. She also witnessed RN #1 place her gloved fingers in Resident #5's mouth to aggravate him/her. LPN #2 also revealed she had witnessed videos that were made of the alleged abuse of Resident #5. Further interview with LPN #2 revealed SRNA #3 had reported to her that the staff was abusing the residents and other staff had seen the abuse occurring but they did not report it or intervene because they were intimidated by LPN #1. LPN #2 stated LPN #1 threatened the staff with making their lives a living hell if they told on him, therefore the abuse went unreported. LPN #2 stated after SRNA #3 reported the abuse to her, she did not report the alleged abuse to Administration because she felt nothing would be done about it. Interview with SRNA #4, on [DATE] at 10:08 AM, revealed she witnessed LPN #1 and SRNA #1 pinch Resident #5's breast. She stated she received a video from RN #1's phone that revealed RN #1 putting her gloved fingers in Resident #5's mouth and LPN #1 pinching the resident's breasts. Further interview revealed SRNA #4 felt threatened by LPN #1 as he would tell staff that he and SRNA #1 were untouchable and if anyone told on them they would make their lives a living hell; therefore, the abuse went unreported. Interview with LPN #5, on [DATE] at 10:53 AM, revealed he had witnessed LPN #1 and RN #1 put gloves on and place their fingers in Resident #5's mouth to make him/her mad. He stated the resident would yell quit it, stop, stop. Additionally, he revealed, on [DATE] at 10:53 AM, he witnessed SRNA #1 and LPN #1 refuse to take Resident #6 to his/her room and when he asked why the resident could not go to his/her room he was told by LPN #1 that Resident #6 was only asking to be a pain in the ass. Additionally, he revealed another SRNA took the resident to his/her room and the resident was satisfied because that was all he/she wanted. He stated he should have reported the verbal abuse and mistreatment but felt nothing would be done about it because LPN #1 seemed to get away with everything. 5. Record review revealed the facility admitted Resident #6 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #6's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable. LPN #5 alleged the resident was denied the opportunity to go to his/her room when he/she wanted and LPN #1 called him/her a pain in the ass for asking and he/she would wait and be the last one to be put to bed just for asking. 6. Record review revealed the facility admitted Resident #7 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #7's cognition as severely impaired with a BIMS score of seven (7) indicating the resident was not interviewable. LPN #8 alleged LPN #1 pinched the resident's nose with a reacher (metal grab assist bar). Interview with LPN #8, on [DATE] at 11:58 AM, revealed she witnessed LPN #1 using a reacher to pinch Resident #7's nose and when she entered the room LPN #1 stopped and left the room. She revealed she did not report this incident because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it. 7. Record review revealed the facility admitted Resident #8 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #8 as cognitively intact with a BIMS score of eleven (11) indicating the resident was interviewable. SRNA #10 alleged the resident was afraid of LPN #1 and SRNA #1 calling them the gang or the cult. Interview with Resident #8, on [DATE] at 1:05 PM, revealed Someone on second (2nd) shift (a nurse) mistreated him/her and it was a man. He/She revealed the nurse said things to him/her (no specifics) and was rough with him/her at times. Resident #8 began to cry during the interview and stated, I don't want to say anymore because he has a lot of friends and sometimes they come in with him and are mean too. Further interview with Resident #8, on [DATE] at 2:35 PM, revealed he/she was afraid to go to bed at night after LPN #1 and the SRNA climbed through the window into his/her room. Additionally, he/she revealed after LPN #1 found out he had been reported he got really nice to him/her and prior to that he did not care how he treated him/her. Interview with Housekeeping Aide #3, on [DATE] at 2:30 PM, revealed Resident #8 told her she would be surprised at what went on at the facility on second (2nd) shift. Additionally, she revealed she had witnessed staff using cell phones for talking and texting in resident care areas. She revealed she had not witnessed any abuse and would report it immediately to her supervisor, the charge nurse, and the Administrator. 8. Record review revealed the facility admitted Resident #9 on [DATE] with [DIAGNOSES REDACTED], Depression, Adult Failure to Thrive, Pain, and [MEDICAL CONDITION]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #9's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable. An anonymous caller alleged SRNA #1 put soap in the resident's mouth. Interview with SRNA #4, on [DATE] at 10:08 AM, revealed she witnessed SRNA #1 putting soap in Resident #9's mouth. She revealed she did not report the abuse because LPN #1 told other staff members that he and SRNA #1 were untouchable and if anyone told on them their lives would be a living hell. 9. Record review revealed the facility admitted Resident #10 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #10's cognition as severely impaired with a BIMS score of three (3) which indicated the resident was not interviewable. Resident #10 expired in the facility on [DATE]. SRNA #4 alleged LPN #1 placed the resident on a bare mattress and placed a fitted sheet on top of him/her. Interview with SRNA #4, on [DATE] at 10:08 AM, revealed she witnessed LPN #1 placing a fitted sheet on top of Resident #10 while he/she lay on a bare mattress. She revealed she did not report the abuse because LPN #1 had told staff that he and SRNA #1 were untouchable and he would make life a living hell for anyone who told on him. 10. Record review revealed the facility admitted Unsampler Resident A on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Unsampler Resident A as cognitively intact with a BIMS score of twelve (12) indicating the resident was interviewable. SRNA #14 alleged RN #1 and SRNA #1 laid on the resident's bed and kissed him/her on the neck against the resident's will on more than one (1) occasion. Interview with Unsampler Resident A, on [DATE] at 9:58 AM, revealed RN #1 and SRNA #1 laid on the bed with him/her and kissed his/her neck and he/she asked them to stop. Unsampler Resident A revealed RN #1 and SRNA #1 started laughing and fell on his/her bed and began to kiss his/her neck. He/She stated when he/she asked them to stop, they continued to laugh at him/her and this had occurred two (2) or three (3) times in the past but he/she had never reported it to anyone. 11. Record review revealed the facility admitted Unsampler Resident B on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Unsampler Resident B's cognition as severely impaired with a BIMS score of three (3) indicating the resident was not interviewable. SRNA #3 alleged the resident received a cold bed bath by SRNA #1 and SRNA #8 and was told to shut the F _ k up and they did not have all night to get the bath done by SRNA #1 when the resident said he/she was cold. She revealed she reported the abuse to LPN #2 who was the Charge Nurse on duty at the time of the alleged incident. Interview with SRNA #3, on [DATE] at 12:00 PM, revealed</p>		

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F 0223 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 2)</p> <p>she was asked by SRNA #1 to stand by and watch SRNA #1 give Resident B a bath because she was in orientation. She revealed she was shocked by what she had witnessed by SRNA #1 as she (SRNA #1) had poured water on the resident's head and then the rest of his/her body, leaving him/her exposed and cold, did not rinse the soap from the resident's body nor wash the resident's backside, rolled the resident over, dried the mattress, placed an adult protective device on the resident, and left him/her shaking and cold. SRNA #3 revealed she was told by SRNA #1 that she could do a bath her way after she was trained because SRNA #3 was apologizing to Resident B for the SRNA's actions. Interview with Housekeeping Aide #1, on [DATE] at 3:10 PM, revealed she entered a resident's room and the resident was nude sitting on the commode, crying because SRNA #1 was mad at her/him because she felt the resident had an incontinent episode on purpose. She revealed she never witnessed any abuse to the resident by SRNA #1 or anyone else. She stated she was in and out of resident's rooms so often they tell her things because she will listen to them. Interview with RN #2, on [DATE] at 2:00 PM, revealed she had witnessed LPN #1 being short tempered with some residents. An example given was LPN #1 would harshly tell one resident to go sit down. RN #1 stated LPN #1 had no patience with another resident and she didn't report LPN #1's behavior because she didn't feel anything would be done about it. Interview with the Director of Nursing (DON), on [DATE] at 4:05 PM, revealed she had never witnessed any type of abuse conducted by SRNA #1, RN #1, or LPN #1, nor had any staff or resident ever complained of abuse to her. Interview with the Administrator, on [DATE] at 10:55 AM, revealed as part of the investigation, she looked through LPN #1, SRNA #1, and RN #1's phones and did not find any videos or pictures of the alleged abuse. She stated the Kentucky State Police and the local Sheriff were working together to retrieve any videos or pictures if there were any. Additionally, she revealed she suspended the three (3) suspected employees on [DATE] pending an investigation into the allegations of abuse; however, SRNA #1 and RN #1 were able to return to work on [DATE] because there was no apparent proof to substantiate the allegations of abuse. LPN #1 was later terminated from employment on [DATE] related to violating Resident #1's right, as the resident was denied access to his/her personal property (computer). The Administrator stated no disciplinary action was taken with the employees who failed to report the witnessed abuse but all staff were reeducated on the facility's abuse policy and procedure which included reporting. **The facility implemented the following actions to remove the Immediate Jeopardy: 1. On [DATE], the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1. 2. Audits were completed on [DATE] and [DATE] regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on [DATE] with no concerns identified. Pain assessments and Social Service assessments were also completed on [DATE] for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on [DATE] with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on [DATE] with no concerns noted. 4. Unsourced Resident A, Unsourced Resident B, and Unsourced Resident C were assessed and interviewed on [DATE] related to abuse and changes of condition with no concerns identified. 5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on [DATE], with any new concerns identified and followed up on. 6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on [DATE] and no concerns identified. 7. Education was provided to the Director of Nursing (DON) and Administrator by the Regional Vice President (RVP) on [DATE] regarding the Abuse policy and reporting requirements. 8. One-hundred (100)% re-education began on [DATE] and ended on [DATE] and included all Center and contract employees regarding effective systems that ensures each resident remains free of abuse: Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation, Reporting requirements including immediate reporting to the Administrator and appropriate state agencies, Promise of confidentiality and no fear of retribution, Employee competency assured using the Abuse Prevention Post-test, the Post-test reviewed and validated by the Nurse Practice Educator by [DATE]. HIPPA Privacy Law, and the prohibition of cell phone usage in resident care areas, including video or photographs of residents. As of [DATE], nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of [DATE] and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work. Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending [DATE]. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on [DATE] and [DATE]. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on [DATE]. Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on [DATE] related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness. 9. The Administrator's Job Description last revised [DATE] included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning [DATE], upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months. 10. On [DATE], the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations were reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated. 11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on [DATE] to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee. 12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting. 13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately. 14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse. 15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse. 16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on [DATE], for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee. 17. Posters were placed throughout the facility and break room on [DATE] which included We Care Dialogue Line, Staff Promises, Eldercare, and Core Values. 18. An Ad-Hoc meeting was held on [DATE] and the Medical Director was briefed on the meeting and signed off on the meeting minutes on [DATE] as he was unable to attend. Trending continues monthly and is to be</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2014
