

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

PRINTED: 04/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185293 APR 27 2015 Division of Health Care Center Search	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2015
NAME OF PROVIDER OR SUPPLIER LAUREL CREEK HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1033 NORTH HIGHWAY 11 MANCHESTER, KY 40962		
(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 standard survey (KY23053) was conducted on 04/07/15. The complaint was substantiated with deficient practice identified at "D" level.	F 000	1. No specific resident affected. All residents have the potential to be affected.	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to ensure the implementation of written policies and procedures that prohibit mistreatment and abuse of residents. Review of employee files revealed the facility had not conducted the required nurse aide abuse registry screening for one (1) of three (3) sampled employees (Employee #1). The findings include: Review of the facility's policy titled "Abuse, Mistreatment, Neglect," revised 07/08/10, revealed, "Certified Nursing Assistant State Abuse registries will be checked for record of abuse." Review of Employee #1's personnel file revealed the facility hired the employee on 03/19/15 to provide housekeeping services in the facility.	F 226	2. Executive Director/Human Resources Director to audit all current employee files to identify that all files have current KBN Abuse Registry Background Checks and employees files are complete with all documents required by state/local/ federal law by 4/28/2015. Any issue identified will be immediately corrected. 3. Regional Director of Clinical Services (RDCS) re-educated Human Resources Director, Executive Director, Business Office Manager and Receptionist regarding employee file policy and all documents required by state/local/ federal law related to employee files and background checks on 4/7/2015. RDCS re-educated DON, ADON and Unit Managers regarding employee file policy and all required by state/local/federal law related to employee files and back-ground checks on 4/10/2015.	

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

Clara E. Beige

TITLE

Jane D. W.

(X6) DATE

04-27-15

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 226	<p>Continued From page 1</p> <p>However, the facility failed to obtain a nurse aide abuse registry screening for Employee #1 as required.</p> <p>Interview with the Human Resources Director (HRD) on 04/07/15 at 3:13 PM revealed she was responsible to obtain nurse aide abuse registry screenings on all newly hired employees. However, the HRD stated that the screening had not been conducted for Employee #1 and that she "must have overlooked it."</p> <p>Interview with the Administrator on 04/07/15 at 3:08 PM revealed the facility did conduct routine nurse aide abuse registry screenings for all newly hired employees. The Administrator stated she was unaware a screening had not been conducted for Employee #1.</p> <p>Interview with the Regional Nurse Consultant (RNC) on 04/07/15, at 3:15 PM revealed she conducted random quarterly audits of newly hired employee files to ensure all the required screenings had been completed as required. The RNC stated that although Employee #1's file had not been reviewed, she had not identified any concerns with nurse aide abuse registry screenings not being conducted by the facility.</p>	F 226	<p>DON/ADON to re-educate all staff related to Abuse/Neglect and Misappropriation Policy by 4/28/2015.</p> <p>Beginning 4/08/2015 any new employees hired, in any department, will have KBN and all background checks and employee file information, prior to working as required by state/local/federal regulations. This will be completed by the HR Director, BOM or Receptionist.</p> <p>Beginning 4/09/2015 Executive Director to audit all new hires to ensure employee file is complete and that all background checks, as required by federal/local or state law, x 6 weeks, then at least 50% of all new hires will be checked to ensure files complete x 6 weeks, then as recommended by QA team.</p> <p>4. Quality Assurance team (consisting of, at least Executive Director, Director of Nurses, Business Office Manager, Social Services, Medical Director and Human Resources) to review all audit findings and make recommendations as needed at least monthly and on going. This will begin the week of 4/23/2015.</p> <p>5. Compliance date 4-30-15.</p>		