

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

PRINTED: 06/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2013
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3625 FERN VALLEY ROAD LOUISVILLE, KY 40219
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F 000	INITIAL COMMENTS An abbreviated standard survey was initiated on 06/05/13 and concluded on 06/06/13 investigating KY #20271. The Division of Health Care unsubstantiated the complaint. However, unrelated deficiencies were cited with a scope and severity of an "E".	F 000		
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 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. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported	F 225	F-225 1. No residents affected by cited deficiency. 2. All residents could be potentially affected. The Nurse Aide Abuse registry was checked on Employee #1, 2, 3, 8 on June 6, 2013 by Courtney Ballman, LPN. All employee files were audited on June 7, 2013 by Courtney Ballman, LPN and Cheryl Yates, Human Resources to insure all other files were in compliance. Any employees identified in non-compliance had nurse aide abuse registry checks completed on June 7, 2013. No employees identified	06-15 -13

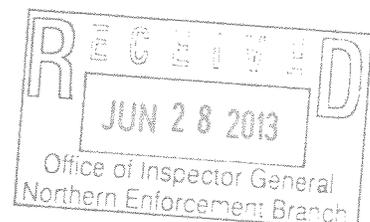
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Henry Collins, RN, ED TITLE: EXEC. DIR (X6) DATE: 6-28-13

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>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 interviews, record review and facility policy review, it was determined the facility failed to screen potential non-nursing employees for a history of abuse, neglect or mistreatment of residents before being hired. Four (4) of eight (8) non-nursing employee files did not contain a Nurse Aide Abuse Registry check prior to hire (Employee #1, #2, #3 and #8).</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Abuse and Neglect Procedural Guidelines, reviewed 09/16/11, revealed the facility would screening all potential employees for a history of abuse during the hiring process.</p> <p>Review of the personnel file for Employee #1 revealed a hire date of 05/20/13 to the position of Guest Relations. The Nurse Aide Abuse Registry check was not completed until 06/06/13, seventeen (17) days after hire and after surveyor intervention.</p> <p>Review of the personnel file for Employee #2</p>	F 225	<p>F-225 Cont.</p> <p>on nurse aide abuse registry were identified after audit process.</p> <p>3. The Executive Director, (ED) Director of Health Services, the Business Office Manager, staff development nurse and Human Resources employee were inserviced by Employee relations support home office person on June 7, 2013 related to Protocol for checking KY Nurse Aide Abuse Registry during hiring process and prior to orientation.</p> <p>4. Ongoing compliance will be monitored by the ED by auditing of all new employees files prior to orientation. These documents will be signed off by the ED prior to people being in orientation. Employee Relations Support</p>		



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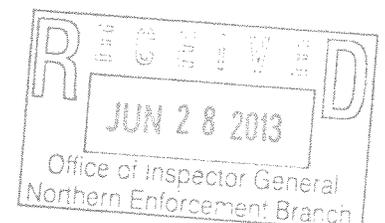
F 225	<p>Continued From page 2</p> <p>revealed a hire date of 04/16/13 to the position of Food Services Assistant. The Nurse Aide Abuse Registry check was not completed until 06/06/13, fifty-one (51) days after hire and after surveyor intervention.</p> <p>Review of the personnel file for Employee #3 revealed a hire date of 04/15/13 as a Food Services Assistant. The Nurse Aide Abuse Registry check was not completed until 06/06/13, fifty-two (52) days after hire and after surveyor intervention.</p> <p>Review of the personnel file for Employee #8 revealed a hire date of 03/04/13 to the position of Food Services Assistant and the Nurse Aide Abuse Registry check was not obtained until 04/16/13, forty-four (44) days after the hire date.</p> <p>Interview, on 06/06/13 at 2:05 PM, with Human Resources revealed she was responsible for the criminal background checks that were in the personnel files, but not the Nurse Aide Abuse Registry checks. She stated the Staffing Coordinator was responsible for the Nurse Aide Abuse Registry checks.</p> <p>However, interview, on 06/06/13 at 3:06 PM, with the Staffing Coordinator, who was also the facility's In-Service Coordinator, revealed he mainly dealt with nursing personnel for the Nurse Aide Abuse Registry checks. He revealed that a company performed the background checks for the facility, and it was his belief the company obtained the required information on non-nursing staff. He stated the department heads could also check the Nurse Aide Abuse Registry.</p>	F 225	<p>F-225 Cont.</p> <p>will audit employee files as part of Peer Review Process every 6 months as well as during routine campus visits. Audits of new employee files will also be reviewed during QAA monthly meetings. Any non-compliance will require the development of a directed action plan for correction. These action plans are reviewed every 6 months during Peer Review to insure system in place.</p>	
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 JUN 28 2013
 Office of Inspector General
 Northern Enforcement Branch

