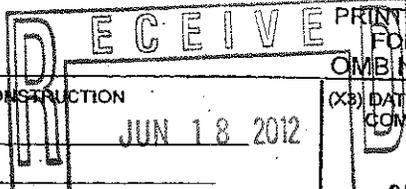


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/24/2012
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NAME OF PROVIDER OR SUPPLIER  SALYERSVILLE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 571 PARKWAY SALYERSVILLE, KY 41465
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(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
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F 000	INITIAL COMMENTS  An abbreviated standard survey (KY18365) was conducted on 05/23-24/12. The allegation was substantiated. Deficient practice was identified at 'D' level.	F 000		
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 and a contractual facility agreement, it was determined the facility failed to develop and implement policies and procedures to prohibit mistreatment/abuse of residents. A review of employee files revealed the facility failed to ensure State Nurse Aide Abuse Registry screenings were conducted as required for one of four sampled employees (Laboratory Technician #1).  The findings include:  A review of the facility's Prevention and Reporting: Resident Mistreatment, Neglect, Abuse, Including Injuries of Unknown Source, and Misappropriation of Resident Property procedure (revised April 2012), revealed the facility would screen all potential employees for a history of abuse, neglect, or mistreatment of residents during the hiring process. According to the policy, screenings would include inquiry into	F 226	F226 1.Laboratory Technician #1 no longer provides services in the center. Medical Director made aware of issue immediately by the Director of Nurses(DON), with no new orders noted. No specific resident was identified.  2.All laboratory technicians will be screened through the Kentucky Board of Nursing(KBN) website to identify any employee that may be on the abuse registry by 5/25/2012 by Med Lab. Center will be provided a copy of all laboratory technicians coming to the center background checks and KBN website verification at the centers request. Med Lab has verified with EHSI legal Department and center Administrator that all employees were re screened to meet all federal, state and local laws. Administrator/Business Office Assistant(BOA) to audit all current employee files to identify whether the employee is on the abuse registry per EHSI policy by 6/23/2012. Any issues identified will be reported to Medical Director and corrected immediately. All applicants to any position will be screened per the KBN website by the BOA/Education Training Director(ETD) to identify if applicant is on the abuse registry per EHSI policy beginning immediately. Any person on the abuse registry will not be employed or working in the center.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 06/18/12
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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>the State Nurse Aide Registry. The procedure failed to address screenings of contracted employees who provide direct resident care in the facility.</p> <p>A review of the Clinical Laboratory Services Agreement dated 09/15/04 revealed the provider (laboratory company) would assist in facilitating compliance with all governmental licensing agencies, and in accordance with all applicable federal, state, and local laws, rules, ordinances, and regulations.</p> <p>A review of employee files revealed the facility failed to ensure State Nurse Aide Abuse Registry screenings were conducted as required for one of four sampled employees, Laboratory Technician #1.</p> <p>An interview conducted on 05/23/12, at 4:20 PM, with the facility's Regional Director of Clinical Services (RDCS) revealed Laboratory Technician #1 was a contracted employee who routinely came to the facility to obtain resident blood samples for all scheduled laboratory tests. The RDCS stated the facility did not maintain employee files for contracted employees, and the required background screenings would have been conducted by the laboratory services company. The RDCS stated although the facility did not have a specific policy/procedure that stated contracted services companies would perform specific screenings as required, the RDCS stated the laboratory service was to assist the facility in facilitating compliance with all governmental licensing agencies, and in accordance with all applicable federal, state, and local laws/regulations.</p>	F 226	<p>3. Med Lab Human Resources was re educated by the Regional Director of Clinical Operations on 5/24/2012 regarding all Federal, state and local laws as relates to background checks and screening for abuse registry..</p> <p>Regional Director of Clinical Operations to re educate Administrator, DON,ETD and BOA regarding federal regulation to screen employees/vendors prior to hire/coming into center to ensure they are not the KBN abuse registry and to complete a background check prior to employment by 6/18/2012.</p> <p>ETD to re educate all Department Managers regarding policy to screen all persons working in the center for background checks and abuse registry checks by 6/24/2012 as noted per federal regulations</p> <p>Administrator/BOA to audit 10 files monthly x 3 months beginning 6/23/2012 to ensure all background and abuse registry checks.</p> <p>RDCO to audit 5 files monthly x 3 months beginning 6/22/2012 to ensure all background checks and abuse registry checks are completed per federal regulations.</p> <p>4. Quality Assurance team consisting of at least Medical Director, Administrator, Director of Nursing and Business Office Manager to meet monthly to review audit findings and make recommendations until issue completely resolved beginning week of 6/25/2012.</p> <p>5. Date of Compliance 6/26/2012.</p>	

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F 226	<p>Continued From page 2</p> <p>Interviews with the laboratory services' Director of Human Resources on 05/23/12, at 4:10 PM, and Vice President of Clinical Services on 05/24/12, at 10:15 AM, a review of the screening report for Laboratory Technician #1 dated 01/20/09, and a review of the Search America National Criminal Data Sources (background search criteria utilized to screen employees) provided by the laboratory services company, revealed the State Nurse Aide Abuse Registry was not utilized to screen the contracted employee (Laboratory Technician #1).</p> <p>Further interview with the RDCS on 05/23/12, at 4:20 PM, revealed the facility had assumed all required screenings were conducted by the laboratory services company, and took no action to ensure contracted employees received the required screenings prior to providing direct resident care in the facility.</p>	F 226		