INITIAL COMMENTS

AMENDED 2567

Complaint investigations for TN00031796, TN00032202 and TN00032237 were initiated and substantiated on 9/10/13 and completed with the certification survey of 9/26/13.

F 151

483.10(e)(1) & (2) RIGHT TO EXERCISE RIGHTS - FREE OF REPRISAL

The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

This REQUIREMENT is not met as evidenced by:

Based on policy review, review of the facility's smoking schedule, medical record review and interview, it was determined the facility failed to honor resident rights to smoke for 3 of 5 (Resident #158 and Random Residents (RR) 3 and 4) interviewable residents that smoke.

The findings included:

1. Review of the facility's "Smoking Policy" documented, "...Every resident who desires to smoke is permitted to do so if the center's interdisciplinary team has determined that the practice would be safe for the resident..."

2. Review of the facility's "SMOKING SCHEDULE DATED 7/25/13 documented, "...8:00 A [AM], 10:30 A, 1:30 P [PM], 4:00 P, 7:00

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.

It is the policy of the facility for the resident to exercise his or right as a resident of the facility and as a citizen or resident of the United States. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights. Residents of the facility who desire to smoke will be assisted to the smoking area at the designated smoking times.

On 10/18/13 an updated smoking schedule has been implemented to include all department heads, administrative staff, C.N.A.'s and license nursing personnel to assist residents to the smoking area at designated times. The charge nurse is responsible for identifying all residents who wish to exercise their smoking rights. C.N.A.'s for each resident are responsible to ensure each resident is given the option and assisted to the smoking area by the designated smoking time. Facility staff members will supervise the smoke breaks. In the event the resident should arrive late to the designated smoke time, the C.N.A will supervise the smoke session.

cont. on next page....

Received:

Nov 2, 2013

LAWRENCE DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ADMINISTRATOR

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 disclosed 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 disclosed 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.
Continued From page 1

P. 9:00 P..." with the persons or department responsibility listed for each smoke time.

3. Medical record review for Resident #158 documented an admission date of 9/6/13 with diagnoses of closed Fracture of the Neck of Femur, Atrial Fibrillation, Cardiovascular Disease, Diabetes, Hypertension, History of Tobacco Use, Congestive Heart Failure, Depressive Disorder and Asthma. Review of the nurses "CLINICAL HEALTH STATUS" dated 9/6/13 documented Resident #158's short term and long term memory was marked as "OK [okay]...Additional notes... She was oriented to room and surroundings; instructed to call for assistance as needed..."

During an interview in Resident #158's room on 9/10/13 at 7:35 PM, Resident #158 confirmed that she does smoke but she is unable to walk and is dependent on staff to get her out of the bed. Resident #158 stated, "...smoke time was 7 PM, I turned my light on for them to come to get me up so I could go smoke. I can't walk, I broke my hip..." Resident #158 was asked how her light got turned off. Resident #158 stated, I cut my light on at 6:45 PM (for the 7:00 PM smoke time) and no one came. My light was turned off right before you came in. They finally came in here and got me off the bed into the wheelchair (wc) but I missed the smoke break..."

During an interview in the conference room on 9/10/13 at 3:00 PM, the Administrator confirmed that residents were allowed to smoke. The Administrator stated, "It's their right..."

During an interview in the conference room on 9/10/13 at 4:30 PM, the Social Worker was asked..."
Continued From page 2

who is responsible for coordinating the smoke breaks for the residents. The Social Worker stated, "Smoke breaks are coordinated by the Director of Nursing and the Administrator. We know ahead of time who is in charge of taking the residents out to smoke..."

During an interview in the 600 hall on 9/11/13 at 8:05 AM, Certified Nursing Assistant (CNA) #1 was asked if Resident #158 could get up by herself. CNA #1 stated, "No, she has to have help. She has a hip fracture..."

During an interview in the east hall on 9/11/13 at 8:30 AM, CNA #2 was asked who is responsible for getting residents up so they can go out for smoke break. CNA #2 stated, "It's ours, its the CNAs..."

4. Medical record review for RR #3 documented an admission date of 6/10/10 with diagnoses of Hypothyroidism, Anxiety Disorder, Psychosis, Multiple Sclerosis and Insomnia. Review of the Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) dated 9/20/13 documented a score of 15 out of 15 indicating RR #3 is cognitively intact. Upon further review of the MDS, it was also documented "that it is very important..." for RR #3 "to go outside to get fresh air when the weather is good..." Review of the care plan dated 11/29/10 documented, "...Smokes independently with supervision... Assist to and from Designated Smoking Area..."

During an interview in the 300 hall on 9/10/13 at 7:20 PM, RR #3 was asked if she receives help to get out of the bed when help is needed. RR #3 stated, "...a couple of months ago went to bed before 9:00 [PM] smoke break and they wouldn't
Continued From page 3
get me back up, so I just stay up in the wc from the time I get up until after smoke break. If I have to pee they come and change me. They have to use a standing lift to get me up...

5. Medical record review for RR #4 documented an admission date of 7/11/11 with diagnoses of Hypertension, Diabetes, Dementia, Anxiety Disorder, Depression and Manic Depression. Review of the MDS Brief Interview for Mental Status dated 5/24/13 documented a score of 15 out of 15 indicating RR #4 is cognitively intact. Upon further review of the MDS, it was also documented "that it is very important..." for RR #4 to do her favorite activities.

During an interview in RR #4's room on 9/10/13 at 7:20 PM, RR #4 confirmed that she smokes. RR #4 was asked if she receives assistance to go outside during smoking times. RR #4 stated, "...They [staff] take me out to smoke, but you can only go at certain times. If you don't get up when it is time to go, you miss your time."

