STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185256	A. BUILDING _____ B. WING _____	R-C 12/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW POST-ACUTE AND REHABILITATION CENTER	200 NURSING HOME LANE PIKEVILLE, KY 41501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS An Abbreviated/Partial Extended Survey investigating Complaint KY00035155 was initiated on 11/20/2021 and concluded on 12/02/2021. Complaint KY00035155 was substantiated with deficiencies cited. Immediate Jeopardy (IJ) was identified on 12/02/2021, at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867). Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610). The Immediate Jeopardy was determined to exist on 11/10/2021. The facility was notified of Immediate Jeopardy (IJ) on 12/02/2021, and IJ is ongoing. On 11/10/2021 at approximately 4:30 PM, State Registered Nursing Assistant (SRNA) #24 grabbed Resident #324 by the ankle and "jerked" the resident while attempting to turn and reposition him/her. Resident #324 then reported to the facility Social Worker (SW) and to the Regional Director of Operations (RDO) that SRNA #24 "hurt" him/her. Interview with the RDO and the facility's SW and review of a grievance form dated 11/10/2021, revealed although the RDO and SW interviewed Resident #324 and was informed SRNA #24 hurt him/her, the facility took no action to remove the SRNA from resident care. The facility completed a "grievance" which stated the grievance would be resolved by moving SRNA #24 to another floor; however, there was no documented evidence the facility completed a thorough investigation of this allegation in order to determine if SRNA #24 actually abused Resident #324.	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/14/2022

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 000}	Continued From page 1	{F 000}		

Subsequently, on 11/10/2021 at approximately 5:00 PM, SRNA #24 entered Resident #358's room with SRNA #25 and SRNA #26 in order to provide care. Resident #358 was resistive to care, yelling, and refusing to change clothes. SRNA #24 proceeded to strike Resident #358 on the left arm/shoulder. The facility suspended SRNA #24 and initiated an investigation. However, the facility concluded SRNA #24 did not abuse Resident #358 prior to thoroughly investigating the allegation, as there was no documented evidence of interviews with the two (2) witnesses to the incident. Additionally, the facility failed to review the events leading up to the alleged incident and failed to consider a previous incident on 11/10/2021, where Resident #324 alleged the same staff (SRNA #24) "hurt" him/her. The facility permitted SRNA #24 to return to work on 11/17/2021, providing resident care. Furthermore, SRNA #25 and SRNA #26 witnessed the incident, at approximately 5:00 PM, but failed to report until approximately 6:00 PM, and the facility investigation failed to identify this failure to immediately report.

An acceptable allegation of compliance was received on 12/14/2021, which alleged removal of the Immediate Jeopardy on 12/13/2021. The State Survey Agency determined the Immediate Jeopardy was removed as alleged during a revisit conducted on 12/16/2021, which lowered the scope and severity to "D" at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867), while the facility monitors the effectiveness of systemic changes and quality assurance activities.

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{F 600} SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, it was determined the facility failed to protect two (2) of three (3) sampled residents (Resident #324 and Resident #358) from abuse. On 11/10/2021 at approximately 4:30 PM, State Registered Nursing Assistant (SRNA) #25 and SRNA #26 witnessed SRNA #24 grab Resident #324 by the ankle and "jerk" the resident while attempting to turn and reposition the resident. According to SRNA #25 and SRNA #26, Resident #324 yelled out in pain, and cursed at SRNA #24, stating she hurt him/her and that he/she wanted	{F 600}	F600- The Regional Director of Operations was re-educated on 12/2/2021 by the Divisional Vice President on Abuse Investigation Reporting, Abuse Prevention Program, and Recognizing Signs of Abuse. A new Regional Director of Operations has been assigned to oversee the building as of 12/3/2021. SRNA# 24 was suspended on 11/21/2021 and has not returned to work. She was reported to the nurse aide registry on 12/6/2021. SRNA #24 was terminated on	12/21/21

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{F 600}	Continued From page 3 to file a grievance against SRNA #24. Although the Regional Director of Operations (RDO) and facility Social Worker (SW) interviewed Resident #324 who told them SRNA #24 hurt him/her, the RDO took no action to remove the SRNA from resident care. Subsequently, on 11/10/2021 at approximately 5:00 PM, SRNA #25 and SRNA #26 accompanied SRNA #24 to Resident #358's room and witnessed SRNA #24 strike the resident on the left arm/shoulder after the resident refused to change clothes and resisted care. Furthermore, after SRNA #25 and SRNA #26 witnessed the incident, they did not report the allegation to administration until approximately 6:00 PM, about an hour later, and SRNA #24 continued to provide resident care during that time. The facility's failure to have an effective system in place 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 12/02/2021, and was determined to exist on 11/10/2021, at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867). Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610). The facility was notified of Immediate Jeopardy (IJ) on 12/02/2021, and IJ is ongoing. Refer to F-609 and F-610 An acceptable allegation of compliance (AoC)	{F 600}	12/9/2021 On 12/17/2021 The Staff Development/ Infection Nurse re-educated LPN # 11 concerning abuse, neglect and misappropriation specifically ensuring the safety of the alleged victim, assistance in removing the alleged perpetrator and immediately notify the nursing supervisor and/or the abuse coordinator for the facility. All staff working 12/2/2021 on the 6p-6a shift were verbally re-educated by the Assistant Director of Nursing on the definition of Abuse- Abuse is defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish and Abuse Investigation and Reporting - An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately to the department supervisor who will then call the abuse coordinator. If an employee suspects that either of the above has happened, they are to immediately ensure the resident is safe, and immediately report to their supervisor who will immediately report to the abuse coordinator, in accordance to the abuse policy. The supervisor will remove the alleged perpetrator from the building pending the investigation. The Administrator will then coordinate the investigation and report to all required agencies. Beginning	

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{F 600}	Continued From page 4 was received on 12/14/2021, which alleged removal of the Immediate Jeopardy on 12/13/2021. The State Survey Agency determined the Immediate Jeopardy was removed as alleged during a revisit conducted on 12/16/2021, which lowered the scope and severity to "D" at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867), while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: Review of the facility's policy titled "Abuse Prevention Program", revised December 2016, revealed residents of the facility had the right to be free from abuse. Review of the facility's policy titled "Recognizing Signs and Symptoms of Abuse/Neglect", revised January 2011, revealed the facility would not condone any form of resident abuse or neglect. 1. Review of Resident #324's medical record revealed the facility admitted the resident on 03/24/2021 with diagnoses including Quadriplegia, Chronic Pain Syndrome, and Contractures. Review of Resident #324's Quarterly Minimum Data Set (MDS) Assessment, with a reference date of 11/11/2021, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of fifteen (15) out of fifteen (15) indicating the resident was cognitively intact. Further review revealed the facility assessed the resident as non-ambulatory, totally dependent on	{F 600}	12/3/2021 staff not working on 12/2/2021 including agency staff and new hires will be educated by the DON, ADON, IP, Regional Director of Nursing, regional nurse or consultant on their next scheduled shift. All employees who have worked have been in-serviced and completed a post-test competency by 12/20/2021. The CMS hand in hand training module 5 Preventing and responding to Abuse has been added to the annual training program for all employees of Parkview. Beginning 12/3/2021 residents with a BIMS of 8 or greater will be interviewed by the Regional Nurse Consultant, Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Staff Development/ Infection Preventionist, Medical Record, Wound Nurse or staff nurse to ensure they feel safe in the facility, have not witnessed abuse and have not been subject to abuse, daily until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Beginning 12/3/2021 residents with a BIMS of 7 or less will have their skin checked for any new bruise, redness, rash, blister, skin tears or open areas by the Regional Nurse Consultant, Director of Nursing, Assistant Director of Nursing, Staff development/ infection preventionist, wound nurse, or staff nurse daily until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. #3 Beginning 12/20/21 the	

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{F 600}	Continued From page 5 staff for bed mobility, and having limited range of motion bilaterally. Continued review revealed the facility assessed the resident as having no psychosis or behavioral symptoms. Review of Resident #324's Comprehensive Plan of Care, dated 09/03/2021, revealed the resident had chronic pain related to Quadriplegia, Neuropathy and Osteoarthritis. The goal stated the resident would verbalize adequate relief of pain or the ability to cope with incompletely relieved pain. Care Plan interventions included: monitor the resident for pain every shift; provide repositioning and support, and additional pillows as needed. Further review of this Care Plan revealed Resident #324 had a Stage II pressure ulcer to the left outer ankle. Review of the Complaint/Grievance Report, dated 11/10/2021, revealed on 11/10/2021, Resident #324 reported State Registered Nursing Assistant (SRNA) #24, "grabbed" his/her bandaged ankle, "jerked" his/her legs, and stated that it had "hurt". Per the report, the resolution to the grievance was to reassign SRNA #24 to another unit and re-educate the SRNA on positioning. Further review of the report, revealed it was resolved on 11/10/2021, and signed as completed by the Social Worker (SW). Review of the Nurse's Progress Note, dated 11/10/2021 at 5:30 PM, revealed Resident #324's ankle was assessed, and there were no changes to the wound that was present, and no redness or concerns were noted. Observation of Resident #324, on 11/20/2021, at 9:02 AM, revealed the resident was in a specialty bed with an air mattress. The resident was	{F 600}	Administrator/Director of Nurses and/or Assistant Director of Nursing will initiate a QAPI program related to review of any Abuse, Neglect, and Misappropriation of property that will include at a minimum: " Review of education delivered to all staff and confirm all staff have been educated, including contract staff. Starting 12/20/2021 the results of the review will be presented to the QAPI Committee weekly to determine if the issue has been resolved or if the initiative should be revised or continued. " Review of Interviews conducted with residents were completed to all interviewable residents. The results of the review will be presented to the QAPI Committee to determine if the issue has been resolved or if the initiative should be revised or continued. " Education sign-in sheets will be reviewed to ensure that all staff have been properly educated related to Abuse/neglect policy. The results of the review will be presented to the QAPI Committee to determine if the issue has been resolved or if the initiative should continue. Beginning 12/20/21 the Nursing Consultants will audit the abuse education completion, resident abuse interviews to ensure no abuse was identified or if it is identified it has been addressed and reported, and that no new skin injuries are identified on the weekly skin integrity review weekly for 4 weeks and then monthly for 3 months to ensure compliance with the POC. The Nursing Consultants will also deliver education to	

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{F 600}	Continued From page 6 covered with a sheet with his/her hands visible. The resident's hands were severely contracted, and the resident's legs appeared to be in a fetal position under the sheets. Interview with Resident #324, on 11/20/2021 at 9:02 AM, revealed he/she remembered the incident that occurred on 11/10/2021 involving SRNA #24. Per interview, SRNA #24 "jerked" his/her leg and "grabbed" his/her ankle that was bandaged due to a wound. The resident stated it happened "around supper time". Resident #324 stated he/she yelled for her (SRNA #24) to get away from and the other staff that were in the room took over the care. Resident #324 stated he/she requested to file a grievance after the incident. Resident #324 stated, "She did abuse me", and voiced concern that SRNA #24 still worked at the facility because she could hurt someone else. Interview with SRNA #25 on 11/20/2021 at 7:29 PM and 12/01/2021 at 8:05 AM, revealed on 11/10/2021, she was in orientation with SRNA #26, and both SRNAs were being oriented to the facility by SRNA #24. SRNA #25 stated it was her first day on the job, and all three (3) of the SRNAs went to Resident #324's room to provide care to the resident including turning and repositioning. SRNA #25 stated SRNA #24 "seemed to be in a rush" and hurriedly grabbed Resident #324's ankle and turned the resident very quickly. SRNA #25 stated Resident #324 appeared to be very contracted and immediately began yelling out for SRNA #24 to "get away" and yelling about wanting to report SRNA #24. SRNA #25 stated SRNA #24 stepped away from Resident #324 and she and SRNA #26 finished turning and repositioning the resident. SRNA #25 stated	{F 600}	the administrative team as needed. The Nursing Consultants will report findings of the abuse education completion, resident abuse interviews and weekly skin integrity review to the full QAPI committee and the Chief Executive Officer of the company to determine if the issues have been resolved or if the QAPI initiative should be revised or continued. #4 Beginning the first week of December 2021 the Administrator/DON/ADON or Unit Manager will quiz 5 random staff monthly on the s/s of abuse and when to report abuse. Results are reported to the QAPI committee to ensure staff have a continue understanding of the policy/regulations related to abuse and neglect. At the QAPI meetings the results of the monitoring by the DON, Social Services, ADON, Administrator, and contract consultants will be reviewed by the Administrator, however any concerns identified will be addressed as discovered, including any needed education and/or progressive discipline. Beginning 12/20/21 the DON, ADON, Social Services Director, and the contract Consultants will report monitoring outcomes of in-services, assessments/interviews, competencies of staff, and test/checks, at the weekly and/or monthly QAPI Committee meetings .	

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{F 600}	Continued From page 7	{F 600}		

Resident #324 requested to speak to the Regional Director of Operations (RDO) to file a grievance regarding SRNA #24. SRNA #25 stated she observed the RDO, and Social Worker (SW) go into Resident #324's room after she (SRNA #25) and SRNA #26 completed the resident's care. SRNA #24 stated she did not know how the RDO was notified to come to the resident's room.

Interview with SRNA #26, on 11/20/2021 at 1:47 PM and 11/21/2021 at 9:51 AM, confirmed she was in orientation with SRNA #25 on 11/10/2021, and SRNA #24 was orienting them. SRNA #26 stated the incident between SRNA #24 and Resident #324 occurred at approximately 4:30 PM on 11/10/2021. She stated they all three (3) entered Resident #324's room to provide care, and SRNA #24 was observed to pull Resident #324's leg. Further, the resident immediately yelled out in pain and was saying he/she wanted to file a grievance against SRNA #24. SRNA #26 stated SRNA #24 left the room and she and SRNA #25 turned and repositioned Resident #324 without any concerns. SRNA #26 stated SRNA #24 left the room to tell the RDO that the resident wanted to file a grievance. SRNA #26 stated the RDO did come to the resident's room to talk to the resident.

Interview with State Registered Nursing Assistant (SRNA) #24, on 11/20/2021 at 7:08 PM, and on 11/30/2021 at 5:15 PM, revealed she denied grabbing Resident #324's ankle. She stated she was moving one of the pillows used for positioning the resident when the resident starting yelling and telling her to get out of the room. SRNA #24 stated when she went out into the hallway and saw the RDO, she motioned for him to come to the resident's room and informed him

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{F 600}	Continued From page 8 the resident wanted to file a grievance. Interview with the Social Worker (SW), on 11/21/2021 at 12:12 PM and on 12/01/2021 at 10:13 AM, revealed she was preparing to leave for the day on 11/10/2021, when the Regional Director of Operations (RDO) came to her and told her Resident #324 wanted to file a grievance. She stated it was sometime between 4:30 PM and 5:30 PM, but she was unsure of the exact time. The SW stated she and the RDO went to Resident #324's room to interview the resident who reported SRNA #24 moved him/her too fast and had hurt him/her. The SW stated the RDO asked the resident what would resolve the grievance, and the resident told the RDO he/she did not want SRNA #24 to care for him/her anymore. The SW further stated the resident told the RDO he/she wanted SRNA #24 re-educated on how to care for residents with contractures. Continued interview revealed the grievance form was read to Resident #324 and the resident signed it and was agreeable to the resolution. The SW stated when she and the RDO left the room, SRNA #24 was standing near the reception desk and the RDO told the SRNA, she was not allowed to go back into Resident #324's room, and she would receive re-training prior to working again. However, the SW stated SRNA #24 was not removed from resident care and an investigation was not initiated by the RDO. Interview with the Regional Director of Operations (RDO), on 11/21/2021 at 10:54 AM and 12/01/2021 at 10:41 AM, revealed he was informed Resident #324 wanted to file a grievance on 11/10/2021. He stated he did not remember the time, but it was in the evening. The RDO further stated he did not remember how he	{F 600}		

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{F 600}	Continued From page 9	{F 600}		

found out, but he notified the SW, and they went to interview the resident. The RDO stated Resident #324 did say SRNA #24 had "hurt" him/her. However, when he directly asked the resident if he/she was abused, the resident replied "no". The RDO stated Resident #324 did not report he/she was abused when the grievance was filed, and therefore he did not further investigate or remove SRNA #24 from care because this was not an allegation of abuse. The RDO stated, removing the SRNA from care or investigating the incident was not necessary. Continued interview revealed the grievance was satisfied immediately, and the resident was agreeable to the resolution of reassigning the staff person to another unit and re-educating the staff member about repositioning.

2. Review of Resident #358's medical record revealed the facility admitted the resident on 03/14/2020, with diagnoses including Cerebral Infarction, Chronic Obstructive Pulmonary Disease, and Anxiety.

Review of Resident #358's Quarterly Minimum Data Set (MDS) Assessment, with a reference date of 09/01/2021, revealed the facility assessed the resident as having a BIMS score of fifteen (15) out of fifteen (15) indicating intact cognition and assessed the resident as displaying behavioral symptoms directed toward others. Further review of the MDS Assessment, revealed the facility assessed the resident as requiring extensive assistance of staff for personal hygiene, as always incontinent of bowel, and as frequently incontinent of urine.

Review of Resident #358's Comprehensive Plan of Care, dated 09/10/2021, revealed the resident

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refused care such as bathing and personal hygiene at times. The goal stated that the resident would be informed regarding the possible consequences of his/her decisions. The interventions included: staff to educate the resident regarding possible consequences of his/her decisions, document the resident's informed choice and attempt to find the reason for the resident's choice.

Review of the "Self-Reported Incident Form", dated 11/10/2021, untimed, completed by the Administrator, revealed on 11/10/2021, State Registered Nursing Assistant (SRNA) #25 and SRNA #26 reported to the Assistant Director of Nursing (ADON) that SRNA #24 "struck" Resident #358 on the left shoulder while attempting to provide care to the resident.

Interview with Resident #358, on 11/21/2021 at 12:05 PM, revealed the resident denied recollection of the incident on 11/10/2021, and stated if someone had hit him/her, it was not hard enough to feel. The resident further stated, he/she "gets aggravated" and "gets loud" with staff at times. The resident stated he/she did not like being bothered at times and would sometimes yell at staff when they bothered him/her. Resident #358 stated when he/she yelled at staff, they usually left him/her alone for a while and came back later "like they should".

Interview with SRNA #25, on 11/20/2021 at 7:29 PM and 12/01/2021 at 8:05 AM, revealed after leaving Resident #324's room on 11/10/2021, she (SRNA #25), SRNA #26 and SRNA #24, went directly across the hall to Resident #358's room to provide care to the resident. SRNA #25 stated SRNA #24 "was still upset" about the incident that

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had occurred with Resident #324 minutes prior. Per interview, Resident #358 was lying in bed and soiled with urine and was arguing with SRNA #24 because the resident did not want to change clothes or get cleaned up. SRNA #25 stated Resident #358 was on his/her right side and SRNA #24 was standing behind the resident and struck the resident on the left upper arm/shoulder area, because the resident would not cooperate. SRNA #25 further stated, when SRNA #24 struck the resident it made an audible noise, and she (SRNA #25) was "shocked". Per interview, SRNA #24 backed off after striking the resident and the resident then calmed down. SRNA #25 stated she and SRNA #26 completed the resident's care and left the resident positioned in bed.

Interview with SRNA #26, on 11/20/2021 at 1:47 PM and 11/21/2021 at 9:51 AM, verified she was in Resident #358's room on 11/10/2021, at approximately 5:00 PM, with SRNA #25 and SRNA #24. SRNA #26 stated SRNA #24 was trying to get Resident #358 to change clothes and clean up because the resident was wet; however, the resident was refusing to change clothes or do what SRNA #24 requested. SRNA #26 stated SRNA #24 struck Resident #358 on the left arm/shoulder hard enough that it made a sound when impact occurred. SRNA #26 further stated she (SRNA #26) and SRNA #25 immediately took over the care of the resident after the incident occurred. SRNA #26 stated she and SRNA #25 were able to convince Resident #358 to get changed and cleaned up after SRNA #24 was out of the way and no longer arguing with the resident. Further interview with SRNA #26, revealed following the incident with SRNA #24, supper trays were on the floor, so she and SRNA #25 proceeded to pass the supper trays and

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therefore did not immediately report what they had witnessed. SRNA #26 stated SRNA #24 was also passing trays to residents and "still seemed upset". SRNA #26 stated she went to Licensed Practical Nurse (LPN) #11 after they finished passing trays and told her what happened and asked what she should do. SRNA #26 stated LPN #11 told her to report what she saw to administration, and LPN #11 took no further action. Per interview, she and SRNA #25 reported the incident to the Assistant Director of Nursing (ADON), at approximately 6:00 PM at the end of the shift.

Interview with Licensed Practical Nurse (LPN) #11, on 11/21/2021 at 10:14 AM and 11/30/2021 at 9:29 AM, revealed on 11/10/2021, SRNA #26 reported that she witnessed SRNA #24 hit Resident #358 and asked her what she should do. LPN #11 stated she told her she should report the incident immediately to administration. LPN #11 further stated she was unsure what time the incident was reported to her, but it was "toward the end of the shift". LPN #11 stated she was aware she did not have to witness the abuse to report it, but she thought it would be better for the person who witnessed the abuse to report it to administration.

Interview with SRNA #24, on 11/20/2021 at 7:08 PM, revealed on 11/10/2021 at approximately 4:30 PM, she entered Resident #358's room to provide care and it appeared the resident had spilled juice on his/her bed and clothing. She further stated the resident was refusing care and she was trying to encourage the resident to change clothes. Per interview, while trying to encourage Resident #358 to roll over so they could change his/her sheets and shirt, she

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"tapped" the resident on the shoulder. SRNA #24 stated she did not slap or strike the resident and only "tapped" the resident to encourage him/her to turn. SRNA #24 further stated after the resident's care was provided, supper trays were on the floor, so they passed the supper trays and then she clocked out. She stated soon after she clocked out and went to her car, she received a message to come back into the facility and give a statement. She stated she was suspended for a week, and then returned to work at the facility.

Interview with the Assistant Director of Nursing (ADON), on 11/20/2021 at 6:20 PM and 11/21/2021 at 1:08 PM, revealed at approximately 6:00 PM on 11/10/2021, SRNA #25 and SRNA #26 reported to her, "they thought" they saw SRNA #24 hit Resident #358. The ADON stated SRNA #24 had already left because it was the end of the shift, so she called the SRNA, who came back to the facility to provide a written statement. Further, she informed SRNA #24 that she was suspended pending the investigation. The ADON further stated she went to Resident #358's room within five (5) to ten (10) minutes of when the incident was reported and conducted a skin assessment on Resident #358 and found no redness or bruising. The ADON stated she asked the resident if anyone had hit him/her or had been mean to him/her, and the resident denied being mistreated by anyone.

Interview with the Administrator, on 11/21/2021 at 12:43 PM, and on 12/01/2021 at 11:01 AM, revealed he was the Abuse Coordinator for the facility and responsible for investigating and reporting allegations of abuse. He stated he was notified of the incident with Resident #358 and SRNA #24 on 11/10/2021 after he had left for the

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day. He stated the ADON notified him they were getting statements from the witnesses and had suspended SRNA #24. He further stated he made the required notifications to the state agencies after he got home. Further, he stated he was unaware SRNA #25 and SRNA #26 waited approximately an hour before reporting what they had witnessed involving Resident #358. He acknowledged that any allegations of abuse were to be reported to administration immediately. Continued interview with the Administrator, revealed he was aware of the previous grievance that was filed by Resident #324 that same day regarding SRNA #24, but since Resident #324 reported that he/she was not abused, he did not consider that information to be pertinent to the abuse investigation being conducted related to Resident #358.

Continued interview with the Administrator, on 11/21/2021 at 12:43 PM, and on 12/01/2021 at 11:01 AM, revealed he reviewed grievances weekly to ensure the grievance was complete and resolved and that nothing was "missed". The Administrator stated he did not feel there were any concerns with the grievance filed by Resident #324, and it had no bearing on the abuse investigation conducted related to Resident #358. Further interview with the Administrator, revealed the allegation of abuse involving Resident #358 was unsubstantiated because Resident #358 denied any abuse occurred. Further, SRNA #24 was permitted to return to work on 11/17/21. According to the Administrator, the facility re-trained SRNA #24 on abuse and "perception" and instructed the SRNA she needed to be careful how she treated residents, because some people may think her actions were abusive, even though that was not her intention.

