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

PRINTED: 07/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185400	A. BUILDING B. WING	C 07/12/2011

RECEIVED AUG 2011 OFFICE OF INSPECTOR GENERAL

NAME OF PROVIDER OR SUPPLIER: HEARTHSTONE PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE: 506 ALLENSVILLE ROAD, P.O. BOX 427, ELKTON, KY 42220

(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 survey (KY #16674) was conducted on 07/07/11 through 07/12/11 to determine the facility's compliance with Federal requirements. The facility was not in compliance with Federal regulations with deficiencies cited at the highest S/S of "D." KY #16674 was unsubstantiated with unrelated deficiencies cited.	F 000		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, it was determined the facility failed to revise the care plan for one resident (#3), in the	F 280	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE – REVISE CARE PLAN • The following corrective action was taken to ensure Comprehensive Care Plans and CNA Care Plans reflect current Physicians orders pressure relief devise for Resident #3: On 7/11/2011, pressure relief cushion placed in the geri-chair of Resident #3 and added to the CNA Care Plan and Comprehensive Care Plan. On 7/18/2011, Resident #3's medical record was audited to include review and updating of Comprehensive Care Plan and CNA Care Plan. On 8/5/2011, CNA Care Plan and Comprehensive Care Plan were audited to ensure resident's plan of care was accurate and current to Physicians Orders. • To ensure pressure relief devises were in place according to physician's orders: An interdisciplinary team, on 7/14/2011 audited CNA care plans, comprehensive care plans and physician's orders to ensure residents with an order for a pressure relief devise were properly assessed, implemented, and care planned.	8/12/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Katherine C. Evans

TITLE: Administrator

(X6) DATE: 8/6/2011

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185400		C 07/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE PLACE	506 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220

(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)	(X6) COMPLETION DATE
F 280	Continued From page 1 selected sample of four, related to placement of a pressure reduction cushion in Resident #3's geri-chair. Resident #3 had a Stage II pressure sore to the coccyx area. Findings include; A review of the facility's policy/procedure, "Skin Care Management," revised 06/18/09, revealed the resident's care plan should be updated when any new intervention was implemented. A record review revealed Resident #3 was admitted to the facility on 08/03/09 with diagnosis to include Diabetes Mellitus and Cerebral Vascular Accident. A review of the annual and quarterly Minimum Data Set (MDS) assessment, dated 11/09/10 and 05/09/11, respectively, revealed Resident #3 required extensive assistance with bed mobility and was at risk for pressure sores and had a stage IV pressure sore. A review of a physician's order, dated 04/27/11, revealed to place a pressure reduction cushion in the resident's geri- chair. However, a review of the Comprehensive Care Plan, dated 12/08/09, and the Certified Nurse Aide (CNA) Care Plans, dated April, May, June and July 2011, revealed the intervention for the pressure reduction cushion was never added to the care plans. Observations, on 07/07/11 at 12:25 PM and 1:20 PM, on 07/08/11 at 7:15 AM, 8:45 AM and 12:45 PM, and on 07/11/11 at 11:45 AM, revealed Resident #3 was in a geri-chair with no pressure reduction cushion in place.	F 280	• On 7/12/2011, MDS Coordinator in-serviced licensed staff regarding Norton Plus Pressure Ulcer Scale, Low/Moderate/High Risk Interventions according to Skin Care Management Policy, and began the implementation of Risk for Skin Integrity Impairment Care Plan that coincides with both the Norton's Risk Assessment and Skin Care Management Policy. (Attachment #1) On 8/5/2011, Licensed Staff were in-serviced on the Physicians Order Policy and the Physicians Order Monitoring Policy to ensure orders taken are carried over to the Comprehensive Care Plan and CNA Care Plans. CNAs were, also, in-serviced on following CNA Care Plans and ensuring skin care interventions are followed when documented on the CNA Care Plans. (Attachment #2) • CQI form N – 3 Pressure Sore Review will be completed monthly for three (3) months, then quarterly thereafter by a CQI committee member.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185400		C 07/12/2011

NAME OF PROVIDER OR SUPPLIER: HEARTHSTONE PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE: 506 ALLENSVILLE ROAD, P.O. BOX 427, ELKTON, KY 42220