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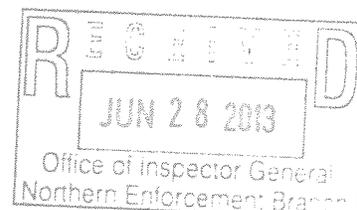
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F 225	Continued From page 3 Interview on 06/06/13 beginning at 3:10 PM, with the Dietary Department Manager and two other department heads, the Maintenance Department Manager and the Housekeeping Department Manager, revealed none of them did the Nurse Aide Abuse Registry checks on their prospective employees. All revealed that was a Human Resources responsibility. Interview, on 06/06/13 at 2:30 PM, with the Business Office Manager, who was the direct supervisor over the Human Resource person, revealed she had nothing to do with the personnel files or the Nurse Aide Abuse Registry checks and had no knowledge of the process. Interview, on 06/06/13 at 2:25 PM, with the Director of Health Services, also known as the Director of Nursing (DON), revealed she was not aware Nurse Aide Abuse Registry checks were required on non-nursing personnel. The Adminstrator was unavailable for interview during the investigation.	F 225		
F 226 SS=E	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibt mistreatment, neglect, and abuse of residents and misappropriation of resident property.	F 226	F-226 1. No residents affected by cited deficiency. 2. All residents could be potentially affected. The Nurse Aide Abuse registry was checked on Employee #1, 2, 3, 8 on June 6, 2013 by Courtney Ballman, LPN. All employee files were audited on June 7, 2013 by Courtney Ballman, LPN and Cheryl Yates, Human Resources to insure all other files were in compliance. Any employees identified in non-compliance had nurse aide abuse registry checks completed on June 7, 2013. No employees identified	06-15-13
	This REQUIREMENT is not met as evidenced by:			



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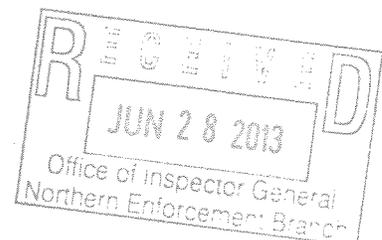
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F 226	Continued From page 4 Based on interview, record review and review of the facility's policy, it was determined the facility failed to implement their Abuse and Neglect policy to ensure the safety and protection of the residents. Four (4) of eight (8) sampled non-nursing personnel were not screened through the Nurse Aide Abuse Registry prior to hire. Employee #1, #2, #3 and #8. (Refer to F225) The findings include: Review of the facility's policy regarding Abuse and Neglect Procedural Guidelines, last reviewed 09/16/11, revealed the Executive Director and Director of Health Services were responsible for the implementation and monitoring of the policy and procedure to ensure it was implemented. This process included screening during the hiring process of all potential staff during against the Nurse Aide Abuse Registry. Review of the personnel files for non-nursing personnel revealed the facility failed to check the Nurse Aide Abuse Registry for four (4) employees during the hiring process. Three (3) of the four (4) employees (Employees #1, #2, #3) were not checked until 06/06/13 after surveyor intervention and had been working at the facility for seventeen (17) days, fifty-one (51) days, and fifty-two (52) days respectively. Employee #8 was checked on 04/16/13, forty-four (44) days after being hired on 03/04/13. Interview, on 06/06/13 at 2:05 PM, with Human Resources revealed she was not responsible for the Nurse Aide Abuse Registry checks. She	F 226	F-226 Cont. on nurse aide abuse registry were identified after audit process. 3. The Executive Director, (ED) Director of Health Services, the Business Office Manager, staff development nurse and Human Resources employee were inserviced by Employee relations support home office person on June 7, 2013 related to Protocol for checking KY Nurse Aide Abuse Registry during hiring process and prior to orientation. 4. Ongoing compliance will be monitored by the ED by auditing of all new employees files prior to orientation. These documents will be signed off by the ED prior to people being in orientation. Employee Relations Support		



