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OFFICE OF INSPECTOR GENERAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185187	A. BUILDING _____ B. WING _____	C 05/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENWOOD NURSING & REHABILITATION CENTER	5079 SCOTTSVILLE RD. BOWLING GREEN, KY 42104

(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 #18265 and KY #18262) was conducted on 05/01/12 and concluded on 05/03/12 to determine the facility's compliance with Federal requirements. This facility failed to meet minimum requirements for recertification with deficiencies cited at the highest scope and severity of a "D". KY #18265 and KY #18262 were unsubstantiated with deficiencies cited.	F 000	Greenwood acknowledges receipt of the Statement of the deficiencies and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the residents. The Plan of Correction is submitted as a written allegation of compliance. Greenwoods response to this Statement of Deficiencies does not denote agreement	
F 225 SS=D	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	F 225	with the Statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greenwood reserves the right to refute any of the deficiencies through the Informal Dispute Resolution, formal appeal procedure, and/or legal proceeding. F225 Resident #1 is no longer a resident in our facility. C.N.A # 1 is no longer employeed by the facility. (terminated 5/4/12) Facility Social workers interviewed current residents in the facility on 5/14/12 - 5/15/12 and verified that no other residents have had concerns of Abuse, Neglect and / or Misappropriation of property that the facility did not report. The facility will continue to report any allegations of Abuse, neglect, or misappropriation, including allegations of sexual abuse per regulatory guidelines.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Jonathan McLain | Administrator | 5/22/12

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.

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

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F 225	Continued From page 1 investigation is in progress. 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. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure an alleged violation, to include sexual abuse, was reported in accordance with State law through established procedures. The facility failed to notify the State Agency of an allegation of sexual abuse for one resident (#1), in the selected sample of four residents. Additionally, the facility failed to ensure an employee, convicted of adult abuse, was not employed by the facility. In accordance with State laws the facility must not hire employees with a history of abuse. Review of 24 employee files revealed one employee, Certified Nurse Aide (CNA) #1, was convicted of spouse abuse on 04/26/00 and on 05/03/10. Findings include: 1. A review of the facility's policy/procedure, "Abuse, Neglect, or Misappropriation of Resident Property" (revised 02/2009), revealed that the	F 225	Facility had all employees to sign an inservice / Affidavit acknowledging and confirming the facility policy that if conviction of a crime Related to Kentucky Statue KRS216.535(1) which covers felony offenses related to theft, abuse or sale of illegal drugs, abuse, neglect or exploitation of an adult or a sex crime, along with any misdemeanor crimes related to abuse, neglect, or exploitation of an adult they must be reported to the Administrator. If the employee was unsure of their criminal record the facility provided the necessary documentation to approve a new criminal background check for the facility to review and verify. No other concerns were identified. To Prevent the deficiency from re-occurring the Administrator was re-educated by the Regional Vice President (5/9/12) on the facility policy to report any suspected abuse, neglect and misappropriation of resident property to all the appropriate state agencies, including residents who are care planned for false statements. For finding #2 – Staff was re-educated by the Staff Development Coordinator on 5/10/12 on the company policy regarding notification of convictions related to theft, abuse or sale of illegal drugs, abuse, neglect or exploitation of an adult or a sex crime, along with any misdemeanor crimes related to abuse, neglect, or exploitation of an adult within 5 working days.	

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F 225	Continued From page 2 facility's responsibility during an investigation of an allegation of abuse, neglect or misappropriation of resident property, the Administrator will ensure that the appropriate State Agencies are notified according to Federal and State regulations. A record review revealed the facility admitted Resident #1 on 12/22/11 with diagnoses to include Vascular Dementia with disturbance of mood and behavior, Dementia with delusions and Refractory Depression, and Anxiety. An interview with the Social Worker, on 05/01/12 at 2:20 PM, revealed she initiated the investigation of the allegation related to Resident #1's complaint of sexual abuse and CNA#2 was suspended pending the outcome of the investigation. An interview with the Director of Nursing (DON), on 05/03/12 at 10:45 AM, revealed she was unaware as to why Resident #1's allegation of sexual abuse was not reported to the appropriate State Agencies, and she felt it was the responsibility of the Administrator to report any allegations of abuse/neglect. An interview with the Administrator, on 04/03/12 at 6:45 PM, revealed he did not report Resident #1's allegation of sexual abuse because he felt the resident's allegation was "just another false accusation." Additionally, the Administrator stated the investigation into the allegation of sexual abuse was completed on 04/17/12, and based on Residents #1's history of false allegations, he stated he did not report the resident's allegation to the State Agency.	F 225	This facility will monitor our performance for sustained solutions by conducting a monthly QI audit to be completed by the Social Worker to verify that all suspected allegations of abuse and neglect were reported to appropriate State agencies by the Administrator and /or DON. The Human Resources Director will complete a weekly QI review of newly hired employees to verify that none have been hired with convictions of abuse related as a felony or misdemeanor along with verifying that the new hire has signed the employee education inservice / Affidavit related to reporting a conviction of a crime to the Administrator no later than 5 days. The results of these audits will be reviewed with the Administrator & DON in the weekly QI Committee meeting. The first meeting will be held on 5/15/12 and each week thereafter until compliance is maintained via the Executive Q/I team. The members of the Executive team are: Medical Director, Administrator, Director of Nurses, Quality Improvement Coordinator, Staff Development Coordinator, Director of Maintenance, Dietary Manager, Nursing Unit Coordinators, Director of Social Services and Housekeeping/Laundry Supervisor. Completion Date: 5/15/12	5/15/2012