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{F 600}	Continued From page 15 The facility provided an acceptable Immediate Jeopardy Removal Plan, on 12/14/2021, that alleged removal of the Immediate Jeopardy (IJ) on 12/13/2021. The facility implemented the following corrective actions: 1. On 12/02/2021, the Administrator interviewed Residents #324 and #358 regarding any concerns with abuse, and no concerns were voiced. On 12/02/2021, the Regional Nurse Consultant (RNC) also assessed the residents to ensure there was no new bruises, redness, rash, blister, skin tears or open areas, and there were no concerns. The allegation of abuse by State Registered Nursing Assistant (SRNA) #24 to Resident #358 was re-investigated starting 12/03/2021 by the new Regional Director of Operations (RDO). SRNA #25 and #26 and Resident #358 were re-interviewed by new RDO on 12/03/2021. The Allegation of abuse by SRNA #24 to Resident #358, was reported on 11/10/2021 to the state reporting agencies, police department, and the resident's attending physician. The allegation of abuse involving Resident #324 was reported on 11/21/2021, to the state reporting agencies, police department, and the resident's attending physician. SRNA #24 was suspended on 11/21/2021 and has not returned to work. SRNA #24 was also reported to the nurse aide registry on 12/06/2021. 2. All residents with a brief interview for mental status (BIMS) score of eight (8) or greater were	{F 600}		

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{F 600}	Continued From page 16 interviewed and residents with a BIMS of seven (7) or less were assessed by the RNC, Assistant Director of Nursing (ADON), and/or Administrator on 12/02/2021. The residents were assessed for signs of abuse and were asked if they felt safe, had witnessed, or were subjected to, abuse in the facility. There were no concerns identified. 3. The Regional Director of Operations (RDO) was re-educated on 12/02/2021 by the Divisional Vice President (DVP) on Abuse Investigation Reporting, Abuse Prevention, and Recognizing Signs of Abuse. A new RDO was assigned to oversee the building as of 12/03/2021. 4. On 12/03/2021 the new Regional Director of Operations (RDO) re-educated the facility interdisciplinary management team, including the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director, Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor regarding the definition of Abuse. "Abuse" was defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. The training also included Abuse Investigation and Reporting, which included reporting an alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the residents were safe, and then immediately report the situation to the	{F 600}		

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immediate supervisor, who would immediately notify the abuse coordinator, who was currently the Administrator. Training of the Immediate Supervisors was done through the previously mentioned abuse training. The Staff Development coordinator administered a written test following training sessions. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained.

5. All staff working 12/02/2021 on the 6 PM to 6 AM shift was verbally re-educated by the ADON on the definition of Abuse and Abuse Investigation and Reporting. The training included reporting any alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the resident was safe, and immediately report to their supervisor who would immediately report to the abuse coordinator, in accordance to the abuse policy. Staff not working, including agency staff and new hires would be educated on their next scheduled shift. Prior to staff working their next shift, the Staff Development Coordinator administered a written post-test. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. One hundred (100%) percent of the facility staff have been educated.

On 12/03/2021, the Director of Nursing (DON) reeducated SRNA #25 and SRNA #26 on the requirement to immediately report to the department supervisor any verbal allegation or witnessed abuse or neglect immediately upon

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witnessing or hearing it. Training was also provided that the alleged perpetrator would be removed from the building pending the investigation. The Administrator would then coordinate the investigation and report to all required agencies.

6. Beginning 12/03/2021 the Regional Nurse Consultant (RNC), Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD) would interview residents with a BIMS score of eight (8) or greater daily and assess the skin of residents with a BIMS score of seven (7) or less daily for any signs of abuse or any unidentified to ensure they feel safe in the facility, have not witnessed abuse, and have not been subject to abuse, until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Results of the interviews would be reported to the Quality Assurance Performance Improvement (QAPI) committee by the DON/ADON.

7. On 12/03/2021, the New RDO and/or DVP reviewed the grievance log for the last thirty (30) days to ensure no abuse allegations were noted on the grievance log and not reported or investigated. There were no logged grievances that alleged abuse or neglect.

8. Grievance forms were located on each hallway and all grievances would be reviewed by the grievance officer, the Administrator. All Grievances/complaints filed with the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The grievance officer would either investigate the grievance or assign the grievance to the department

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director/supervisor for investigation. Beginning 12/03/2021, the Administrator would also report and review grievances received each day with the Regional Director of Operations (RDO) or Divisional Vice President (DVP) daily until the immediate jeopardy was removed and then weekly until substantial compliance was achieved.

9. On 12/03/2021 the Rytes Company (outside consulting firm contracted to achieve compliance) the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant were re-educated on the definition of abuse, abuse reporting and abuse investigating, Grievance and complaints and staff responsibility. The Chief Operating Officer, Master Healthcare Administration (MHA), Master of Public Administration and Geriatric Healthcare (MPA), Licensed Nursing Home Administrator (LNHA), and Certified Healthcare Compliance Specialist (CHC) of the Rytes Company provided an in-depth review and education session on abuse investigation, abuse reporting, recognizing signs and symptoms of abuse and neglect. They also reviewed the compliance requirements, the self-reporting incident form, and the Kentucky mandatory reporting requirement.

10. Beginning 12/03/2021 a member of the governing body would be on site at the facility daily until the immediate jeopardy was removed and substantial compliance was achieved. Members of the governing body included the New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. While a member of the governing body was in the facility, they would

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review the resident abuse interviews and grievances filed each day to ensure allegations of abuse, and/or allegations were reported, investigated, and alleged perpetrators suspended. Information gathered from audits would be provided to the facility's Quality Assurance Performance Improvement (QAPI) program and the Administrator would report to the governing body.

The State Survey Agency verified the facility implemented the following corrective actions:

1. Review of facility documentation revealed the Administrator interviewed Residents #324 and #358 and the Regional Nurse Consultant (RNC) assessed the residents as outlined in the allegation of compliance (AOC) on 12/02/2021, and no concerns were identified.

Review of facility documentation also revealed the new Regional Director of Operations (RDO) interviewed Resident #324 and #358 on 12/03/2021 and the allegation regarding both residents was re-investigated as stated in the AOC by the new RDO. Further review of facility documentation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the allegation of abuse regarding SRNA# 24 and Resident #358 was reported on 11/10/2021 to the state agencies, the police department, and the resident's attending physician and the allegation regarding Resident #324 was reported on 11/21/2021, to the state agencies, the police department, and the resident's attending physician.

Review of investigation findings after re-opening the allegation and interview with the Administrator

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{F 600}	Continued From page 21 on 12/16/2021 at 4:40 PM revealed the facility suspended the SRNA #24 on 11/21/2021, and her employment was terminated. The facility reported the SRNA to the nurse aide abuse registry on 12/06/2021. Review of SRNA# 24's timecard and interview with the DVP on 12/16/2021 at 4:50 PM confirmed State Registered Nurse Aide (SRNA) #24 was suspended on 11/21/2021 and had now worked at the facility since that date. Interview with Resident #324 on 12/16/2021 at 11:30 AM and interview with Resident #358 on 12/16/2021 at 11:40 AM revealed both residents felt safe in the facility, no complaints regarding care/treatment were voiced and both residents stated they were free from abuse. 2. Review of interviews/skin assessments conducted by the Regional Nurse Consultant (RNC), Assistant Director of Nursing (ADON) and/or Administrator on 12/02/2021 revealed all residents with a BIMS with eight (8) or greater were asked if they felt safe in the facility, had witnessed abuse, or had been subject to abuse and no concerns were identified. Further reviews and interview with the ADON on 12/16/2021 at 4:33 PM revealed on 12/02/2021 residents with a BIMS score of seven (7) or less were assessed for signs of abuse, any open areas, new bruising, redness, rash, blisters or skin tears and no concerns were identified. 3. Review of education provided to the Regional Director of Operations (RDO) revealed the Divisional Vice President (DVP) re-educated the Administrator on 12/02/2021 on facility's Abuse Investigation Reporting, Abuse Prevention	{F 600}		

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Program, and Recognizing Signs of Abuse. Interview with the DVP on 12/16/2021 at 4:50 PM revealed a new RDO was assigned to oversee the building as of 12/03/2021.

4. Review of the training materials and sign in sheets revealed the Regional Director of Operations (RDO) re-educated the facility interdisciplinary team on 12/03/2021 regarding abuse to include the following staff members: the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD), Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager and Housekeeping/Laundry Supervisor. Review of facility provided competency testing documents revealed the facility interdisciplinary team completed a written post-test, with a passing score of one hundred (100%) percent.

Interview with the ADON on 12/16/2021 at 4:33 PM, the Social Services Director on 12/16/2021 at 4:20 PM, and the Director of Nursing (DON) on 12/16/2021 at 4:25 PM revealed they had received training regarding the facility's abuse policy/procedures and had taken a post-test following the education training.

5. Interview with the ADON on 12/16/2021 at 4:33 PM and review of education provided to staff revealed all staff working on 12/02/2021 on the 6 PM-6 AM shift were verbally re-educated by the ADON regarding the definition of abuse.

Further review of ongoing education provided and

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{F 600}	Continued From page 23 continued interview with the ADON on 12/16/2021 at 4:33 PM, revealed staff that were not scheduled to work, which included agency staff and new hires were educated and were required to take a post-test competency before their next scheduled shift. Record review and interview with the ADON revealed all staff had been educated and completed a post-test by 12/13/2021. Interview with SRNA #1 on 12/16/2021 at 3:00 PM; Licensed Practical Nurse (LPN) # 10 on 12/16/2021 at 3:20 PM; and interview with Registered Nurse (RN) #12 on 12/16/2021 at 3:15 PM; confirmed training also included Abuse Investigation/Reporting and that any alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) should be reported immediately to the department supervisor. The ADON and SRNA interview also revealed staff were instructed that if an employee suspected that abuse had occurred, they were to immediately ensure the resident was safe. They stated they were then required to immediately report to their supervisor. Further, the supervisor would remove the alleged perpetrator from the building pending the investigation and immediately reported the allegation to the abuse coordinator. Interview with the Director of Nursing (DON) on 12/16/2021 at 4:25 PM and review of education provided to staff revealed on 12/03/2021, the facility reeducated State Registered Nursing Assistant (SRNA) #25 and SRNA #26 to immediately report any allegations of abuse to the department supervisor when the incident occurred.	{F 600}		

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{F 600}	Continued From page 24 Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he would coordinate the investigations and ensure all allegations were reported to state agencies as required. Review of an alleged incident of resident to resident abuse between Resident #322 and Resident #361 which occurred on 12/14/2021 at 3:10 PM revealed no concerns with the facility practices of reporting nor investigating. The investigation was ongoing; however, actions had been taken to protect those and all other residents and no concerns were identified. Interview with Resident #322 on 12/16/2021 at 3:40 PM and interview with Resident #361 on 12/16/2021 at 3:30 PM revealed they felt safe in the facility and had no concerns related to abuse. 6. Interview with the ADON on 12/16/2021 at 4:33 PM and review of Resident Abuse Interview Questionnaires revealed beginning on 12/03/2021 all residents in the facility with a BIMS of eight (8) or greater were interviewed daily by the DON, RNC #2, ADON and/or Social Worker to ensure the residents felt safe, had not been subject to abuse, and had not witnessed abuse. No concerns were identified. Interview with Resident #362 on 12/16/2021 at 12:00 PM, Resident #361 at 3:30 PM and Resident #322 at 3:40 PM confirmed staff were interviewing them daily. The stated they had no concerns of abuse or neglect and none had been reported to facility staff during the interviews Review of skin assessments revealed beginning on 12/03/2021, the RNC, DON and ADON assessed the skin of residents with a BIMS of seven (7) or less daily to ensure any new bruise,	{F 600}		

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{F 600}	Continued From page 25	{F 600}		

redness, rash, blister, skin tears or open areas had not occurred. No concerns were identified.

7. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she reviewed the grievance log on 12/03/2021 for the previous thirty (30) days to ensure no allegations of abuse was included on the log and no concerns were identified.

8. Observations on 12/16/2021 revealed grievance forms were located on each hallway of the resident care units in the facility.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he was the grievance officer and would oversee the process to ensure any grievances/complaints voiced at the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The Administrator also stated he would oversee the process in the facility to ensure the regulatory guidelines regarding grievances were followed.

Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she continued to review the grievance log daily and oversee to ensure the facility was in compliance with the grievance process.

Interview with Licensed Practical Nurse (LPN) #10 on 12/16/2021 at 3:20 PM and review of training provided to staff confirmed staff were retrained and were required to take a post-test following the training, regarding the grievance process in the facility.

Review of facility grievance forms revealed a grievance was filed on 12/14/2021 by Resident

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{F 600}	Continued From page 26 #362 regarding his/her bathroom appearance and odor. Further review revealed the grievance was investigated, the resident was interviewed, and the resident's grievance was resolved on 12/16/2021. There were no allegations of abuse, neglect documented on the grievance log/grievance form. Interview with Resident #362 on 12/16/2021 at 12:00 PM revealed he/she had voiced a grievance regarding cleanliness of his/her bathroom and facility staff had resolved the grievance. The resident had no current concerns with care/treatment in the facility. 9. Review of training documentation, testing documentation, and sign-in sheets revealed on 12/03/2021, the Rytes Company, educated the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant on the definition of abuse, abuse reporting and abuse investigating, grievances and complaints and staff responsibility. The Governing body members were also educated on conducting abuse investigations, abuse reporting, recognizing signs and symptoms of abuse and neglect, state agency compliance requirement, a self-reporting incident form and the Kentucky mandatory reporting requirement. Interview with the Administrator on 12/16/2021 at 4:40 PM, RNC #2 on 12/16/2021 at 3:40 PM, and with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed they attended the training provided by the Rytes company regarding identifying and reporting abuse, grievances and policies, and completed a	{F 600}		

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{F 600}	Continued From page 27 post-test following the training. 10. Review of records and interview with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed that beginning 12/03/2021, a member of the governing body was onsite at the facility daily and would continue to be onsite daily until the immediate jeopardy was removed, and substantial compliance was achieved. The governing body member in the facility also reviewed the residents' abuse interviews, and grievances filed each day to ensure there were no allegations of abuse that were not immediately investigated, and alleged perpetrators were suspended per the facility policy and regulatory guidelines. Continued interviews revealed the information they gathered, and audit information was taken to QAPI. Review of the facility's QAPI meetings revealed the team met on 12/13/2021 and documentation provided no evidence any new concerns were identified.	{F 600}		
{F 609} SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if	{F 609}		12/21/21

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{F 609}	Continued From page 28 the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey 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 interview, record review, and facility policy review, it was determined the facility failed to immediately report allegations of abuse for two (2) of three (3) sampled residents (Resident #324 and Resident #358). On 11/10/2021 at approximately 4:30 PM, State	{F 609}	F609 The Allegation of abuse by SRNA# 24 to resident # 324 was reported to OIG, APS, police department, attending physician on 11/21/21. The Allegation of abuse by SRNA# 24 to resident # 358 was reported to OIG, APS,	

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{F 609}	Continued From page 29 Registered Nursing Assistant (SRNA) #24 grabbed Resident #324 by the ankle and "jerked" the resident while turning and repositioning the resident. Resident #324 reported to the facility Social Worker (SW) and to the Regional Director of Operations (RDO) that SRNA #24 "hurt" him/her; however, the facility failed to report the incident to the appropriate agencies according to the facility policy. Further, approximately thirty (30) minutes later, on 11/10/2021 at approximately 5:00 PM, SRNA #24 went to Resident #358's room with SRNA #25 and SRNA #26 and struck Resident #358 on the left arm/shoulder. SRNA #25 and SRNA #26 witnessed the incident, but failed to report the incident immediately and waited until approximately 6:00 PM to report the incident to the Assistant Director of Nursing (ADON). The facility's failure to have an effective system in place to ensure all allegations of abuse were immediately reported, has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) was identified on 12/02/2021, and was determined to exist on 11/10/2021, at 42 CFR 483.12 Freedom from Abuse (F600, F-609 and F-610); 42 CFR 483.70 Administration (F-835, F-837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F-867). Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610). The facility was notified of Immediate Jeopardy on 12/02/2021, and IJ is ongoing. Refer to F600 and F610 An acceptable allegation of compliance (AoC)	{F 609}	police department, attending physician on 11/10/2021. All residents with a BIMS of 8 or greater were interviewed by the Regional Nurse Consultant, Assistant Director of Nursing and/or Administrator on 12/2/2021. The residents were asked if they felt safe in the facility, had witnessed abuse or had been subject to abuse. No residents voiced any concerns. All residents with a BIMS of 7 or less had their skin checked for any new bruise, redness, rash, blister, skin tears or open areas by the regional nurse consultant and/or Assistant Director of Nursing on 12/2/2021. There were no new skin issues identified. SRNA# 24 was suspended on 11/21/2021 and has not returned to work. She was reported to the nurse aide registry on 12/6/2021. SRNA #24 was terminated on 12/9/2021. ON12/3/2021 SRNA #25 and SRNA #26 were -re-educated by the Director of Nursing on the requirement to immediately reporting to the department supervisor any verbal allegation or witnessed abuse or neglect immediately upon witnessing or hearing it. All staff working 12/2/2021 on the 6p-6a shift were verbally re-educated by the Assistant Director of Nursing on the definition of Abuse- Abuse is defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish and Abuse Investigation and Reporting - An alleged violation of abuse, neglect, exploitation or	

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{F 609}	Continued From page 30 was received on 12/14/2021, which alleged removal of the Immediate Jeopardy on 12/13/2021. The State Survey Agency determined the Immediate Jeopardy was removed as alleged during a revisit conducted on 12/16/2021, which lowered the scope and severity to "D" at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867), while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: 1. Review of the facility policy titled "Abuse Investigating and Reporting", with a revision date of July 2017, revealed all reports of resident abuse shall be promptly reported to local, state and federal agencies and thoroughly investigated by facility management. Review of the facility policy titled "Grievances/Complaints, Filing", with a revision date of April 2017, revealed grievances and complaints would be investigated, and the Grievance officer would coordinate actions with the appropriate state and federal agencies depending on the nature of the allegation. The policy further stated, all alleged violations of abuse or neglect would be investigated under the guidelines for reporting abuse and neglect. Review of a Complaint/Grievance Report, dated 11/10/2021 (no time on the form), revealed Resident #324 reported to the facility's Social Worker (SW) that a State Registered Nursing Assistant (SRNA) "grabbed" the resident's ankle	{F 609}	mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately to the department supervisor who will then call the abuse coordinator. If an employee suspects that either of the above has happened, they are to immediately ensure the resident is safe, and immediately report to their supervisor who will immediately report to the abuse coordinator, in accordance to the abuse policy. The supervisor will remove the alleged perpetrator from the building pending the investigation. The Administrator will then coordinate the investigation and report to all required agencies. Beginning 12/3/2021 staff not working on 12/2/2021 including agency staff and new hires will be educated by the DON, ADON, IP, Regional Director of Nursing, regional nurse or consultant on their next scheduled shift. All employees who have worked have been in-serviced and completed a post-test competency by 12/20/2021. If staff did not achieve the passing score of 100%, individual consultation was done until a passing score was obtained. 100% of staff have been educate. The CMS hand in hand training module 5 Preventing and responding to Abuse has been added to the annual training program for all employees of Parkview. Beginning 12/3/2021 residents with a BIMS of 8 or greater will be interviewed by the Regional Nurse Consultant, Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Staff Development/	

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{F 609}	Continued From page 31 that was bandaged, "jerked" the resident's legs, and stated that it "hurt". The report was signed as completed on 11/10/2021 by the Social Worker (SW) and by the resident and the plan to resolve the grievance was to reassign the SRNA and educate the SRNA on positioning. Interview with Resident #324, on 11/20/2021 at 9:02 AM, revealed the resident recalled the incident on 11/10/2021 with State Registered Nursing Assistant (SRNA) #24. Resident #324 stated, SRNA #24 came into his/her room and grabbed his/her ankle and jerked his/her leg while turning and repositioning the resident. Resident #324 stated he/she reported to the Regional Director of Operations (RDO) that SRNA #24 hurt his/her ankle when she grabbed it. Further interview revealed Resident #324 stated, "She did abuse me". Per interview, the resident did not like that the SRNA still worked at the facility and stated, "She could hurt someone else." Interview with SRNA #25, on 11/20/2021 at 7:29 PM and 12/01/2021 at 8:05 AM; and with SRNA #26 on 11/20/2021 at 1:47 PM and 11/21/2021 at 9:51 AM; revealed they saw SRNA #24 grab the resident's ankle and pull the resident "hard". They stated SRNA #24 seemed to be in a hurry or rushing and the resident preferred staff to be slow and easy due to the resident's contractures. They both stated the resident started yelling, telling SRNA to get away from him/her and that she had hurt him/her. The SRNAs stated the resident requested to talk to the RDO and was saying he/she wanted to file a grievance. SRNA #26 stated, SRNA #24 left the room and the RDO came to the room to talk to Resident #324. Interview with Licensed Practical Nurse (LPN)	{F 609}	Infection Preventionist, Medical Record, Wound Nurse or staff nurse to ensure they feel safe in the facility, have not witnessed abuse and have not been subject to abuse, daily until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Beginning 12/3/2021 residents with a BIMS of 7 or less will have their skin checked for any new bruise, redness, rash, blister, skin tears or open areas by the Regional Nurse Consultant, Director of Nursing, Assistant Director of Nursing, Staff development/ infection preventionist, wound nurse, or staff nurse daily until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. #4 Beginning the first week of December 2021 the Administrator/DON/ADON or Unit Manager quizzes 5 random staff monthly on the s/s of abuse and when to report abuse. Results are reported to the QAPI committee to ensure staff have a continue understanding of the policy/regulations related to abuse and neglect. At the QAPI meetings the results of the monitoring by the DON, Social Services, ADON, Administrator, and contract consultants will be reviewed by the Administrator, however any concerns identified will be addressed as discovered, including any needed education and/or progressive discipline. Beginning 12/3/2021 the Administrator will report, and review for timely reporting and	

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{F 609}	Continued From page 32 #11, on 11/30/2021 at 9:29 AM, revealed she was working on 11/10/2021. She stated Resident #324 filed a grievance with the RDO and the RDO asked the LPN to assess Resident #324. LPN #11 stated Resident #324 told her, SRNA #24 "grabbed" his/her ankle and "hurt" him/her. LPN #11 stated the resident had a wound to his/her ankle; however, there were no changes to the wound and no new injuries. According to LPN #11, staff should never turn/reposition a resident by using the foot/ankle. Continued review of the facility's Complaint/Grievance Report, dated 11/10/2021, and review of the facility abuse/neglect investigations, revealed no documented evidence Resident #324's allegation that SRNA #24 "jerked" or "hurt" the resident was reported to state agencies. Interview with the Social Worker (SW), on 11/21/2021 at 12:12 PM, and on 12/01/2021 at 10:13 AM, revealed she was the facility's Grievance Officer; however, was new to the facility and did not receive training on her role until 11/15/2021 and 11/16/2021 at a sister facility. The SW stated, she signed the form indicating the complaint/grievance was resolved; however, she was still in training when the incident occurred on 11/10/2021. She stated she was present with the RDO on 11/10/2021, when Resident #324 filed a grievance regarding SRNA #24. The SW stated Resident #324 reported SRNA #24 hurt him/her, but stated he/she was not abused when asked. She stated all grievances were reviewed with the RDO and the Administrator to ensure they were investigated appropriately as an abuse allegation or as a grievance. She further stated, because the	{F 609}	thorough investigation of grievances and any allegation of abuse/neglect received each day with the Regional Director of Operations and/or Divisional Vice President daily until the immediate jeopardy is removed and then weekly until substantial compliance is achieved. Beginning 12/20/21 the DON, ADON, Social Services Director, and the contract Consultants will report monitoring outcomes of in-services, assessments/interviews, competencies of staff, and test/checks, at the weekly and/or monthly QAPI Committee meetings.	

