

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

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DEC 19 2014

PRINTED: 11/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185364	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2014
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NAME OF PROVIDER OR SUPPLIER OWENTON CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 905 HWY 127 NORTH OWENTON, KY 40359
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	F-000 "This plan of correction is prepared And submitted as required by law. By submitting this plan of correction, Owenton Center does not admit that The deficiency listed on this form exist, Nor does the center admit to any Statements, findings, facts or Conclusions that that form The basis of this alleged deficiency. The center reserves the Right to challenge in legal And/or regulatory or administrative Proceedings the deficiency, statements, Facts and conclusions That forms the basis for the deficiency". F-166 1. Resident #1 has been discharged from the center. 2. All residents have the potential to be affected. The Social Service Director will complete an audit of grievances that have been filed over the past 90 days by 12/08/2014 to ensure all concerns have been followed up. Any identified concerns will be addressed immediately by the	(X5) COMPLETION DATE
F 000 F 166 SS=E	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey was initiated on 11/05/14 and concluded on 11/06/14 to investigate KY22426. The Division of Health Care unsubstantiated the allegation with unrelated deficiencies cited.</p> <p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to resolve resident greivances timely for one (1) of four (4) sampled residents. (Resident #1). The facility failed to address a grievance filed by Resident #1 when a television was broken during deep cleaning of his/her room.</p> <p>The findings include:</p> <p>Review of the facility's Grievance/Concern Policy, revised 06/10/13, revealed the Center (facility) leadership would investigate, document, and follow up on all formal concerns and grievances registered by any patient (resident). Social Services personnel would serve as resident advocates in the grievance/concern process. The purpose of the policy was to assure prompt receipt and resolution of the resident's grievance/concern. The Department Manager would notify the person filing the grievance of</p>	F 000 F 166		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Administrator* (X6) DATE *12/17/2014*

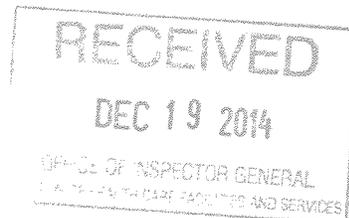
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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NAME OF PROVIDER OR SUPPLIER OWENTON CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 905 HWY 127 NORTH OWENTON, KY 40359	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	appropriate Department manager. 3. The Administrator will be re-educating the Social Service Director on the grievance policy and procedure on 12/02/14 The Administrator will also re-educate the Department Managers on 12/2/14 regarding the policy to ensure that follow up is done within 72 hours. The process of filing a grievance will be: Once the grievance has been filed the Social Service Director will document the grievance on the grievance/concern log. The grievance will then be forwarded to the appropriate department manager. The appropriate department manager will be responsible for ensuring the grievance has been addressed and returned to the Social Service Director within 72 hours of receiving. The Social Services Director will be responsible for following up to ensure the resident(s) grievances have been resolved to the resident(s) satisfaction.	(X5) COMPLETION DATE
F 166	Continued From page 1 resolution with 72 hours. If the grievance/concern could not be resolved satisfactorily, the resident was to be referred to the corporate staff for assistance. Review of a grievance filed by Resident #1, dated 04/08/14, revealed the resident's television was not working properly after housekeeping deep cleaned the resident's room. Maintenance could not repair the television, so the resident requested a new television. Continued review of the grievance revealed no evidence of a resolution. Review of the May 2014 grievances revealed Resident #1 refiled another grievance regarding the television, stating it had not been repaired or replaced. The action plan was the Administrator would replace the television. Interview with Social Services, on 11/05/14 at 3:32 PM, revealed grievances that were filed were resolved within five (5) days, mostly 72 hours. The staff would tell her if anyone had filed a grievance and she would see that person. Resident #1 did file a grievance on 04/08/14 and it should have been resolved. However, it was not, as they had had three (3) Administrators since May. The facility gave the resident a television after the May grievance.	F 166		
F 225 SS=E	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment	F 225		