NAME OF PROVIDER OF SUPPLIER EDMONSON CENTER		STREET ADDRESS, CITY, STATE, ZIP 813 S. MAIN ST. BROWNSVILLE, KY 42210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0223 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 3) conducted on any new issues as needed. 19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on [DATE] to review all plans of compliance regarding the outstanding c</p>		
F 0225 Level of harm - Immediate jeopardy Residents Affected - Many	<p>1) Hire only people with no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to have an effective system to ensure staff reported observed incidents of abuse/mistreatment for [REDACTED]. #1, #2, #4, #5, #6, #7, #8, #9, and #10) and two (2) of three (3) unsampled residents (Unsampled Residents A and B). (Refer to F223) Licensed Practical Nurse (LPN) #1, Registered Nurse (RN) #1, and State Registered Nurse Aide (SRNA) #1, were alleged to have abused and mistreated Residents #1, #2, #4, #5, #6, #7, #8, #9, and #10. In addition, it was alleged RN #1 and SRNA #1 abused three (3) unsampled residents, (Unsampled Residents A and B). The alleged abusers all worked on second (2nd) shift together and the alleged abuse occurred on the second shift with no particular dates. The allegations of abuse included verbal, physical and mental abuse. Staff was aware of the alleged abuse but failed to report the abuse to the Administrator for fear of retaliation from LPN #1 and the Administrator. The facility's failure to ensure staff reported observed incidents of abuse, neglect, and mistreatment has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 08/14/14 and determined to exist 08/02/14. The facility was notified of Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a F while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the facility's Policy and Procedure titled, Abuse Prohibition, dated 07/01/13, revealed any staff who witnessed an incident of suspected abuse or neglect should tell the abuser to stop immediately and report the incident to his/her supervisor immediately. The notified Supervisor should report the suspected abuse immediately to the Administrator or designee and other officials in accordance with state law. Interviews with LPN #5 and SRNA #4, revealed alleged abuse had been witnessed involving LPN #1, SRNA #1 and RN #1 towards a total of twelve (12) residents. However, the alleged abuse was not reported to the Administrator or designee at the time of the witnessed incidents per the facility's policy and procedure for fear of retaliation from LPN #1 and the Administrator. Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he was aware of staff mistreating and abusing the residents but did not report the abuse because he felt nothing was going to be done about it and if he did report it the person who was reported would know who had reported him/her. Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she did not report the abuse she witnessed LPN #1 doing because she felt intimidated by him and he was allowed to do anything he wanted. Additionally, she reported LPN #1 told her if she told on him he would make her life a living hell. LPN #2 further revealed when she had to work with someone who was repeatedly cursing and yelling at the Administrator, then she did not feel comfortable reporting that person (LPN #1) to the Administrator. Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she did not report the alleged witnessed abuse by LPN #1 because she felt threatened by LPN #1 because he told staff he and SRNA #1 were untouchable and if they told on them their lives would be a living hell. Interview with SRNA #9, on 08/15/14 at 11:10 AM, revealed she did not report the abuse because Resident #1 was the Administrator's relative and told her things all the time; therefore she was sure the Administrator knew how Resident #1 was being treated by LPN #1. Interview with SRNA #3, on 08/13/14 at 12:00 PM revealed she did not report the allegations of abuse to the Administrator because she told the Charge Nurse on duty and expected her to follow up with the Administrator. Interview with SRNA #2, on 08/11/14 at 2:50 PM, revealed she did not report the abuse by LPN #1 to anyone because LPN #1 had a history of [REDACTED]. She revealed she had reported him approximately one (1) year ago and he had made life miserable for her ever since. SRNA stated LPN #1 was her supervisor and she would not elaborate on what LPN #1 did to her. Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she did not report what she witnessed because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it. Interview with the Administrator, on 08/20/14 at 1:00 PM, revealed there had been no reports of mistreatment or abuse of residents until they received an anonymous call on 08/02/14 alleging abuse and they began questioning staff about the abuse. She stated she knew of no reason why any employee would not come to her or other administrative staff and report abuse. She revealed there was one time the Director of Nursing (DON) counseled LPN #1 and he returned to the floor telling co-workers, (no names), they didn't do anything to me; therefore, she felt the staff may feel it would not do them any good to report anything to her. She revealed SRNA #2 told staff she reported LPN #1 about a year ago and since then he had treated her badly. She stated even though she was aware of this she did not take any action to ensure staff would report any witnessed abuse/neglect. The Administrator further revealed she had always encouraged staff to come to her with any issues and if they did she would not reveal the person's name who came to her. Further interview with the Administrator, on 08/20/14 at 1:00 PM, revealed the alleged perpetrators were suspended pending the facility's completion of the investigation. However, the alleged perpetrators were allowed to return to work, while the facility was still in Immediate Jeopardy, during the survey. Per the Administrator, the facility did not substantiate any of the abuse allegations due to the lack of physical evidence of abuse. The Administrator revealed she would not substantiate abuse based on witness statements only. She stated LPN #1 was terminated for failing to follow facility policy and procedures for violating resident rights regarding Resident #1's computer and State Registered Nurse Aide (SRNA) #1 and Registered Nurse (RN) #1 were allowed to return to work on 08/14/14; while the survey was still in progress. **The facility implemented the following actions to remove the Immediate Jeopardy: 1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1. 2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted. 4. Unsampled Resident A, Unsampled Resident B, and Unsampled Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified. 5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and addressed. 6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified. 7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements. 8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: ? Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. ? Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. ? Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice Educator by 08/06/14. HIPPA Privacy Law. ? The prohibition of cell phone usage in resident care areas, including video or photographs of residents. As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work. Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was</p>		

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F 0225 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 4)</p> <p>provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14. Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness. 9. The Administrator's Job Description last revised 08/01/12 included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning 08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months. 10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated. 11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee. 12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting. 13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately. 14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse. 15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse. 16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee. 17. Posters were placed throughout the facility and break room on 08/22/14 which included We Care Dialogue Line, Staff Promises, Eldercare, and Core Values. 18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed. 19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations. **The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows: 1. LPN #1 was terminated, RN #1 and SRNA #1 remained suspended. 2. Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified. 4. Review of assessments and interviews, dated 08/03/14, revealed Unsamped Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified. 5. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified followed up on. 6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified. 7. Review of Education Documentation, dated 08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP). 8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all center and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents. Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care. Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at 2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been inserviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity. 9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on 08/02/14. 10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing. 11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing 12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all</p>		

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F 0225 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 5)</p> <p>allegations or statements are kept confidential with no fear of retribution for reporting. No concerns were identified. PI tools ongoing. 13. Review of resident interviews revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing. 14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months. 15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing. 16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14. 17. Observation revealed posters for We Care Dialogue Line, Staff Promises, Eldercare, and Core Values were on the walls throughout the facility and in the breakroom. 18. Review of Ad-Hoc meeting minutes dated 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. 19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held and they reviewed all plans of compliance regarding the outstanding citations.</p>		