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{F 609}	Continued From page 33 resident stated he/she was not abused; the allegation was not reported. Interview with the Regional Director of Operations (RDO), on 11/21/2021 at 10:54 AM, and again on 11/23/2021 at 9:20 AM, revealed Resident #324 filed a grievance on 11/10/2021 related to care that was provided by SRNA #24. The RDO initially stated Resident #324 did not report SRNA hurt him/her and had the resident stated he/she was hurt, the allegation would have been reported as an abuse allegation. After discussing the Complaint/Grievance Form, which stated Resident #324 was hurt, the RDO acknowledged Resident #324 reported that SRNA #24 did hurt him/her. The RDO stated he asked the resident if he/she was abused, and the resident responded, "no". Therefore, the RDO stated the allegation was not reported as abuse. According to the RDO, the resident was satisfied with the resolution to reassign the SRNA to another area of the facility and to re-educate the SRNA on repositioning. Interview with the Administrator, on 11/21/2021 at 12:43 PM, revealed he was the Abuse Coordinator for the facility and investigated allegations of abuse. He stated he was aware Resident #324 filed a grievance against SRNA #24 on 11/10/2021, but stated because the resident did not say he/she was abused, the allegation was not reported to state agencies in accordance with facility policy. 2. Review of the facility policy titled, "Recognizing Signs and Symptoms of Abuse/Neglect", with a revision date of January 2011, revealed the facility would not condone any form of resident abuse or neglect. The policy further stated, all personnel	{F 609}		

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were to report any signs and symptoms of abuse/neglect to their supervisor or the Director of Nursing immediately.

Review of a "Self-Reported Incident Form", dated 11/10/2021, revealed on 11/10/2021, (no time documented), two (2) State Registered Nursing Assistants (SRNAs), SRNA #25 and SRNA #26, reported that another SRNA (SRNA #24) struck Resident #358 on the left shoulder while performing activities of daily living (ADL) care. The report noted that the reporting party was the facility Administrator.

Review of SRNA #25's Witness Statement, revealed she witnessed SRNA #24 strike Resident #358 on the left arm/shoulder while the resident was refusing care. Further, she and the other aide "stepped in" and provided care to the resident. Review of the written Witness Statement from SRNA #26, revealed she saw SRNA #24 strike Resident #358 on the left arm; and she and SRNA #25 took care of the resident after the event.

Interviews with SRNA #25, on 11/20/2021 at 7:29 PM and 12/01/2021 at 8:05 AM; and with SRNA #26, on 11/20/2021 at 1:47 PM and 11/21/2021 at 9:51 AM; revealed on 11/10/2021 they had just left Resident #324's room and SRNA #24 was "upset" about the incident with that resident. They stated they entered Resident #358's room at approximately 5:00 PM to provide care.

Continued interview with SRNA #25, on 11/20/2021 at 7:29 PM, revealed Resident #358 was resisting care and was yelling. She stated the resident was on his/her right side and SRNA #24 was behind the resident when she (SRNA #24)

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struck the resident on the left upper arm/shoulder area. SRNA #25 stated, it made an audible noise when she hit the resident and it "shocked" her. SRNA #25 stated they immediately reported the incident to the nurse on duty (Licensed Practical Nurse (LPN #11) after the incident occurred, who told her to report to Administration. She stated supper trays were on the floor and they did not report the allegation to the Assistant Director of Nursing (ADON) until the end of the shift at approximately 6:00 PM.

Continued interview with SRNA #26, on 11/20/2021 at 1:47 PM, and 11/21/2021 at 9:51 AM, revealed SRNA #24 was trying to get Resident #358 to change clothes and clean up because the resident had spilled something on the bed and the resident was wet. She stated the resident was refusing to change. She further stated SRNA #24 struck Resident #358 on the left arm/shoulder and it made an audible noise. Per interview, she and SRNA #25 reported the incident to the Assistant Director of Nursing (ADON), at approximately 6:00 PM at the end of the shift. SRNA #26 stated they did not immediately report the incident because supper trays were on the floor when they finished care for Resident #358, so they passed the supper trays. SRNA #26 stated SRNA #24 passed trays to the other residents as well and still "seemed upset". SRNA #26 stated she went to LPN #11 after they finished passing trays and the nurse told her it needed to be reported immediately to administration.

Interview with Licensed Practical Nurse (LPN) #11, on 11/21/2021 at 10:14 AM, and 11/30/2021 9:29 AM, revealed she was working on 11/10/2021 and SRNA #26 told her she witnessed

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SRNA #24 abuse Resident #358. LPN #11 stated she was unsure what time SRNA #26 told her of the abuse allegation, but stated it was "around the end of the shift." She stated she told the SRNA to report the allegation to Administration. LPN #11 stated she confirmed with the ADON approximately five (5) to ten (10) minutes later, the SRNA had reported the allegation and took no further action. LPN #11 stated she was aware abuse allegations were required to be reported immediately to administration, but did not report the allegation because she instructed SRNA #26 to report.

Interview with the Assistant Director of Nursing (ADON), on 11/20/2021 at 6:20 PM, and 11/21/2021 at 1:08 PM, revealed she did not remember the exact time SRNA #25 and SRNA #26 reported the abuse allegation involving Resident #358, but stated it was "around 6:00 PM", at the end of the shift. She stated they reported they "thought" they saw SRNA #24 hit Resident #358. The ADON stated SRNA #24 had already left the facility because her shift was over, but she was called back to the facility, gave a statement, and was suspended. She further stated she also notified the Administrator who was the Abuse Coordinator. The ADON stated she was unaware the incident had occurred at approximately 5:00 PM, and was not reported immediately.

Interview with the Administrator, on 11/21/2021 at 12:43 PM, and 11/22/2021 at 8:58 AM, revealed he believed he became aware of the incident with SRNA #24 and Resident #358 "almost immediately after it happened". He stated the ADON called him on 11/10/2021 after he had left for the day and told him about the incident. The

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Administrator stated when he got home, he made the notifications to the state agencies according to the policy. The Administrator stated that he was unaware the staff who witnessed the incident had not reported the incident to administration immediately. When the Administrator was asked to define "immediately" and the expectation for reporting, he stated staff was expected to report when the resident's safety was assured, and care had been provided.

The facility provided an acceptable Immediate Jeopardy Removal Plan, on 12/14/2021, that alleged removal of the Immediate Jeopardy (IJ) on 12/13/2021.

The facility implemented the following corrective actions:

1. On 12/02/2021, the Administrator interviewed Residents #324 and #358 regarding any concerns with abuse, and no concerns were voiced. On 12/02/2021, the Regional Nurse Consultant (RNC) also assessed the residents to ensure there was no new bruises, redness, rash, blister, skin tears or open areas, and there were no concerns.

The allegation of abuse by State Registered Nursing Assistant (SRNA) #24 to Resident #358 was re-investigated starting 12/03/2021 by the new Regional Director of Operations (RDO). SRNA #25 and #26 and Resident #358 were re-interviewed by new RDO on 12/03/2021.

The Allegation of abuse by SRNA #24 to Resident #358, was reported on 11/10/2021 to the state reporting agencies, police department, and the resident's attending physician. The allegation of

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abuse involving Resident #324 was reported on 11/21/2021, to the state reporting agencies, police department, and the resident's attending physician. SRNA #24 was suspended on 11/21/2021 and has not returned to work. SRNA #24 was also reported to the nurse aide registry on 12/06/2021.

2. All residents with a brief interview for mental status (BIMS) score of eight (8) or greater were interviewed and residents with a BIMS of seven (7) or less were assessed by the RNC, Assistant Director of Nursing (ADON), and/or Administrator on 12/02/2021. The residents were assessed for signs of abuse and were asked if they felt safe, had witnessed, or were subjected to, abuse in the facility. There were no concerns identified.

3. The Regional Director of Operations (RDO) was re-educated on 12/02/2021 by the Divisional Vice President (DVP) on Abuse Investigation Reporting, Abuse Prevention, and Recognizing Signs of Abuse. A new RDO was assigned to oversee the building as of 12/03/2021.

4. On 12/03/2021 the new Regional Director of Operations (RDO) re-educated the facility interdisciplinary management team, including the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director, Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor regarding the definition of Abuse. "Abuse" was defined as the willful infliction of injury, unreasonable confinement, intimidation, or

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{F 609}	Continued From page 39 punishment with resulting physical harm, pain, or mental anguish. The training also included Abuse Investigation and Reporting, which included reporting an alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the residents were safe, and then immediately report the situation to the immediate supervisor, who would immediately notify the abuse coordinator, who was currently the Administrator. Training of the Immediate Supervisors was done through the previously mentioned abuse training. The Staff Development coordinator administered a written test following training sessions. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. 5. All staff working 12/02/2021 on the 6 PM to 6 AM shift was verbally re-educated by the ADON on the definition of Abuse and Abuse Investigation and Reporting. The training included reporting any alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the resident was safe, and immediately report to their supervisor who would immediately report to the abuse coordinator, in accordance to the abuse policy. Staff not working, including agency staff and new hires would be educated on their next scheduled shift. Prior to staff working their next shift, the Staff Development Coordinator administered a written post-test. If staff did not achieve the passing	{F 609}		

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score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. One hundred (100%) percent of the facility staff have been educated.

On 12/03/2021, the Director of Nursing (DON) reeducated SRNA #25 and SRNA #26 on the requirement to immediately report to the department supervisor any verbal allegation or witnessed abuse or neglect immediately upon witnessing or hearing it. Training was also provided that the alleged perpetrator would be removed from the building pending the investigation. The Administrator would then coordinate the investigation and report to all required agencies.

6. Beginning 12/03/2021 the Regional Nurse Consultant (RNC), Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD) would interview residents with a BIMS score of eight (8) or greater daily and assess the skin of residents with a BIMS score of seven (7) or less daily for any signs of abuse or any unidentified to ensure they feel safe in the facility, have not witnessed abuse, and have not been subject to abuse, until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Results of the interviews would be reported to the Quality Assurance Performance Improvement (QAPI) committee by the DON/ADON.

7. On 12/03/2021, the New RDO and/or DVP reviewed the grievance log for the last thirty (30) days to ensure no abuse allegations were noted on the grievance log and not reported or investigated. There were no logged grievances

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{F 609}	Continued From page 41 that alleged abuse or neglect. 8. Grievance forms were located on each hallway and all grievances would be reviewed by the grievance officer, the Administrator. All Grievances/complaints filed with the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The grievance officer would either investigate the grievance or assign the grievance to the department director/supervisor for investigation. Beginning 12/03/2021, the Administrator would also report and review grievances received each day with the Regional Director of Operations (RDO) or Divisional Vice President (DVP) daily until the immediate jeopardy was removed and then weekly until substantial compliance was achieved. 9. On 12/03/2021 the Rytes Company (outside consulting firm contracted to achieve compliance) the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant were re-educated on the definition of abuse, abuse reporting and abuse investigating, Grievance and complaints and staff responsibility. The Chief Operating Officer, Master Healthcare Administration (MHA), Master of Public Administration and Geriatric Healthcare (MPA), Licensed Nursing Home Administrator (LNHA), and Certified Healthcare Compliance Specialist (CHC) of the Rytes Company provided an in-depth review and education session on abuse investigation, abuse reporting, recognizing signs and symptoms of abuse and neglect. They also reviewed the compliance requirements, the self-reporting incident form, and the Kentucky mandatory	{F 609}		

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{F 609}	Continued From page 42 reporting requirement. 10. Beginning 12/03/2021 a member of the governing body would be on site at the facility daily until the immediate jeopardy was removed and substantial compliance was achieved. Members of the governing body included the New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. While a member of the governing body was in the facility, they would review the resident abuse interviews and grievances filed each day to ensure allegations of abuse, and/or allegations were reported, investigated, and alleged perpetrators suspended. Information gathered from audits would be provided to the facility's Quality Assurance Performance Improvement (QAPI) program and the Administrator would report to the governing body. The State Survey Agency verified the facility implemented the following corrective actions: 1. Review of facility documentation revealed the Administrator interviewed Residents #324 and #358 and the Regional Nurse Consultant (RNC) assessed the residents as outlined in the allegation of compliance (AOC) on 12/02/2021, and no concerns were identified. Review of facility documentation also revealed the new Regional Director of Operations (RDO) interviewed Resident #324 and #358 on 12/03/2021 and the allegation regarding both residents was re-investigated as stated in the AOC by the new RDO. Further review of facility documentation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the allegation of abuse regarding SRNA# 24 and	{F 609}		

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{F 609}	Continued From page 43 Resident #358 was reported on 11/10/2021 to the state agencies, the police department, and the resident's attending physician and the allegation regarding Resident #324 was reported on 11/21/2021, to the state agencies, the police department, and the resident's attending physician. Review of investigation findings after re-opening the allegation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the facility suspended the SRNA #24 on 11/21/2021, and her employment was terminated. The facility reported the SRNA to the nurse aide abuse registry on 12/06/2021. Review of SRNA# 24's timecard and interview with the DVP on 12/16/2021 at 4:50 PM confirmed State Registered Nurse Aide (SRNA) #24 was suspended on 11/21/2021 and had now worked at the facility since that date. Interview with Resident #324 on 12/16/2021 at 11:30 AM and interview with Resident #358 on 12/16/2021 at 11:40 AM revealed both residents felt safe in the facility, no complaints regarding care/treatment were voiced and both residents stated they were free from abuse. 2. Review of interviews/skin assessments conducted by the Regional Nurse Consultant (RNC), Assistant Director of Nursing (ADON) and/or Administrator on 12/02/2021 revealed all residents with a BIMS with eight (8) or greater were asked if they felt safe in the facility, had witnessed abuse, or had been subject to abuse and no concerns were identified. Further reviews and interview with the ADON on 12/16/2021 at 4:33 PM revealed on 12/02/2021 residents with a	{F 609}		

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{F 609}	Continued From page 44 BIMS score of seven (7) or less were assessed for signs of abuse, any open areas, new bruising, redness, rash, blisters or skin tears and no concerns were identified. 3. Review of education provided to the Regional Director of Operations (RDO) revealed the Divisional Vice President (DVP) re-educated the Administrator on 12/02/2021 on facility's Abuse Investigation Reporting, Abuse Prevention Program, and Recognizing Signs of Abuse. Interview with the DVP on 12/16/2021 at 4:50 PM revealed a new RDO was assigned to oversee the building as of 12/03/2021. 4. Review of the training materials and sign in sheets revealed the Regional Director of Operations (RDO) re-educated the facility interdisciplinary team on 12/03/2021 regarding abuse to include the following staff members: the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD), Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager and Housekeeping/Laundry Supervisor. Review of facility provided competency testing documents revealed the facility interdisciplinary team completed a written post-test, with a passing score of one hundred (100%) percent. Interview with the ADON on 12/16/2021 at 4:33 PM, the Social Services Director on 12/16/2021 at 4:20 PM, and the Director of Nursing (DON) on 12/16/2021 at 4:25 PM revealed they had received training regarding the facility's abuse	{F 609}		

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{F 609}	Continued From page 45 policy/procedures and had taken a post-test following the education training. 5. Interview with the ADON on 12/16/2021 at 4:33 PM and review of education provided to staff revealed all staff working on 12/02/2021 on the 6 PM-6 AM shift were verbally re-educated by the ADON regarding the definition of abuse. Further review of ongoing education provided and continued interview with the ADON on 12/16/2021 at 4:33 PM, revealed staff that were not scheduled to work, which included agency staff and new hires were educated and were required to take a post-test competency before their next scheduled shift. Record review and interview with the ADON revealed all staff had been educated and completed a post-test by 12/13/2021. Interview with SRNA #1 on 12/16/2021 at 3:00 PM; Licensed Practical Nurse (LPN) # 10 on 12/16/2021 at 3:20 PM; and interview with Registered Nurse (RN) #12 on 12/16/2021 at 3:15 PM; confirmed training also included Abuse Investigation/Reporting and that any alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) should be reported immediately to the department supervisor. The ADON and SRNA interview also revealed staff were instructed that if an employee suspected that abuse had occurred, they were to immediately ensure the resident was safe. They stated they were then required to immediately report to their supervisor. Further, the supervisor would remove the alleged perpetrator from the building pending the investigation and immediately reported the allegation to the abuse coordinator.	{F 609}		

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PARKVIEW POST-ACUTE AND REHABILITATION CENTER	200 NURSING HOME LANE PIKEVILLE, KY 41501

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{F 609}	Continued From page 46 Interview with the Director of Nursing (DON) on 12/16/2021 at 4:25 PM and review of education provided to staff revealed on 12/03/2021, the facility reeducated State Registered Nursing Assistant (SRNA) #25 and SRNA #26 to immediately report any allegations of abuse to the department supervisor when the incident occurred. Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he would coordinate the investigations and ensure all allegations were reported to state agencies as required. Review of an alleged incident of resident to resident abuse between Resident #322 and Resident #361 which occurred on 12/14/2021 at 3:10 PM revealed no concerns with the facility practices of reporting nor investigating. The investigation was ongoing; however, actions had been taken to protect those and all other residents and no concerns were identified. Interview with Resident #322 on 12/16/2021 at 3:40 PM and interview with Resident #361 on 12/16/2021 at 3:30 PM revealed they felt safe in the facility and had no concerns related to abuse. 6. Interview with the ADON on 12/16/2021 at 4:33 PM and review of Resident Abuse Interview Questionnaires revealed beginning on 12/03/2021 all residents in the facility with a BIMS of eight (8) or greater were interviewed daily by the DON, RNC #2, ADON and/or Social Worker to ensure the residents felt safe, had not been subject to abuse, and had not witnessed abuse. No concerns were identified. Interview with Resident #362 on 12/16/2021 at	{F 609}		

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{F 609}	Continued From page 47 12:00 PM, Resident #361 at 3:30 PM and Resident #322 at 3:40 PM confirmed staff were interviewing them daily. The stated they had no concerns of abuse or neglect and none had been reported to facility staff during the interviews Review of skin assessments revealed beginning on 12/03/2021, the RNC, DON and ADON assessed the skin of residents with a BIMS of seven (7) or less daily to ensure any new bruise, redness, rash, blister, skin tears or open areas had not occurred. No concerns were identified. 7. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she reviewed the grievance log on 12/03/2021 for the previous thirty (30) days to ensure no allegations of abuse was included on the log and no concerns were identified. 8. Observations on 12/16/2021 revealed grievance forms were located on each hallway of the resident care units in the facility. Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he was the grievance officer and would oversee the process to ensure any grievances/complaints voiced at the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The Administrator also stated he would oversee the process in the facility to ensure the regulatory guidelines regarding grievances were followed. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she continued to review the grievance log daily and oversee to ensure the facility was in compliance with the grievance process.	{F 609}		

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{F 609}	Continued From page 48 Interview with Licensed Practical Nurse (LPN) #10 on 12/16/2021 at 3:20 PM and review of training provided to staff confirmed staff were retrained and were required to take a post-test following the training, regarding the grievance process in the facility. Review of facility grievance forms revealed a grievance was filed on 12/14/2021 by Resident #362 regarding his/her bathroom appearance and odor. Further review revealed the grievance was investigated, the resident was interviewed, and the resident's grievance was resolved on 12/16/2021. There were no allegations of abuse, neglect documented on the grievance log/grievance form. Interview with Resident #362 on 12/16/2021 at 12:00 PM revealed he/she had voiced a grievance regarding cleanliness of his/her bathroom and facility staff had resolved the grievance. The resident had no current concerns with care/treatment in the facility. 9. Review of training documentation, testing documentation, and sign-in sheets revealed on 12/03/2021, the Rytes Company, educated the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant on the definition of abuse, abuse reporting and abuse investigating, grievances and complaints and staff responsibility. The Governing body members were also educated on conducting abuse investigations, abuse reporting, recognizing signs and symptoms of abuse and neglect, state agency compliance requirement, a self-reporting	{F 609}		

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{F 609}	Continued From page 49 incident form and the Kentucky mandatory reporting requirement. Interview with the Administrator on 12/16/2021 at 4:40 PM, RNC #2 on 12/16/2021 at 3:40 PM, and with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed they attended the training provided by the Rytes company regarding identifying and reporting abuse, grievances and policies, and completed a post-test following the training. 10. Review of records and interview with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed that beginning 12/03/2021, a member of the governing body was onsite at the facility daily and would continue to be onsite daily until the immediate jeopardy was removed, and substantial compliance was achieved. The governing body member in the facility also reviewed the residents' abuse interviews, and grievances filed each day to ensure there were no allegations of abuse that were not immediately investigated, and alleged perpetrators were suspended per the facility policy and regulatory guidelines. Continued interviews revealed the information they gathered, and audit information was taken to QAPI. Review of the facility's QAPI meetings revealed the team met on 12/13/2021 and documentation provided no evidence any new concerns were identified.	{F 609}		
{F 610} SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility	{F 610}		12/21/21

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{F 610}	Continued From page 50 must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey 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 interview, record review, and facility policy review, it was determined the facility failed to ensure allegations of abuse were thoroughly investigated for two (2) of three (3) sampled residents (Resident #324 and Resident #358). On 11/10/2021 at approximately 4:30 PM, State	{F 610}	F610 The Allegation of abuse by SRNA# 24 to resident # 324 was re-investigated starting 12/3/2021 by the new Regional Director of Operations. SRNA #25 and # 26 were re-interviewed by new Regional Director of Operations on 12/3/2021&& Resident #	

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{F 610}	Continued From page 51 Registered Nursing Assistant (SRNA) #24 grabbed Resident #324 by the ankle and "jerked" the resident during turning and repositioning of the resident. Resident #324 reported to the facility Social Worker (SW) and to the Regional Director of Operations (RDO) that SRNA #24 "hurt" him/her. Interview with the RDO and the facility's SW and review of a grievance form dated 11/10/2021, revealed the RDO and SW went to Resident #324's room and the resident informed them SRNA #24 hurt him/her; however, the facility took no action to remove the SRNA from resident care. The facility completed a "grievance" which stated the grievance would be resolved by moving SRNA #24 to another floor; however, and there was no documented evidence the facility completed a thorough investigation of the allegation in order to determine if SRNA #24 abused Resident #324. Furthermore, approximately thirty (30) minutes later, on 11/10/2021 at approximately 5:00 PM, SRNA #24 entered Resident #358's room with SRNA #25 and SRNA #26. Resident #358 was resistive to care and yelling; and SRNA #24 proceeded to strike Resident #358 on the left arm/shoulder. The facility suspended SRNA #24 and initiated an investigation. However, the facility concluded SRNA #24 did not abuse Resident #358 prior to thoroughly investigating the allegation and considering there were two (2) witnesses to the incident. The facility also failed to review the events leading up to the alleged incident and failed to consider a previous incident on 11/10/2021, where another resident alleged the same staff (SRNA #24) "hurt" him/her. The facility permitted SRNA #24 to return to work on 11/17/2021, providing resident care. Additionally, SRNA #25 and SRNA #26 witnessed the incident,	{F 610}	324 was re-interviewed by new Regional Director of Operations on 12/3/2021. The Allegation of abuse by SRNA# 24 to resident # 358 was re-investigated starting 12/3/2021 by the new Regional Director of Operations. SRNA #25 and # 26 were re-interviewed by new Regional Director of Operations on 12/3/2021&& Resident # 358 was re-interviewed by new Regional Director of Operations on 12/3/2021. SRNA #24 was terminated on 12/9/2021. All residents with a BIMS of 8 or greater were interviewed by the Regional Nurse Consultant, Assistant Director of Nursing and/or Administrator on 12/2/2021. The residents were asked if they felt safe in the facility, had witnessed abuse or had been subject to abuse. No residents voiced any concerns. All residents with a BIMS of 7 or less had their skin checked for any new bruise, redness, rash, blister, skin tears or open areas by the regional nurse consultant and/or Assistant Director of Nursing on 12/2/2021. There were no new skin issues identified All staff working 12/2/2021 on the 6p-6a shift were verbally re-educated by the Assistant Director of Nursing on the definition of Abuse- Abuse is defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish and Abuse Investigation and Reporting - An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported	

