

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

PRINTED: 07/26/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2016
NAME OF PROVIDER OR SUPPLIER F W HUSTON MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 408 DELAWARE STREET WINCHESTER, KS 66097		
(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	F 000			
F 225 SS=F	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and</p>	F 225			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 28 residents with 3 residents sampled for abuse. Based on interview and record review, the facility failed to investigate and report an allegation of physical abuse for one sampled resident (#1).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The physician's order sheet for resident #1, dated 7/1/16, documented the resident with diagnoses of quadriplegia (paralysis of the arms, legs and trunk of the body below the level of an associated injury to the spinal cord). <p>The annual minimum data set, dated 3/31/16, documented the resident's brief interview for mental status score of 0, indicating severely impaired cognition. The resident had no speech, sometimes made him/herself understood, and was totally dependent on staff for activities of daily living.</p> <p>The quarterly minimum data set, dated 6/30/16, documented no change from the previous assessment, except the resident rarely made him/herself understood.</p> <p>The care plan, dated 7/11/16, documented the resident was unable at times to answer yes or no questions. Staff were directed to give the resident one simple direction at a time and repeat it as</p>	F 225			

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F 225	<p>Continued From page 2 necessary.</p> <p>Review of direct care staff M witness statement, dated 7/8/16, revealed staff M witnessed approximately a week prior to the statement date, direct care staff R physically grab the resident's arm to lift it up. Staff M grabbed it hard and yanked it to where he/she wanted it to, then put on the resident's shirt. The resident looked like he/she was then in pain afterwards.</p> <p>On 7/12/16 at 3:35 PM, direct care staff M stated he/she had received training on abuse, neglect and exploitation and he/she would report any resident abuse to the charge nurse.</p> <p>On 7/21/16 at 3:55 PM, administrative nursing staff D stated while investigating a different allegation of abuse, he/she had staff fill out witness statements. Direct care staff M, then wrote the above mentioned witness statement. When administrative nursing staff D spoke with direct care staff M about his/her statement, staff M stated he/she was nervous to report it because he/she felt intimidated by direct care staff R, who was identified in the statement. Administrative nursing staff D counseled direct care staff M regarding reporting abuse allegations. The specific incident witnessed by direct care staff M on or about a week prior to 7/8/16 was not investigated or reported to the state agency.</p> <p>The Abuse, Neglect, and Exploitation Policy and Procedure, dated November, 2015, documented prompt reporting of where abuse, neglect or exploitation is suspected is required of every employee. It is the responsibility of the manager of the area of the alleged incident to perform a thorough investigation as required by the</p>	F 225			

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F 225	Continued From page 3 regulations. The facility failed to investigate and report an allegation of abuse when they became aware on 7/8/16 through a witness statement provided by staff.	F 225		