F 0226 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Develop policies that prevent mistreatment, neglect, or abuse of residents or theft of resident property.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to have an effective system to ensure the implementation of the facility's Abuse/Neglect policy and procedures for nine (9) of ten (10) sampled residents (Residents #1, #2, #4, #5, #6, #7, #8, #9, and #10) and two (2) of three (3) unsampled residents (Unsampled Residents A and B). Licensed Practical Nurse (LPN) #1, Registered Nurse (RN) #1, and State Registered Nurse Aide (SRNA) #1, were alleged to have abused and mistreated Residents #1, #2, #4, #5, #6, #7, #8, #9, and #10 and unsampled Residents A and B. The alleged abusers all worked on second (2nd) shift together. The allegations of abuse included verbal, physical and mental abuse. LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 were aware of the alleged abuse but failed to follow the facility's policy and report the allegations to the Administrator. The above mentioned staff failed to report the alleged abuse due to fear of retaliation from the alleged perpetrators. (Refer to F223 and F225) The facility's failure to implement the facility's Abuse/Neglect policy and procedures to protect residents from abuse has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 08/14/14 and was determined to exist on 08/02/14. The facility was notified of Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a F while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the facility's Policy and Procedure titled, Abuse Prohibition, dated 07/01/13, revealed any staff who witnessed an incident of suspected abuse or neglect should tell the abuser to stop immediately and report the incident to his/her supervisor immediately. The notified Supervisor should report the suspected abuse immediately to the Administrator or designee and other officials in accordance with state law. Interview and record review revealed twelve (12) allegations of alleged abuse towards residents by LPN #1, SRNA #1, and RN #1 were witnessed by staff which included LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4; however, these allegations of abuse were not reported to the Administrator or designee per the facility's policy. The above staff, who witnessed these allegations of abuse, stated they did not report the abuse, as they were afraid of retaliation by the alleged perpetrators. Interview with SRNA #2, on 08/11/14 at 2:50 PM, revealed she did not report the abuse by LPN #1 to anyone because LPN #1 had a history of [REDACTED]. She revealed she had reported him approximately one (1) year ago and he had made life miserable for her ever since. SRNA stated LPN #1 was her supervisor and she would not elaborate on what LPN #1 did to her. Interview with SRNA #3, on 08/13/14 at 12:00 PM revealed she did not report the allegations of abuse to the Administrator because she told the Charge Nurse on duty and expected her to follow up with the Administrator. Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she did not report the alleged witnessed abuse because she felt threatened by LPN #1. Per interview, LPN #1 had told staff he and SRNA #1 were untouchable. Additionally, LPN #1 had told her that if she reported him he would make her life a living hell. Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she did not report what she witnessed because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it. Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he did not report the abuse because the facility would do nothing and the alleged perpetrators would know who reported him. Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she did not report the abuse she witnessed because she felt intimidated by LPN #1. She stated the facility allowed LPN #1 to do anything he wanted and she did not feel comfortable reporting LPN #1 to the Administrator. Additionally, LPN #2 revealed LPN #1 told her if she reported him he would make her life hell. Interview with the Director of Nursing (DON), on 08/20/14 at 2:50 PM, revealed the facility's policy should be followed for every resident and staff should report alleged incidents of abuse. Additionally, she stated there was a failure to follow policy related to Resident #1 being made to go to bed at 6:00 PM and LPN #1's refusal to grant the resident use of his/her personal computer. However, the DON stated this was not determined to be abusive. The other allegations of abuse were unsubstantiated by the facility. The DON stated she was not aware of staff being afraid of LPN #1 and afraid to report abuse. Interview with the Administrator, on 08/20/14 at 1:00 PM, revealed she expected employees to follow the facility's written policies and procedures for all residents and allegations of abuse were to be reported when witnessed. She stated she was not aware of any mistreatment or abuse of residents until they received an anonymous call on 08/02/14 alleging abuse. She revealed, based on the facility's investigation, there was a failure related to Resident #1 being denied use of his/her personal computer and being made to go to be at 6:00 PM. She stated the other allegations of abuse were unsubstantiated by the facility. The Administrator stated she was not aware of staff being afraid of LPN #1 and afraid to report abuse. **The facility implemented the following actions to remove the Immediate Jeopardy: 1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1. 2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted. 4. Unsampled Resident A, Unsampled Resident B, and Unsampled Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified. 5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and followed up on for correction. 6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified. 7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements. 8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: ? Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. ? Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. ? Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice Educator by 08/06/14. HIPPA Privacy Law. ? The prohibition of cell phone usage in resident care areas, including video or photographs of residents. As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as</p>		

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NAME OF PROVIDER OF SUPPLIER EDMONSON CENTER		STREET ADDRESS, CITY, STATE, ZIP 813 S. MAIN ST. BROWNSVILLE, KY 42210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0226 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 6)</p> <p>of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work. Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14. Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness. 9. The Administrator's Job Description last revised 08/01/12 included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning 08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months. 10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated. 11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee. 12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting. 13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately. 14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse. 15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse. 16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee. 17. Posters were placed throughout the facility and break room on 08/22/14 which included We Care Dialogue Line, Staff Promises, Eldercare, and Core Values. 18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed. 19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations. **The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows: 1. LPN #1 was terminated, RN #1 and SRNA #1 remained suspended. 2. Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified. 4. Review of assessments and interviews, dated 08/03/14, revealed Unserved Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified. 5. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified followed up on for correction. 6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified. 7. Review of Education Documentation, dated 08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP). 8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all center and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents. Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care. Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at 2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been in-serviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity. 9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on 08/02/14. 10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified.</p>		

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F 0226 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 7)</p> <p>Audit tools ongoing. 11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing 12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all allegations or statements are kept confidential with no fear of retribution for reporting. No concerns were identified. PI tools ongoing. 13. Review of resident interviews revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing. 14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months. 15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing. 16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14. 17. Observation revealed posters for We Care Dialogue Line, Staff Promises, Eldercare, and Core Values were on the walls throughout the facility and in the breakroom. 18. Review of Ad-Hoc meeting minutes dated 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. 19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held and they reviewed all plans of compliance regarding the outstanding citations.</p>		
F 0241 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Provide care for residents in a way that keeps or builds each resident's dignity and respect of individuality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review, and review of the facility's policy and procedure and the State Operations Manual (SOM)-Centers for Medicare and Medicaid Services, Task 6, Information Analysis for Deficiency Determination, it was determined the facility failed to ensure care for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality for nine (9) of ten (10) sampled residents (Resident #1, Resident #2, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10); and, two (2) of three (3) Unsampled residents (Resident A and Resident B). Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1, and/or Registered Nurse (RN) #1 were witnessed by staff which included LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 treating residents in a manner that did not maintain and enhance Resident #1, Resident #2, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10 and Unsampled Residents A's and B's dignity and respect. LPN #2, LPN #5, LPN #8, SRNA #2, SRNA #3, SRNA #4, SRNA #5, SRNA #9, SRNA #10, and RN #4 witnessed LPN #1, SRNA #1, and/or RN #1 pinching the resident's breasts and noses; telling him/her to shut his/her mouth; laid in bed with a resident and was kissing the resident on the neck; scooped a resident off the commode, and dropped the resident from face height down onto the bed with the resident completely naked; placing a resident on a bare mattress and covering him/her with a fitted sheet; placed gloved fingers in a residents' mouths to aggravate the residents; jumped up and down on a resident's bed and pretended to vomit in his/her ear; videotaping of residents being made to cluck like a chicken and having gloved fingers placed in the mouth of one (1) resident; and pouring water over one (1) resident during a bath. The facility's failure to promote care for each resident in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality has caused or is likely to cause serious injury, harm or impairment, or death to a resident. Immediate Jeopardy was identified on [DATE] and determined to exist on [DATE]. The facility was notified of the Immediate Jeopardy on [DATE]. An acceptable Allegation of Compliance (AoC) was received on [DATE] and the State Survey Agency validated the Immediate Jeopardy was removed on [DATE], as alleged. The Scope and Severity was lowered to a F while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the facility's policy and procedure titled, Treatment: Considerate and Respectful, revised [DATE], revealed Dignity means that in their interactions with patients, staff carry out activities that assist the patient (resident) to maintain and enhance his/her self esteem and self worth. The purpose was to provide patients the right to a quality of life that supports independent expression, decision making, and respect. The process included staff will show respect when communicating with, caring for, or talking about patients. Examples included grooming, clothing, dining, activities, respect patients by speaking respectfully, respect patient's private space and property, signage (do not post signs on patient's doors or visible to others with confidential information on them), privacy, and demeaning practices such as keeping urinary bags uncovered, refusing to comply with a patient's request for assistance during meal times, and restricting patients from use of common areas open to the general public such as lobbies and restrooms. Review of the State Operations Manual (SOM)-Centers for Medicare and Medicaid Services, Task 6, Information Analysis for Deficiency Determination, revealed the reasonable person concept should be used in cases where the residents were unable to speak for themselves. The reasonable person concept means to assess how most people would react to the situation in question. Review of the facility's policy and procedure, titled Personal Cell Phones and Handheld Devices: Use of, last revised [DATE], revealed Staff may not use cell phones, blue tooth ear pieces, ear buds, headphones, camera phones, digital cameras, video cameras, audio recorders, or any other personal communication, image, audio, text, and/or computer devices when in patient care areas including patient rooms, dining areas, community rooms, and adjacent hallways, or while attending in any area of the location. 