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{F 610}	Continued From page 52 at approximately 5:00 PM, but failed to report until approximately 6:00 PM, and the facility investigation failed to identify this failure to immediately report. The facility's failure to have an effective system in place to ensure all allegations of abuse were thoroughly investigated has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ) was identified on 12/02/2021, and was determined to exist on 11/10/2021, at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610), 42 CFR 483.70 Administration (F835 and F837), and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867). Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610). The facility was notified of Immediate Jeopardy on 12/02/2021 and IJ is ongoing. Refer to F600 and F609 An acceptable allegation of compliance (AoC) was received on 12/14/2021, which alleged removal of the Immediate Jeopardy on 12/13/2021. The State Survey Agency determined the Immediate Jeopardy was removed as alleged during a revisit conducted on 12/16/2021, which lowered the scope and severity to "D" at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867), while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include:	{F 610}	immediately to the department supervisor who will then call the abuse coordinator. If an employee suspects that either of the above has happened, they are to immediately ensure the resident is safe, and immediately report to their supervisor who will immediately report to the abuse coordinator, in accordance to the abuse policy. The supervisor will remove the alleged perpetrator from the building pending the investigation. The Administrator will then coordinate the investigation and report to all required agencies. Beginning 12/3/2021 staff not working on 12/2/2021 including agency staff and new hires will be educated by the DON, ADON, IP, Regional Director of Nursing, regional nurse or consultant on their next scheduled shift. All employees who have worked have been in-serviced and completed a post-test competency by 12/20/2021. The CMS hand in hand training module 5 Preventing and responding to Abuse has been added to the annual training program for all employees of Parkview. All Grievances/complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s). Grievance forms are located on each hallway, all grievances will be reviewed grievance officer who is the Administrator. The Social Service Director will serve as a backup grievance officer to the Administrator. Grievance officer will either investigate grievance or assign the grievance to the manager of the department it relates to for investigation. The grievance officer will	

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{F 610}	Continued From page 53 Review of the facility policy titled "Abuse Investigating and Reporting", with a revision date of July 2017, revealed all reports of resident abuse shall be promptly reported to local, state, and federal agencies and thoroughly investigated by facility management. The policy further stated the individual conducting the investigation would interview any witnesses to the incident, interview all staff members (on all shifts) who had contact with the resident during the period of the alleged incident, and review all events leading up to the alleged incident. Review of the facility policy titled "Grievances/Complaints, Filing", with a revision date of April 2017, revealed grievances and complaints would be investigated, and the Grievance officer would coordinate actions with the appropriate state and federal agencies depending on the nature of the allegation. The policy further stated all alleged violations of abuse or neglect would be investigated under the guidelines for reporting abuse and neglect. 1. Review of Resident #324's medical record revealed the facility admitted the resident on 03/24/2021 with diagnoses which included Quadriplegia, Chronic Pain Syndrome, and Contractures. Review of a Complaint/Grievance Report, dated 11/10/2021, untimed, revealed Resident #324 reported to the facility Social Worker (SW), a SRNA "grabbed" his/her ankle, which was bandaged and "jerked" the resident's legs. The resident informed the SW, it "hurt". The report was signed as completed on 11/10/2021 and the plan to resolve the grievance was to reassign the	{F 610}	follow up on grievances to ensure a thorough investigation has been conducted and the grievance has been resolved. Beginning 12/3/2021 staff not working on 12/2/2021 including agency staff and new hires will be educated by the DON, ADON, IP, Regional Director of Nursing, regional nurse or consultant on their next scheduled shift. All employees who have worked have been in-serviced and completed a post-test competency by 12/20/2021. The New Regional Director of Operations and/or Divisional VP reviewed the grievance log for the last 30 days on December 3, 2021 to ensure no abuse allegations were noted on the grievance log and not reported or investigated. There were no logged grievances that alleged abuse or neglect. #4 Beginning the first week of December 2021 the Administrator/DON/ADON or Unit Manager quizzes 5 random staff monthly on the s/s of abuse and when to report abuse. Results are reported to the QAPI committee to ensure staff have a continue understanding of the policy/regulations related to abuse and neglect. Beginning 12/3/2021 residents with a BIMS of 8 or greater will be interviewed by the Regional Nurse Consultant, Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Staff Development/ Infection Preventionist, Medical Record, Wound Nurse or staff nurse to ensure they feel safe in the facility, have not witnessed abuse and have not been	

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{F 610}	Continued From page 54 SRNA to work another floor and educate the SRNA on positioning. Review of training documentation revealed SRNA #24 was re-educated on 11/17/2021 on Abuse Prevention and Reporting as well as turning and repositioning of residents. Review of the Nurse's Progress Note, dated 11/10/2021 at 5:30 PM, revealed Resident #324's ankle was assessed, and there was no changes to the wound that was present, and no redness or concerns were noted. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 11/11/2021, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BIMS) score of fifteen (15) out of fifteen (15) indicating the resident was cognitively intact. Interview with Resident #324, on 11/20/2021 at 9:02 AM, revealed he/she did recall the incident which occurred on 11/10/2021 with SRNA #24. Resident #324 stated, "She did abuse me". The resident further stated, he/she did not like that the SRNA still worked at the facility because, "She could hurt someone else". Interview with State Registered Nursing Assistant (SRNA) #25, on 11/20/2021 at 7:29 PM and 12/01/2021 at 8:05 AM, and with SRNA #26, on 11/20/2021 at 1:47 PM and 11/21/2021 at 9:51 AM, revealed they witnessed the incident with Resident #324 and SRNA #24 on 11/10/2021 around 4:30 PM. Both SRNAs stated SRNA #24 grabbed Resident #324 by the ankle and "jerked" or "quickly moved" the resident's leg. Both SRNAs stated they were not interviewed regarding the incident or asked to provide a	{F 610}	subject to abuse, daily until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Beginning 12/3/2021 residents with a BIMS of 7 or less will have their skin checked for any new bruise, redness, rash, blister, skin tears or open areas by the Regional Nurse Consultant, Director of Nursing, Assistant Director of Nursing, Staff development/ infection preventionist, wound nurse, or staff nurse daily until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Beginning 12/3/2021 the Administrator will report, and review for timely reporting and thorough investigation of grievances and any allegation of abuse/neglect received each day with the Regional Director of Operations and/or Divisional Vice President daily until the immediate jeopardy is removed and then weekly until substantial compliance is achieved.	

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{F 610}	Continued From page 55	{F 610}		

statement regarding the incident.

Interview with the Regional Director of Operations (RDO), on 11/21/2021 at 10:54 AM, and again on 11/23/2021 at 9:20 AM, revealed Resident #324 filed a grievance on 11/10/2021 related to care provided by SRNA #24. The RDO initially stated Resident #324 did not say the SRNA hurt him/her. Per interview, if the resident had stated the SRNA hurt him/her, then the allegation would have been investigated as an abuse allegation. Later during the interview, the RDO stated Resident #324 reported SRNA #24 did hurt him/her; however, when he (RDO) asked the resident if he/she was abused, the resident responded, "no". Per the RDO, therefore, the allegation was not investigated or reported as abuse. Continued interview revealed an investigation was not completed because the resident was satisfied with the resolution to reassign SRNA #24 to another area of the facility and to re-educate the SRNA on repositioning. The RDO stated the grievance was satisfied immediately and therefore an investigation was not completed. The RDO confirmed SRNA #24 was not removed from patient care immediately after this incident.

Interview with the Social Worker (SW), on 11/21/2021 at 12:12 PM and on 12/01/2021 at 10:13 AM, revealed she was the Grievance Officer for the facility and just started as the social worker in the facility on 11/03/2021. Per interview, at the time the incident occurred on 11/10/2021, she was still in training. Further, she received training at a sister facility on her role as the Grievance Officer on 11/15/2021 and 11/16/2021. The SW stated she was present with the RDO on 11/10/2021 when Resident #324 filed the grievance regarding SRNA #24. Per interview,

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Resident #324 reported SRNA #24 hurt him/her, but when questioned further, the resident stated he/she was not abused. The SW further stated all grievances were reviewed with the RDO and the Administrator to ensure they were investigated appropriately as abuse if necessary. She stated because Resident #324 stated he/she was not abused, the complaint was not investigated as an abuse allegation.

Interview with the Administrator, on 11/21/2021 at 12:43 PM, revealed he was the Abuse Coordinator for the facility and investigated any allegations of abuse. He stated he was aware Resident #324 filed a grievance against SRNA #24 on 11/10/2021; however, the resident did not say he/she was abused. Further interview revealed the allegation was not investigated as abuse and therefore, there was no documentation of an abuse investigation nor was SRNA #24 immediately removed from resident care due to this incident.

2. Review of Resident #358's clinical record revealed the facility admitted the resident on 03/14/2020 with diagnoses including Cerebral Infarction, Chronic Obstructive Pulmonary Disease, and Anxiety. Review of the Quarterly MDS Assessment with a reference date of 09/01/2021, revealed the facility assessed the resident as having a Brief Interview for Mental Status (BMS) score of fifteen (15) out of fifteen (15) indicating the resident was cognitively intact.

Review of a "Self-Reported Incident Form" dated 11/10/2021, revealed on 11/10/2021, SRNA #25 and SRNA #26 reported SRNA #24 struck Resident #358 on the left shoulder while performing activities of daily living (ADL) care.

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The form noted that the Administrator was the reporting party.

Review of Resident #358's Nurse's Progress Note, dated 11/10/2021, revealed there was no redness or bruising noted to the left shoulder.

Review of State Registered Nursing Assistant (SRNA) #25's written Witness Statement, dated 11/10/2021, revealed she witnessed SRNA #24 strike Resident #358 on the left arm/shoulder while the resident was refusing care. Further review revealed she and the other aide "stepped in" and provided care to the resident.

Review of SRNA #26's written Witness Statement, undated, revealed she saw SRNA #24 strike Resident #358 on the left arm and she and SRNA #25 took care of the resident after the event.

Review of SRNA #24's Witness Statement, undated, revealed while providing care to Resident #358, she "tapped" the resident's hand to encourage the resident to turn.

Interview with Resident #358, on 11/21/2021 at 12:05 PM, revealed he/she would get aggravated with staff at times and would "get loud" with them. The resident stated sometimes he/she did not like to be bothered. Per interview, when he/she yelled at the staff, they would usually leave him/her alone for a while "like they should" and come back later. The resident further stated he/she did not recall an incident where staff hit him/her.

Interview with State Registered Nursing Assistant (SRNA) #25, on 11/20/2021 at 7:29 PM and 12/01/2021 at 8:05 AM, revealed she provided

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care to Resident #358 on 11/10/2021 at approximately 5:00 PM, with SRNA #24 and SRNA #26. She stated Resident #358 was resisting care and yelling. She further stated the resident was on his/her right side and SRNA #24 was behind the resident when SRNA #24 struck the resident on the left upper arm/shoulder area. SRNA #25 stated she heard an audible noise when SRNA #24 hit the resident and it "shocked" her. Continued interview revealed SRNA #25 and SRNA #26 reported the incident at the end of the shift to the Assistant Director of Nursing (ADON) at approximately 6:00 PM and was asked to provide a written statement as to what happened to the Regional Director of Operations. Per interview, she provided a written statement, but was not interviewed again about the incident nor asked to provide any further information.

Interview with SRNA #26, on 11/20/2021 at 1:47 PM and 11/21/2021 at 9:51 AM, revealed the incident on 11/10/2021 with Resident #358 happened at approximately 5:00 PM. She stated SRNA #24, SRNA #25, and she (SRNA #26) went to Resident #358's room to provide care for the resident. Per interview, SRNA #24 was trying to get Resident #358 to change clothes and clean up because the resident had spilled something on the bed. SRNA #26 stated the resident was wet and was refusing to change. She further stated SRNA #24 struck Resident #358 on the left arm/shoulder and it made an audible noise. Continued interview revealed she and SRNA #25 reported the incident to the Assistant Director of Nursing (ADON) at approximately 6:00 PM, at the end of the shift and was asked to provide a written statement at that time. SRNA #26 stated she was not interviewed again by facility staff nor asked any further questions regarding the

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{F 610}	Continued From page 59 incident. Interview with SRNA #24, on 11/20/2021 at 7:08 PM and on 11/30/2021 at 5:15 PM, revealed she denied grabbing Resident #324's ankle. Per interview, she was moving one of the pillows used for positioning the resident when the resident starting yelling and telling her to get out of the room. SRNA #24 stated when she went out into the hallway, she motioned for the RDO to come to the resident's room and informed him that the resident wanted to file a grievance. Further interview revealed on 11/10/2021 at approximately 4:30 PM, she entered Resident #358's room to provide care and it appeared he/she had spilled juice on his/her bed and clothing. SRNA #24 stated, while trying to encourage Resident #358 to roll over so they could change his sheets and shirt, she "tapped" the resident on the shoulder. SRNA #24 stated she did not slap or strike the resident and only "tapped" the resident to encourage him/her to turn. She stated after the resident was changed, the supper trays were on the floor, so they passed the supper trays and then she clocked out. She further stated soon after she clocked out and went to her car, she received message to come back to the facility and give a statement. She stated she was suspended for a week and then went back to work. Interview with the Assistant Director of Nursing (ADON), on 11/20/2021 at 6:20 PM, and 11/21/2021 at 1:08 PM, revealed at approximately 6:00 PM on 11/10/2021, SRNA #25 and SRNA #26 reported to her, "they thought" they saw SRNA #24 hit Resident #358. The ADON further stated SRNA #24 had already left because it was the end of the shift, so she called the SRNA, and	{F 610}		

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she came back to the facility to provide a written statement. She further stated at that point SRNA was suspended pending the investigation. Continued interview revealed the ADON went to Resident #358's room within five to ten (5-10) minutes of when the incident was reported and performed a skin assessment on the resident and found no redness or bruising. Per interview, she also asked the resident if anyone had hit him/her or was mean to him/her, and the resident denied being hit by anyone.

Interview with Licensed Practical Nurse (LPN) #11, on 11/21/2021 at 10:14 AM and 11/30/2021 9:29 AM, revealed she was working on 11/10/2021 when SRNA #26 reported to her that she witnessed SRNA #24 abuse Resident #358. LPN #11 stated she was assigned to care for Resident #358 on 11/10/2021 and was working at the time of the incident, but was not asked to provide a statement and was not interviewed regarding the incident.

Review of the facility's Investigation, revealed a completion date of 11/16/2021. The summary of the investigation revealed residents with a BIMS score greater than eight (8) were interviewed and asked if they felt safe, if they were being treated well, and if they had any concerns. Further review of the investigation revealed skin assessments for residents with BIMS scores of less than eight (8) were completed. The summary further revealed staff and the resident involved were interviewed. However, there was no documented evidence of interviews with staff in the investigation, only written statements from SRNA #24, SRNA #25, and SRNA #26. The summary further stated, based on Resident #358's statement, the allegation of abuse was

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unsubstantiated. There was no documented evidence in the investigation that the previous incident with Resident #324 and SRNA #24 was considered, or that the events leading up to the incident with SRNA #24 and Resident #358 were reviewed. Furthermore, there was no documented evidence the facility identified during the investigation, that SRNA #25 and SRNA #26 failed to immediately report an allegation of abuse.

Interview with the Regional Director of Operations (RDO), on 11/21/2021 at 10:54 AM, revealed on 11/10/2021, two (2) SRNAs (SRNA #25 and SRNA #26) reported an allegation of abuse to the ADON. The RDO stated the witnesses wrote out their statements and a statement was obtained from the SRNA (SRNA #24) that the allegation was against, and she was suspended. The RDO stated all the information was given to the Administrator because he was the abuse coordinator and took over the investigation.

Interview with the Administrator, on 11/21/2021 at 12:43 PM and 11/22/2021 at 8:58 AM, revealed he received training on the abuse policy upon hire as the administrator. Per interview, he was the facility Abuse Coordinator and was responsible for completing abuse investigations. The Administrator stated he became aware of the incident with SRNA #24 and Resident #358 "almost immediately after it happened". He stated the ADON called him on 11/10/2021, after he had left for the day and told him about the incident and they (the ADON and the RDO) had suspended SRNA #24 and were getting statements from the staff. The Administrator stated when he got home, he made the notifications to the state agencies, according to

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the policy. However, per interview, the Administrator was unaware SRNA #25 and SRNA #26 witnessed the incident, at approximately 5:00 PM, but failed to report until approximately 6:00 PM, as this had not been identified during the investigation of the incident. The Administrator stated he completed the investigation on 11/16/2021 and unsubstantiated the allegation of abuse based on Resident #358's statement that he/she was not abused. Further interview, revealed he was aware of the incident on 11/10/2021, which occurred when SRNA #24 provided care for Resident #324. However, he stated he did not consider this incident when making the determination that the allegation with Resident #358 was unsubstantiated. The Administrator stated the incident with Resident #324 was "a care issue" and not an allegation of abuse.

The facility provided an acceptable Immediate Jeopardy Removal Plan, on 12/14/2021, that alleged removal of the Immediate Jeopardy (IJ) on 12/13/2021.

The facility implemented the following corrective actions:

1. On 12/02/2021, the Administrator interviewed Residents #324 and #358 regarding any concerns with abuse, and no concerns were voiced. On 12/02/2021, the Regional Nurse Consultant (RNC) also assessed the residents to ensure there was no new bruises, redness, rash, blister, skin tears or open areas, and there were no concerns.

The allegation of abuse by State Registered Nursing Assistant (SRNA) #24 to Resident #358

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was re-investigated starting 12/03/2021 by the new Regional Director of Operations (RDO). SRNA #25 and #26 and Resident #358 were re-interviewed by new RDO on 12/03/2021.

The Allegation of abuse by SRNA #24 to Resident #358, was reported on 11/10/2021 to the state reporting agencies, police department, and the resident's attending physician. The allegation of abuse involving Resident #324 was reported on 11/21/2021, to the state reporting agencies, police department, and the resident's attending physician. SRNA #24 was suspended on 11/21/2021 and has not returned to work. SRNA #24 was also reported to the nurse aide registry on 12/06/2021.

2. All residents with a brief interview for mental status (BIMS) score of eight (8) or greater were interviewed and residents with a BIMS of seven (7) or less were assessed by the RNC, Assistant Director of Nursing (ADON), and/or Administrator on 12/02/2021. The residents were assessed for signs of abuse and were asked if they felt safe, had witnessed, or were subjected to, abuse in the facility. There were no concerns identified.

3. The Regional Director of Operations (RDO) was re-educated on 12/02/2021 by the Divisional Vice President (DVP) on Abuse Investigation Reporting, Abuse Prevention, and Recognizing Signs of Abuse. A new RDO was assigned to oversee the building as of 12/03/2021.

4. On 12/03/2021 the new Regional Director of Operations (RDO) re-educated the facility interdisciplinary management team, including the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social

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{F 610}	Continued From page 64 Service Director, Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor regarding the definition of Abuse. "Abuse" was defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. The training also included Abuse Investigation and Reporting, which included reporting an alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the residents were safe, and then immediately report the situation to the immediate supervisor, who would immediately notify the abuse coordinator, who was currently the Administrator. Training of the Immediate Supervisors was done through the previously mentioned abuse training. The Staff Development coordinator administered a written test following training sessions. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. 5. All staff working 12/02/2021 on the 6 PM to 6 AM shift was verbally re-educated by the ADON on the definition of Abuse and Abuse Investigation and Reporting. The training included reporting any alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were	{F 610}		

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to immediately ensure the resident was safe, and immediately report to their supervisor who would immediately report to the abuse coordinator, in accordance to the abuse policy. Staff not working, including agency staff and new hires would be educated on their next scheduled shift. Prior to staff working their next shift, the Staff Development Coordinator administered a written post-test. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. One hundred (100%) percent of the facility staff have been educated.

On 12/03/2021, the Director of Nursing (DON) reeducated SRNA #25 and SRNA #26 on the requirement to immediately report to the department supervisor any verbal allegation or witnessed abuse or neglect immediately upon witnessing or hearing it. Training was also provided that the alleged perpetrator would be removed from the building pending the investigation. The Administrator would then coordinate the investigation and report to all required agencies.

6. Beginning 12/03/2021 the Regional Nurse Consultant (RNC), Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD) would interview residents with a BIMS score of eight (8) or greater daily and assess the skin of residents with a BIMS score of seven (7) or less daily for any signs of abuse or any unidentified to ensure they feel safe in the facility, have not witnessed abuse, and have not been subject to abuse, until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Results of the interviews would be

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{F 610}	Continued From page 66 reported to the Quality Assurance Performance Improvement (QAPI) committee by the DON/ADON. 7. On 12/03/2021, the New RDO and/or DVP reviewed the grievance log for the last thirty (30) days to ensure no abuse allegations were noted on the grievance log and not reported or investigated. There were no logged grievances that alleged abuse or neglect. 8. Grievance forms were located on each hallway and all grievances would be reviewed by the grievance officer, the Administrator. All Grievances/complaints filed with the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The grievance officer would either investigate the grievance or assign the grievance to the department director/supervisor for investigation. Beginning 12/03/2021, the Administrator would also report and review grievances received each day with the Regional Director of Operations (RDO) or Divisional Vice President (DVP) daily until the immediate jeopardy was removed and then weekly until substantial compliance was achieved. 9. On 12/03/2021 the Rytes Company (outside consulting firm contracted to achieve compliance) the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant were re-educated on the definition of abuse, abuse reporting and abuse investigating, Grievance and complaints and staff responsibility. The Chief Operating Officer, Master Healthcare Administration (MHA), Master of Public Administration and Geriatric	{F 610}		

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Healthcare (MPA), Licensed Nursing Home Administrator (LNHA), and Certified Healthcare Compliance Specialist (CHC) of the Rytes Company provided an in-depth review and education session on abuse investigation, abuse reporting, recognizing signs and symptoms of abuse and neglect. They also reviewed the compliance requirements, the self-reporting incident form, and the Kentucky mandatory reporting requirement.

10. Beginning 12/03/2021 a member of the governing body would be on site at the facility daily until the immediate jeopardy was removed and substantial compliance was achieved. Members of the governing body included the New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. While a member of the governing body was in the facility, they would review the resident abuse interviews and grievances filed each day to ensure allegations of abuse, and/or allegations were reported, investigated, and alleged perpetrators suspended. Information gathered from audits would be provided to the facility's Quality Assurance Performance Improvement (QAPI) program and the Administrator would report to the governing body.

The State Survey Agency verified the facility implemented the following corrective actions:

1. Review of facility documentation revealed the Administrator interviewed Residents #324 and #358 and the Regional Nurse Consultant (RNC) assessed the residents as outlined in the allegation of compliance (AOC) on 12/02/2021, and no concerns were identified.

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Review of facility documentation also revealed the new Regional Director of Operations (RDO) interviewed Resident #324 and #358 on 12/03/2021 and the allegation regarding both residents was re-investigated as stated in the AOC by the new RDO. Further review of facility documentation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the allegation of abuse regarding SRNA# 24 and Resident #358 was reported on 11/10/2021 to the state agencies, the police department, and the resident's attending physician and the allegation regarding Resident #324 was reported on 11/21/2021, to the state agencies, the police department, and the resident's attending physician.

Review of investigation findings after re-opening the allegation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the facility suspended the SRNA #24 on 11/21/2021, and her employment was terminated. The facility reported the SRNA to the nurse aide abuse registry on 12/06/2021.

Review of SRNA# 24's timecard and interview with the DVP on 12/16/2021 at 4:50 PM confirmed State Registered Nurse Aide (SRNA) #24 was suspended on 11/21/2021 and had now worked at the facility since that date.

Interview with Resident #324 on 12/16/2021 at 11:30 AM and interview with Resident #358 on 12/16/2021 at 11:40 AM revealed both residents felt safe in the facility, no complaints regarding care/treatment were voiced and both residents stated they were free from abuse.

2. Review of interviews/skin assessments

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{F 610}	Continued From page 69 conducted by the Regional Nurse Consultant (RNC), Assistant Director of Nursing (ADON) and/or Administrator on 12/02/2021 revealed all residents with a BIMS with eight (8) or greater were asked if they felt safe in the facility, had witnessed abuse, or had been subject to abuse and no concerns were identified. Further reviews and interview with the ADON on 12/16/2021 at 4:33 PM revealed on 12/02/2021 residents with a BIMS score of seven (7) or less were assessed for signs of abuse, any open areas, new bruising, redness, rash, blisters or skin tears and no concerns were identified. 3. Review of education provided to the Regional Director of Operations (RDO) revealed the Divisional Vice President (DVP) re-educated the Administrator on 12/02/2021 on facility's Abuse Investigation Reporting, Abuse Prevention Program, and Recognizing Signs of Abuse. Interview with the DVP on 12/16/2021 at 4:50 PM revealed a new RDO was assigned to oversee the building as of 12/03/2021. 4. Review of the training materials and sign in sheets revealed the Regional Director of Operations (RDO) re-educated the facility interdisciplinary team on 12/03/2021 regarding abuse to include the following staff members: the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD), Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager and Housekeeping/Laundry Supervisor. Review of facility provided competency testing documents	{F 610}		

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{F 610}	Continued From page 70	{F 610}		

revealed the facility interdisciplinary team completed a written post-test, with a passing score of one hundred (100%) percent.