(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 280	Continued From page 2 Interviews with CNA #1, CNA #2, CNA #3, CNA #4 and CNA #5, on 07/11/11 at 1:00 PM, 1:15 PM, 2:00 PM and 2:15 PM, and on 07/12/11 at 2:10 PM, respectively, revealed they were not aware Resident #3 was supposed to have a pressure reduction cushion to his/her geri-chair. Interviews with the Director of Nursing (DON), MDS Coordinator, Wound Nurse, Registered Nurse (RN) #1, Licensed Practical Nurse (LPN) #1, LPN #2 and LPN #3, on 07/07/11 at 12:45 PM, on 07/08/11 at 11:45 AM and 12:00 PM, on 07/11/11 at 11:45 AM, 12:15 PM and 12:35 PM, and on 07/12/11 at 1:30 PM, respectively, revealed when the physician's order was taken off for the pressure reduction cushion to the geri-chair, the Comprehensive Care Plan and CNA Care Plan should be revised to include the intervention.	F 280		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record review, it was determined the facility failed to	F 314	483.25(2) TREATMENT/SERVICES TO PREVENT/HEAL PRESSURE SORES • The following corrective action was taken to ensure adequate care and treatment to enhance healing of the pressure area for Resident #3: On 7/11/2011, pressure relief cushion placed in the geri-chair of Resident #3 and added to the CNA Care Plan and Comprehensive Care Plan. On 7/15/2011, water resistant Recliner Comfort Padding was ordered for Resident #3. On 7/22/2011, Recliner Comfort Padding replaced the current pressure relief devise in Resident #3's geri-chair. On 7/18/2011, Resident #3's medical record was audited to include review and updating of Comprehensive Care Plan and CNA Care Plan. On 8/5/2011, CNA Care Plan and Comprehensive Care Plan were audited to ensure resident's plan of care was	8/12/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185400		C 07/12/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE PLACE	506 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220

(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 314	Continued From page 3 provide care and treatment to enhance healing of a Stage IV pressure sore for one resident (#3), in the selected sample of four. The facility failed to place a pressure reduction cushion in the geri-chair of Resident #3. Findings include: A review of the facility's policy/procedure, "Skin Care Management," revised 06/18/09, revealed the resident's care plan should be updated when any new intervention was implemented. A record review revealed Resident #3 was admitted to the facility on 08/03/09 with diagnoses to include Diabetes Mellitus and Cerebral Vascular Accident. A review of the annual and quarterly Minimum Data Set (MDS) assessment, dated 11/09/10 and 05/09/11, respectively, revealed Resident #3 required extensive assistance with bed mobility and had a stage IV pressure sore. A review of the Norton Plus Pressure Ulcer Scale assessment, dated 02/04/11 and 05/03/11, revealed the resident was at high risk for pressure sores. A review of a physician's order, dated 04/27/11, revealed to place a pressure reduction cushion in the resident's geri-chair. However, a review of the Comprehensive Care Plan, dated 12/08/09, and Certified Nurse Aide (CNA) Care Plans, dated April, May, June and July 2011, revealed the intervention for the pressure reduction cushion was never added to the care plans.	F 314	accurate and current to Physicians Orders. • To ensure adequate care and treatment to enhance healing of the pressure area for other residents; An interdisciplinary team, on 7/14/2011 audited Norton's Plus Pressure Ulcer Scales, CNA care plans, comprehensive care plans and physician's orders to ensure residents with an order for a pressure relief devise and other skin care interventions were properly assessed, implemented, and care planned. On 7/15/2011, water resistant and pressure relieving Recliner Comfort Padding was ordered for residents with orders for geri-chair. On 7/22/2011, Recliner Comfort Padding replaced the current pressure relief devise in those residents' geri-chairs. • On 7/12/2011, MDS Coordinator in-serviced licensed staff regarding Norton Plus Pressure Ulcer Scale, Low/Moderate/High Risk Interventions according to Skin Care Management Policy, and began the implementation of Risk for Skin Integrity Impairment Care Plan that coincides with both the Norton's Risk Assessment and Skin Care Management Policy. (Attachment #1)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185400		C 07/12/2011