1. Record review revealed the facility admitted Resident #1 on [DATE] with [DIAGNOSES REDACTED]. Interview with SRNA #9, on [DATE] at 11:10 AM, revealed LPN #1 would tell her or other SRNAs on duty to place Resident #1 outside his/her room door after dinner and put him/her to bed at 6:00 PM and would not allow the resident to use his/her computer. Additionally, she revealed she heard RN #1 state, on several occasions, I hate them all referring to the residents. She did not report the abuse of Resident #1 because the resident was the sibling of the Administrator and the resident spoke with the Administrator often telling her problems he/she was having with LPN #1. 2 Record review revealed the facility admitted Resident #2 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #2's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable. Interview with SRNA #3, on [DATE] at 12:00 PM revealed she witnessed SRNA #1 and SRNA #8 with Resident #2. SRNA witnessed Resident #2 on the commode and resisting care not wanting to go to bed. She stated the SRNAs called LPN #1 to assist with Resident #2; the LPN scooped Resident #2 off the commode, pinched his/her breasts, walked to the bed and dropped the resident from face height down onto the bed with the resident completely naked. She stated the LPN fell to the bed with the resident landing on top of him. SRNA #3 stated LPN #1 then told SRNA #1 and SRNA #8 to Get this [***] off of me. She stated the LPN proceeded to tell Resident #2 he/she was going to bed and if he/she didn't he was going to call his/her son and he/she would not like how he talked to him. Interview with SRNA #3 revealed she did not report the abuse to the Administrator or Director of Nursing because she reported it to LPN #2, who was the Charge Nurse on duty. Interview with LPN #2, Charge Nurse, on [DATE] at 11:11 AM, revealed she did not report the abuse that SRNA #3 had reported to her because she felt nothing would be done about it. LPN #2 stated LPN #1 had threatened the staff with making their lives a living hell if they told on him, therefore the abuse went unreported. 3. Record review revealed the facility admitted Resident #4 on [DATE] with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated [DATE], revealed the facility assessed Resident #4's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable. Interview with LPN #2, on [DATE] at 11:11 AM, revealed she witnessed LPN #1 and SRNA #1 pinching Resident #4's breasts. LPN #2 stated she had witnessed videos of staff telling Resident #4 to cluck like a chicken. She stated she did not report the abuse because she felt intimidated because LPN #1 seemed to be able</p>		

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F 0241 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 8)</p> <p>to do anything and get away with it. LPN #2 stated LPN #1 trained her on the job and told her he would make her life hell. Interview with SRNA #4, on [DATE] at 10:08 AM, revealed she witnessed RN #1 putting her gloved fingers in Resident #5's mouth; LPN #1 and SRNA #1 pinched Resident #4's breasts. She stated she received a video from RN #1's phone that showed RN #1 putting her gloved fingers in Resident #5's mouth and LPN #1 pinching the resident's breasts. She stated she did not report the abuse because she felt threatened by LPN #1 because he had told her and other staff members that he and SRNA #1 were untouchable and if anyone told on them he would make their lives a living hell. 4. Record review revealed the facility admitted Resident #5 on [DATE] with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated [DATE], revealed the facility assessed Resident #5's cognition as severely impaired and the resident was not able to complete the BIMS. Interview with LPN #2, on [DATE] at 11:11 AM, revealed she also witnessed LPN #1 and SRNA #1 pinching Resident #5's breasts. She stated LPN #1 jumped up and down straddling Resident #5 on the bed and pretended to vomit in his/her ear to make him/her scream, and RN #1 placed her gloved fingers in Resident #5's mouth to aggravate him/her. LPN #2 also stated she had witnessed videos that were made of the alleged abuse of Resident #5. She revealed she did not report the abuse because she felt intimidated because LPN #1 seemed to be able to do anything and get away with it. She further stated LPN #1 had trained her and told her he would make her life a living hell. Interview with LPN #5, on [DATE] at 10:53 AM, revealed he had witnessed LPN #1 and RN #1 put gloves on and place their fingers in Resident #5's mouth to make him/her mad. He revealed the resident would yell quit it, stop/stop. Additional interview with LPN #5 revealed he should have reported the verbal abuse and mistreatment; however, he felt nothing would be done about it. 5. Record review revealed the facility admitted Resident #6 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #6's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable. Interview with LPN #5, on [DATE] at 10:53 AM, revealed he witnessed SRNA #1 and LPN #1 refuse to take Resident #6 to his/her room and when he asked why the resident could not go to his/her room he was told by LPN #1 that Resident #6 was only asking to be a pain in the ass. Additional interview with LPN #5 revealed he should have reported the verbal abuse and mistreatment but felt nothing would be done about it. 6. Record review revealed the facility admitted Resident #7 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #7's cognition as severely impaired with a BIMS score of seven (7) indicating the resident was not interviewable. Interview with LPN #8, on [DATE] at 11:58 AM, revealed she witnessed LPN #1 using a reacher to pinch Resident #7's nose and when she entered the room LPN #1 stopped and left the room. She stated she did not report this incident because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it. 7. Record review revealed the facility admitted Resident #8 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #8's cognition as cognitively intact with a BIMS score of eleven (11) indicating the resident was interviewable. Interview with Resident #8, on [DATE] at 1:05 PM, revealed Someone on second (2nd) shift (a nurse) mistreated him/her and it was a man. He/She revealed the nurse said things to him/her (no specifics) and was rough with him/her at times. Resident #8 began to cry during the interview and stated, I don't want to say anymore because 'he' has a lot of friends and sometimes they come in with him and are mean too. Further interview with Resident #8, on [DATE] at 2:35 PM, revealed he/she was afraid to go to bed at night after LPN #1 and the SRNA climbed through the window into his/her room. Additionally, he/she revealed after LPN #1 found out he had been reported he got really nice to him/her and prior to that he did not care how he treated him/her. Interview with Housekeeping Aide #3, on [DATE] at 2:30 PM, revealed Resident #8 told her she would be surprised at what went on at the facility on second (2nd) shift. Additionally, she revealed she had witnessed staff using cell phones, talking and texting in resident care areas. She stated she had not witnessed any abuse and would report it immediately to her Supervisor, the Charge Nurse, and the Administrator. 8. Record review revealed the facility admitted Resident #9 on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident #9's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable. Interview with SRNA #4, on [DATE] at 10:08 AM, revealed she witnessed SRNA #1 putting soap in Resident #9's mouth. She revealed she did not report the abuse because she felt threatened by LPN #1 because he told staff that he would make their lives hell if they told on him because he and SRNA #1 were untouchable. 9. Record review revealed the facility admitted Resident #10 on [DATE] with [DIAGNOSES REDACTED]. Resident #10 expired in the facility on [DATE]. Interview with SRNA #4, on [DATE] at 10:08 AM, revealed she witnessed LPN #1 placing a fitted sheet on top of Resident #10 while he/she lay on a bare mattress. She stated she did not report the abuse because she felt threatened by LPN #1 because he told staff that he would make their lives hell if they told on him because he and SRNA #1 were untouchable. 10. Record review revealed the facility admitted Unsamed Resident A on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Resident A's cognition as cognitively intact with a BIMS score of twelve (12) indicating the resident was interviewable. Interview with Unsamed Resident A, on [DATE] at 9:58 AM, revealed RN #1 and SRNA #1 lay on the bed with him/her and kissed his/her neck and he/she asked them to stop. Unsamed Resident A revealed the two (2) staff members (identified as RN #1 and SRNA #1) got to laughing and just fell on his/her bed and began to kiss his/her neck. He/She stated he/she did not like it and when he/she asked them to stop, they continued to laugh at him/her. 11. Record review revealed the facility admitted Unsamed Resident B on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated [DATE], revealed the facility assessed Unsamed Resident B's cognition as severely impaired with a BIMS score of three (3) indicating the resident was not interviewable. Interview with SRNA #3, on [DATE] at 12:00 PM, revealed she worked at the facility for two (2) or three (3) days and was being trained by SRNA #1 and SRNA #8. She stated she witnessed abuse to Unsamed Resident B the first night she worked. She revealed SRNA #1 and SRNA #8 were giving a bath to Unsamed Resident B and asked her to stand by and watch because it was her first night working on the floor. SRNA #3 stated she witnessed SRNA #1 and SRNA #8 strip Unsamed Resident B totally leaving him/her uncovered. Further interview revealed they poured water on Unsamed Resident B's head and washed the resident's front side but not the backside. They did not rinse the soap off the resident. They turned the resident over and dried the bed leaving the resident crying and yelling he/she was cold. She stated SRNA #1 told Unsamed Resident B to shut the 'F__k' up because they didn't have all night to get the bath done. She revealed she attempted to get to the resident to dry him/her off as she was yelling he/she was cold and SRNA #1 told her when she was trained she could give a bath the way she wanted. Additional interview with SRNA #3 revealed she did not report the alleged abuse to the Administrative because she felt she should follow the chain of command and report to the Charge Nurse on duty which she did. Interview with RN #4, on [DATE] at 2:40 PM, revealed she had witnessed employees using cell phones at times in resident care areas. Interview with SRNA #5, on [DATE] at 1:53 PM, revealed she had seen a couple of employees using cell phones in resident care areas. Interview with the Director of Nursing (DON) on [DATE] at 2:50 PM, revealed she expected staff to treat the residents and their co-workers with dignity and respect. Additionally, she revealed Resident #1's dignity was jeopardized related to LPN #1 not following the facility's policy related to dignity in regards to Resident #1 being made to go to bed at 6:00 PM against his/her will and refusing to allow him/her to have access to his/her computer when he/she wanted it. Further interview, on [DATE] at 11:50 AM, revealed staff should not have cell phones in resident care areas and should only use the phones on breaks. Interview with the Administrator, on [DATE] at 1:00 PM, revealed she would not expect staff to have cell phones in resident care areas and to use them only on breaks. Further interview, on [DATE] at 2:54 PM, revealed she expected staff to treat the residents as they would want to be treated themselves. She revealed she expected the staff to respect the residents' choices and provide privacy when needed or desired and to comply with resident preferences. Additionally, she revealed LPN #1 did not follow the policy and procedure related to Resident #1 in regards to respecting the resident's choice on when to go to bed and the use of his/her own computer. **The facility implemented the following actions to remove the Immediate Jeopardy: 1. On [DATE], the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1. 2. Audits were completed on [DATE] and [DATE] regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on [DATE] with no concerns identified. Pain assessments and Social Service assessments were also completed on [DATE] for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on [DATE] with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on [DATE] with no concerns noted. 4. Unsamed Resident A, Unsamed Resident B, and Unsamed Resident C were assessed and interviewed on [DATE] related to abuse and changes of condition with no concerns identified. 5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on [DATE], with any new concerns</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2014