Interview with the ADON on 12/16/2021 at 4:33 PM, the Social Services Director on 12/16/2021 at 4:20 PM, and the Director of Nursing (DON) on 12/16/2021 at 4:25 PM revealed they had received training regarding the facility's abuse policy/procedures and had taken a post-test following the education training.

5. Interview with the ADON on 12/16/2021 at 4:33 PM and review of education provided to staff revealed all staff working on 12/02/2021 on the 6 PM-6 AM shift were verbally re-educated by the ADON regarding the definition of abuse.

Further review of ongoing education provided and continued interview with the ADON on 12/16/2021 at 4:33 PM, revealed staff that were not scheduled to work, which included agency staff and new hires were educated and were required to take a post-test competency before their next scheduled shift. Record review and interview with the ADON revealed all staff had been educated and completed a post-test by 12/13/2021.

Interview with SRNA #1 on 12/16/2021 at 3:00 PM; Licensed Practical Nurse (LPN) # 10 on 12/16/2021 at 3:20 PM; and interview with Registered Nurse (RN) #12 on 12/16/2021 at 3:15 PM; confirmed training also included Abuse Investigation/Reporting and that any alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) should be reported immediately to the department supervisor. The ADON and SRNA interview also

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revealed staff were instructed that if an employee suspected that abuse had occurred, they were to immediately ensure the resident was safe. They stated they were then required to immediately report to their supervisor. Further, the supervisor would remove the alleged perpetrator from the building pending the investigation and immediately reported the allegation to the abuse coordinator.

Interview with the Director of Nursing (DON) on 12/16/2021 at 4:25 PM and review of education provided to staff revealed on 12/03/2021, the facility reeducated State Registered Nursing Assistant (SRNA) #25 and SRNA #26 to immediately report any allegations of abuse to the department supervisor when the incident occurred.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he would coordinate the investigations and ensure all allegations were reported to state agencies as required.
Review of an alleged incident of resident to resident abuse between Resident #322 and Resident #361 which occurred on 12/14/2021 at 3:10 PM revealed no concerns with the facility practices of reporting nor investigating. The investigation was ongoing; however, actions had been taken to protect those and all other residents and no concerns were identified.

Interview with Resident #322 on 12/16/2021 at 3:40 PM and interview with Resident #361 on 12/16/2021 at 3:30 PM revealed they felt safe in the facility and had no concerns related to abuse.

6. Interview with the ADON on 12/16/2021 at 4:33 PM and review of Resident Abuse Interview

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Questionnaires revealed beginning on 12/03/2021 all residents in the facility with a BIMS of eight (8) or greater were interviewed daily by the DON, RNC #2, ADON and/or Social Worker to ensure the residents felt safe, had not been subject to abuse, and had not witnessed abuse. No concerns were identified.

Interview with Resident #362 on 12/16/2021 at 12:00 PM, Resident #361 at 3:30 PM and Resident #322 at 3:40 PM confirmed staff were interviewing them daily. The stated they had no concerns of abuse or neglect and none had been reported to facility staff during the interviews

Review of skin assessments revealed beginning on 12/03/2021, the RNC, DON and ADON assessed the skin of residents with a BIMS of seven (7) or less daily to ensure any new bruise, redness, rash, blister, skin tears or open areas had not occurred. No concerns were identified.

7. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she reviewed the grievance log on 12/03/2021 for the previous thirty (30) days to ensure no allegations of abuse was included on the log and no concerns were identified.

8. Observations on 12/16/2021 revealed grievance forms were located on each hallway of the resident care units in the facility.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he was the grievance officer and would oversee the process to ensure any grievances/complaints voiced at the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The

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Administrator also stated he would oversee the process in the facility to ensure the regulatory guidelines regarding grievances were followed.

Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she continued to review the grievance log daily and oversee to ensure the facility was in compliance with the grievance process.

Interview with Licensed Practical Nurse (LPN) #10 on 12/16/2021 at 3:20 PM and review of training provided to staff confirmed staff were retrained and were required to take a post-test following the training, regarding the grievance process in the facility.

Review of facility grievance forms revealed a grievance was filed on 12/14/2021 by Resident #362 regarding his/her bathroom appearance and odor. Further review revealed the grievance was investigated, the resident was interviewed, and the resident's grievance was resolved on 12/16/2021. There were no allegations of abuse, neglect documented on the grievance log/grievance form.

Interview with Resident #362 on 12/16/2021 at 12:00 PM revealed he/she had voiced a grievance regarding cleanliness of his/her bathroom and facility staff had resolved the grievance. The resident had no current concerns with care/treatment in the facility.

9. Review of training documentation, testing documentation, and sign-in sheets revealed on 12/03/2021, the Rytes Company, educated the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice

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President, New Regional Vice President, Regional Nurse Consultant on the definition of abuse, abuse reporting and abuse investigating, grievances and complaints and staff responsibility. The Governing body members were also educated on conducting abuse investigations, abuse reporting, recognizing signs and symptoms of abuse and neglect, state agency compliance requirement, a self-reporting incident form and the Kentucky mandatory reporting requirement.

Interview with the Administrator on 12/16/2021 at 4:40 PM, RNC #2 on 12/16/2021 at 3:40 PM, and with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed they attended the training provided by the Rytes company regarding identifying and reporting abuse, grievances and policies, and completed a post-test following the training.

10. Review of records and interview with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed that beginning 12/03/2021, a member of the governing body was onsite at the facility daily and would continue to be onsite daily until the immediate jeopardy was removed, and substantial compliance was achieved. The governing body member in the facility also reviewed the residents' abuse interviews, and grievances filed each day to ensure there were no allegations of abuse that were not immediately investigated, and alleged perpetrators were suspended per the facility policy and regulatory guidelines. Continued interviews revealed the information they gathered, and audit information was taken to QAPI.

Review of the facility's QAPI meetings revealed

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{F 610}	Continued From page 75 the team met on 12/13/2021 and documentation provided no evidence any new concerns were identified.	{F 610}		
{F 835} SS=D	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the Administrator's Job Description, and review of the facility's policies and procedures, it was determined the facility failed to be administered in a manner that protected the residents from abuse. On 11/10/2021 at approximately 4:30 PM, Resident #324 reported that SRNA #24 grabbed him/her by the ankle and "jerked" the resident while turning and repositioning him/her. This incident was witnessed by SRNA #25 and SRNA #26. Resident #324 yelled out and cursed at SRNA #24, stating the SRNA hurt him/her and he/she wanted to file a grievance against the SRNA. This allegation was not reported to appropriate agencies, nor was there an investigation initiated. Approximately thirty (30) minutes later, on	{F 835}	F835 Residents #324 and #358 had their skin checked for any new bruises, redness, rash, blister, skin tears or open areas by the RN regional nurse consultant on 12/2/2021. There were no new skin issues identified. Residents #324 and #358 were interviewed on 12/2/2021 by the Administrator, they were asked if they felt safe in the facility, had witnessed abuse or had been subject to abuse, Both residents # 324 and #358 stated they felt safe in the facility and both resident #324 and # 358 stated they had not witnessed abuse nor were they subject to abuse. All residents with a BIMS of 8 or greater were interviewed by the Regional Nurse Consultant, Assistant Director of Nursing and/or Administrator on 12/2/2021. The	12/21/21

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{F 835}	Continued From page 76 11/10/2021, SRNA #24 entered Resident #358's room to provide care with SRNA #25 and SRNA #26. Both SRNA #25 and SRNA #26 witnessed SRNA #24 hit Resident #358 on the left arm/shoulder. Facility Administration failed to thoroughly investigate the allegation of abuse and failed to identify staff did not immediately report this allegation. The facility's failure to have an effective administration to ensure the facility's policies were implemented and failure to ensure its resources were utilized effectively and efficiently has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy (IJ) was identified on 12/02/2021, and determined to exist on 11/10/2021, at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867). Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610). The facility was notified of Immediate Jeopardy on 12/02/2021 and IJ is ongoing. Refer to F600, F609, F610, and F867 An acceptable allegation of compliance (AoC) was received on 12/14/2021, which alleged removal of the Immediate Jeopardy on 12/13/2021. The State Survey Agency determined the Immediate Jeopardy was removed as alleged during a revisit conducted on 12/16/2021, which lowered the scope and severity to "D" at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR	{F 835}	residents were asked if they felt safe in the facility, had witnessed abuse or had been subject to abuse. No residents voiced any concerns. All residents with a BIMS of 7 or less had their skin checked for any new bruise, redness, rash, blister, skin tears or open areas by the regional nurse consultant and/or Assistant Director of Nursing on 12/2/2021. There were no new skin issues identified. On 12/12/21 The Administrator conducted in-services with Director of Nursing, and Social Services Director concerning Significant Event Call (SEC) policy, Abuse, Neglect, and Misappropriation especially reporting and investigating and the Concerns, Complaint, and Grievance policy. The Regional Director of Operations was re-educated on 12/2/2021 by the Divisional Vice President on Abuse Investigation Reporting, Abuse Prevention Program, and Recognizing Signs of Abuse. A new Regional Director of Operations has been assigned to oversee the building as of 12/3/2021. On 12/3/2021 the new Regional Director of Operations re-educated the facility interdisciplinary management team, including the Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, MDS coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager,	

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{F 835}	Continued From page 77 483.75 Quality Assurance and Performance Improvement (F867), while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: Review of facility's the Job Description for "Administrator" with a revision date of January 2015, revealed the primary purpose of the position was to direct day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations to assure that the highest degree of quality care can be provided to residents at all times. Responsibilities of the Administrator included to develop and maintain written policies and procedures and professional standards of practice that govern the operation of the facility. Review of the facility's "Abuse Investigating and Reporting" Policy, with a revision date of July 2017, revealed all reports of resident abuse shall be promptly reported to local, state, and federal agencies and thoroughly investigated by facility management. The policy further stated the individual conducting the investigation would interview any witnesses to the incident, interview all staff members (on all shifts) who had contact with the resident during the period of the alleged incident, and review all events leading up to the alleged incident. Review of the facility's "Recognizing Signs and Symptoms of Abuse/Neglect" Policy, with a revision date of January 2011, revealed the facility would not condone any form of resident abuse or neglect. The policy further stated all personnel were to report any signs and symptoms of	{F 835}	Housekeeping/Laundry Supervisor were verbally re-educated on the definition of Abuse- Abuse is defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish and Abuse Investigation and Reporting - An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately to the department supervisor who will then call the abuse coordinator. If an employee suspects that either of the above has happened, they are to immediately ensure the resident is safe, and then immediately report situation to immediate supervisor who will immediately notify the abuse coordinator which is currently the Administrator. The Staff Development coordinator administered a written test following training sessions. If staff did not achieve the passing score of 100%, individual consultation was done until a passing score was obtained The supervisor will remove the alleged perpetrator from the building pending the investigation. The Administrator will then coordinate the investigation and report to all required agencies. Beginning 12/3/2021 staff not working on 12/2/2021 including agency staff and new hires will be educated by the DON, ADON, IP, Regional Director of Nursing, regional nurse or consultant on their next scheduled shift. All employees who have worked have been in-serviced and	

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{F 835}	Continued From page 78 abuse/neglect to their supervisor or the Director of Nursing immediately. 1. Review of a Complaint/Grievance Report, dated 11/10/2021, untimed, revealed Resident #324 reported to the facility Social Worker, that a SRNA "grabbed" the resident's ankle which was bandaged and "jerked" the resident's legs. The resident stated it "hurt". The plan to resolve the grievance was to reassign the SRNA to another floor/unit and educate the SRNA on positioning. Further review of the report revealed the complaint/grievance was resolved and the results of the grievance were communicated to Resident #324 and the resident signed the report on 11/10/2021. The report was signed as completed on 11/10/2021, by the Social Worker (SW). However, there was no documented evidence the facility completed a thorough investigation of the allegation in order to determine if SRNA #24 abused Resident #324. In addition, the facility failed to report the incident to the appropriate agencies according to the facility policy. The facility assessed Resident #324 in the Quarterly Minimum Data Set (MDS) Assessment, with a reference date of 11/11/2021, as having a Brief Interview for Mental Status (BIMS) score of fifteen (15) out of fifteen (15) indicating intact cognition. Interview with Resident #324 on 11/20/2021 at 9:02 AM revealed he remembered the incident which occurred on 11/10/2021 with SRNA #24. Resident #324 stated "She did abuse me". The resident complained he/she did not like that the SRNA still worked at the facility because "She could hurt someone else". 2. Review of the "Self-Reported Incident Form" dated 11/10/2021, revealed on 11/10/2021, two	{F 835}	completed a post-test competency by 12/20/2021 All Grievances/complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s). Grievance forms are located on each hallway, all grievances will be reviewed grievance officer who is the Administrator. The Social Service Director will serve as a backup grievance officer to the Administrator. Grievance officer will either investigate grievance or assign the grievance to the manager of the department it relates to for investigation. The grievance officer will follow up on grievances to ensure a thorough investigation has been conducted and the grievance has been resolved. Beginning 12/3/2021 staff not working on 12/2/2021 including agency staff and new hires will be educated by the DON, ADON, IP, Regional Director of Nursing, regional nurse or consultant on their next scheduled shift. All employees who have worked have been in-serviced and completed a post-test competency by 12/20/2021. Beginning 12/3/2021 residents with a BIMS of 8 or greater will be interviewed by the Regional Nurse Consultant, Director of Nursing, Assistant Director of Nursing, Social Service Director or designee to ensure they feel safe in the facility, have not witnessed abuse and have not been subject to abuse, daily until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Beginning 12/3/2021 residents with a	

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{F 835}	Continued From page 79 (2) SRNAs (SRNA #25 and SRNA #26) reported another SRNA (SRNA #24) struck Resident #358 on the left shoulder while performing activities of daily living (ADL). Review of SRNA #25's Witness Statement, revealed she did witness SRNA #24 strike Resident #358 on the left arm/shoulder while the resident was refusing care. Review of SRNA #26's Witness Statement, revealed she saw SRNA #24 strike Resident #358 on the left arm. The facility assessed Resident #358 in the Quarterly MDS Assessment with a reference date of 09/01/2021, as having a BIMS score of fifteen (15) out of fifteen (15) indicating intact cognition. Interview with Resident #358, on 11/21/2021 at 12:05 PM, revealed he/she did not recall an incident where staff hit him/her. Although the facility suspended SRNA #24 and initiated an investigation, there was no documented evidence the facility identified SRNA #25 and SRNA #26 witnessed the incident at approximately 5:00 PM, but failed to report the incident until approximately 6:00 PM. Further, there was no documented evidence the events were reviewed leading up to the alleged incident or that the previous incident on 11/10/2021, where another resident alleged the same staff (SRNA #24) "hurt" him/her was considered. Additionally, there was no documented evidence of interviews with SRNA #24, SRNA #25, and SRNA #26. The facility's investigation found the allegation of abuse was unsubstantiated based on Resident #358's statement, even though there were two (2) witnesses to the incident. The facility permitted SRNA #24 to return to work on 11/17/2021, providing resident care.	{F 835}	BIMS of 7 or less will have their skin checked for any new bruise, redness, rash, blister, skin tears or open areas by the Regional Nurse Consultant, Director of Nursing, Assistant Director of Nursing or Designee daily until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Beginning 12/3/2021 the Administrator will report, and review for timely reporting and thorough investigation of grievances and any allegation of abuse/neglect received each day with the Regional Director of Operations and/or Divisional Vice President daily until the immediate jeopardy is removed and then weekly until substantial compliance is achieved.	

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{F 835}	Continued From page 80	{F 835}		

Interview with the Regional Director of Operations (RDO), on 11/21/2021 at 10:54 AM and on 12/02/2021 at 6:56 PM, revealed all information related to allegations of abuse were given to the Administrator who was the Abuse Coordinator and he took over the investigations. The RDO further stated all abuse investigations were reviewed with the Administrator to ensure the investigations were complete.

Interview with the Administrator, on 11/21/2021 at 12:43 PM, 11/22/2021 at 8:58 AM, and 12/01/2021 at 11:01 AM, revealed he took on the role as Administrator of the facility on 10/01/2021. He confirmed he was the Abuse Coordinator and was responsible to thoroughly investigate and report allegations of abuse to the state agencies timely. Per interview, he reviewed all grievances weekly to ensure they were complete, to ensure the complainant was satisfied with the resolution, and to ensure nothing was missed.

Further interview with the Administrator, on 11/21/2021 at 12:43 PM, 11/22/2021 at 8:58 AM, and 12/01/2021 at 11:01 AM, revealed the incident with Resident #324 was "a care issue" and not an allegation of abuse. The Administrator stated usually if a resident reported a staff member hurt them, it would be reported and investigated as abuse, but since Resident #324 answered "no" when asked if he/she was abused, the incident was not reported to appropriate agencies or investigated as an allegation of abuse. Continued interview revealed he became aware of the incident with SRNA #24 and Resident #358 "almost immediately after it happened". Per interview, the Administrator was unaware SRNA #25 and SRNA #26 witnessed the incident at approximately 5:00 PM, but failed to

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report the incident until approximately 6:00 PM to the Assistant Director of Nursing (ADON). The Administrator stated he completed the investigation involving Resident #358 on 11/16/2021 and unsubstantiated the allegation of abuse based on the resident's statement saying he/she was not abused. However, the Administrator stated he did not consider the incident with Resident #324 when making the determination.

The facility provided an acceptable Immediate Jeopardy Removal Plan, on 12/14/2021, that alleged removal of the Immediate Jeopardy (IJ) on 12/13/2021.

The facility implemented the following corrective actions:

1. On 12/02/2021, the Administrator interviewed Residents #324 and #358 regarding any concerns with abuse, and no concerns were voiced. On 12/02/2021, the Regional Nurse Consultant (RNC) also assessed the residents to ensure there was no new bruises, redness, rash, blister, skin tears or open areas, and there were no concerns.

The allegation of abuse by State Registered Nursing Assistant (SRNA) #24 to Resident #358 was re-investigated starting 12/03/2021 by the new Regional Director of Operations (RDO). SRNA #25 and #26 and Resident #358 were re-interviewed by new RDO on 12/03/2021.

The Allegation of abuse by SRNA #24 to Resident #358, was reported on 11/10/2021 to the state reporting agencies, police department, and the resident's attending physician. The allegation of

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{F 835}	Continued From page 82 abuse involving Resident #324 was reported on 11/21/2021, to the state reporting agencies, police department, and the resident's attending physician. SRNA #24 was suspended on 11/21/2021 and has not returned to work. SRNA #24 was also reported to the nurse aide registry on 12/06/2021. 2. All residents with a brief interview for mental status (BIMS) score of eight (8) or greater were interviewed and residents with a BIMS of seven (7) or less were assessed by the RNC, Assistant Director of Nursing (ADON), and/or Administrator on 12/02/2021. The residents were assessed for signs of abuse and were asked if they felt safe, had witnessed, or were subjected to, abuse in the facility. There were no concerns identified. 3. The Regional Director of Operations (RDO) was re-educated on 12/02/2021 by the Divisional Vice President (DVP) on Abuse Investigation Reporting, Abuse Prevention, and Recognizing Signs of Abuse. A new RDO was assigned to oversee the building as of 12/03/2021. 4. On 12/03/2021 the new Regional Director of Operations (RDO) re-educated the facility interdisciplinary management team, including the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director, Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor regarding the definition of Abuse. "Abuse" was defined as the willful infliction of injury, unreasonable confinement, intimidation, or	{F 835}		

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{F 835}	Continued From page 83 punishment with resulting physical harm, pain, or mental anguish. The training also included Abuse Investigation and Reporting, which included reporting an alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the residents were safe, and then immediately report the situation to the immediate supervisor, who would immediately notify the abuse coordinator, who was currently the Administrator. Training of the Immediate Supervisors was done through the previously mentioned abuse training. The Staff Development coordinator administered a written test following training sessions. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. 5. All staff working 12/02/2021 on the 6 PM to 6 AM shift was verbally re-educated by the ADON on the definition of Abuse and Abuse Investigation and Reporting. The training included reporting any alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the resident was safe, and immediately report to their supervisor who would immediately report to the abuse coordinator, in accordance to the abuse policy. Staff not working, including agency staff and new hires would be educated on their next scheduled shift. Prior to staff working their next shift, the Staff Development Coordinator administered a written post-test. If staff did not achieve the passing	{F 835}		

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score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. One hundred (100%) percent of the facility staff have been educated.

On 12/03/2021, the Director of Nursing (DON) reeducated SRNA #25 and SRNA #26 on the requirement to immediately report to the department supervisor any verbal allegation or witnessed abuse or neglect immediately upon witnessing or hearing it. Training was also provided that the alleged perpetrator would be removed from the building pending the investigation. The Administrator would then coordinate the investigation and report to all required agencies.

6. Beginning 12/03/2021 the Regional Nurse Consultant (RNC), Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD) would interview residents with a BIMS score of eight (8) or greater daily and assess the skin of residents with a BIMS score of seven (7) or less daily for any signs of abuse or any unidentified to ensure they feel safe in the facility, have not witnessed abuse, and have not been subject to abuse, until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Results of the interviews would be reported to the Quality Assurance Performance Improvement (QAPI) committee by the DON/ADON.