NAME OF PROVIDER OR SUPPLIER: HEARTHSTONE PLACE

STREET ADDRESS, CITY, STATE, ZIP CODE: 506 ALLENSVILLE ROAD, P.O. BOX 427, ELKTON, KY 42220

(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 314	Continued From page 4 Observations, on 07/07/11 at 12:25 PM and 1:20 PM, on 07/08/11 at 7:15 AM, 8:45 AM and 12:45 PM, and on 07/11/11 at 11:45 AM, revealed Resident #3 was in a geri-chair with no pressure reduction cushion in place. An observation of a skin assessment and wound care, on 07/08/11 at 8:45 AM, revealed Resident #3 had a 2.0 x 3.0 Stage II pressure sore on his/her coccyx with a small amount of yellow, red drainage and no odor was noted. Interviews with CNA #1, CNA #2, CNA #3, CNA #4 and CNA #5, on 07/11/11 at 1:00 PM, 1:15 PM, 2:00 PM and 2:15 PM, and on 07/12/11 at 2:10 PM, respectively, revealed they were not aware Resident #3 was supposed to have a pressure reduction cushion to his/her geri-chair. Interviews with the Director of Nursing (DON), MDS Coordinator, Wound Nurse, Registered Nurse (RN) #1, Licensed Practical Nurse (LPN) #1, LPN #2 and LPN #3, on 07/07/11 at 12:45 PM, on 07/08/11 at 11:45 AM and 12:00 PM, on 07/11/11 at 11:45 AM, 12:15 PM and 12:35 PM, and on 07/12/11 at 1:30 PM, respectively, revealed when the physician's order was taken off for the pressure reduction cushion to the geri-chair, the Comprehensive Care Plan and CNA Care Plan should be revised to include the intervention.	F 314	On 7/20/2011, CNAs, Licensed Staff, Housekeeping/Laundry Aides and Department Managers were in-serviced on the use, cleaning and application of water resistance and pressure relieving Recliner Comfort Padding. (Attachment #3) On 8/4/211, QA Wound Committee met to review residents with pressure areas for the month of July. On 8/5/2011, Licensed Staff were in-serviced on the Physicians Order Policy and the Physicians Order Monitoring Policy to ensure orders taken are carried over to the Comprehensive Care Plan and CNA Care Plans. CNAs were, also, in-serviced on following CNA Care Plans and ensuring skin care interventions are followed when documented on the CNA Care Plans. (Attachment #2) • CQI form N – 3 Pressure Sore Review will be completed monthly for three (3) months, then quarterly thereafter by a CQI committee member. QA Wound Committee will continue to meet on a monthly basis as part of the internal Quality Assurance Program – Committee Report will be discussed in QA meetings with Medical Director.	

Attachment #1a

Complete
In-Service Training Report

Facility: Hearthstone Place **Department:** Nurses
Date: 7-12-11 **Time:** 4pm

Meeting Area: Nurses Station

Employee Group(s) Present: Licenced Nurses

Subjects Covered: Upon Admission & Re Admission

① Complete Nortons Scale
②. Look @ Total Norton Plus Score
determine if Resident is Low, Moderate or High Risk
for pressure sores then the following measures
may be implemented if not clinically contraindicated

Preventative Measures

1. Upon admission and PRN when a resident is assessed using "The Norton Scale for Predicting Pressure Sore Risk", when the resident is identified to have a low, moderate, or high risk for pressure sores then the following measures may be implemented if not clinically contraindicated.

Low Risk-

Turn and reposition every two hours.
Assess skin with daily care.
Keep skin clean and dry (protect from moisture).
Use skin protectant ointments as indicated by physician.
Decrease friction and shearing by using draw sheets and lifts.
Increase mobility and activity in not contraindicated.
Complete a weekly skin audit.
Use a pressure reduction device to bed.
Attempt to stabilize or improve co-morbidities.

Moderate Risk-

Include all interventions from low risk.
Use a pressure reduction device to chair.
Encourage proper dietary intake and hydration.
Elevate heels off bed surface and use pillows between knees.

If moderate Risk also Add Low Risk Interventions & Moderate.