NAME OF PROVIDER OF SUPPLIER EDMONSON CENTER		STREET ADDRESS, CITY, STATE, ZIP 813 S. MAIN ST. BROWNSVILLE, KY 42210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0241 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 9)</p> <p>identified and followed up on for corrections. 6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on [DATE] and no concerns identified. 7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on [DATE] regarding the Abuse policy and reporting requirements. 8. One-hundred (100)% re-education began on [DATE] and ended on [DATE] and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: ? Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. ? Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. ? Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice Educator by [DATE]. HIPPA Privacy Law. ? The prohibition of cell phone usage in resident care areas, including video or photographs of residents. As of [DATE], nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of [DATE] and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work. Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending [DATE]. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on [DATE] and [DATE]. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on [DATE]. Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on [DATE] related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness. 9. The Administrator's Job Description last revised [DATE] included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning [DATE], upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months. 10. On [DATE], the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated. 11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on [DATE] to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee. 12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting. 13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately. 14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse. 15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse. 16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on [DATE], for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee. 17. Posters were placed throughout the facility and break room on [DATE] which included We Care Dialogue Line, Staff Promises, Eldercare, and Core Values. 18. An Ad-Hoc meeting was held on [DATE] and the Medical Director was briefed on the meeting and signed off on the meeting minutes on [DATE] as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed. 19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on [DATE] to review all plans of compliance regarding the outstanding citations. **The State Survey Agency validated the Corrective action taken by the facility on [DATE] as follows: 1. LPN #1 was terminated, RN #1 and SRNA #1 remained suspended. 2. Review of audits dated [DATE] and [DATE], revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on [DATE] with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on [DATE] with no concerns identified. 4. Review of assessments and interviews, dated [DATE], revealed Unsamped Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified. 5. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on [DATE] with any concerns identified followed up on. 6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated [DATE] revealed there were no concerns identified. 7. Review of Education Documentation, dated [DATE], revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on [DATE] by the Regional Vice President (RVP). 8. Review of Education Documentation, dated from [DATE] through [DATE], revealed 100% of all center and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution, Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents. Review of Education Documentation, dated [DATE] revealed seventy-six (76) available employees were educated on following the resident's plan of care. Review of Education Documentation, dated [DATE]-[DATE], revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Review of Re-education Documentation, dated [DATE], revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness Interviews with Dietary Aide, on [DATE] at 2:00 PM, LPN #4 on [DATE] at 2:03 PM, Occupational Therapist Assistant, on [DATE] at 2:05 PM, SRNA #12, on [DATE] at 2:08 PM, SRNA #13, on [DATE] at 2:10 PM, SRNA #8, on [DATE] at 2:15 PM, LPN #6, on [DATE] at 2:15 PM, LPN #10, on [DATE] at 2:20 PM, Housekeeping Aide #3, on [DATE]</p>		

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NAME OF PROVIDER OF SUPPLIER EDMONSON CENTER		STREET ADDRESS, CITY, STATE, ZIP 813 S. MAIN ST. BROWNSVILLE, KY 42210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0241 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 10) at 2:25 PM, LPN #3, on [DATE] at 2:26 PM, Assistant Activities Director, on [DATE] at 2:27 PM, LPN #9, on [DATE] at 2:35 PM, Assistant Director of Nursing, on [DATE] at 3:15 PM, Physical Therapy Assistant, on [DATE] at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on [DATE] at 3:35 PM, revealed all had been inserviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity. 9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on [DATE] with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on [DATE]. 10. Review of audits conducted on all three shifts on [DATE] through [DATE] revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing. 11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures a</p>		
F 0282 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Provide care by qualified persons according to each resident's written plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to ensure services provided or arranged by the facility were provided by qualified persons in accordance with each resident's written plan of care. The facility failed to ensure care plan interventions were being followed related to psychosocial well being, physical, mental, and emotional status for nine (9) of ten (10) sampled residents (Resident #1, Resident #2, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, and Resident #10; and, two {2} of three {3} unsampled residents (Unsampled Resident A and B). Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1, and Registered Nurse (RN) #1 were alleged to have abused Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, and Resident #10. In addition, it was alleged RN #1 and SRNA #1 abused Unsampled Resident A and Resident B. The residents were care planned to ensure their psychosocial, physical, mental, and emotional well being; however, it was determined staff's abusive behaviors toward the residents failed to ensure these needs were met in accordance with the care plans. The facility's failure to implement the care plan has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 08/14/14 and determined to exist on 08/02/14. The facility was notified of the Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a F while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the facility's policy and procedure titled, Care Plans, last revised 01/02/14, revealed A comprehensive, individualized care plan will be developed by the interdisciplinary team for each patient. The care plan will include measurable objectives to meet patient needs and goals as identified by the assessment process. The purpose was to provide necessary care and services to attain or maintain the patient's highest practicable physical, mental, and psychosocial well being. The comprehensive care plan is communicated to appropriate staff. 1. Record review revealed the facility admitted Resident #1 on 04/16/07 with [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 06/29/14, revealed the facility assessed Resident #1's cognition as moderately impaired with a Brief Interview Mental Status (BIMS) score of nine (9) indicating the resident was interviewable. Review of the Comprehensive Care Plan, last revised 11/11/13, revealed Resident #1 was at risk for psychosocial distress about his/her own well being and/or social relationships related to decreased ability to express complaints or distrust in others related to impaired cognition. The care plan interventions included to allow the resident to make decisions independently, and offer support/reassurance for disappointments and/or frustrations. Review of the facility's investigation, dated 08/03/14, revealed SRNA #9 alleged LPN #1 would make Resident #1 go to bed at approximately 6:00 PM every night; would deny the resident the use of his/her computer, as well as told the resident to shut his/her mouth when he/she asked for the computer. Interview with SRNA #9, on 08/15/14 at 11:10 AM, revealed LPN #1 would tell her and other SRNAs on duty to place Resident #1 outside his/her room door after dinner and put him/her to bed at 6:00 PM and would not allow the resident to use his/her computer. Interview with the Administrator, on 08/15/14 at 10:55 AM, revealed she had spoken with LPN #1 in regards to Resident #1's preferences on bed times and computer use. She revealed she suggested to LPN #1 Resident #1 be put to bed at 8:00 PM on school nights and at 8:30 PM to 9:00 PM on the other nights and to always allow him/her the use of the computer. 2. Record review revealed the facility admitted Resident #2 on 09/16/10 with [DIAGNOSES REDACTED]. Review of a Quarterly Minimum Data Set (MDS) Assessment, dated 05/12/14, revealed the facility assessed Resident #2's cognition as severely impaired with a Brief Interview of Mental Status score of two (2). Resident #2 had behaviors of becoming agitated at times. Review of the Comprehensive Care Plan, last revised 05/17/14, revealed the resident exhibited psychosocial distress about his/her own well being and/or social relationships related to the decreased ability to express complaints or distrust in others. The care plan interventions included to approach the resident in a calm, friendly manner and provide consistent daily routine and caregivers as possible to decrease distress. Review of the facility's investigation, dated 08/03/14, revealed SRNA alleged LPN #1 scooped the resident off the commode after he/she refused to go to bed and took him/her to the bed, holding him/her like a baby, dropped him/her on the bed (naked). LPN #1 fell on the bed and the resident landed on top of him. He told the SRNAs in the room to get that [***] off of him. Interview with SRNA #3, on 08/13/14 at 12:00 PM, revealed she witnessed SRNA #1 and SRNA #8 with Resident #2 on the commode and the resident was resisting care not wanting to go to bed. She stated the when the SRNAs called LPN #1 to assist, he scooped Resident #2 off the commode, pinched his/her breasts, walked to the bed and dropped the resident from face height down onto the bed with the resident completely naked. She stated the LPN fell to the bed with the resident landing on top of him. She stated the LPN proceeded to tell Resident #2 he/she was going to bed and if he/she didn't he was going to call his/her son and he/she would not like how he talked to him. 3. Record review revealed the facility admitted Resident #4 on 11/11/10 with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated 05/25/14, revealed the facility assessed Resident #4's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable. Review of the Comprehensive Care Plan, last revised 05/28/14, revealed Resident #4 had a history of [REDACTED]. Additional review revealed Resident #4 exhibited behaviors of agitation at times related to impaired cognition. The interventions included to approach the resident in a calm, friendly manner and observe for changes in mood and behaviors. Review of the facility's investigation, dated 08/03/14, revealed LPN #2 alleged SRNA #1 and LPN #1 pinched Resident #4's nose and breast and this was allegedly recorded on SRNA #1's cell phone. Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she witnessed LPN #1 and SRNA #1 pinching Resident #4's nose and breast. LPN #2 stated she had witnessed videos of staff telling Resident #4 to cluck like a chicken. Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed RN #1 putting her gloved fingers in Resident #4's mouth and LPN #1 and SRNA #1 pinch Resident #4's breast. Additional interview with SRNA #4 revealed the allegations of abuse were not reported to the Administrative Staff due to LPN #1 threatening if anyone told on him he would make their lives a living hell. 4. Record review revealed the facility admitted Resident #5 on 08/04/09 with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated 07/08/13, revealed the facility assessed Resident #5's cognition as severely impaired and the resident was unable to complete the BIMS. Review of the Comprehensive Care Plan, last revised 06/10/14, revealed Resident #5 exhibited behaviors of resisting care and treatments by screaming and swinging at staff during a bath or incontinent care. He/She was also care planned for being at risk for psychosocial distress about his/her own well being and/or social relationships related to decreased ability to express complaints or distrust in others. The care plan interventions included to approach the resident in a calm, friendly manner, observe for changes in mood and behaviors, provide consistent care givers and daily routines as possible to decrease distress, and to identify behavior triggers and reduce exposure to triggers. Review of the facility's investigation, dated 08/03/14, revealed LPN #2 alleged LPN #1 and SRNA #1 pinched Resident #5's nose and breasts; LPN #1 jumped up and down on the resident's bed, then straddled the resident and placed his mouth at the resident's ear and acted like he was vomiting; and, LPN #1 threw cold water on the resident. Interview with LPN #2, on 08/13/14 at 11:11 AM, revealed she witnessed LPN #1 and SRNA #1 pinching Resident #5's breasts. She stated LPN #1 jumped up and down straddling Resident #5 on the bed and pretended to vomit in his/her ear to make the resident scream. She further stated RN #1 placed her gloved fingers in Resident #5's mouth to aggravate him/her. LPN #2 also stated she had witnessed videos of the alleged abuse on Resident #5. Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed LPN #1 and SRNA #1 pinch Resident #5's breast. SRNA #4 stated she received</p>		

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F 0282 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 11)</p> <p>a video from RN #1's phone that showed RN #1 putting gloved fingers in Resident #5's mouth and LPN #1 pinching the resident's breasts. Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he had witnessed LPN #1 and RN #1 put gloves on and place their fingers in Resident #5's mouth to make him/her mad. He stated the resident would yell quit it, stop, stop. 5. Record review revealed the facility admitted Resident #6 on 03/13/12 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 06/01/14, revealed the facility assessed Resident #6's cognition as severely impaired with a BIMS score of six (6) indicating the resident was not interviewable. Review of the Comprehensive Care Plan, last revised 06/03/14, revealed Resident #6 had a history of [REDACTED]. The care plan interventions included to assess the resident's response to a new situation, document incidents of anxiousness and tearfulness on the Behavior Flow Sheet, observe for changes in mood (absence of emotion in the resident's actions and facial expressions), behavior, and overall functioning. Review of the facility's investigation, dated 08/02/14, revealed LPN #5 alleged LPN #1 denied Resident #6 the opportunity to go to his/her room when he/she wanted and called the resident a pain in the ass for asking. Interview with LPN #5, on 08/12/14 at 10:53 AM, revealed he witnessed SRNA #1 and LPN #1 refuse to take Resident #6 to his/her room and when he asked why the resident could not go to his/her room he was told by LPN #1 that Resident #6 was only asking to be a pain in the ass. He stated another SRNA took the resident to his/her room and the resident was satisfied because that was all he/she wanted. Additional interview with LPN #5 revealed he should have reported the mistreatment but felt nothing would be done about it. 6. Record review revealed the facility admitted Resident #7 on 05/10/13 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 06/24/14, revealed the facility assessed Resident #7's cognition as severely impaired with a BIMS score of seven (7) indicating the resident was not interviewable. Review of the Comprehensive Care Plan, last revised 05/19/14, revealed Resident #7 exhibited distressed mood symptoms related to depression. The care plan interventions included to observe for changes in mood (absence of emotion in the resident's actions and facial expressions), behavior, and overall functioning. Observe for signs and/or symptoms of anxiety or depression. Review of the facility's investigation, dated 08/02/14, revealed LPN #8 alleged LPN #1 pinched the residents nose with a reacher (metal grab assist bar). Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she witnessed LPN #1 using a reacher to pinch Resident #7's nose and when she entered the room LPN #1 stopped and left the room. Additional interview revealed she did not report this incident because she did not feel anyone would believe her as she had seen in meetings how LPN #1 spoke rudely to the Administration and got away with it. 7. Record review revealed the facility admitted Resident #8 on 05/30/07 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 06/28/14, revealed the facility assessed Resident #8's cognition as cognitively intact with a BIMS score of eleven (11) indicating the resident was interviewable. Review of the Comprehensive Care Plan, last revised 06/27/14, revealed Resident #8 exhibited psychosocial distress about his/her own well being as evidenced by conflicted relationships with delusions of people out to get him/her. Additionally, Resident #8 exhibited anger related to having the desire to return home. The care plan interventions included to observe for changes in mood (absence of emotion in the resident's actions and facial expressions), behavior, and overall functioning, provide a daily structured routine to build trust and familiarity, and to approach the resident in a calm, friendly manner. Review of the facility investigation, dated 08/02/14, revealed SRNA #4 alleged the resident was afraid of LPN #1 and SRNA #1 because they were mean to him/her. Interview with Resident #8, on 08/11/14 at 1:05 PM, revealed Someone on second (2nd) shift (a nurse) mistreated him/her and it was a man. He/She revealed the nurse said things to him/her (no specifics) and was rough with him/her at times. Resident #5 began to cry during the interview and stated, I don't want to say anymore because He has a lot of friends and sometimes they come in with him and are mean too. Further interview with Resident #8, on 08/12/14 at 2:35 PM, revealed he/she was afraid to go to bed at night after LPN #1 and the SRNA climbed through the window into his/her room. Additionally, he/she revealed after LPN #1 found out he had been reported he got really nice to him/her and prior to that he did not care how he treated him/her. 8. Record review revealed the facility admitted Resident #9 on 04/19/10 with [DIAGNOSES REDACTED]., Depression, Adult Failure to Thrive, Pain, and [MEDICAL CONDITION]. Review of the Quarterly MDS Assessment, dated 07/01/14, revealed the facility assessed Resident #9's cognition as severely impaired with a BIMS score of two (2) indicating the resident was not interviewable. Review of the Comprehensive Care Plan, last revised 08/11/14, revealed Resident #9 exhibited psychosocial distress about his/her own well being and/or social relationships related to decreased ability to express complaints or distrust in others, inability to express emotion and share information, and nervousness when asked specific questions related to difficulty expressing words he/she wanted to use. The care plan interventions included for staff to repeat information as needed for understanding, ask resident questions that required yes or no response, and observe for changes in mood and/or behaviors. Review of the facility's investigation, dated 08/02/14, revealed SRNA #4 alleged SRNA #1 put soap in Resident #9's mouth. Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed SRNA #1 putting soap in Resident #9's mouth. She revealed the allegations of abuse were not reported to the Administrative Staff due to LPN #1 threatening if anyone told on him he would make their lives a living hell. 9. Record review revealed the facility admitted Resident #10 on 11/07/08 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 03/14/14, revealed the facility assessed Resident #10's cognition as severely impaired with a BIMS score of three (3) which indicated the resident was not interviewable. Review of the Comprehensive Care Plan, last revised 03/12/14, revealed Resident #10 had a history of [REDACTED]. The care plan interventions included to assess for physical needs that may alleviate signs of depression, convey acceptance of the resident and provide repeated honest appraisals of resident's strengths to the resident. Review of the facility's investigation, dated 08/02/14, revealed SRNA #4 alleged LPN #1 placed Resident #10 on a bare mattress and placed a fitted sheet on top of him/her. Interview with SRNA #4, on 08/13/14 at 10:08 AM, revealed she witnessed LPN #1 placing a fitted sheet on top of Resident #10 while he/she lay on a bare mattress. 10. Record review revealed the facility admitted Unsampler Resident A on 02/18/13 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 07/13/14, revealed the facility assessed Unsampler Resident A's cognition as cognitively intact with a BIMS score of twelve (12) indicating the resident was interviewable. Review of the Comprehensive Care Plan, revised 07/01/14, revealed Unsampler Resident A had a history of [REDACTED]. Additional history included behaviors of agitation and delusions by being verbally aggressive with staff (cursing and threats) when redirection was attempted. Unsampler Resident A also exhibited paranoid/suspicious behavior of telling staff they've brought his/her spouse there just to die (thinking another person was his/her spouse). The care plan interventions included to observe and report any changes in mental status, provide emotional support as needed upon tearfulness, praise and/or reward the resident for acceptable behaviors, and document any changes in mood and/or behaviors. Review of the facility's investigation, dated 08/02/14, revealed Unsampler Resident A alleged RN #1 and SRNA #1 laid in the resident's bed and kissed him/her on the neck against the resident's will on more than one occasion. He/She revealed RN #1 and SRNA #1 would start to laugh and fall down on the bed with him/her. Interview with Unsampler Resident A, on 08/13/14 at 9:58 AM, revealed RN #1 and SRNA #1 laid on the bed with him/her and kissed his/her neck and he/she asked them to stop. Unsampler Resident A stated the two (2) staff members were laughing and fell on his/her bed and began to kiss his/her neck. He/She revealed when he/she asked them to stop, they continued to laugh at him/her. He/she stated this had occurred two (2) or three (3) times in the past but he/she had never reported it to anyone. 