7. On 12/03/2021, the New RDO and/or DVP reviewed the grievance log for the last thirty (30) days to ensure no abuse allegations were noted on the grievance log and not reported or investigated. There were no logged grievances

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{F 835}	Continued From page 85 that alleged abuse or neglect. 8. Grievance forms were located on each hallway and all grievances would be reviewed by the grievance officer, the Administrator. All Grievances/complaints filed with the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The grievance officer would either investigate the grievance or assign the grievance to the department director/supervisor for investigation. Beginning 12/03/2021, the Administrator would also report and review grievances received each day with the Regional Director of Operations (RDO) or Divisional Vice President (DVP) daily until the immediate jeopardy was removed and then weekly until substantial compliance was achieved. 9. On 12/03/2021 the Rytes Company (outside consulting firm contracted to achieve compliance) the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant were re-educated on the definition of abuse, abuse reporting and abuse investigating, Grievance and complaints and staff responsibility. The Chief Operating Officer, Master Healthcare Administration (MHA), Master of Public Administration and Geriatric Healthcare (MPA), Licensed Nursing Home Administrator (LNHA), and Certified Healthcare Compliance Specialist (CHC) of the Rytes Company provided an in-depth review and education session on abuse investigation, abuse reporting, recognizing signs and symptoms of abuse and neglect. They also reviewed the compliance requirements, the self-reporting incident form, and the Kentucky mandatory	{F 835}		

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{F 835}	Continued From page 86 reporting requirement. 10. Beginning 12/03/2021 a member of the governing body would be on site at the facility daily until the immediate jeopardy was removed and substantial compliance was achieved. Members of the governing body included the New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. While a member of the governing body was in the facility, they would review the resident abuse interviews and grievances filed each day to ensure allegations of abuse, and/or allegations were reported, investigated, and alleged perpetrators suspended. Information gathered from audits would be provided to the facility's Quality Assurance Performance Improvement (QAPI) program and the Administrator would report to the governing body. The State Survey Agency verified the facility implemented the following corrective actions: 1. Review of facility documentation revealed the Administrator interviewed Residents #324 and #358 and the Regional Nurse Consultant (RNC) assessed the residents as outlined in the allegation of compliance (AOC) on 12/02/2021, and no concerns were identified. Review of facility documentation also revealed the new Regional Director of Operations (RDO) interviewed Resident #324 and #358 on 12/03/2021 and the allegation regarding both residents was re-investigated as stated in the AOC by the new RDO. Further review of facility documentation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the allegation of abuse regarding SRNA# 24 and	{F 835}		

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{F 835}	Continued From page 87 Resident #358 was reported on 11/10/2021 to the state agencies, the police department, and the resident's attending physician and the allegation regarding Resident #324 was reported on 11/21/2021, to the state agencies, the police department, and the resident's attending physician. Review of investigation findings after re-opening the allegation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the facility suspended the SRNA #24 on 11/21/2021, and her employment was terminated. The facility reported the SRNA to the nurse aide abuse registry on 12/06/2021. Review of SRNA# 24's timecard and interview with the DVP on 12/16/2021 at 4:50 PM confirmed State Registered Nurse Aide (SRNA) #24 was suspended on 11/21/2021 and had now worked at the facility since that date. Interview with Resident #324 on 12/16/2021 at 11:30 AM and interview with Resident #358 on 12/16/2021 at 11:40 AM revealed both residents felt safe in the facility, no complaints regarding care/treatment were voiced and both residents stated they were free from abuse. 2. Review of interviews/skin assessments conducted by the Regional Nurse Consultant (RNC), Assistant Director of Nursing (ADON) and/or Administrator on 12/02/2021 revealed all residents with a BIMS with eight (8) or greater were asked if they felt safe in the facility, had witnessed abuse, or had been subject to abuse and no concerns were identified. Further reviews and interview with the ADON on 12/16/2021 at 4:33 PM revealed on 12/02/2021 residents with a	{F 835}		

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{F 835}	Continued From page 88 BIMS score of seven (7) or less were assessed for signs of abuse, any open areas, new bruising, redness, rash, blisters or skin tears and no concerns were identified. 3. Review of education provided to the Regional Director of Operations (RDO) revealed the Divisional Vice President (DVP) re-educated the Administrator on 12/02/2021 on facility's Abuse Investigation Reporting, Abuse Prevention Program, and Recognizing Signs of Abuse. Interview with the DVP on 12/16/2021 at 4:50 PM revealed a new RDO was assigned to oversee the building as of 12/03/2021. 4. Review of the training materials and sign in sheets revealed the Regional Director of Operations (RDO) re-educated the facility interdisciplinary team on 12/03/2021 regarding abuse to include the following staff members: the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD), Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager and Housekeeping/Laundry Supervisor. Review of facility provided competency testing documents revealed the facility interdisciplinary team completed a written post-test, with a passing score of one hundred (100%) percent. Interview with the ADON on 12/16/2021 at 4:33 PM, the Social Services Director on 12/16/2021 at 4:20 PM, and the Director of Nursing (DON) on 12/16/2021 at 4:25 PM revealed they had received training regarding the facility's abuse	{F 835}		

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{F 835}	Continued From page 89 policy/procedures and had taken a post-test following the education training. 5. Interview with the ADON on 12/16/2021 at 4:33 PM and review of education provided to staff revealed all staff working on 12/02/2021 on the 6 PM-6 AM shift were verbally re-educated by the ADON regarding the definition of abuse. Further review of ongoing education provided and continued interview with the ADON on 12/16/2021 at 4:33 PM, revealed staff that were not scheduled to work, which included agency staff and new hires were educated and were required to take a post-test competency before their next scheduled shift. Record review and interview with the ADON revealed all staff had been educated and completed a post-test by 12/13/2021. Interview with SRNA #1 on 12/16/2021 at 3:00 PM; Licensed Practical Nurse (LPN) # 10 on 12/16/2021 at 3:20 PM; and interview with Registered Nurse (RN) #12 on 12/16/2021 at 3:15 PM; confirmed training also included Abuse Investigation/Reporting and that any alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) should be reported immediately to the department supervisor. The ADON and SRNA interview also revealed staff were instructed that if an employee suspected that abuse had occurred, they were to immediately ensure the resident was safe. They stated they were then required to immediately report to their supervisor. Further, the supervisor would remove the alleged perpetrator from the building pending the investigation and immediately reported the allegation to the abuse coordinator.	{F 835}		

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{F 835}	Continued From page 90 Interview with the Director of Nursing (DON) on 12/16/2021 at 4:25 PM and review of education provided to staff revealed on 12/03/2021, the facility reeducated State Registered Nursing Assistant (SRNA) #25 and SRNA #26 to immediately report any allegations of abuse to the department supervisor when the incident occurred. Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he would coordinate the investigations and ensure all allegations were reported to state agencies as required. Review of an alleged incident of resident to resident abuse between Resident #322 and Resident #361 which occurred on 12/14/2021 at 3:10 PM revealed no concerns with the facility practices of reporting nor investigating. The investigation was ongoing; however, actions had been taken to protect those and all other residents and no concerns were identified. Interview with Resident #322 on 12/16/2021 at 3:40 PM and interview with Resident #361 on 12/16/2021 at 3:30 PM revealed they felt safe in the facility and had no concerns related to abuse. 6. Interview with the ADON on 12/16/2021 at 4:33 PM and review of Resident Abuse Interview Questionnaires revealed beginning on 12/03/2021 all residents in the facility with a BIMS of eight (8) or greater were interviewed daily by the DON, RNC #2, ADON and/or Social Worker to ensure the residents felt safe, had not been subject to abuse, and had not witnessed abuse. No concerns were identified. Interview with Resident #362 on 12/16/2021 at	{F 835}		

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{F 835}	Continued From page 91 12:00 PM, Resident #361 at 3:30 PM and Resident #322 at 3:40 PM confirmed staff were interviewing them daily. The stated they had no concerns of abuse or neglect and none had been reported to facility staff during the interviews Review of skin assessments revealed beginning on 12/03/2021, the RNC, DON and ADON assessed the skin of residents with a BIMS of seven (7) or less daily to ensure any new bruise, redness, rash, blister, skin tears or open areas had not occurred. No concerns were identified. 7. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she reviewed the grievance log on 12/03/2021 for the previous thirty (30) days to ensure no allegations of abuse was included on the log and no concerns were identified. 8. Observations on 12/16/2021 revealed grievance forms were located on each hallway of the resident care units in the facility. Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he was the grievance officer and would oversee the process to ensure any grievances/complaints voiced at the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The Administrator also stated he would oversee the process in the facility to ensure the regulatory guidelines regarding grievances were followed. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she continued to review the grievance log daily and oversee to ensure the facility was in compliance with the grievance process.	{F 835}		

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{F 835}	Continued From page 92 Interview with Licensed Practical Nurse (LPN) #10 on 12/16/2021 at 3:20 PM and review of training provided to staff confirmed staff were retrained and were required to take a post-test following the training, regarding the grievance process in the facility. Review of facility grievance forms revealed a grievance was filed on 12/14/2021 by Resident #362 regarding his/her bathroom appearance and odor. Further review revealed the grievance was investigated, the resident was interviewed, and the resident's grievance was resolved on 12/16/2021. There were no allegations of abuse, neglect documented on the grievance log/grievance form. Interview with Resident #362 on 12/16/2021 at 12:00 PM revealed he/she had voiced a grievance regarding cleanliness of his/her bathroom and facility staff had resolved the grievance. The resident had no current concerns with care/treatment in the facility. 9. Review of training documentation, testing documentation, and sign-in sheets revealed on 12/03/2021, the Rytes Company, educated the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant on the definition of abuse, abuse reporting and abuse investigating, grievances and complaints and staff responsibility. The Governing body members were also educated on conducting abuse investigations, abuse reporting, recognizing signs and symptoms of abuse and neglect, state agency compliance requirement, a self-reporting	{F 835}		

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{F 835}	Continued From page 93 incident form and the Kentucky mandatory reporting requirement. Interview with the Administrator on 12/16/2021 at 4:40 PM, RNC #2 on 12/16/2021 at 3:40 PM, and with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed they attended the training provided by the Rytes company regarding identifying and reporting abuse, grievances and policies, and completed a post-test following the training. 10. Review of records and interview with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed that beginning 12/03/2021, a member of the governing body was onsite at the facility daily and would continue to be onsite daily until the immediate jeopardy was removed, and substantial compliance was achieved. The governing body member in the facility also reviewed the residents' abuse interviews, and grievances filed each day to ensure there were no allegations of abuse that were not immediately investigated, and alleged perpetrators were suspended per the facility policy and regulatory guidelines. Continued interviews revealed the information they gathered, and audit information was taken to QAPI. Review of the facility's QAPI meetings revealed the team met on 12/13/2021 and documentation provided no evidence any new concerns were identified.	{F 835}		
{F 837} SS=D	Governing Body CFR(s): 483.70(d)(1)(2) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing	{F 837}		12/21/21

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{F 837}	Continued From page 94 body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined the facility's Governing Body failed to ensure facility policies were implemented regarding management and operation of the facility. The Governing Body failed to ensure compliance with 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation during Surveys dated 09/24/2020, 12/12/2020, and 09/10/2021. Continued non-compliance was cited during this survey at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600, F609 and F610). Immediate Jeopardy and Substandard Quality of Care (SQC) was cited at F600, F609, and F610 all at a S/S of a "J". Additionally, 42 CFR 483.70 Administration, F835 and F837 was cited at a S/S of a "J"; and 42 CFR 483.75 Quality Assurance and Quality Improvement, F867 was cited at a S/S of a "J". The facility's failure to have an effective governing body, or designated persons functioning as a	{F 837}	F837 Residents #324 and #358 had their skin checked for any new bruises, redness, rash, blister, skin tears or open areas by the RN regional nurse consultant on 12/2/2021. There were no new skin issues identified. Residents #324 and #358 were interviewed on 12/2/2021 by the Administrator, they were asked if they felt safe in the facility, had witnessed abuse or had been subject to abuse, Both residents # 324 and #358 stated they felt safe in the facility and both resident #324 and # 358 stated they had not witnessed abuse nor were they subject to abuse. All residents with a BIMS of 8 or greater were interviewed by the Regional Nurse Consultant, Assistant Director of Nursing and/or Administrator on 12/2/2021. The residents were asked if they felt safe in	

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{F 837}	Continued From page 95 governing body, that that is legally responsible for establishing and implementing policies regarding the management of the facility, has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ)was identified on 12/02/2021, and was determined to exist on 11/10/2021, at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610), 42 CFR 483.70 Administration (F835 and F837), and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867). Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610). The facility was notified of Immediate Jeopardy (IJ) on 12/02/2021, and IJ is ongoing. Refer to F600, F609, F610 and F867 An acceptable allegation of compliance (AoC) was received on 12/14/2021, which alleged removal of the Immediate Jeopardy on 12/13/2021. The State Survey Agency determined the Immediate Jeopardy was removed as alleged during a revisit conducted on 12/16/2021, which lowered the scope and severity to "D" at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867), while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: Review of the facility policy titled "Quality Assurance and Performance Improvement (QAPI) Program - Governance and Leadership" with a revision date of March 2020, revealed the	{F 837}	the facility, had witnessed abuse or had been subject to abuse. No residents voiced any new concerns at the time of the interview. All residents with a BIMS of 7 or less had their skin checked for any new bruise, redness, rash, blister, skin tears or open areas by the regional nurse consultant and/or Assistant Director of Nursing on 12/2/2021. There were no new skin issues identified. On 12/3/2021 the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant were re-educated on abuse definition, abuse reporting and abuse investigating, Grievance and complaints and staff responsibility by Rytes Company. The Chief Operating Officer, MHA, MPA, LNHA, CHC. of the Rytes Company, who provides corporate compliance for Plainview provided an in-depth review and education session on abuse investigation, abuse reporting, recognizing signs and symptoms of abuse and neglect, reviewed compliance requirement of Office of Inspection General, self-reporting incident form and Kentucky mandatory reporting requirement. Beginning 12/3/2021 the Administrator will report, and review grievances received each day with the New Regional Director of Operations or Divisional Vice President daily until the immediate jeopardy is removed and weekly until substantial compliance is achieved. On 12/2/21 the Divisional Vice President	

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{F 837}	Continued From page 96 Governing Body was responsible for ensuring that the QAPI program was implemented and based on information that measures performance and focuses on problems and opportunities that reflect processes, functions, and services provided to the residents. Review of Statements of Deficiencies (SOD) for the Survey, dated 09/24/2020, revealed the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F610) at a Scope and Severity (S/S) of a "D" for failure to investigate an allegation of abuse. However, the Governing Body failed to ensure compliance was maintained. Review of Statements of Deficiencies (SOD) for the Survey, dated 12/12/2020, revealed the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600, F607, F608, F609, and F610). Immediate Jeopardy and Substandard Quality of Care (SQC) was identified on 11/25/2020 and determined to exist on 11/09/2020, in the areas of 42 CFR 483.12 Freedom from Abuse, F-600, at a Scope and Severity (S/S) of a "J"; Develop and Implement Abuse Policy, F607 at a S/S of a "J"; Reporting Reasonable Suspicion of a Crime, F608, at a S/S of a "J"; Reporting Alleged Violations, F609 at a S/S of a "J"; and Investigate/Prevent Abuse, F610, at a S/S of a "J". Additionally, 42 CFR 483.70, Administration, F835 was cited at a S/S of an "L". The facility submitted a Plan of Correction and achieved compliance effective 01/20/2021. However, the Governing Body failed to ensure compliance was maintained. Review of the Statements of Deficiencies (SOD) for the Survey, dated 09/10/2021, revealed the	{F 837}	of Operation conducted a Teachable Moment with the Regional Director of Operation (RDO) concerning failure to follow Significant Event Call (SEC) Policy and failed to report and/or investigate abuse for Resident #324 and #358. Later, 12/2/21 the RDO resigned. A new Regional Director of Operations has been assigned to oversee the building as of 12/3/2021.The new regional director of operations attended the corporate training conducted by the Rytes company for corporate compliance. On 12/12/21 the Divisional Vice President of Operation conducted a Teachable Moment with the Administrator concerning Significant Event Call (SEC) Policy, Abuse, Neglect and Misappropriation and Concerns, Complaint, and Grievance policy. On 12/12/21 The Administrator conducted in-services with Director of Nursing, and Social Services Director concerning Significant Event Call (SEC) policy, Abuse, Neglect, and Misappropriation especially reporting and investigating and the Concerns, Complaint, and Grievance policy. Beginning 12/3/2021 a member of the governing body will be on site at the facility daily until the immediate jeopardy is removed and substantial compliance is achieved. Members of the governing body include New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. All members are responsible. Information gather will be QAPI□d and reported to full governing body by	

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{F 837}	Continued From page 97 facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600 and -609). Immediate Jeopardy and Substandard Quality of Care (SQC) was cited at F600 at a S/S of a "K", related to failure to ensure residents were free from abuse. The facility submitted an acceptable Immediate Jeopardy Removal Plan on 09/25/2021, alleging removal of the Immediate Jeopardy on 09/26/2021. The State Agency verified the Immediate Jeopardy was removed on 09/26/2021, as alleged. However, the Governing Body failed to ensure compliance was maintained. During this Survey, the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600, F609 and F610). Immediate Jeopardy and Substandard Quality of Care (SQC) was cited at F600, F609, and F610 all at a S/S of a "J". Additionally, 42 CFR 483.70, Administration, F-835 and F837 was cited at a S/S of a "J"; and 42 CFR 483.75 Quality Assurance and Quality Improvement, F867 was cited at a S/S of a "J". Record review and staff interviews, revealed that on 11/10/2021 at approximately 4:30 PM, Resident #324 reported that SRNA #24 grabbed him/her by the ankle and "jerked" the resident while turning and repositioning him/her. The incident was witnessed by SRNA #25 and SRNA #26. Although Resident #324 yelled out and cursed at SRNA #24, stating the SRNA hurt him/her and he/she wanted to file a grievance against the SRNA, this allegation was not reported to appropriate agencies, nor was there an investigation initiated. SRNA #24 was not removed from resident care. Subsequently, approximately thirty (30) minutes	{F 837}	Administrator. The Medical Director attends QAPI. While the member is in facility they will review the resident abuse interviews, and grievances filed each day to ensure that there are no allegations of abuse, and/or allegations are immediately investigated, and alleged perpetrators suspended. Two outside Nurse Consultant (Key Management) and (Healthcare Advocate Associates) will provide additional oversight with this POC beginning 12/12/21 weekly for 4 months and more often if necessary to ensure compliance with the POC. The Nurse Consultants will also deliver education to the administrative team as needed. The Nurse Consultants will report findings to the Governing Body, the QAPI committee, and the Chief Executive Officer of the company to determine if the issues have been resolved or if the QAPI initiative should continue.	

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{F 837}	Continued From page 98	{F 837}		

later, on 11/10/2021, SRNA #24 entered Resident #358's room to provide care with SRNA #25 and SRNA #26. Both SRNA #25 and SRNA #26 witnessed SRNA #24 hit Resident #358 on the left arm/shoulder. However, facility Administration failed to thoroughly investigate the allegation of abuse and failed to identify staff did not immediately report this allegation.

Interview with the Regional Director of Operations (RDO) on 11/21/2021 at 10:54 AM and again on 11/23/2021 at 9:20 AM, revealed Resident #324 filed a grievance on 11/10/2021 related to care that was provided by SRNA #24. The RDO initially stated Resident #324 did not report the SRNA hurt him/her, but had the resident stated he/she was hurt, the allegation would have been reported as an abuse allegation. After discussing the Complaint/Grievance form that stated Resident #324 was hurt, the RDO then acknowledged Resident #324 reported SRNA #24 did hurt him/her. Further interview revealed the RDO asked the resident if he/she was abused, and the resident responded "no". Therefore, the RDO stated the allegation was not reported as abuse. According to the RDO, Resident #324 was satisfied with the resolution to reassign SRNA #24 to another area of the facility and to re-educate SRNA #24 on repositioning.

Continued interview with the RDO, on 11/21/2021 at 10:54 AM and again on 11/23/2021 at 9:20 AM, regarding the incident with Resident #358, revealed two (2) SRNAs (SRNA #25 and SRNA #26) reported an allegation of abuse to the Assistant Director of Nursing (ADON). The RDO stated the witnesses wrote out their statements and a statement was obtained from the alleged perpetrator (SRNA #24), who was suspended.

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The RDO stated all the information was given to the Administrator as he was the Abuse Coordinator who completed the investigation. The RDO further stated all abuse investigations were reviewed with the Administrator to ensure the investigations were complete and no concerns were identified with the investigation.

Further interview with the Regional Director of Operations (RDO), on 12/02/2021 at 6:56 PM, revealed he was the Governing Body representative for the facility and had been since 10/01/2021. He stated he was present at the facility daily. The RDO stated he was the Interim Administrator for the facility from 09/13/2021 - 10/01/2021. The RDO further stated the Governing Body met the week of 09/15/2021 to address the deficiencies cited from the 09/10/2021 survey and there were regional meetings every Friday. He stated he was not present at the facility when the other jeopardies were identified and cited, but had been involved with the Plan of Correction and monitoring to correct the deficiencies. He stated he was trained on the facility abuse policy when he became the Interim Administrator on 09/13/2021, but had not identified there were continuing concerns with abuse, abuse investigations, or abuse reporting.

The facility provided an acceptable Immediate Jeopardy Removal Plan, on 12/14/2021, that alleged removal of the Immediate Jeopardy (IJ) on 12/13/2021.

The facility implemented the following corrective actions:

1. On 12/02/2021, the Administrator interviewed

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{F 837}	Continued From page 100 Residents #324 and #358 regarding any concerns with abuse, and no concerns were voiced. On 12/02/2021, the Regional Nurse Consultant (RNC) also assessed the residents to ensure there was no new bruises, redness, rash, blister, skin tears or open areas, and there were no concerns. The allegation of abuse by State Registered Nursing Assistant (SRNA) #24 to Resident #358 was re-investigated starting 12/03/2021 by the new Regional Director of Operations (RDO). SRNA #25 and #26 and Resident #358 were re-interviewed by new RDO on 12/03/2021. The Allegation of abuse by SRNA #24 to Resident #358, was reported on 11/10/2021 to the state reporting agencies, police department, and the resident's attending physician. The allegation of abuse involving Resident #324 was reported on 11/21/2021, to the state reporting agencies, police department, and the resident's attending physician. SRNA #24 was suspended on 11/21/2021 and has not returned to work. SRNA #24 was also reported to the nurse aide registry on 12/06/2021. 2. All residents with a brief interview for mental status (BIMS) score of eight (8) or greater were interviewed and residents with a BIMS of seven (7) or less were assessed by the RNC, Assistant Director of Nursing (ADON), and/or Administrator on 12/02/2021. The residents were assessed for signs of abuse and were asked if they felt safe, had witnessed, or were subjected to, abuse in the facility. There were no concerns identified. 3. The Regional Director of Operations (RDO) was re-educated on 12/02/2021 by the Divisional	{F 837}		

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{F 837}	Continued From page 101 Vice President (DVP) on Abuse Investigation Reporting, Abuse Prevention, and Recognizing Signs of Abuse. A new RDO was assigned to oversee the building as of 12/03/2021. 4. On 12/03/2021 the new Regional Director of Operations (RDO) re-educated the facility interdisciplinary management team, including the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director, Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor regarding the definition of Abuse. "Abuse" was defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. The training also included Abuse Investigation and Reporting, which included reporting an alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the residents were safe, and then immediately report the situation to the immediate supervisor, who would immediately notify the abuse coordinator, who was currently the Administrator. Training of the Immediate Supervisors was done through the previously mentioned abuse training. The Staff Development coordinator administered a written test following training sessions. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained.	{F 837}		

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{F 837}	Continued From page 102 5. All staff working 12/02/2021 on the 6 PM to 6 AM shift was verbally re-educated by the ADON on the definition of Abuse and Abuse Investigation and Reporting. The training included reporting any alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the resident was safe, and immediately report to their supervisor who would immediately report to the abuse coordinator, in accordance to the abuse policy. Staff not working, including agency staff and new hires would be educated on their next scheduled shift. Prior to staff working their next shift, the Staff Development Coordinator administered a written post-test. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. One hundred (100%) percent of the facility staff have been educated. On 12/03/2021, the Director of Nursing (DON) reeducated SRNA #25 and SRNA #26 on the requirement to immediately report to the department supervisor any verbal allegation or witnessed abuse or neglect immediately upon witnessing or hearing it. Training was also provided that the alleged perpetrator would be removed from the building pending the investigation. The Administrator would then coordinate the investigation and report to all required agencies. 6. Beginning 12/03/2021 the Regional Nurse Consultant (RNC), Administrator, Director of Nursing (DON), Assistant Director of Nursing	{F 837}		

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{F 837}	Continued From page 103	{F 837}		

(ADON), Social Service Director (SSD) would interview residents with a BIMS score of eight (8) or greater daily and assess the skin of residents with a BIMS score of seven (7) or less daily for any signs of abuse or any unidentified to ensure they feel safe in the facility, have not witnessed abuse, and have not been subject to abuse, until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Results of the interviews would be reported to the Quality Assurance Performance Improvement (QAPI) committee by the DON/ADON.

7. On 12/03/2021, the New RDO and/or DVP reviewed the grievance log for the last thirty (30) days to ensure no abuse allegations were noted on the grievance log and not reported or investigated. There were no logged grievances that alleged abuse or neglect.

8. Grievance forms were located on each hallway and all grievances would be reviewed by the grievance officer, the Administrator. All Grievances/complaints filed with the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The grievance officer would either investigate the grievance or assign the grievance to the department director/supervisor for investigation. Beginning 12/03/2021, the Administrator would also report and review grievances received each day with the Regional Director of Operations (RDO) or Divisional Vice President (DVP) daily until the immediate jeopardy was removed and then weekly until substantial compliance was achieved.

9. On 12/03/2021 the Rytes Company (outside

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{F 837}	Continued From page 104 consulting firm contracted to achieve compliance) the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant were re-educated on the definition of abuse, abuse reporting and abuse investigating, Grievance and complaints and staff responsibility. The Chief Operating Officer, Master Healthcare Administration (MHA), Master of Public Administration and Geriatric Healthcare (MPA), Licensed Nursing Home Administrator (LNHA), and Certified Healthcare Compliance Specialist (CHC) of the Rytes Company provided an in-depth review and education session on abuse investigation, abuse reporting, recognizing signs and symptoms of abuse and neglect. They also reviewed the compliance requirements, the self-reporting incident form, and the Kentucky mandatory reporting requirement. 10. Beginning 12/03/2021 a member of the governing body would be on site at the facility daily until the immediate jeopardy was removed and substantial compliance was achieved. Members of the governing body included the New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. While a member of the governing body was in the facility, they would review the resident abuse interviews and grievances filed each day to ensure allegations of abuse, and/or allegations were reported, investigated, and alleged perpetrators suspended. Information gathered from audits would be provided to the facility's Quality Assurance Performance Improvement (QAPI) program and the Administrator would report to the governing body.	{F 837}		

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The State Survey Agency verified the facility implemented the following corrective actions:

1. Review of facility documentation revealed the Administrator interviewed Residents #324 and #358 and the Regional Nurse Consultant (RNC) assessed the residents as outlined in the allegation of compliance (AOC) on 12/02/2021, and no concerns were identified.

Review of facility documentation also revealed the new Regional Director of Operations (RDO) interviewed Resident #324 and #358 on 12/03/2021 and the allegation regarding both residents was re-investigated as stated in the AOC by the new RDO. Further review of facility documentation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the allegation of abuse regarding SRNA# 24 and Resident #358 was reported on 11/10/2021 to the state agencies, the police department, and the resident's attending physician and the allegation regarding Resident #324 was reported on 11/21/2021, to the state agencies, the police department, and the resident's attending physician.