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F 225	Continued From page 3 2. A review of the facility's policy/procedure for hiring practices, dated 09/01/98, revealed potential employees will be screened by the facility for abuse, neglect, or misappropriation of property. This screening process will include the requesting of information from pervious and or current employers and checking with appropriate licensing boards and or registries. A review of Certified Nurse Aide (CNA) #1's personnel file revealed the CNA was charged for aggravated assault 4th degree/spouse abuse and found guilty on 04/26/00, and an additional charge was discovered when the court system was contacted for assault 4th degree domestic violence, minor injury, and found guilty, dated 05/03/10. An interview with the Administrator, on 04/03/12 at 6:45 PM, revealed he was unaware CNA #1 had a guilty domestic violence abuse allegation, dated 05/03/10, and the facility's policy dictated that all employees must notify in writing to the facility of any conviction of a crime no later than five (5) calender days after such conviction. Failure to notify the facility will result in disciplinary action up to and including discharge. The Administrator stated he would request another criminal background check on CNA #1 and terminate his employment, if this evidence was found.	F 225		

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N 000	INITIAL COMMENTS A complaint survey (KY #18265 and KY #18262) was conducted on 05/01/12 and concluded on 05/03/12 to determine the facility's compliance with State requirements. This facility failed to meet minimum requirements for relicensure with deficiencies cited. KY #18265 and KY #18262 were unsubstantiated with deficiencies cited.	N 000	Greenwood acknowledges receipt of the Statement of the deficiencies and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the residents. The Plan of Correction is submitted as a written allegation of compliance.	
N 107	902 KAR 20:300-5(3)(a)2. Section 5. Resident Behavior & Fac. Practice (3) Staff treatment of residents. (a) The facility shall: 2. Not employ individuals who have been convicted of abusing, neglecting or mistreating individuals. This requirement is not met as evidenced by: Based on interview, review of employee personnel files, and review of the facility's policy/procedure, it was determined the facility failed to ensure an employee, convicted of adult abuse, was not employed by the facility. In accordance with State laws the facility must not hire employees with a history of abuse. Review of 24 employee files revealed one employee, Certified Nurse Aide (CNA) #1, was convicted of spouse abuse on 04/26/00 and on 05/03/10. Findings include: A review of the facility's policy/procedure for hiring practices, dated 09/01/98, revealed potential employees will be screened by the facility for abuse, neglect, or misappropriation of property. This screening process will include the requesting of information from pervious and or current employers and checking with appropriate	N 107 N 107	Greenwoods response to this Statement of Deficiencies does not denote agreement with the Statement of deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Greenwood reserves the right to refute any of the deficiencies through the Informal Dispute Resolution, formal appeal procedure, and/or legal proceeding. C.N.A # 1 is no longer employeed by the facility. (terminated 5/4/12) Facility had all employees to sign an inservice / Affidavit acknowledging and confirming the facility policy that if conviction of a crime Related to Kentucky Statue KRS216.535(1) which covers felony offenses related to theft, abuse or sale of illegal drugs, abuse, neglect or exploitation of an adult or a sex crime, along with any misdemeanor crimes related to abuse, neglect, or exploitation of an adult they must be reported to the Administrator. If the employee was unsure of their criminal record the facility provided the necessary documentation to approve a new criminal background check for the facility to review and verify. No other concerns were identified.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 5-22-12