11. Record review revealed the facility admitted Unsampler Resident B on 10/08/11 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 06/21/14, revealed the facility assessed Unsampler Resident B's cognition as severely impaired with a BIMS score of three (3) indicating the resident was not interviewable. Review of the Comprehensive Care Plan, last revised 07/02/14, revealed Unsampler Resident #B had a history of [REDACTED]. The care plan interventions included to document behaviors and interventions, encourage the resident to voice concerns and fears, give the resident a task or item in an attempt to distract him/her, and praise/reward the resident for demonstrating consistent desired/acceptable behaviors. Review of the facility's investigation, dated 08/02/14, revealed SRNA #3 alleged SRNA #1 and SRNA #8 gave Unsampler Resident B a cold bed bath then SRNA #1 told the resident to shut the F__ k up because they did not have all night to get the bath done when the resident complained of being cold. Interview with SRNA #3, on 08/13/14 at 12:00 PM, revealed she worked at the facility for two (2) or three (3) days and was being trained by SRNA #1 and SRNA #8. She stated she witnessed abuse to Unsampler Resident B the first night she worked. SRNA #3 stated she witnessed SRNA #1 and SRNA #8 strip Unsampler Resident B totally leaving him/her uncovered. Further interview revealed they poured water on Unsampler Resident B's head and washed the resident's front side but not the backside. They did not rinse the soap off the resident. They turned the resident over and dried the bed leaving the resident crying and yelling he/she was cold. She stated SRNA #1 told Unsampler Resident B to shut the 'F__ k' up because they didn't have all night to get the bath done. She revealed she attempted to get to the resident to dry him/her off as she was yelling he/she was cold and SRNA #1 told her when she was trained she could give a bath the way she wanted. Interview with LPN #4, on 08/15/14 at 11:09 AM, revealed she tried to make sure all interventions on the care plans were</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2014
NAME OF PROVIDER OF SUPPLIER EDMONSON CENTER		STREET ADDRESS, CITY, STATE, ZIP 813 S. MAIN ST. BROWNSVILLE, KY 42210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0282 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 12)</p> <p>being implemented by staff. She stated it was her nursing responsibility to ensure the care plan interventions were being followed. Interview with RN #5, on 08/15/14 at 11:20 AM, revealed her responsibilities related to care plan interventions was to ensure the interventions were being followed. Interview with LPN #7, on 08/15/14 at 11:50 AM, revealed he followed the care plan to ensure resident care was received. Interview with LPN #8, on 08/15/14 at 11:58 AM, revealed she looked at the care plan prior to providing resident care. Interview with LPN #10, on 08/15/14 at 12:37 PM, revealed she ensured the care plans were followed to ensure the residents were receiving the proper care. She stated she made rounds to ensure staff was providing care according to the care plan. Interview with the Administrator, on 08/14/14 at 1:00 PM, revealed she expected staff to follow care plan interventions. Interview with the Director of Nursing (DON), on 08/15/14 at 11:50 AM, revealed she expected staff to follow care plan interventions and if the intervention was not effective then staff should contact the Advanced Registered Nurse Practitioner (ARNP) and/or the Physician for a different intervention. **The facility implemented the following actions to remove the Immediate Jeopardy: 1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1. 2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted. 4. Unsampled Resident A, Unsampled Resident B, and Unsampled Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified. 5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and addressed. 6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified. 7. Education was provided to the Director of Nurses (DON) and Administrator by the Regional Vice President (RVP) on 08/03/14 regarding the Abuse policy and reporting requirements. 8. One-hundred (100)% re-education began on 08/03/14 and ended on 08/06/14 and included all center and contract employees regarding effective systems that ensures each resident remains free of abuse: ? Center Abuse Policy including the need to protect the resident from potential risk at the time and during the investigation. ? Reporting requirements including immediate reporting to the Administrator and appropriate state agencies. ? Promise of confidentiality and no fear of retribution. Employee competency assured using the Abuse Prevention post-test. Post-test reviewed and validated by the Nurse Practice Educator by 08/06/14. HIPPA Privacy Law. ? The prohibition of cell phone usage in resident care areas, including video or photographs of residents. As of 08/06/14, nine (9) of one-hundred six (106) employees were not available for immediate re-education. Three (3) of the nine (9) employees were re-educated by phone as of 08/06/14 and were re-educated face to face prior to returning to work. Employees upon hire or who were not available during the timeframe received education, re-education prior to returning to work. Two (2) employees were on leave of absence (LOA) and had not received training, but were to receive the training prior to returning to work. Education was also provided to all available employees in regards to following the resident's plan of care beginning and ending 08/22/14. Seventy-six (76) of one-hundred nine (109) employees were re-educated. The other thirty-two (32) employees were in-serviced with post tests completed. The re-education was completed on 08/26/14 and 08/27/14. The staff who received the education on these late dates were as needed (PRN) employees, and were not on the schedule at all, or were not available. The re-education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Post tests were reviewed and approved by the RN Clinical Case Manager on 08/22/14. Re-education was conducted by the RVP and Manager of Clinical Operations (MCO) for the Administrator on 08/25/14 related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness. 9. The Administrator's Job Description last revised 08/01/12 included the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Additional support will be provided and was to continue to be provided by the RVP, MCO, and Regional Clinical Educator and/or Regional Director of Human Resources. Beginning 08/02/14, upon notification of an alleged abuse/neglect the Administrator was to notify the RVP, MCO, and Regional Clinical Educator to validate a thorough investigation will be immediately initiated with continued support to be provided throughout the investigation and conclusion. This is to occur for every occasion for every allegation for three (3) months. 10. On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated. 11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee. 12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting. 13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately. 14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week for six (6) months to determine any issue with staff treatment or abuse. 15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse. 16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee. 17. Posters were placed throughout the facility and break room on 08/22/14 which included We Care Dialogue Line, Staff Promises, ElderCare, and Core Values. 18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed. 19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations. **The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows: 1. LPN #1 was terminated, RN #1 and SRNA #1 remained suspended. 2. Review of audits dated</p> <p>Be administered in an acceptable way that maintains the well-being of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, review of the facility's policy and procedure, review of the Administrator's job description it was determined the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility failed to protect the residents from abuse from Licensed Practical Nurse (LPN) #1, State Registered Nurse Aide (SRNA) #1, and Registered Nurse (RN) #1. (Refer to F223; F225; F226; F241; and, F282). The facility's failure to be</p>		
F 0490 Level of harm - Immediate jeopardy Residents Affected - Many			

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NAME OF PROVIDER OF SUPPLIER EDMONSON CENTER		STREET ADDRESS, CITY, STATE, ZIP 813 S. MAIN ST. BROWNSVILLE, KY 42210	
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F 0490 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 13)</p> <p>administered in a manner that enable it to use its resources effectively and efficiently to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 08/14/14 and determined to exist on 08/02/14. The facility was notified of the Immediate Jeopardy on 08/14/14. An acceptable Allegation of Compliance (AoC) was received on 08/29/14 and the State Survey Agency validated the Immediate Jeopardy was removed on 08/29/14, as alleged. The Scope and Severity was lowered to a F while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes. The findings include: Review of the facility's policy and procedure, titled Abuse Prohibition, dated 07/01/13, revealed, The Administrator, or designee, was responsible for operationalizing policies and procedures that prohibit abuse, neglect, involuntary seclusion, injuries of unknown origin, and misappropriation of property for patients. Review of the Administrators Job Description, dated 08/21/01, revealed the Administrator was responsible for the day to day functions in accordance with current Federal and State regulations, local standards and Corporate Policies as well as to maintain a friendly, respectful, helpful attitude toward residents, families, staff, corporate staff, volunteers, and visitors. Interviews with LPN #4 on 08/11/14 at 2:42 PM, LPN #2 on 08/13/14 at 11:11 AM, LPN #5 on 08/12/14 at 10:53 AM; SRNA #2 on 08/11/14 at 2:50 PM, SRNA #4 on 08/13/14 at 10:08 AM, and SRNA #9 on 08/15/14 at 11:10 AM, revealed they did not feel comfortable reporting concerns to the Administrator related to LPN #1 because the Administrator knew of LPN #1's mistreatment of [REDACTED]. Staff reported they did not report allegations because of the fear of retaliation from the alleged perpetrators and Administrative staff and did not feel it would do any good to report. Interview with the Administrator, on 08/14/14 at 1:00 PM, revealed LPN #1 was terminated on 08/14/14 after a suspension from work which occurred on 08/03/14 and was not allowed to return to work because he was accused of violating a resident's rights by not allowing Resident #1 to choose his/her bedtime and he denied the resident of the use of his/her personal computer. Additional interview with the Administrator, on 08/14/14 at 1:00 PM, revealed SRNA #1 and RN #1 was suspended on 08/03/14 and RN #1 was allowed to return to work on 08/14/14 and SRNA #1 was allowed to return to work on 08/15/14. (At which time the facility had an ongoing Immediate Jeopardy related to abuse; RN #1 and SRNA #1 had been identified as two (2) of the three (3) alleged perpetrators involved.) The Administrator stated she could substantiate abuse because there was no physical evidence of abuse of any residents which was determined through skin assessments on Residents #1 though #10 and Residents A, B, and C. However, staff including SRNA #3, SRNA #4, LPN #4, LPN #5 and LPN #8 stated they witnessed the alleged abusive behaviors toward the residents. Further interview on 08/20/14 at 1:00 PM, revealed she would expect staff to come to her with concerns and they should not have fear of retaliation. She revealed she had always encouraged staff to come to her and she felt the only reason they may not have was related to one incident when the Director of Nursing counseled LPN #1 and he left the office and returned to the floor to work telling staff Oh they didn't do anything to me. She stated she inserviced staff on the importance of reporting any suspected abuse/neglect immediately. **The facility implemented the following actions to remove the Immediate Jeopardy: 1. On 08/03/14, the facility suspended RN #1, LPN #1, and SRNA #1, and then terminated LPN #1. 