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F 225	<p>Continued From page 2</p> <p>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 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: Based on interview and record review, it was determined the facility failed to ensure out-of-state Nurse Aide Abuse Registries were checked for employees who had a work history of out of state employment for two (2) of fourteen (14) employee files reviewed (Employee #4 and</p>	F 225	<p>1. Abuse registry checks and criminal back ground checks were completed by Nicole Guest for Employees #1(80334725) Criminal background check completed 09/11/2014 in KY, and CNA abuse registry checked 09/02/2014</p> <p>Employee #3 (80334769) Criminal background check completed 04/30/2013 by Nicole Guest for KY and abuse registry checked 04/30/2013.</p> <p>Employee #4 (89418410) Criminal background check completed 10/08/2014 by Nicole Guest for KY and Ohio Abuse registry 09/29/2014</p> <p>Employee #7(80410779) Criminal background check completed 07/23/2014by Nicole Guest for KY and Abuse registry checked 07/23/2014.</p>	
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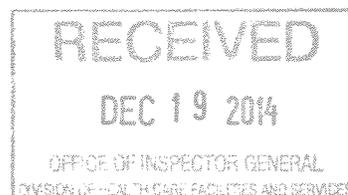
F 225	<p>Continued From page 3</p> <p>#9). The facility failed to ensure employees had a Nurse Aide Abuse Registry checks prior to hire for three (3) of fourteen (14) sampled employee files. (Employee #1, #3, #10). In addition, the facility failed to ensure criminal record checks were obtained or completed timely for three (3) of fourteen (14) employees (Employee #3, #4, #7).</p> <p>The findings include:</p> <p>Review of the facility's Abuse policy, dated 07/01/13, revealed the facility would prohibit abuse, mistreatment, neglect, involuntary seclusion, and misappropriation of property for all patients (residents) through screening of potential hires. The facility would screen potential employees for a history of abuse, neglect, or mistreating patients (residents) including checking appropriate licensing boards and registries. The Center (facility) would not employ individuals who have been found guilty by a court of law of abusing, neglecting, or mistreating others or had a finding entered into the state nurse aide abuse registry concerning abuse, neglect, mistreatment or others or misappropriation of property.</p> <p>1. Review of employee files revealed Employee #4 was hired on 10/15/14 with a history of employment in Ohio. There was no Nurse Aide Abuse Registry check completed from this state as of 11/06/14, 23 days after hire. Employee #9 was hired on 08/26/14 with a work history in Florida. There was no Nurse Aide Abuse Registry check completed from the state of Florida as of 11/06/14, 73 days after hire.</p> <p>2. Review of employee files revealed Employee #1 was hired on 09/12/14 and the Nurse Aide</p>	F 225		
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Employee #9 (80413677)
Criminal background check completed 08/19/2014 by Nicole Guest for KY, FL, and IN and abuse registry checked 08/19/2014.

Employee #10 Criminal background check completed in KY 07/23/2014 by Nicole Guest, and CNA abuse registry checked 07/23/2014

Employees # 2, 5, 7, and 8 were placed on paid leave until the appropriate employee background checks were completed and verified by the payroll clerk.
Employees # 2 (80406704), #5 (80406700) # 7 (80408770) #8 (80402072) were placed on paid leave pending criminal background checks.

- All residents have the potential to be affected. A complete audit was conducted by the Payroll Clerk on 11/6/2014 of employee files with an out of state work history to assure all states were checked with corrective action at the time of discovery if indicated.
- The Payroll Clerk was re-educated on 11/24/2014 by the administrator / business office manager to ensure all abuse registries and criminal record checks are obtained or completed prior to hire.



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NAME OF PROVIDER OR SUPPLIER OWENTON CENTER			STREET ADDRESS 905 I OWE		The individual hiring manager will perform an additional audit or review to ensure their particular new hire has a criminal record check and appropriate abuse registries checked prior to hire. GIS (General Information Services) now checks abuse registries in other states for those individuals that have out-of-state work histories listed. GIS (general information services) will also be performing national criminal checks. 4. All newly hired employee's abuse registries and background checks will be submitted to the monthly PI Committee by the <i>Payroll Clerk</i> that consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Business Office Manager, Medical Records Director, Dietary Manager, Maintenance Director, Unit Managers, Social Service Director, MDS Coordinator and Medical Director monthly for review and recommendations for six months. 5. 12/20/2014
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F 225	Continued From page 4 Abuse Registry was not checked until 09/14/14, two days after hire. Employee #3 was rehired on 09/16/14 and the Nurse Aide Abuse Registry had not been checked as of 11/06/14, 42 days after hire. Employee #10 was hired on 07/29/14 and the Nurse Aide Abuse Registry had not been checked as of 11/06/04, 100 days after hire. 3. Review of employee files revealed Employee #3 was rehired on 09/16/14 and a Criminal Record Check had not been requested or completed as 11/06/14, 42 days after hire. Employee #4 was hired 10/15/14 with a work history in Ohio and a Criminal Record Check had not been completed as of 11/06/14, 23 days after hire. Employee #7 was hired on 07/29/14, the Criminal Record Check was not requested until 08/29/14 and results received on 09/25/14, 58 days after hire. Interview with Human Resources (HR), on 11/05/14 at 3:20 PM, revealed the forms had changed and were different now. The corporate office sent the Nurse Aide Abuse Registry and Criminal Record results to the facility. The HR stated she had the missing information and would provide it to the surveyor. The HR stated the facility did not have a way to search other state abuse registries for employees from other states, so that was not completed even though they did hire those employees. She further stated there were also employees working without a nurse aide abuse registry check.	F 225			

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