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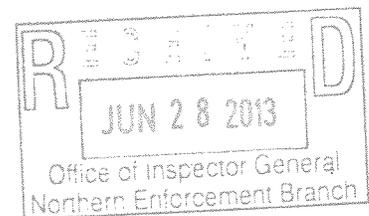
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F 226	<p>Continued From page 5</p> <p>stated further she was not aware of the contents of the policy and procedure to ensure the Nurse Aide Abuse Registry checks were completed and she had not been trained regarding the content of that policy. Per interview, she thought the Staffing Coordinator completed these checks. She further stated that she and the Staffing Coordinator had recently reviewed the personnel files together to make sure the files were complete, and found no concerns. She offered no reason for the late abuse checks on the sampled personnel files, and not putting the policy into effect, other than they "were overlooked."</p> <p>Interview, on 06/06/13 at 3:06 PM, with the Staffing Coordinator revealed he was not knowledgeable of the policy regarding the requirement to conduct Nurse Aide Abuse Registry checks and left it up to the contracted vendor to do this.</p> <p>Interview, on 06/06/13 at 2:30 PM, with the Business Office Manager who supervised the Human Resources staff revealed she had nothing to do with the personnel files or the Nurse Aide Abuse Registry checks. She further stated she was not aware of the policy content for Nurse Aide Abuse Registry checks and had not been trained. She further stated she covered for the HR staff when absent; however, she did not complete any part of her job duties and had not been trained on such.</p> <p>Interview with the Corporate Clinical Consultant, on 06/06/13 at 3:10 PM, revealed department heads were not responsible for checking the Nurse Aide Abuse Registry on the non-nursing personnel; they were only responsible for</p>	F 226	<p>F-226 Cont.</p> <p>will audit employee files as part of Peer Review Process every 6 months as well as during routine campus visits. Audits of new employee files will also be reviewed during QAA monthly meetings. Any non-compliance will require the development of a directed action plan for correction. These action plans are reviewed every 6 months during Peer Review to insure system in place.</p>		



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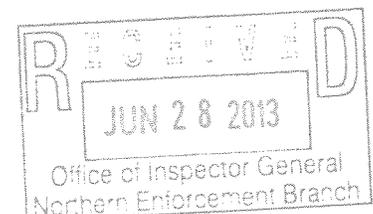
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F 226	Continued From page 6 checking the references. Interview, on 06/06/13 at 2:25 PM, with the Director of Health Services, also known as the Director of Nursing (DON), revealed she was not familiar with the policy and procedure regarding the screening of non-nursing personnel against the Nurse Aide Abuse Registry and had not been trained on such. However, review of the facility's policy revealed the "Executive Director and Director of Health Services were responsible for the implementation and monitoring of the policy and procedure to ensure it was implemented". Interview with the Director of Health Services also revealed did not know non-nursing personnel had to be checked, when they had to be checked, or who was responsible. She further stated she did not monitor the personnel files to ensure the registry checks had been completed, but believed it was done prior to hire. The DON stated currently, she was in charge of the day to day activities of the facility while the Administrator was unavailable. The Administrator was unavailable for interview during the investigation.	F 226			
F 490 SS=E	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING 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.	F 490	F-490 1. No residents affected by cited deficiency. 2. All residents could be potentially affected. The Nurse Aide Abuse registry was checked on Employee #1, 2, 3, 8 on June 6, 2013 by Courtney Ballman, LPN. All employee files were audited on June 7, 2013 by Courtney Ballman, LPN and Cheryl Yates, Human Resources to insure all other files were in compliance. Any employees identified in non-compliance had nurse aide abuse registry checks completed on June 7, 2013. No employees identified	06-15-13	