High Risk –

~~Including all interventions for low and moderate risk.~~
Assess need for Q 1 hour turning schedule.
Consult with the physician regarding supplements that will promote skin integrity (i.e. Vitamin C, Vitamin, E, Multivitamin, Protein Supplements, Vitamin A, increase caloric intake).
Consult with Dietician for input related to nutritional assessment and management.
Consider need for lab work (Albumin/Pre-Albumin), and consult with physician.
For residents with multiple stage II's, a stage III, or stage IV that are continuously contaminated with urine, consult with physician for possible need for Foley Catheter to promote wound healing.
For residents with multiple stage II's, a stage III, or stage IV, evaluate the need for a specialty mattress.

If High Risk- add Low, Moderate & High Risk Interventions & the exception of Turn Q2hrs must be Q1hours.

Attachment #1b

Complete
In-Service Training Report

Facility: Hearthstone Place **Department:** Nurses
Date: 7-12-11 **Time:** 4pm

Meeting Area: Nurses Station

Employee Group(s) Present: Licensed Nurse's

Print Name	Sign Name	Position
Tina Brown	T Brown	LPN
Lindsey Ann	Lann	LPN
Candace Maddox	Candace Maddox	RN
Zachary Edwards	Z Edwards	LPN
BARBARA WESTER	Barbara Wester LPN	LPN
Devonna Hutson	D Hutson	LPN
Jared Smith	[illegible]	SA
Lindsey Wagoner	L Wagoner	RN
Wendy Deans	W Deans	RN
Shannon Hawkins	Shannon Hawkins	LPN
Keysha Davis	Keysha Davis	LPN
Cassandra Whetnall	C Whetnall LPN	LPN
Wayne Charbonneau	Wayne Charbonneau	RN

Attachment #2a

Complete
In-Service Training Report

Facility: Hearthstone Place **Department:** NF Staff
Date: 8/5/2011 **Time:** 8 am and 2 pm

Meeting Area: Activity Room/Dining Room

Employee Group(s) Present: NF Nurses, CMTs and CNAs

Subjects Covered:
1. Follow CNA Care Plan
2. Update CNA Care Plan and Comprehensive Care Plan w/ New Orders - See Physicians Order Policy
3. See Physicians Order Monitoring Policy
4. Skin Care Management Policy
5. See In-service 7/12/2011 Norton's, Skin Care Plan, ETC
6. See In-service Recliner Comfort Padding 7/20/2011

Conducted by: Katherine C. Evans

Title: Administrator

Signature: Katherine C. Evans

Attachment #2b

Complete
In-Service Training Report

Facility: Hearthstone Place **Department:** NF Staff
Date: 8/5/2011 **Time:** 8 AM and 2 pm

Meeting Area: Activity Room/Dining Room and ongoing till 8/9/11

Employee Group(s) Present: Certified Nurses Assistants

Print Name	Sign Name	Position
Stephanie Lyon	Stephanie Lyon	CNA
Ashley Scruggs	Ashley M. Scruggs	CNA
Rebekah Poyner	Rebekah Poyner	CNA
Nickie Burnett	[illegible]	CNA
Latasha Moon	Latasha Moon	CNA
Jenny Reed	Jenny Reed	CNA
Hallie Griffin	Hallie Griffin	CNA
Peggy Wadley	Peggy Wadley	CNARA
Emily Beatty	Emily Beatty	CNA
Rose Hudson	Rose Hudson	CNA
Tammrow Carncal	Tammrow Carncal	CNA
Susan Johnson	[illegible]	CNA
Jessica Baker	Jessica Baker	CNA
Malana Sneed	Malana Sneed	CNA
Kristen Mallory	Kristen Mallory	CNA
Wayne Charbonneau	Wayne Charbonneau	[illegible]
Betsy Wilson	Betsy Wilson	CNA
Liffany Prince	Liffany Prince	CNA
Jennifer Duncan	Jennifer Duncan	CNA
[illegible]	JAMES BARBONEAU	CNA

Attachment #2c

Complete
In-Service Training Report

Facility: Hearthstone Place **Department:** NF Staff
Date: 8/5/2011 **Time:** 8 AM and 2 pm

Meeting Area: Activity Room/Dining Room and ongoing till 8/9/11

Employee Group(s) Present: Licensed Nurses

Print Name	Sign Name	Position
Wendy Downs	Wendy Downs	RN
Cassandra Whetnall	C. Whetnall LPN	LPN
Janet Smith	J Smith	RN
Holly Ward	Holly Ward	LPN
Danielle Barnes	Danielle Barnes	RN
Lindsay Amin	L Amin LPN	LPN
Lindsey Wagoner	L. Wagoner	RN

