

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

PRINTED: 04/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 20 2012 03/20/2012 </div>	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO Pikeville, TN Division of Health Care Southern Enforcement Branch		
(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 (KY17982) was conducted on 03/20/12. The allegation was substantiated. Deficient practice was identified at 'D' level.	F 000	Disclaimer: Signature Healthcare of Pikeville does not believe and does not admit that any deficiencies existed either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.		
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 facility policies and procedures, it was determined the facility failed to implement policies and procedures developed to prohibit mistreatment/abuse of residents. A review of employee files revealed the facility failed to conduct State Nurse Aide Abuse Registry screenings as required for one of four sampled employees (Housekeeping Assistant #2). The findings include: An alleged incident of resident abuse by a Housekeeping Assistant was investigated on-site at the facility on 03/20/12. A review of the facility's Abuse, Neglect and Misappropriation Policy (dated January 2012) revealed the facility would review applicants, prior to employment, with the State Nurse Aide Abuse Registry.	F 226			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Conan Gilman* TITLE: *Adm* (X6) DATE: *4-10-12*

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

PRINTED: 04/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/20/2012
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
(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 226	<p>Continued From page 1</p> <p>A review of Housekeeping Assistant #2's employee file revealed the facility hired the Housekeeping Assistant on 09/26/11. However, the facility failed to screen the employee with the State Nurse Aide Abuse Registry until 03/20/12.</p> <p>An interview conducted on 03/20/12, at 3:00 PM, with the Human Resources (HR) Director revealed he had been responsible for completing new employee screenings for approximately seven months. The HR Director stated since he had been responsible for completing the screenings the facility had only screened Licensed Nurses and Certified Nursing Assistants with the State Nurse Aide Abuse Registry and did not screen all potential employees.</p> <p>An interview with the Administrator on 03/20/12, at 3:10 PM, revealed he had been the Administrator at the facility for four months, and was unaware that all employees were required to be screened against the State Nurse Aide Abuse Registry prior to employment at the facility.</p>	F 226	<p>F 226 Development/Implement Abuse/Neglect, ETC Policies</p> <p>The facility will ensure that all employees are screened by the State Nurses Aide Registry. Residents affected: No specific residents were identified. Residents potentially affected: Residents of the facility have the potential to be affected by the deficient practice. The Nurse Aide Registry Screening was completed immediately by the HRD on the Housekeeper. The HRD was inserviced by the Administrator on 3-20-12 to ensure that all staff is screened by the Nurse Aide Registry. Systemic measures: The Nurse Aide Registry Screening was completed immediately by the HRD on the Housekeeper. The HRD was inserviced by the Administrator to ensure that all staff is screened by the Nurse Aide Registry. All stakeholder files were be audited by the HRD to ensure all pre employment screenings are complete. The HRD will ensure all pre employment screening are complete prior to day of employment. Monitoring measures: All stakeholder files were audited by the HRD to ensure all pre employment screenings are complete. The HRD will ensure all pre employment screening are complete prior to day of employment. Findings of audit will be reviewed in the monthly QA meeting for six months or until the deficient practice no longer exists to ensure compliance with state and federal regulations and facility policy.</p>	4-10-12	