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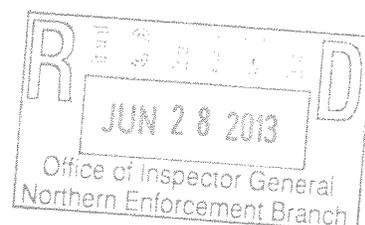
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F 490	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review, it was determined the facility failed to be administered in a manner that enabled it to use resources effectively and efficiently. The Nurse Aide Abuse Registry checks were not monitored by Administration as per their policy which allowed five (5) of ten (10) non-nursing employees to begin employment within the facility without the required Nurse Aide Abuse Registry check to ensure resident safety. Interviews revealed staff were not knowledgeable of the facility's policy content or the required Nurse Aide Abuse Registry check. (Refer to F225 and F226) The findings include: Review of the facility's policy regarding Abuse and Neglect Procedural Guidelines, reviewed 09/16/11, revealed all potential employees would be screened during the hiring process for abuse through the State Nurse Aide Abuse Registry. It further stated the Executive Director and Director of Health Services were responsible for implementation and monitoring of the policy. The Executive Director and Director of Health Services were to monitor the screening of all personnel to ensure the policy was implemented through the use of the Nurse Aide Abuse Registry. Review of sampled employee files revealed four (4) of eight (8) non-nursing personnel files had the Nurse Aide Abuse Registry checks conducted after the employee was hired and working within the facility.	F 490	F-490 Cont. on nurse aide abuse registry were identified after audit process. 3. The Executive Director, (ED) Director of Health Services, the Business Office Manager, staff development nurse and Human Resources employee were inserviced by Employee relations support home office person on June 7, 2013 related to Protocol for checking KY Nurse Aide Abuse Registry during hiring process and prior to orientation. A QA meeting was held on June 14, 2013 to review protocols for checking Nurse Aide Abuse Registry with all department leaders and to discuss the role of this committee in monitoring and overseeing compliance. 4. Ongoing compliance will be monitored by the ED by auditing of all new employees files prior to orientation. These documents will be signed off by the ED prior to people being in orientation. Employee Relations	



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F 490	<p>Continued From page 8</p> <p>Interview, on 06/06/13 at 2:35 PM, with the Director of Health Services, (DON) revealed the Administrator was unavailable and she, was temporarily covering the facility in the absence of the Administrator. She revealed she had no role in the monitoring of personnel files for new employees. Continued interview revealed the DON was unaware that any employee outside of the nursing department was required to be screened through the Nurse Aide Abuse Registry. However, review of the facility's policy revealed she was one of the staff designated "to monitor the screening of all personnel to ensure the policy was implemented through the use of the Nurse Aide Abuse Registry".</p> <p>Interview, on 06/06/13 at 2:38 PM, with the Corporate Clinical Director revealed the Director of Health Services (DON) assumed the responsibility of the Administrator in the absence of the Administrator, but only to include the "day to day" running of the facility. No other individual was named as Acting Administrator and responsible for covering the facility in the absence of the Administrator. The Corporate Clinical Director stated her role was to be a support person to the DON related to nursing compliance. She stated the DON was not required to monitor personnel files. However, review of the policy indicated she was responsible. Continued interview revealed no one was responsible for monitoring the policies and procedures while the Administrator was absent. The Corporate Clinical Director revealed it was reasonable to expect the Administrator to review or audit the personnel files to ensure the Nurse Aide Abuse Registry Checks had been done according to the policy and that the policy</p>	F 490	<p>F-490 Cont.</p> <p>will audit employee files as part of Peer Review Process every 6 months as well as during routine campus visits. Audits of new employee files will also be reviewed during QAA monthly meetings. Any non-compliance will require the development of a directed action plan for correction. These action plans are reviewed every 6 months during Peer Review to insure system in place.</p> <p>Additional information for This #490: There were seven non nursing personel that the NAR check audit found that needed to have NAR checks completed. These employes are who we identified that were in non-compliance. The staff development LPN,</p>		



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F 490	Continued From page 9 had not been followed. The Administrator was unavailable for interview during the investigation.	F 490	Courtney Ballman, is who found and corrected these checks on these seven employees. Courtney will be the person responsible for completing all NAR checks on applicants who are going to be hired, prior to the day of orientation. Cheryl Yates, the human resources person will be her back up person to do the NAR checks in her absence. The procedure for this and our abuse registry checks policy was in serviced with our hiring managers by the DHS. The DHS is responsible in the absence of the ED to ensure that all NAR checks are completed. The managers that have non-nursing personel were also in serviced that Courtney has to complete these checks prior to hire.		