Review of investigation findings after re-opening the allegation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the facility suspended the SRNA #24 on 11/21/2021, and her employment was terminated. The facility reported the SRNA to the nurse aide abuse registry on 12/06/2021.

Review of SRNA# 24's timecard and interview with the DVP on 12/16/2021 at 4:50 PM confirmed State Registered Nurse Aide (SRNA) #24 was suspended on 11/21/2021 and had now

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{F 837}	Continued From page 106 worked at the facility since that date. Interview with Resident #324 on 12/16/2021 at 11:30 AM and interview with Resident #358 on 12/16/2021 at 11:40 AM revealed both residents felt safe in the facility, no complaints regarding care/treatment were voiced and both residents stated they were free from abuse. 2. Review of interviews/skin assessments conducted by the Regional Nurse Consultant (RNC), Assistant Director of Nursing (ADON) and/or Administrator on 12/02/2021 revealed all residents with a BIMS with eight (8) or greater were asked if they felt safe in the facility, had witnessed abuse, or had been subject to abuse and no concerns were identified. Further reviews and interview with the ADON on 12/16/2021 at 4:33 PM revealed on 12/02/2021 residents with a BIMS score of seven (7) or less were assessed for signs of abuse, any open areas, new bruising, redness, rash, blisters or skin tears and no concerns were identified. 3. Review of education provided to the Regional Director of Operations (RDO) revealed the Divisional Vice President (DVP) re-educated the Administrator on 12/02/2021 on facility's Abuse Investigation Reporting, Abuse Prevention Program, and Recognizing Signs of Abuse. Interview with the DVP on 12/16/2021 at 4:50 PM revealed a new RDO was assigned to oversee the building as of 12/03/2021. 4. Review of the training materials and sign in sheets revealed the Regional Director of Operations (RDO) re-educated the facility interdisciplinary team on 12/03/2021 regarding abuse to include the following staff members: the	{F 837}		

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{F 837}	Continued From page 107 Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD), Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager and Housekeeping/Laundry Supervisor. Review of facility provided competency testing documents revealed the facility interdisciplinary team completed a written post-test, with a passing score of one hundred (100%) percent. Interview with the ADON on 12/16/2021 at 4:33 PM, the Social Services Director on 12/16/2021 at 4:20 PM, and the Director of Nursing (DON) on 12/16/2021 at 4:25 PM revealed they had received training regarding the facility's abuse policy/procedures and had taken a post-test following the education training. 5. Interview with the ADON on 12/16/2021 at 4:33 PM and review of education provided to staff revealed all staff working on 12/02/2021 on the 6 PM-6 AM shift were verbally re-educated by the ADON regarding the definition of abuse. Further review of ongoing education provided and continued interview with the ADON on 12/16/2021 at 4:33 PM, revealed staff that were not scheduled to work, which included agency staff and new hires were educated and were required to take a post-test competency before their next scheduled shift. Record review and interview with the ADON revealed all staff had been educated and completed a post-test by 12/13/2021. Interview with SRNA #1 on 12/16/2021 at 3:00	{F 837}		

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{F 837}	Continued From page 108	{F 837}		

PM; Licensed Practical Nurse (LPN) # 10 on 12/16/2021 at 3:20 PM; and interview with Registered Nurse (RN) #12 on 12/16/2021 at 3:15 PM; confirmed training also included Abuse Investigation/Reporting and that any alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) should be reported immediately to the department supervisor. The ADON and SRNA interview also revealed staff were instructed that if an employee suspected that abuse had occurred, they were to immediately ensure the resident was safe. They stated they were then required to immediately report to their supervisor. Further, the supervisor would remove the alleged perpetrator from the building pending the investigation and immediately reported the allegation to the abuse coordinator.

Interview with the Director of Nursing (DON) on 12/16/2021 at 4:25 PM and review of education provided to staff revealed on 12/03/2021, the facility reeducated State Registered Nursing Assistant (SRNA) #25 and SRNA #26 to immediately report any allegations of abuse to the department supervisor when the incident occurred.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he would coordinate the investigations and ensure all allegations were reported to state agencies as required.
Review of an alleged incident of resident to resident abuse between Resident #322 and Resident #361 which occurred on 12/14/2021 at 3:10 PM revealed no concerns with the facility practices of reporting nor investigating. The investigation was ongoing; however, actions had

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been taken to protect those and all other residents and no concerns were identified.

Interview with Resident #322 on 12/16/2021 at 3:40 PM and interview with Resident #361 on 12/16/2021 at 3:30 PM revealed they felt safe in the facility and had no concerns related to abuse.

6. Interview with the ADON on 12/16/2021 at 4:33 PM and review of Resident Abuse Interview Questionnaires revealed beginning on 12/03/2021 all residents in the facility with a BIMS of eight (8) or greater were interviewed daily by the DON, RNC #2, ADON and/or Social Worker to ensure the residents felt safe, had not been subject to abuse, and had not witnessed abuse. No concerns were identified.

Interview with Resident #362 on 12/16/2021 at 12:00 PM, Resident #361 at 3:30 PM and Resident #322 at 3:40 PM confirmed staff were interviewing them daily. The stated they had no concerns of abuse or neglect and none had been reported to facility staff during the interviews

Review of skin assessments revealed beginning on 12/03/2021, the RNC, DON and ADON assessed the skin of residents with a BIMS of seven (7) or less daily to ensure any new bruise, redness, rash, blister, skin tears or open areas had not occurred. No concerns were identified.

7. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she reviewed the grievance log on 12/03/2021 for the previous thirty (30) days to ensure no allegations of abuse was included on the log and no concerns were identified.

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8. Observations on 12/16/2021 revealed grievance forms were located on each hallway of the resident care units in the facility.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he was the grievance officer and would oversee the process to ensure any grievances/complaints voiced at the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The Administrator also stated he would oversee the process in the facility to ensure the regulatory guidelines regarding grievances were followed.

Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she continued to review the grievance log daily and oversee to ensure the facility was in compliance with the grievance process.

Interview with Licensed Practical Nurse (LPN) #10 on 12/16/2021 at 3:20 PM and review of training provided to staff confirmed staff were retrained and were required to take a post-test following the training, regarding the grievance process in the facility.

Review of facility grievance forms revealed a grievance was filed on 12/14/2021 by Resident #362 regarding his/her bathroom appearance and odor. Further review revealed the grievance was investigated, the resident was interviewed, and the resident's grievance was resolved on 12/16/2021. There were no allegations of abuse, neglect documented on the grievance log/grievance form.

Interview with Resident #362 on 12/16/2021 at 12:00 PM revealed he/she had voiced a

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grievance regarding cleanliness of his/her bathroom and facility staff had resolved the grievance. The resident had no current concerns with care/treatment in the facility.

9. Review of training documentation, testing documentation, and sign-in sheets revealed on 12/03/2021, the Rytes Company, educated the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant on the definition of abuse, abuse reporting and abuse investigating, grievances and complaints and staff responsibility. The Governing body members were also educated on conducting abuse investigations, abuse reporting, recognizing signs and symptoms of abuse and neglect, state agency compliance requirement, a self-reporting incident form and the Kentucky mandatory reporting requirement.

Interview with the Administrator on 12/16/2021 at 4:40 PM, RNC #2 on 12/16/2021 at 3:40 PM, and with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed they attended the training provided by the Rytes company regarding identifying and reporting abuse, grievances and policies, and completed a post-test following the training.

10. Review of records and interview with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed that beginning 12/03/2021, a member of the governing body was onsite at the facility daily and would continue to be onsite daily until the immediate jeopardy was removed, and substantial compliance was achieved. The governing body member in the facility also

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{F 837}	Continued From page 112 reviewed the residents' abuse interviews, and grievances filed each day to ensure there were no allegations of abuse that were not immediately investigated, and alleged perpetrators were suspended per the facility policy and regulatory guidelines. Continued interviews revealed the information they gathered, and audit information was taken to QAPI. Review of the facility's QAPI meetings revealed the team met on 12/13/2021 and documentation provided no evidence any new concerns were identified.	{F 837}		
{F 867} SS=D	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility policy review, and review of Statements of Deficiencies (SOD) from the 09/24/2020, 12/12/2020 and 09/10/2021 Surveys, it was determined the facility's Quality Assurance Committee failed to develop and implement appropriate plans of action to correct identified quality deficiencies. Review of the facility's history revealed 42 CFR 483.12 Freedom from Abuse, Neglect, and Exploitation was cited during Surveys dated 09/24/2020, 12/12/2020, and 09/10/2021.	{F 867}	F867 On 12/3/2021 the New Regional Director of Operations re-educated the facility interdisciplinary management team which includes the Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, MDS coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply,	12/21/21

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{F 867}	Continued From page 113 Continued non-compliance was cited during this survey at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600, F609 and F610). Immediate Jeopardy and Substandard Quality of Care (SQC) was cited at F600, F609, and F610 all at a S/S of a "J". Additionally, 42 CFR 483.70 Administration, F835 and F837 was cited at a S/S of a "J"; and 42 CFR 483.75 Quality Assurance and Quality Improvement, F867 was cited at a S/S of a "J". The facility's failure to have an effective Quality Assurance and Performance Improvement system in place to ensure appropriate action plans to maintain compliance has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy (IJ)was identified, on 12/02/2021, and was determined to exist on 11/10/2021, at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610), 42 CFR 483.70 Administration (F835 and F837), and 42 CFR 483.75 Quality Assurance and Performance Improvement (F867). Substandard Quality of Care (SQC) was identified at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610). The facility was notified of Immediate Jeopardy on 12/02/2021. IJ is ongoing. Refer to F600, F609, and F610 An acceptable allegation of compliance (AoC) was received on 12/14/2021, which alleged removal of the Immediate Jeopardy on 12/13/2021. The State Survey Agency determined the Immediate Jeopardy was removed as alleged during a revisit conducted on 12/16/2021, which lowered the scope and severity to "D" at 42 CFR 483.12 Freedom from Abuse (F600, F609, and F610); 42 CFR 483.70 Administration (F835 and F837); and 42 CFR	{F 867}	Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor were verbally re-educated on the definition of Abuse- Abuse is defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish and Abuse Investigation and Reporting - An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately to the department supervisor who will then call the abuse coordinator. If an employee suspects that either of the above has happened, they are to immediately ensure the resident is safe, and immediately report to their supervisor who will immediately report to the abuse coordinator who is currently the Administrator. The supervisor will remove the alleged perpetrator from the building pending the investigation. The Administrator will then coordinate the investigation and report to all required agencies. staff have been educated.: The supervisor will then immediately notify the Administrator will immediately begin to coordinate the investigation. If abuse happens while the Administrator is off, the Administrator would be expected to still immediately begin coordinating the investigation., this also includes off hours/weekends/holidays etc. The Administrator is also responsible to reporting to all state agencies. Prior to	

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{F 867}	Continued From page 114 483.75 Quality Assurance and Performance Improvement (F867), while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: Review of the facility "Quality Assurance and Performance Improvement (QAPI) Program" Policy, with a revision date of April 2014, revealed the primary purpose of the QAPI program was to establish data-driven, facility-wide processes that improve the quality of care, quality of life and clinical outcomes of the residents. The policy further stated action plans were implemented to prevent recurrence of adverse events. Review of the Administrator's Job Description, revised January 2015, revealed the administrator was responsible to assist the Quality Assurance (QA) and Assessment committee in developing and implementing appropriate plans of action to correct identified quality deficiencies. Review of Statements of Deficiencies (SOD) for the Survey dated 09/24/2020, revealed the facility was cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F610) at a Scope and Severity (S/S) of a "D" for failure to investigate an allegation of abuse; however, the QA Committee failed to ensure substantial compliance. Review of Statements of Deficiencies (SOD) for the Survey dated 12/12/2020, revealed deficiencies cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600, F607, F608, F609, and F610). Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) was identified on 11/25/2020 and determined to exist on	{F 867}	working their next shift all staff were retrained on recognizing and reporting abuse and the Staff Development Coordinator administered a written post-test. If staff did not achieve the passing score of 100%, individual consultation was done until a passing score was obtained. 100% of staff have been educated. All Grievances/complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s). Grievance forms are located on each hallway, all grievances will be reviewed grievance officer who is the Administrator. The Social Service Director will serve as a backup grievance officer to the Administrator. Grievance officer will either investigate grievance or assign the grievance to the manager of the department it relates to for investigation. The grievance officer will follow up on grievances to ensure a thorough investigation has been conducted and the grievance has been resolved. Beginning 12/3/2021 staff not working on 12/2/2021 including agency staff and new hires will be educated by the DON, ADON, IP, Regional Director of Nursing, regional nurse or consultant on their next scheduled shift. All employees who have worked have been in-serviced and completed a post-test competency by 12/20/2021. Beginning 12/3/2021 the Administrator will report, and review grievances received each day with the New Regional Director of Operations or Divisional Vice President daily until the immediate jeopardy is	

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{F 867}	Continued From page 115 11/09/2020, in the areas of 42 CFR 483.12 Freedom from Abuse, F-600, at a Scope and Severity (S/S) of a "J"; Develop and Implement Abuse Policy, F607 at a S/S of a "J"; Reporting Reasonable Suspicion of a Crime, F608, at a S/S of a "J"; Reporting Alleged Violations, F609 at a S/S of a "J"; and Investigate/Prevent Abuse, F610, at a S/S of a "J". In addition, 42 CFR 483.70, Administration, F835 was cited at a S/S of an "L". The facility submitted an acceptable Plan of Correction with a compliance date of 01/20/2021. The plan of correction for the 12/12/2020 Survey stated any new hires or agency staff would be in-serviced on abuse prior to providing direct resident care; and the facility would complete audits which included staff questionnaires, resident interviews, and resident skin assessments. However, the corrective actions were not effective in maintaining substantial compliance at 42 CFR 483.12 Abuse, Neglect and Exploitation. Review of the Statements of Deficiencies (SOD) for the Survey, dated 09/10/2021, revealed deficiencies cited at 42 CFR 483.12 Abuse, Neglect, and Exploitation (F600 and -609). Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) was cited at F600 at a S/S of a "K". The facility submitted an acceptable Immediate Jeopardy Removal Plan on 09/25/2021, alleging removal of the Immediate Jeopardy on 09/26/2021. The State Agency verified the Immediate Jeopardy was removed on 09/26/2021, as alleged. However, the Governing Body failed to ensure compliance was maintained. During this Survey, record review and staff interviews, revealed that on 11/10/2021 at	{F 867}	removed and weekly until substantial compliance is achieved. Beginning 12/3/2021 a member of the governing body will be on site at the facility daily until the immediate jeopardy is removed and substantial compliance is achieved. Members of the governing body include New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. The key members of the QAPI committee consist of Administrator, Director of Nursing, Medical Director, Infection Preventionist. Information gather will be QAPI□d and reported to full governing body by Administrator. The Medical Director attends QAPI. While in facility the member of governing body present will review the resident abuse interviews, and grievances filed each day to ensure that there are no allegations of abuse, and/or allegations are immediately investigated, and alleged perpetrators suspended. Beginning 12/20/2021 the Administrator or designee will ensure the Monitoring and Trending Reports for Incident/Accidents, Infection Control, Pressure Wound reports, Reportable Events, resident dignity, and staffing levels are provided to the QAPI Committee. All monitoring tools developed for the survey deficiencies will be reviewed to ensure that compliance expectations are met by the Administrator prior to submitting at each QAPI Committee meetings. If compliance expectations are not met staff the QAPI committee members will complete a root cause analysis and then a performance improvement plan will be initiated to	

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{F 867}	Continued From page 116 approximately 4:30 PM, Resident #324 reported State Registered Nursing Assistant (SRNA) #24 grabbed him/her by the ankle and "jerked" while turning and repositioning him/her. Resident #324 yelled out and cursed at SRNA #24, stating the SRNA hurt him/her and he/she wanted to file a grievance against the SRNA, as witnessed by SRNA #25 and SRNA #26. However, this allegation was not reported to appropriate agencies, nor was there an investigation initiated. SRNA #24 continued to work. Subsequently, about thirty (30) minutes later, on 11/10/2021, SRNA #24 entered Resident #358's room with SRNA #25 and SRNA #26 to provide care. Although both SRNA #25 and SRNA #26 witnessed SRNA #24 hit Resident #358 on the left arm/shoulder, and provided Witness Statements, the facility failed to thoroughly investigate the allegation of abuse and found the allegation to be unsubstantiated. In addition, the failed to identify staff did not immediately report this allegation. Interview with the Administrator, on 11/21/2021 at 12:43 PM, 11/22/2021 at 8:58 AM, 12/01/2021 at 11:01 AM, and 12/2/2021 at 6:42 PM, revealed he had been in the role of administrator of the facility since 10/01/2021, and was over the Quality Assurance Performance Improvement (QAPI) committee. The Administrator stated he also served as the Abuse Coordinator at the facility. Further interview, revealed usually if a resident reported a staff member hurt them, it would be reported and investigated as abuse, but since Resident #324 answered "no" when asked if he/she was abused, the incident was not reported to appropriate agencies or investigated as an allegation of abuse. Per interview, he considered the incident involving Resident #324 a	{F 867}	correct and not deficient practice. Beginning 12/20/2021 all PI Projects will be monitored, and results provided to the QAPI Committee meeting. Two outside Nurse Consultant (Key Management) and (Healthcare Advocate Associates) will provide additional oversight with this POC beginning 12/12/21 weekly for 4 months and more often if necessary to ensure compliance with the POC. The Nurse Consultants will also deliver education to the administrative team as needed. The Nurse Consultants will report findings to the Governing Body, the QAPI committee, and the Chief Executive Officer of the company to determine if the issues have been resolved or if the QAPI initiative should continue.	

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{F 867}	Continued From page 117 care issue and not an allegation of abuse. Continued interview with the Administrator, on 11/21/2021 at 12:43 PM, 11/22/2021 at 8:58 AM, 12/01/2021 at 11:01 AM, and 12/2/2021 at 6:42 PM, revealed he completed the investigation involving Resident #358 on 11/16/2021, and unsubstantiated the allegation of abuse based on the resident's statement saying he/she was not abused. The Administrator stated, although he was aware of the incident on 11/10/2021, which occurred when SRNA #24 provided care for Resident #324, he did not consider this incident when making the determination the allegation involving Resident #358 was unsubstantiated. Further, after discussion of the incident involving Resident #358, the Administrator revealed he was unaware SRNA #25 and SRNA #26 witnessed the incident at approximately 5:00 PM, but failed to report the incident until approximately 6:00 PM to the Assistant Director of Nursing (ADON). Additional interview with the Administrator, on 12/2/2021 at 6:42 PM, revealed the abuse deficiencies for the 09/10/2021 Survey had been reviewed through the QAPI program and were being monitored through audits that were being done as part of the Plan of Correction for the survey. The Administrator stated the QAPI committee had not identified any concerns with the monitoring of abuse and he did not have concerns that abuse citations had not been corrected. The facility provided an acceptable Immediate Jeopardy Removal Plan, on 12/14/2021, that alleged removal of the Immediate Jeopardy (IJ) on 12/13/2021.	{F 867}		

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{F 867}	Continued From page 118	{F 867}		

The facility implemented the following corrective actions:

1. On 12/02/2021, the Administrator interviewed Residents #324 and #358 regarding any concerns with abuse, and no concerns were voiced. On 12/02/2021, the Regional Nurse Consultant (RNC) also assessed the residents to ensure there was no new bruises, redness, rash, blister, skin tears or open areas, and there were no concerns.

The allegation of abuse by State Registered Nursing Assistant (SRNA) #24 to Resident #358 was re-investigated starting 12/03/2021 by the new Regional Director of Operations (RDO). SRNA #25 and #26 and Resident #358 were re-interviewed by new RDO on 12/03/2021.

The Allegation of abuse by SRNA #24 to Resident #358, was reported on 11/10/2021 to the state reporting agencies, police department, and the resident's attending physician. The allegation of abuse involving Resident #324 was reported on 11/21/2021, to the state reporting agencies, police department, and the resident's attending physician. SRNA #24 was suspended on 11/21/2021 and has not returned to work. SRNA #24 was also reported to the nurse aide registry on 12/06/2021.

2. All residents with a brief interview for mental status (BIMS) score of eight (8) or greater were interviewed and residents with a BIMS of seven (7) or less were assessed by the RNC, Assistant Director of Nursing (ADON), and/or Administrator on 12/02/2021. The residents were assessed for signs of abuse and were asked if they felt safe, had witnessed, or were subjected to, abuse in the

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{F 867}	Continued From page 119 facility. There were no concerns identified. 3. The Regional Director of Operations (RDO) was re-educated on 12/02/2021 by the Divisional Vice President (DVP) on Abuse Investigation Reporting, Abuse Prevention, and Recognizing Signs of Abuse. A new RDO was assigned to oversee the building as of 12/03/2021. 4. On 12/03/2021 the new Regional Director of Operations (RDO) re-educated the facility interdisciplinary management team, including the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director, Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor regarding the definition of Abuse. "Abuse" was defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. The training also included Abuse Investigation and Reporting, which included reporting an alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the residents were safe, and then immediately report the situation to the immediate supervisor, who would immediately notify the abuse coordinator, who was currently the Administrator. Training of the Immediate Supervisors was done through the previously mentioned abuse training. The Staff Development coordinator administered a written	{F 867}		

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{F 867}	Continued From page 120 test following training sessions. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. 5. All staff working 12/02/2021 on the 6 PM to 6 AM shift was verbally re-educated by the ADON on the definition of Abuse and Abuse Investigation and Reporting. The training included reporting any alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the resident was safe, and immediately report to their supervisor who would immediately report to the abuse coordinator, in accordance to the abuse policy. Staff not working, including agency staff and new hires would be educated on their next scheduled shift. Prior to staff working their next shift, the Staff Development Coordinator administered a written post-test. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. One hundred (100%) percent of the facility staff have been educated. On 12/03/2021, the Director of Nursing (DON) reeducated SRNA #25 and SRNA #26 on the requirement to immediately report to the department supervisor any verbal allegation or witnessed abuse or neglect immediately upon witnessing or hearing it. Training was also provided that the alleged perpetrator would be removed from the building pending the investigation. The Administrator would then coordinate the investigation and report to all required agencies.	{F 867}		

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{F 867}	Continued From page 121 6. Beginning 12/03/2021 the Regional Nurse Consultant (RNC), Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD) would interview residents with a BIMS score of eight (8) or greater daily and assess the skin of residents with a BIMS score of seven (7) or less daily for any signs of abuse or any unidentified to ensure they feel safe in the facility, have not witnessed abuse, and have not been subject to abuse, until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Results of the interviews would be reported to the Quality Assurance Performance Improvement (QAPI) committee by the DON/ADON. 7. On 12/03/2021, the New RDO and/or DVP reviewed the grievance log for the last thirty (30) days to ensure no abuse allegations were noted on the grievance log and not reported or investigated. There were no logged grievances that alleged abuse or neglect. 8. Grievance forms were located on each hallway and all grievances would be reviewed by the grievance officer, the Administrator. All Grievances/complaints filed with the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The grievance officer would either investigate the grievance or assign the grievance to the department director/supervisor for investigation. Beginning 12/03/2021, the Administrator would also report and review grievances received each day with the Regional Director of Operations (RDO) or Divisional Vice President (DVP) daily until the immediate jeopardy was removed and then	{F 867}		

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{F 867}	Continued From page 122 weekly until substantial compliance was achieved. 9. On 12/03/2021 the Rytes Company (outside consulting firm contracted to achieve compliance) the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant were re-educated on the definition of abuse, abuse reporting and abuse investigating, Grievance and complaints and staff responsibility. The Chief Operating Officer, Master Healthcare Administration (MHA), Master of Public Administration and Geriatric Healthcare (MPA), Licensed Nursing Home Administrator (LNHA), and Certified Healthcare Compliance Specialist (CHC) of the Rytes Company provided an in-depth review and education session on abuse investigation, abuse reporting, recognizing signs and symptoms of abuse and neglect. They also reviewed the compliance requirements, the self-reporting incident form, and the Kentucky mandatory reporting requirement. 10. Beginning 12/03/2021 a member of the governing body would be on site at the facility daily until the immediate jeopardy was removed and substantial compliance was achieved. Members of the governing body included the New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. While a member of the governing body was in the facility, they would review the resident abuse interviews and grievances filed each day to ensure allegations of abuse, and/or allegations were reported, investigated, and alleged perpetrators suspended. Information gathered from audits would be provided to the facility's Quality	{F 867}		

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{F 867}	Continued From page 123	{F 867}		

Assurance Performance Improvement (QAPI) program and the Administrator would report to the governing body.