483.15(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS

The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

1. Resident #122 had an investigation completed on 9/10/2013 related to her complaint of being treated roughly, the CNA in question had previously been terminated on 7/30/2013. The allegation was submitted to state.

Continued on Next page
The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

This REQUIREMENT is not met as evidenced by:
Based on policy review, review of resident rights, review of a facility's investigation and interview, it was determined the facility failed to ensure a resident's allegation of abuse by facility staff was investigated for 1 of 5 (Resident #122) sampled residents reviewed for allegations of abuse during the complaint survey initiated on 9/10/13.

The findings included:
Review of the facility's "Preventing Resident Abuse" policy documented that allegations of...
F 225: Continued From page 5

abuse will be investigated by the facility's Administrator or the Director of Nursing (DON).

Review of the facility's "Resident Rights Under Federal Law" documented, "...The Resident has the right to be free from verbal, sexual, physical or mental abuse, corporal punishment and involuntary seclusion..."

Medical record review for Resident #122 documented an admission date of 10/29/12 with diagnoses of Pressure Ulcer, Neuropathy, Esophageal Reflux, Congestive Heart Failure, Diabetes, Anxiety, Depressive Disorder and Hypertension. Review of the Minimum Data Set dated 8/2/13 documented the resident had a cognitive score of 13 out of a possible score of 15, indicating the resident was cognitively intact related to repetition, temporal orientation and recall.

Review of the facility's investigation dated 7/26/13 documented, "...When asked about incident [the facility's investigation of another resident's allegation of abuse, if a Named Certified Nursing Assistant (CNA #4) treated her roughly] resident [Resident #122] states [Named CNA #4] does not go to the extent that the other CNA's do and can be a little rough, does not explain what she is doing..." Review of the facility's investigations of allegations of abuse documented no investigation into Resident #122's allegation of being treated roughly by CNA #4.

During an interview in the conference room on 9/10/13 at 4:55 PM, the DON was asked if other residents had complained of the facility staff being rough with them during the facility's investigation of the reported allegation of abuse.
| F 225 | Continued From page 6  
The DON stated Resident #122 had stated the "[Named CNA #4] is rough and slings her around and gets frustrated, and stated that CNA #4 stated, "I don't have time for this..."."  
During an interview in the conference room on 9/10/13 at 7:30 PM, the Administrator was asked if during an investigation of allegations of abuse, when questioning other residents on the same half, if a resident says the same CNA has been rough with me, should the allegation be investigated? The Administrator stated, "Oh, I agree. Yes."  
The facility failed to investigate Resident #122's allegation of rough treatment by CNA #4.

| F 226 | 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  
The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

| F 226 | 1. The May 2013 QAPI committee was presented with the identified employees hired in Dec. 2012 and Jan - March 2013 of lacked physical documentation of Abuse and neglect training during orientation. Training of required inservices was completed in May 2013. Training again was provided to all personnel in July 2013. Both CNA's in question had been terminated on or prior to 7/30/2013.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<tr>
<td>F226</td>
<td>Continued From page 7 family of a voiced allegation of abuse by 1 of 5 (Resident #2) sampled residents.</td>
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<td>2. On 09/25/13 an audit of personnel records had been completed and all staff members lacking proper verification of attendance have been identified and placed in personnel records.</td>
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<td>3. Procedural systems have been put in place to ensure all inservice training and reference checks are completed during orientation and prior to hire respectively. The Director of Clinical Education will perform all training and reference checks and ensure are done prior to hire and/or during orientation. Audits are performed by Business Office designee.</td>
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<td>4. Audits will be conducted by the Business Office Manager or designee, and signed off by Administrator will be done monthly x 3, and quarterly thereafter.</td>
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<td>The results of the audits will be reviewed at the QAPI committee on a monthly basis. Retraining will be provided for any opportunities that are identified.</td>
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During an interview in the business office on 9/26/13 at 10:15 AM, the Business Office Manager was asked for documentation of CNA #8's abuse prohibition training during new employee orientation. The Business Office Manager stated, "I don't have it. Can't locate it."

4. During an interview in the conference room on 9/1/13 at 4:30 PM, the Administrator was asked, "What kind of training is provided to staff about recognizing and reporting abuse?" The Administrator stated, "...trained upon hire..."

During an interview in the Minimum Data Set office on 9/26/13 at 8:15 AM, the Administrator was asked, "What steps are taken to screen potential employees for a history of abuse?" The Administrator stated, "Abuse registry checked, background checks and reference checks before hire."

5. Medical record review for Resident #2 documented an admission date of 3/11/10 with diagnoses of Hypertension, Anemia, Cardiac Dysrhythmia, Osteoarthritis, Dementia and Constipation. Review of a quarterly Minimum Data Set (MDS) dated 8/1/13 documented Resident #2's mental status as 11 out of 15 indicating Resident #2 was moderately impaired.

During a telephone interview on 9/10/13 at 2:00 PM, Resident #2's family member stated "...they [the facility] did not notify us of the allegation of someone hitting [Named Resident #2] until she [Resident #2] told us on 5/25/13..."

During an interview in the conference room on 9/10/13 at 5:50 PM, the DON was asked what is the facility's policy related to notification of family...
Continued From page 9

on allegations of abuse. The DON stated, "I'd have to read it, but I am sure it would say notify with any investigation..." The DON was then asked if Resident #2's family was notified of Resident #2's allegation of abuse. The DON stated, "We had a meeting with the family on 5/28/13..." The DON was asked why didn't someone notify the family when the allegation was made. The DON stated, "It didn't happen..." The surveyor asked for clarification of "what didn't happen". The DON stated, "We did not notify the family when the allegation was made..."