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N 107	Continued From page 1 licensing boards and or registries: A review of Certified Nurse Aide (CNA) #1's personnel file revealed the CNA was charged for aggravated assault 4th degree/spouse abuse and found guilty on 04/26/00, and an additional charge was discovered when the court system was contacted for assault 4th degree domestic violence, minor injury, and found guilty, dated 05/03/10. An interview with the Administrator, on 04/03/12 at 6:45 PM, revealed he was unaware CNA #1 had a guilty domestic violence abuse allegation, dated 05/03/10, and the facility's policy dictated that all employees must notify in writing to the facility of any conviction of a crime no later than five (5) calender days after such conviction. Failure to notify the facility will result in disciplinary action up to and including discharge. The Administrator stated he would request another criminal background check on CNA #1 and terminate his employment, if this evidence was found.	N 107	Staff was re-educated by the Staff Development Coordinator on 5/10/12 on the company policy regarding notification of convictions related to theft, abuse or sale of illegal drugs, abuse, neglect or exploitation of an adult or a sex crime, along with any misdemeanor crimes related to abuse, neglect, or exploitation of an adult within 5 working days. This facility will monitor our performance for sustained solutions by conducting a monthly QI audit to be completed by the Human Resources Director weekly of all newly hired employees to verify that none have been hired with convictions of abuse related as a felony or misdemeanor along with verifying that the new hire has signed the employee education inservice / Affidavit related to reporting a conviction of a crime to the Administrator no later than 5 days. The results of this audit will be reviewed with the Administrator & DON in the weekly QI Committee meeting. The first meeting will be held on 5/15/12 and each week thereafter until compliance is maintained via the Executive Q/I team. The members of the Executive team are: Medical Director, Administrator, Director of Nurses, Quality Improvement Coordinator, Staff Development Coordinator, Director of Maintenance, Dietary Manager, Nursing Unit Coordinators, Director of Social Services and Housekeeping/Laundry Supervisor. Completion Date: 5/15/12	
N 110	902 KAR 20:300-5(3)(d) Section 5. Resident Behavior & Fac. Practice (3) Staff treatment of residents. (d) The facility shall document alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, are reported immediately to the administrator of the facility or to other officials in accordance with KRS Chapters 209 and 620. This requirement is not met as evidenced by: Based on interview, record review, and review of	N 110		5/15/2012

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N 110	Continued From page 2 the facility's policy/procedure, it was determined the facility failed to ensure an alleged violation, to include sexual abuse, was reported in accordance with State law through established procedures. The facility failed to notify the State Agency of an allegation of sexual abuse for one resident (#1), in the selected sample of four residents. Findings include: A review of the facility's policy/procedure, "Abuse, Neglect, or Misappropriation of Resident Property" (revised 02/2009), revealed that the facility's responsibility during an investigation of an allegation of abuse, neglect or misappropriation of resident property, the Administrator will ensure that the appropriate State Agencies are notified according to Federal and State regulations. A record review revealed the facility admitted Resident #1 on 12/22/11 with diagnoses to include Vascular Dementia with disturbance of mood and behavior, Dementia with delusions and Refractory Depression, and Anxiety. An interview with the Social Worker, on 05/01/12 at 2:20 PM, revealed she initiated the investigation of the allegation related to Resident #1's complaint of sexual abuse and CNA#2 was suspended pending the outcome of the investigation. An interview with the Director of Nursing (DON), on 05/03/12 at 10:45 AM, revealed she was unaware as to why Resident #1's allegation of sexual abuse was not reported to the appropriate State Agencies, and she felt it was the responsibility of the Administrator to report any	N 110	Resident #1 is no longer a resident in our facility. Facility Social workers interviewed current residents in the facility on 5/14/12 - 5/15/12 and verified that no other residents have had concerns of Abuse, Neglect and / or Misappropriation of property that the facility did not report. The facility will continue to report any allegations of Abuse, neglect, or misappropriation, including allegations of sexual abuse per regulatory guidelines. To Prevent the deficiency from re-occurring the Administrator was re-educated by the Regional Vice President (5/9/12) on the facility policy to report any suspected abuse, neglect and misappropriation of resident property to all the appropriate state agencies, including residents who are care planned for false statements.	

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N 110	Continued From page 3 allegations of abuse/neglect. An interview with the Administrator, on 04/03/12 at 6:45 PM, revealed he did not report Resident #1's allegation of sexual abuse because he felt the resident's allegation was "just another false accusation." Additionally, the Administrator stated the investigation into the allegation of sexual abuse was completed on 04/17/12, and based on Residents #1's history of false allegations, he stated he did not report the resident's allegation to the State Agency.	N 110	This facility will monitor our performance for sustained solutions by conducting a monthly QI audit to be completed by the Social Worker to verify that all suspected allegations of abuse and neglect were reported to appropriate State agencies by the Administrator and /or DON. The results of this auditswill be reviewed with the Administrator & DON in the weekly QI Committee meeting. The first meeting will be held on 5/15/12 and each week thereafter until compliance is maintained via the Executive Q/I team. The members of the Executive team are: Medical Director, Administrator, Director of Nurses, Quality Improvement Coordinator, Staff Development Coordinator, Director of Maintenance, Dietary Manager, Nursing Unit Coordinators, Director of Social Services and Housekeeping/Laundry Supervisor. Completion Date: 5/15/12	5/15/2012