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

PRINTED: 08/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	185179		C 08/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE AT GLENVIEW	6000 HUNTING RD. LOUISVILLE, KY 40222

(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 investigating KY 20511 was initiated on 08/13/13 and concluded on 08/14/13. The Division of Health Care unsubstantiated the allegation. A related deficiency was cited.	F 000		
F 226 SS=E	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 facility policy review, it was determined the facility failed to obtain nurse aide abuse registry checks on seven (7) of eleven (11) sampled employees and failed to obtain a criminal record check on one (1) of eleven (11) sampled employees. The findings include: Review of the facility Abuse, Neglect and Misappropriation policy, dated 12/10, revealed criminal background checks (CRC) and the state nurse aide registry (NAR) will be reviewed prior to permanent employment. Review of eleven employee files revealed Employee #1 was hired 05/31/13 and the NAR was checked on 06/10/13, 11 days late. Employee #3 was hired 05/22/13 and the NAR was checked 05/23/13, 2 days late. Employee #5	F 226	A. No residents were found to have been affected. All employee files found without Nurse Aide Registry and Criminal Background Checks were immediately checked and added to the Employee's personnel file by Human Resource Coordinator. The Nurse Aide Abuse Registry checks on the 7 of 11 sampled Employees were re ran on 8/15/13. The criminal record check on the 1 of 11 employees was sent to the facility On 8/29/13 with original run date of 04/25/13 from our home office. B. All residents of the facility had the potential to be affected. A complete, 100% of audit of all employee files will was completed on 08/30/13 by the Human Resource Coordinator, MDS Nurse and reviewed by Assistant Director of Nursing/SDC, Director of Nursing and Administrator to insure all NAR and CRC checks are present and up To date in the employee files.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Bert Sedoris Administrator
TITLE: X CEO/Administrator
(X6) DATE: X 8/26/13

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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DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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F 226	Continued From page 1 was hired 05/22/13 and the NAR was checked 06/10/13, 20 days late. Employee #6 was hired 05/27/13 and there is not a NAR check on file, 78 days late. Employee #7 was hired on 05/31/13 and the NAR was checked on 06/10/13, 11 days late. Employee #10 was hired 05/22/13 and the NAR was checked on 05/23/13, 2 days late. Employee #11 was hired 05/06/13 and the NAR was checked on 07/09/13, 65 days late and there is no CRC on file, 36 days from hire. Interview with Human Resources Coordinator (HRC), on 08/14/13 at 11:27 AM, revealed it was her responsibility to run NAR and CRC on every person hired. She stated she was on sick leave in May and another employee was supposed to take care of obtaining NAR and CRC on all new hires. She stated some of those were not done in a timely manner. The HRC stated NAR and CRC were obtained to make sure prospective employees did not have any charges against them. The resident's safety was at risk if their history was not known. Interview with Director of Nursing (DON), on 08/14/13 at 12:51 PM, revealed NAR and CRC checks were to be done prior to hiring any employee. She stated there was no excuse for those checks not being completed. The DON stated it was important to do those checks in order to keep the residents safe. Interview with the Administrator, on 08/14/13 at 1:13 PM, revealed he was unaware there were problems with missing NAR and CRC checks until today. He stated he was not sure why those where not completed timely. He stated residents' safety was at risk if those checks were not done prior to hiring an employee.	F 226	C. The facility will put in place the following measures to ensure continued compliance for NAR/CRC. Each hire will have a NAR and CRC completed by Human Resources Coordinator and or Assistant Director of Nursing/ Staff Development Coordinator. The Administrator as well as the Director of Nursing will check each new hires file to insure NAR and CRC are completed upon hire. The Human Resource Coordinator and Assistant Director of Nursing/SDC will be in serviced on 08/26/13 regarding the Policy and Procedure/Protocol related to NAR and CRC by the Director of Nursing D. To ensure solutions are sustained the facility plans the following monitor(s). The facility Human Resources Coordinator and or Assistant Director of Nursing will submit a monthly report with results and findings of all hire NAR, CRC results to the facility QA committee for review and follow up until substantial compliance is achieved for three quarterly reviews.	09 /20/13

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