The State Survey Agency verified the facility implemented the following corrective actions:

1. Review of facility documentation revealed the Administrator interviewed Residents #324 and #358 and the Regional Nurse Consultant (RNC) assessed the residents as outlined in the allegation of compliance (AOC) on 12/02/2021, and no concerns were identified.

Review of facility documentation also revealed the new Regional Director of Operations (RDO) interviewed Resident #324 and #358 on 12/03/2021 and the allegation regarding both residents was re-investigated as stated in the AOC by the new RDO. Further review of facility documentation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the allegation of abuse regarding SRNA# 24 and Resident #358 was reported on 11/10/2021 to the state agencies, the police department, and the resident's attending physician and the allegation regarding Resident #324 was reported on 11/21/2021, to the state agencies, the police department, and the resident's attending physician.

Review of investigation findings after re-opening the allegation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the facility suspended the SRNA #24 on 11/21/2021, and her employment was terminated. The facility reported the SRNA to the nurse aide abuse registry on 12/06/2021.

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{F 867}	Continued From page 124 Review of SRNA# 24's timecard and interview with the DVP on 12/16/2021 at 4:50 PM confirmed State Registered Nurse Aide (SRNA) #24 was suspended on 11/21/2021 and had now worked at the facility since that date. Interview with Resident #324 on 12/16/2021 at 11:30 AM and interview with Resident #358 on 12/16/2021 at 11:40 AM revealed both residents felt safe in the facility, no complaints regarding care/treatment were voiced and both residents stated they were free from abuse. 2. Review of interviews/skin assessments conducted by the Regional Nurse Consultant (RNC), Assistant Director of Nursing (ADON) and/or Administrator on 12/02/2021 revealed all residents with a BIMS with eight (8) or greater were asked if they felt safe in the facility, had witnessed abuse, or had been subject to abuse and no concerns were identified. Further reviews and interview with the ADON on 12/16/2021 at 4:33 PM revealed on 12/02/2021 residents with a BIMS score of seven (7) or less were assessed for signs of abuse, any open areas, new bruising, redness, rash, blisters or skin tears and no concerns were identified. 3. Review of education provided to the Regional Director of Operations (RDO) revealed the Divisional Vice President (DVP) re-educated the Administrator on 12/02/2021 on facility's Abuse Investigation Reporting, Abuse Prevention Program, and Recognizing Signs of Abuse. Interview with the DVP on 12/16/2021 at 4:50 PM revealed a new RDO was assigned to oversee the building as of 12/03/2021. 4. Review of the training materials and sign in	{F 867}		

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{F 867}	Continued From page 125	{F 867}		

sheets revealed the Regional Director of Operations (RDO) re-educated the facility interdisciplinary team on 12/03/2021 regarding abuse to include the following staff members: the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD), Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager and Housekeeping/Laundry Supervisor. Review of facility provided competency testing documents revealed the facility interdisciplinary team completed a written post-test, with a passing score of one hundred (100%) percent.

Interview with the ADON on 12/16/2021 at 4:33 PM, the Social Services Director on 12/16/2021 at 4:20 PM, and the Director of Nursing (DON) on 12/16/2021 at 4:25 PM revealed they had received training regarding the facility's abuse policy/procedures and had taken a post-test following the education training.

5. Interview with the ADON on 12/16/2021 at 4:33 PM and review of education provided to staff revealed all staff working on 12/02/2021 on the 6 PM-6 AM shift were verbally re-educated by the ADON regarding the definition of abuse.

Further review of ongoing education provided and continued interview with the ADON on 12/16/2021 at 4:33 PM, revealed staff that were not scheduled to work, which included agency staff and new hires were educated and were required to take a post-test competency before their next scheduled shift. Record review and interview with

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the ADON revealed all staff had been educated and completed a post-test by 12/13/2021.

Interview with SRNA #1 on 12/16/2021 at 3:00 PM; Licensed Practical Nurse (LPN) # 10 on 12/16/2021 at 3:20 PM; and interview with Registered Nurse (RN) #12 on 12/16/2021 at 3:15 PM; confirmed training also included Abuse Investigation/Reporting and that any alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) should be reported immediately to the department supervisor. The ADON and SRNA interview also revealed staff were instructed that if an employee suspected that abuse had occurred, they were to immediately ensure the resident was safe. They stated they were then required to immediately report to their supervisor. Further, the supervisor would remove the alleged perpetrator from the building pending the investigation and immediately reported the allegation to the abuse coordinator.

Interview with the Director of Nursing (DON) on 12/16/2021 at 4:25 PM and review of education provided to staff revealed on 12/03/2021, the facility reeducated State Registered Nursing Assistant (SRNA) #25 and SRNA #26 to immediately report any allegations of abuse to the department supervisor when the incident occurred.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he would coordinate the investigations and ensure all allegations were reported to state agencies as required.
Review of an alleged incident of resident to resident abuse between Resident #322 and

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Resident #361 which occurred on 12/14/2021 at 3:10 PM revealed no concerns with the facility practices of reporting nor investigating. The investigation was ongoing; however, actions had been taken to protect those and all other residents and no concerns were identified.

Interview with Resident #322 on 12/16/2021 at 3:40 PM and interview with Resident #361 on 12/16/2021 at 3:30 PM revealed they felt safe in the facility and had no concerns related to abuse.

6. Interview with the ADON on 12/16/2021 at 4:33 PM and review of Resident Abuse Interview Questionnaires revealed beginning on 12/03/2021 all residents in the facility with a BIMS of eight (8) or greater were interviewed daily by the DON, RNC #2, ADON and/or Social Worker to ensure the residents felt safe, had not been subject to abuse, and had not witnessed abuse. No concerns were identified.

Interview with Resident #362 on 12/16/2021 at 12:00 PM, Resident #361 at 3:30 PM and Resident #322 at 3:40 PM confirmed staff were interviewing them daily. The stated they had no concerns of abuse or neglect and none had been reported to facility staff during the interviews

Review of skin assessments revealed beginning on 12/03/2021, the RNC, DON and ADON assessed the skin of residents with a BIMS of seven (7) or less daily to ensure any new bruise, redness, rash, blister, skin tears or open areas had not occurred. No concerns were identified.

7. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she reviewed the grievance log on 12/03/2021 for the

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previous thirty (30) days to ensure no allegations of abuse was included on the log and no concerns were identified.

8. Observations on 12/16/2021 revealed grievance forms were located on each hallway of the resident care units in the facility.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he was the grievance officer and would oversee the process to ensure any grievances/complaints voiced at the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The Administrator also stated he would oversee the process in the facility to ensure the regulatory guidelines regarding grievances were followed.

Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she continued to review the grievance log daily and oversee to ensure the facility was in compliance with the grievance process.

Interview with Licensed Practical Nurse (LPN) #10 on 12/16/2021 at 3:20 PM and review of training provided to staff confirmed staff were retrained and were required to take a post-test following the training, regarding the grievance process in the facility.

Review of facility grievance forms revealed a grievance was filed on 12/14/2021 by Resident #362 regarding his/her bathroom appearance and odor. Further review revealed the grievance was investigated, the resident was interviewed, and the resident's grievance was resolved on 12/16/2021. There were no allegations of abuse, neglect documented on the grievance

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{F 867}	Continued From page 129 log/grievance form. Interview with Resident #362 on 12/16/2021 at 12:00 PM revealed he/she had voiced a grievance regarding cleanliness of his/her bathroom and facility staff had resolved the grievance. The resident had no current concerns with care/treatment in the facility. 9. Review of training documentation, testing documentation, and sign-in sheets revealed on 12/03/2021, the Rytes Company, educated the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant on the definition of abuse, abuse reporting and abuse investigating, grievances and complaints and staff responsibility. The Governing body members were also educated on conducting abuse investigations, abuse reporting, recognizing signs and symptoms of abuse and neglect, state agency compliance requirement, a self-reporting incident form and the Kentucky mandatory reporting requirement. Interview with the Administrator on 12/16/2021 at 4:40 PM, RNC #2 on 12/16/2021 at 3:40 PM, and with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed they attended the training provided by the Rytes company regarding identifying and reporting abuse, grievances and policies, and completed a post-test following the training. 10. Review of records and interview with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed that beginning 12/03/2021, a member of the governing body was onsite at the	{F 867}		

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facility daily and would continue to be onsite daily until the immediate jeopardy was removed, and substantial compliance was achieved. The governing body member in the facility also reviewed the residents' abuse interviews, and grievances filed each day to ensure there were no allegations of abuse that were not immediately investigated, and alleged perpetrators were suspended per the facility policy and regulatory guidelines. Continued interviews revealed the information they gathered, and audit information was taken to QAPI.

Review of the facility's QAPI meetings revealed the team met on 12/13/2021 and documentation provided no evidence any new concerns were identified.

The facility provided an acceptable Immediate Jeopardy Removal Plan, on 12/14/2021, that alleged removal of the Immediate Jeopardy (IJ) on 12/13/2021.

The facility implemented the following corrective actions:

1. On 12/02/2021, the Administrator interviewed Residents #324 and #358 regarding any concerns with abuse, and no concerns were voiced. On 12/02/2021, the Regional Nurse Consultant (RNC) also assessed the residents to ensure there was no new bruises, redness, rash, blister, skin tears or open areas, and there were no concerns.

The allegation of abuse by State Registered Nursing Assistant (SRNA) #24 to Resident #358 was re-investigated starting 12/03/2021 by the new Regional Director of Operations (RDO).

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{F 867}	Continued From page 131 SRNA #25 and #26 and Resident #358 were re-interviewed by new RDO on 12/03/2021. The Allegation of abuse by SRNA #24 to Resident #358, was reported on 11/10/2021 to the state reporting agencies, police department, and the resident's attending physician. The allegation of abuse involving Resident #324 was reported on 11/21/2021, to the state reporting agencies, police department, and the resident's attending physician. SRNA #24 was suspended on 11/21/2021 and has not returned to work. SRNA #24 was also reported to the nurse aide registry on 12/06/2021. 2. All residents with a brief interview for mental status (BIMS) score of eight (8) or greater were interviewed and residents with a BIMS of seven (7) or less were assessed by the RNC, Assistant Director of Nursing (ADON), and/or Administrator on 12/02/2021. The residents were assessed for signs of abuse and were asked if they felt safe, had witnessed, or were subjected to, abuse in the facility. There were no concerns identified. 3. The Regional Director of Operations (RDO) was re-educated on 12/02/2021 by the Divisional Vice President (DVP) on Abuse Investigation Reporting, Abuse Prevention, and Recognizing Signs of Abuse. A new RDO was assigned to oversee the building as of 12/03/2021. 4. On 12/03/2021 the new Regional Director of Operations (RDO) re-educated the facility interdisciplinary management team, including the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director, Minimum Data Set (MDS) coordinators, Human Resources, Business Office	{F 867}		

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{F 867}	Continued From page 132 Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager, Housekeeping/Laundry Supervisor regarding the definition of Abuse. "Abuse" was defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. The training also included Abuse Investigation and Reporting, which included reporting an alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the residents were safe, and then immediately report the situation to the immediate supervisor, who would immediately notify the abuse coordinator, who was currently the Administrator. Training of the Immediate Supervisors was done through the previously mentioned abuse training. The Staff Development coordinator administered a written test following training sessions. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. 5. All staff working 12/02/2021 on the 6 PM to 6 AM shift was verbally re-educated by the ADON on the definition of Abuse and Abuse Investigation and Reporting. The training included reporting any alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) immediately. If an employee suspected that either of the above had happened, they were to immediately ensure the resident was safe, and immediately report to their supervisor who would	{F 867}		

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immediately report to the abuse coordinator, in accordance to the abuse policy. Staff not working, including agency staff and new hires would be educated on their next scheduled shift. Prior to staff working their next shift, the Staff Development Coordinator administered a written post-test. If staff did not achieve the passing score of one hundred (100%) percent, individual consultation was done until a passing score was obtained. One hundred (100%) percent of the facility staff have been educated.

On 12/03/2021, the Director of Nursing (DON) reeducated SRNA #25 and SRNA #26 on the requirement to immediately report to the department supervisor any verbal allegation or witnessed abuse or neglect immediately upon witnessing or hearing it. Training was also provided that the alleged perpetrator would be removed from the building pending the investigation. The Administrator would then coordinate the investigation and report to all required agencies.

6. Beginning 12/03/2021 the Regional Nurse Consultant (RNC), Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD) would interview residents with a BIMS score of eight (8) or greater daily and assess the skin of residents with a BIMS score of seven (7) or less daily for any signs of abuse or any unidentified to ensure they feel safe in the facility, have not witnessed abuse, and have not been subject to abuse, until the immediate jeopardy has been removed then weekly until substantial compliance has been achieved. Results of the interviews would be reported to the Quality Assurance Performance Improvement (QAPI) committee by the

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{F 867}	Continued From page 134 DON/ADON. 7. On 12/03/2021, the New RDO and/or DVP reviewed the grievance log for the last thirty (30) days to ensure no abuse allegations were noted on the grievance log and not reported or investigated. There were no logged grievances that alleged abuse or neglect. 8. Grievance forms were located on each hallway and all grievances would be reviewed by the grievance officer, the Administrator. All Grievances/complaints filed with the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The grievance officer would either investigate the grievance or assign the grievance to the department director/supervisor for investigation. Beginning 12/03/2021, the Administrator would also report and review grievances received each day with the Regional Director of Operations (RDO) or Divisional Vice President (DVP) daily until the immediate jeopardy was removed and then weekly until substantial compliance was achieved. 9. On 12/03/2021 the Rytes Company (outside consulting firm contracted to achieve compliance) the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant were re-educated on the definition of abuse, abuse reporting and abuse investigating, Grievance and complaints and staff responsibility. The Chief Operating Officer, Master Healthcare Administration (MHA), Master of Public Administration and Geriatric Healthcare (MPA), Licensed Nursing Home Administrator (LNHA), and Certified Healthcare	{F 867}		

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Compliance Specialist (CHC) of the Rytes Company provided an in-depth review and education session on abuse investigation, abuse reporting, recognizing signs and symptoms of abuse and neglect. They also reviewed the compliance requirements, the self-reporting incident form, and the Kentucky mandatory reporting requirement.

10. Beginning 12/03/2021 a member of the governing body would be on site at the facility daily until the immediate jeopardy was removed and substantial compliance was achieved. Members of the governing body included the New RDO and/or DVP, Regional Nurse Consultant and/or Chief Nursing Officer. While a member of the governing body was in the facility, they would review the resident abuse interviews and grievances filed each day to ensure allegations of abuse, and/or allegations were reported, investigated, and alleged perpetrators suspended. Information gathered from audits would be provided to the facility's Quality Assurance Performance Improvement (QAPI) program and the Administrator would report to the governing body.

The State Survey Agency verified the facility implemented the following corrective actions:

1. Review of facility documentation revealed the Administrator interviewed Residents #324 and #358 and the Regional Nurse Consultant (RNC) assessed the residents as outlined in the allegation of compliance (AOC) on 12/02/2021, and no concerns were identified.

Review of facility documentation also revealed the new Regional Director of Operations (RDO)

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interviewed Resident #324 and #358 on 12/03/2021 and the allegation regarding both residents was re-investigated as stated in the AOC by the new RDO. Further review of facility documentation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the allegation of abuse regarding SRNA# 24 and Resident #358 was reported on 11/10/2021 to the state agencies, the police department, and the resident's attending physician and the allegation regarding Resident #324 was reported on 11/21/2021, to the state agencies, the police department, and the resident's attending physician.

Review of investigation findings after re-opening the allegation and interview with the Administrator on 12/16/2021 at 4:40 PM revealed the facility suspended the SRNA #24 on 11/21/2021, and her employment was terminated. The facility reported the SRNA to the nurse aide abuse registry on 12/06/2021.

Review of SRNA# 24's timecard and interview with the DVP on 12/16/2021 at 4:50 PM confirmed State Registered Nurse Aide (SRNA) #24 was suspended on 11/21/2021 and had now worked at the facility since that date.

Interview with Resident #324 on 12/16/2021 at 11:30 AM and interview with Resident #358 on 12/16/2021 at 11:40 AM revealed both residents felt safe in the facility, no complaints regarding care/treatment were voiced and both residents stated they were free from abuse.

2. Review of interviews/skin assessments conducted by the Regional Nurse Consultant (RNC), Assistant Director of Nursing (ADON)

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{F 867}	Continued From page 137 and/or Administrator on 12/02/2021 revealed all residents with a BIMS with eight (8) or greater were asked if they felt safe in the facility, had witnessed abuse, or had been subject to abuse and no concerns were identified. Further reviews and interview with the ADON on 12/16/2021 at 4:33 PM revealed on 12/02/2021 residents with a BIMS score of seven (7) or less were assessed for signs of abuse, any open areas, new bruising, redness, rash, blisters or skin tears and no concerns were identified. 3. Review of education provided to the Regional Director of Operations (RDO) revealed the Divisional Vice President (DVP) re-educated the Administrator on 12/02/2021 on facility's Abuse Investigation Reporting, Abuse Prevention Program, and Recognizing Signs of Abuse. Interview with the DVP on 12/16/2021 at 4:50 PM revealed a new RDO was assigned to oversee the building as of 12/03/2021. 4. Review of the training materials and sign in sheets revealed the Regional Director of Operations (RDO) re-educated the facility interdisciplinary team on 12/03/2021 regarding abuse to include the following staff members: the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), Social Service Director (SSD), Minimum Data Set (MDS) coordinators, Human Resources, Business Office Manager, Medical Records, Maintenance, Central Supply, Dietary Manager, Staff Development Coordinator, Wound Nurse, Activities Director, Unit manager and Housekeeping/Laundry Supervisor. Review of facility provided competency testing documents revealed the facility interdisciplinary team completed a written post-test, with a passing	{F 867}		

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{F 867}	Continued From page 138 score of one hundred (100%) percent. Interview with the ADON on 12/16/2021 at 4:33 PM, the Social Services Director on 12/16/2021 at 4:20 PM, and the Director of Nursing (DON) on 12/16/2021 at 4:25 PM revealed they had received training regarding the facility's abuse policy/procedures and had taken a post-test following the education training. 5. Interview with the ADON on 12/16/2021 at 4:33 PM and review of education provided to staff revealed all staff working on 12/02/2021 on the 6 PM-6 AM shift were verbally re-educated by the ADON regarding the definition of abuse. Further review of ongoing education provided and continued interview with the ADON on 12/16/2021 at 4:33 PM, revealed staff that were not scheduled to work, which included agency staff and new hires were educated and were required to take a post-test competency before their next scheduled shift. Record review and interview with the ADON revealed all staff had been educated and completed a post-test by 12/13/2021. Interview with SRNA #1 on 12/16/2021 at 3:00 PM; Licensed Practical Nurse (LPN) # 10 on 12/16/2021 at 3:20 PM; and interview with Registered Nurse (RN) #12 on 12/16/2021 at 3:15 PM; confirmed training also included Abuse Investigation/Reporting and that any alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) should be reported immediately to the department supervisor. The ADON and SRNA interview also revealed staff were instructed that if an employee suspected that abuse had occurred, they were to	{F 867}		

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	185256	A. BUILDING _____ B. WING _____	R-C 12/16/2021

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immediately ensure the resident was safe. They stated they were then required to immediately report to their supervisor. Further, the supervisor would remove the alleged perpetrator from the building pending the investigation and immediately reported the allegation to the abuse coordinator.

Interview with the Director of Nursing (DON) on 12/16/2021 at 4:25 PM and review of education provided to staff revealed on 12/03/2021, the facility reeducated State Registered Nursing Assistant (SRNA) #25 and SRNA #26 to immediately report any allegations of abuse to the department supervisor when the incident occurred.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he would coordinate the investigations and ensure all allegations were reported to state agencies as required.
Review of an alleged incident of resident to resident abuse between Resident #322 and Resident #361 which occurred on 12/14/2021 at 3:10 PM revealed no concerns with the facility practices of reporting nor investigating. The investigation was ongoing; however, actions had been taken to protect those and all other residents and no concerns were identified.

Interview with Resident #322 on 12/16/2021 at 3:40 PM and interview with Resident #361 on 12/16/2021 at 3:30 PM revealed they felt safe in the facility and had no concerns related to abuse.

6. Interview with the ADON on 12/16/2021 at 4:33 PM and review of Resident Abuse Interview Questionnaires revealed beginning on 12/03/2021 all residents in the facility with a BIMS of eight (8)

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or greater were interviewed daily by the DON, RNC #2, ADON and/or Social Worker to ensure the residents felt safe, had not been subject to abuse, and had not witnessed abuse. No concerns were identified.

Interview with Resident #362 on 12/16/2021 at 12:00 PM, Resident #361 at 3:30 PM and Resident #322 at 3:40 PM confirmed staff were interviewing them daily. The stated they had no concerns of abuse or neglect and none had been reported to facility staff during the interviews

Review of skin assessments revealed beginning on 12/03/2021, the RNC, DON and ADON assessed the skin of residents with a BIMS of seven (7) or less daily to ensure any new bruise, redness, rash, blister, skin tears or open areas had not occurred. No concerns were identified.

7. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she reviewed the grievance log on 12/03/2021 for the previous thirty (30) days to ensure no allegations of abuse was included on the log and no concerns were identified.

8. Observations on 12/16/2021 revealed grievance forms were located on each hallway of the resident care units in the facility.

Interview with the Administrator on 12/16/2021 at 4:40 PM revealed he was the grievance officer and would oversee the process to ensure any grievances/complaints voiced at the facility would be investigated and corrective actions would be taken to resolve the grievance(s). The Administrator also stated he would oversee the process in the facility to ensure the regulatory

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{F 867}	Continued From page 141 guidelines regarding grievances were followed. Interview with the Regional Vice President (RVP) on 12/16/2021 at 4:50 PM revealed she continued to review the grievance log daily and oversee to ensure the facility was in compliance with the grievance process. Interview with Licensed Practical Nurse (LPN) #10 on 12/16/2021 at 3:20 PM and review of training provided to staff confirmed staff were retrained and were required to take a post-test following the training, regarding the grievance process in the facility. Review of facility grievance forms revealed a grievance was filed on 12/14/2021 by Resident #362 regarding his/her bathroom appearance and odor. Further review revealed the grievance was investigated, the resident was interviewed, and the resident's grievance was resolved on 12/16/2021. There were no allegations of abuse, neglect documented on the grievance log/grievance form. Interview with Resident #362 on 12/16/2021 at 12:00 PM revealed he/she had voiced a grievance regarding cleanliness of his/her bathroom and facility staff had resolved the grievance. The resident had no current concerns with care/treatment in the facility. 9. Review of training documentation, testing documentation, and sign-in sheets revealed on 12/03/2021, the Rytes Company, educated the Governing Body consisting of the Chief Nursing Officer, Chief Strategy Officer, Divisional Vice President, New Regional Vice President, Regional Nurse Consultant on the definition of	{F 867}		

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abuse, abuse reporting and abuse investigating, grievances and complaints and staff responsibility. The Governing body members were also educated on conducting abuse investigations, abuse reporting, recognizing signs and symptoms of abuse and neglect, state agency compliance requirement, a self-reporting incident form and the Kentucky mandatory reporting requirement.

Interview with the Administrator on 12/16/2021 at 4:40 PM, RNC #2 on 12/16/2021 at 3:40 PM, and with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed they attended the training provided by the Rytes company regarding identifying and reporting abuse, grievances and policies, and completed a post-test following the training.

10. Review of records and interview with the Divisional Vice President (DVP) on 12/16/2021 at 4:50 PM revealed that beginning 12/03/2021, a member of the governing body was onsite at the facility daily and would continue to be onsite daily until the immediate jeopardy was removed, and substantial compliance was achieved. The governing body member in the facility also reviewed the residents' abuse interviews, and grievances filed each day to ensure there were no allegations of abuse that were not immediately investigated, and alleged perpetrators were suspended per the facility policy and regulatory guidelines. Continued interviews revealed the information they gathered, and audit information was taken to QAPI.

Review of the facility's QAPI meetings revealed the team met on 12/13/2021 and documentation provided no evidence any new concerns were

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