Attachment #2d

Complete
In-Service Training Report

Facility: Hearthstone Place **Department:** NF Staff
Date: 8/5/2011 **Time:** 8 AM and 2 pm

Meeting Area: Activity Room/Dining Room and ongoing till 8/9/11

Employee Group(s) Present: Certified Medication Technicians

Print Name	Sign Name	Position
Eileen McClung	Eileen McClung	CMT
Harvey Russ	[illegible]	CMT
Christina Wessinger	Christina Wessinger	CMT
Marisha Mallory	Marisha Mallory	CMT/CNA

Attachment #3a

Complete
In-Service Training Report

Facility: Hearthstone Place **Department:** NF Staff
Date: 7/20/2011 **Time:** ongoing

Meeting Area: Nurses/Station, Medical Records Office

Employee Group(s) Present: NF Staff, Housekeeping, Laundry
Facility Management and Supportive Services

Subjects Covered:
Recliner Comfort Padding
1. Proper Placement
2. Pressure Relief Devise for Geri-Chairs
3. Launderable
a) Handwash or gentle cycle
b) Wring out excess water
c) Hand dry (in sun if possible)
d) Cannot be placed in dryer
4. Fluid Resistant not fluid proof
5. Flame Retardant
6. Return Demonstration by staff of proper placement

Conducted by: Danielle Blake

Title: Medical Records/CNA/RA

Signature: Danielle Blake

Attachment #3b

Complete
In-Service Training Report

Facility: Hearthstone Place **Department:** NF Staff
Date: 7-20-11 **Time:** ongoing

Meeting Area: Nurses Station, Medical Records Office

Employee Group(s) Present: Nursing staff and Housekeeping

Print Name	Sign Name	Position
Maggie Hines	Maggie Hines	HSK
WAYNE WALDROP	Wayne Waldrop	[illegible]
Barbara Barker	Barbara Barker	HSK/Laundry
Stephanie Schrec	Stephanie Schrec	HSK
Machell Dowlen	Machell Dowlen	HSK
Marla Thompson	Marla Thompson	HSK
Heather Williams	Heather Williams	HS/L
JAMES BARRINEAU	[illegible]	CNA
Kallie Brittin	Kallie Brittin	CNA
Emily Beatty	Emily Beatty	CNA
Yolanda Rehnaks	[illegible]	CNA
Peggy Wadley	Peggy Wadley	CNA RA
Tammrow Carneal	Tammrow Carneal	CNA
Lindsey Amin	Lamin LPN	LPN
Tina Brown	T. Brown	LPN
Tiffany Lawrence	T. Lawrence	CNA
Kaci Blake	Kaci Blake	CNA/RA
Malana Sneed	Malana Sneed	CNA
Jill Peters	Jill Peters	SSD
Toni Kirkman	Toni Kirkman	A.D
Latonia Bertha	Latonia Bertha	CDM
Pamela Poe	Pamela Poe	Staffing Coord.
Samantha Anderson	Samantha Anderson	CNA

Attachment #3c

Complete
In-Service Training Report

Facility: Hearthstone Place
Date: 7-20-11
Department: NF Staff
Time: ongoing

Meeting Area: Nurses Station, Medical Records Office

Employee Group(s) Present: Nursing staff and Housekeeping

Print Name	Sign Name	Position
Katherine C. Evans	Katherine C. Evans	NHA
Ashley Welborn	Ashley Wellborn	BOM
Stephanie Lyon	Stephanie Lyon	CNA
Susan Johnson	[illegible]	CNA
Rose Hudson	[illegible]	CNA
Kristen Mallory	Kristen Mallory	CNA
Angel Sydnor	Angel Sydnor	CNA
Marticha Mallory	Marticha Mallory	CNA/CNA
Tabatha Berry	Tabatha Berry	CNA/BA
Cathryn Moseley	Cat Moseley	CNA
Harvey Ross	[illegible]	CNA
Cassandra Whetnall	C. Whetnall	LPN
Holly Ward	Holly Ward	LPN
BARBARA WESTER	B Wester	LPN