2. Audits were completed on 08/14/14 and 08/15/14 regarding grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Residents #3, #4, and #5 received skin assessments and had change of condition forms performed on 08/03/14 with no concerns identified. Pain assessments and Social Service assessments were also completed on 08/03/14 for the three (3) residents with no concerns noted. Skin assessments were also conducted on Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns identified related to abuse. Changes in moods/behaviors were assessed for Residents #1, #2, #6, #7, #8, and #9 on 08/03/14 with no concerns noted. 4. Unsamped Resident A, Unsamped Resident B, and Unsamped Resident C were assessed and interviewed on 08/03/14 related to abuse and changes of condition with no concerns identified. 5. Forty-one (41) residents with a BIMS score of greater than seven (7) were interviewed by the Director of Social Services and/or the Admission Director, on 08/03/14, with any new concerns identified and addressed. 6. Skin assessments of forty-two (42) residents with a BIMS of less than twelve (12) were conducted on 08/03/14 and no concerns identified. 7. 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On 08/03/14, the Administrator and Director of Nursing (DON) assigned department managers or nursing supervisors across the three (3) shifts daily (including Saturday and Sunday x fourteen (14) days to observe staff/resident interaction to determine that any allegations are reported immediately to the Administrator. Any concerns regarding staff interaction or allegations of abuse or neglect would be called to the Administrator or DON by the Shift Supervisor for review to determine any action to be taken including staff suspension and/or reporting to the state agency, if indicated. 11. Audit tool utilized by the Shift Supervisor to observe staff/resident interactions was updated on 08/22/14 to include monitoring staff usage of cell phones, monitoring of using appropriate language, monitoring of staff providing resident's privacy, monitoring of bath temperatures and to determine that any allegations are reported immediately. The audits will be completed all three (3) shifts for five (5) days a week times thirty (30) days and then two (2) days a week across all three (3) shifts times six (6) months and then as recommended by the Quality Assurance Performance Improvement (QAPI) Committee. 12. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) employees from all departments weekly for four (4) weeks, then ten (10) per week times three (3) months, then five (5) per week for three (3) months to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and that all allegations or statements are kept confidential with no fear of retribution for reporting. 13. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview fifteen (15) residents weekly for four (4) weeks and then ten (10) per week for three (3) months and five (5) per week for additional three (3) months to determine any issues with staff treatment or abuse. Concerns identified will be addressed immediately. 14. The Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager will interview five (5) family members of residents with a BIMS score less than eight (8) and review five (5) skin assessments weekly for four (4) weeks, then two (2) per week</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2014
NAME OF PROVIDER OF SUPPLIER EDMONSON CENTER		STREET ADDRESS, CITY, STATE, ZIP 813 S. MAIN ST. BROWNSVILLE, KY 42210	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0490 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 14)</p> <p>for six (6) months to determine any issue with staff treatment or abuse. 15. The Social Services Director, Director of Nursing and Assistant Director of Nursing will conduct Psychosocial Assessments of residents with a BIMS score of less than eight (8). This audit will be completed for three (3) residents a week for four (4) weeks then two (2) a week for six (6) months to determine any issues with staff treatment or abuse. 16. The Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors will review grievances, complaints, and allegation daily starting on 08/03/14, for fourteen (14) days and then for five (5) days a week times thirty (30) days then as determined by monthly Quality Assurance Committee. 17. Posters were placed throughout the facility and break room on 08/22/14 which included We Care Dialogue Line, Staff Promises, Eldercare, and Core Values. 18. An Ad-Hoc meeting was held on 08/03/14 and the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. Trending continues monthly and is to be conducted on any new issues as needed. 19. The QA Committee consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held on 08/19/14 to review all plans of compliance regarding the outstanding citations. **The State Survey Agency validated the Corrective action taken by the facility on 08/29/14 as follows: 1. LPN #1 was terminated, RN #1 and SRNA #1 remained suspended. 2. Review of audits dated 08/14/14 and 08/15/14, revealed the audits were completed on grievances voiced, complaints or concerns identified, allegations of abuse or neglect, and positive staff/resident interaction with no concerns identified. 3. Review of skin assessments, change of condition forms, pain assessments, Social Service assessments and changes and mood and behavior assessments revealed Residents #3, #4, and #5 had skin assessments, change of condition forms, Social Service assessments and pain assessments performed on 08/03/14 with no concerns identified. In addition, further review of the assessments revealed Residents #1, #2, #6, #7, #8, and #9 had skin assessments and changes in mood/behavior assessment completed on 08/03/14 with no concerns identified. 4. Review of assessments and interviews, dated 08/03/14, revealed Unsampled Residents A, B, and C were assessed and interviewed related to abuse and changes of condition with no concerns identified. 5. Review of forty-one (41) interviews conducted with residents that had a Brief Interview Mental Status (BIMS) score between eight (8) and fifteen (15), revealed the interviews were conducted by the Director of Social Services and the Admission Director, on 08/03/14 with any concerns identified followed up on. 6. Review of skin assessments of forty-two (42) residents with a BIMS of less than twelve (12), dated 08/03/14 revealed there were no concerns identified. 7. Review of Education Documentation, dated 08/03/14, revealed the Director of Nurses (DON) and Administrator received education on the Abuse Policy and reporting requirements on 08/03/14 by the Regional Vice President (RVP). 8. Review of Education Documentation, dated from 08/03/14 through 08/06/14, revealed 100% of all center and contract employees received re-education and completed a post test related to the abuse policy, reporting requirements, promise of confidentiality, and no fear of retribution. Health Information Privacy Protection Act (HIPPA) privacy law, cell phone privacy and prohibition of use of cell phones in resident care areas and prohibition of videos or photographs of residents. Review of Education Documentation, dated 08/22/14 revealed seventy-six (76) available employees were educated on following the resident's plan of care. Review of Education Documentation, dated 08/26/14-08/27/14, revealed the other thirty-two (32) employees were in-serviced with post tests completed. The staff who received the education on these late dates were as needed (PRN) employees, were not on the schedule at all, or not available. The education was provided by the DON, Assistant DON, Clinical Reimbursement Manager, Nutritional Services Director, Director of Social Services, Therapy Program Manager, Administrative Assistant, Registered Nurse, Licensed Practical Nurse, Environmental Services Manager or the Payroll Coordinator. Review of Re-education Documentation, dated 08/25/14, revealed the RVP and Manager of Clinical Operations (MCO) conducted education for the Administrator related to the Abuse Policy & Procedure and for conducting a thorough investigation which has the potential to be substantiated if the event was alleged by only one (1) witness Interviews with Dietary Aide, on 08/29/14 at 2:00 PM, LPN #4 on 08/29/14 at 2:03 PM, Occupational Therapist Assistant, on 08/29/14 at 2:05 PM, SRNA #12, on 08/29/14 at 2:08 PM, SRNA #13, on 08/29/14 at 2:10 PM, SRNA #8, on 08/29/14 at 2:15 PM, LPN #6, on 08/29/14 at 2:15 PM, LPN #10, on 08/29/14 at 2:20 PM, Housekeeping Aide #3, on 08/29/14 at 2:25 PM, LPN #3, on 08/29/14 at 2:26 PM, Assistant Activities Director, on 08/29/14 at 2:27 PM, LPN #9, on 08/29/14 at 2:35 PM, Assistant Director of Nursing, on 08/29/14 at 3:15 PM, Physical Therapy Assistant, on 08/29/14 at 3:16 PM, and Minimum Data Set (MDS) Coordinator, on 08/29/14 at 3:35 PM, revealed all had been in-serviced related to abuse, privacy, and dignity and following the care plans. All were able to name the types of abuse, reporting abuse and understood the importance of following the care plans and providing privacy for residents as well as being respectful of a resident's dignity. 9. Review of the Administrator's Job Description, revealed the Administrator was responsible for the implementation of and adherence to facility policy and procedures. Interviews conducted, on 08/29/14 with the MDS Coordinator at 8:55 AM, Dietary Manager at 4:45 PM, and, Social Services Director at 4:55 PM, revealed no other allegations of abuse had been presented since the initial allegations on 08/02/14. 10. Review of audits conducted on all three shifts on 08/03/14 through 08/17/14 revealed Department Managers or Nursing Supervisors observed staff/resident interactions. No concerns identified were identified. Audit tools ongoing. 11. Review of Audits Tools, revealed the Shift Supervisor was conducting audits to monitor for staff's cell phone usage, using appropriate language, resident's privacy, monitoring of bath temperatures and to determine that any allegations were reported immediately were completed for all three (3) shifts, five (5) days a week through 08/29/14. Review of the audits revealed no concerns. Audit tools ongoing. 12. Review of the PI Tools revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager interviewed fifteen (15) employees from all departments weekly through 08/29/14 to determine staff understanding of the abuse policy, reporting allegations to the Administrator immediately and all allegations or statements are kept confidential with no fear of retribution for reporting. No concerns were identified. PI tools ongoing. 13. Review of resident interviews revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager completed fifteen (15) resident interviews weekly through 08/29/14 related to staff treatment and abuse. Audit sheets ongoing. 14. Review of resident family interviews and skin assessments for residents with a BIMS of less than seven (7) revealed the Administrator, Social Service Director, Admission Director, Director of Nursing, Assistant Director of Nursing, Nurse Practice Educator, or Clinical Reimbursement Manager conducted five (5) family interviews and resident skin assessments on 08/28/14 and are to continue for four (4) weeks times one (1) month and then two (2) a week times six (6) months. 15. Review of psychosocial assessments, on 08/29/14, revealed the SSD, DON, or ADON completed these assessments for three (3) residents with a BIMS score of eight (8). The assessments were ongoing. 16. Review of the grievances, complaints, and allegation daily monitoring revealed starting on 08/03/14 the Administrator, Director of Nursing, Registered Nurse or Licensed Practical Nurse Supervisors monitored daily for fourteen (14) days and then for five (5) days a week up to 08/29/14. 17. Observation revealed posters for We Care Dialogue Line, Staff Promises, Eldercare, and Core Values were on the walls throughout the facility and in the breakroom. 18. Review of Ad-Hoc meeting minutes dated 08/03/14 revealed the Medical Director was briefed on the meeting and signed off on the meeting minutes on 08/04/14 as he was unable to attend. 19. Review of the QA Committee minutes, dated 08/19/14, revealed a meeting consisting of the Administrator, Director of Nursing, Social Services Director, Admissions Director, Dietary Manager, Activity Director, and Medical Director was held and they reviewed all plans of compliance regarding the outstanding citations.</p>		