

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/02/2025
NAME OF PROVIDER OR SUPPLIER DISHMAN PERSONAL CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 220 WORSHAM LANE MONTICELLO, KY 42633		
(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) COMPLETE DATE	
{P 000}	Initial Comments Based upon implementation of the acceptable plan of correction, an on-site revisit survey was conducted on 03/31/2025 - 04/03/2025. It was determined the deficiencies was deemed corrected as of 02/25/2025 as alleged in the acceptable plan of correction.	{P 000}			

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

TITLE

(X6) DATE

Office of Inspector General

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P 000	Initial Comments A Complaint Survey investigating Complaint KY00045019 was initiated on 02/12/2025 and concluded on 02/12/2025. Regulatory violations were identified related to Complaint KY00045019. A Type A Citation was issued to the facility on 02/12/2025 related to KY00045019. Survey date: 02/12/2025 Survey Census: 48 Sample Size: 4	P 000	The facility received a Type A Citation on 2-12-25 for failure to notify (APS) and to the State Survey Agency. 2-25-25	
P 060	902 KAR 20:036 4(5) Section 4. Administration and Operation Section 4. Administration and Operation. (5) Adult protection. PCHs and SPCHs shall have written policies that ensure the reporting of allegations of abuse, neglect, or exploitation of adults pursuant to KRS 209.030, including evidence that all allegations of abuse, neglect, or exploitation shall be thoroughly investigated internally to prevent further potential abuse while the investigation is in progress. This requirement is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one of four sampled residents (R1) was protected from abuse by ensuring all allegations of abuse were reported to	P 060	Since visit on 2-12-25 the Administrator has had a inservice/refresh with all employees on the Resident abuse Policy and several other policies, and will also continue to keep doing refreshes on it in monthly in meetings	

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

Brittany Davis

TITLE

Administrator

(X6) DATE

2-26-25

Office of Inspector General

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P 060	Continued From page 1 the appropriate state agencies. On 02/06/2025 the Administrator was notified by Adult Protective Services (APS) that Resident 1 alleged that another resident had raped her. Interview and record review revealed the allegations of abuse were not reported to the State Survey Agency or Department for Community Based Services (DCBS) per the facility policy. The findings include: Review of the facility policy titled "Resident Abuse Policy", undated, revealed all alleged incidents of abuse would be reported immediately to the administrator and the administrator or designee would immediately report the allegations to the state survey agency and to "the Department of Social Services." During an interview on 02/12/2025 at 11:10 AM, R1 stated she has not had any issues with any other residents or staff at the facility being mean to her. During an interview on 02/12/2025 at 1:25 PM, the Assistant Administrator stated that the facility did have an abuse policy, and it was reviewed with staff frequently and all new hires went over it in their new hire packet. Assistant Administrator stated that all staff should know and follow the policy for reporting abuse allegations. During an interview on 02/12/2025 at 2:00 PM, the Administrator stated that the facility did have an abuse policy that stated that she should report all alleged incidents involving mistreatment, neglect, or abuse including injuries of unknown source and misappropriation to the appropriate State agencies. Additionally, the Administrator stated that she knew it was her responsibility to	P 060	To correct the violation and to also ensure the violation will not recur The Admin has placed a copy of the Resident Abuse Policy in the nurse station where all employees can see it to ensure it doesn't happen again, Also on the policy the Admin has put the phone numbers to APS and State Survey Agency and will also continue going over it in monthly meetings to ensure that all allegations are reported to the appropriate state agencies.	2-25-25

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P 060	Continued From page 2 report the allegation to the Office of the Inspector General and she did not report it.	P 060	Anytime there is a complaint staff will put residents on 15 min. checks to ensure the residents safety is first priority. Then follow all protocol steps as our policy says 2-25-25		