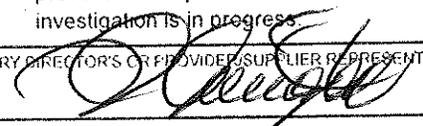


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/09/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/01/2010
NAME OF PROVIDER OR SUPPLIER  COVINGTON'S CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 116 CAYCE ST HOPKINSVILLE, KY 42240	
(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)

<p>F 000 INITIAL COMMENTS</p> <p>An annual survey was conducted 08/30/10 through 09/01/10 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of "D". Additionally, an abbreviated survey (KY #14988) was conducted on 08/30/10 through 09/01/10 and was substantiated with no deficient practice identified.</p> <p>F 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4) SS=D INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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.</p> <p>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).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p>	<p>F 000 COVINGTON'S CONVALESCENT CENTER, INC. acknowledges receipt of the statement of deficiencies and proposes this plan of correction to the extent that the summary and findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of the resident.</p> <p>F 225 COVINGTON'S CONVALESCENT CENTER, INC.'S response to the statement of deficiencies and plan of correction does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is totally accurate.</p> <p>F 225 483.13(c)(1)(ii)-(iii),(c)(2)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>Covington's Convalescent Center, Inc. has not in the past, present, nor will it in the future employ individuals found guilty of abusing, neglecting, or mistreating residents by court of law; or that have had a finding entered into the state nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property which would indicate an fitness for service as a nurse aide or other facility staff employees.</p> <p>Covington's Convalescent Center, Inc. revised and updated its policy and procedure to include protocol whereby, a new employee must sign documentation of a print out from the Kentucky Nurse Aide Abuse Registry attesting to the fact of its</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Adm	(X6) DATE 9/16/10
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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 30 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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NAME OF PROVIDER OR SUPPLIER  COVINGTON'S CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 115 CAYCE ST HOPKINSVILLE, KY 42240	
(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 225	<p>Continued From page 1</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, it was determined the facility failed to conduct Nurse Aide Abuse Registry checks for three employees, prior to employment in the facility (#2, #4 and #7), of eight employee personnel records reviewed. Findings include:</p> <ol style="list-style-type: none"> <li>1. A review of the personnel record of Employee #2, Licensed Practical Nurse, revealed a hire date of 06/03/10; however, the Nurse Aide Abuse Registry check was not completed until 06/07/10.</li> <li>2. A review of the personnel record for Employee #4, a State Registered Nursing Assistant, revealed a hire date of 06/10/10; however, the Nurse Aide Abuse Registry check was not completed until 06/17/10.</li> <li>3. A review of the personnel record for Employee #7, a Registered Nurse, revealed a rehire date of 08/07/10; however, the Nurse Aide Registry check was not completed until 08/10/10.</li> </ol> <p>An interview with the Administrative Assistant, on 08/31/10 at 2:10 PM, revealed she was responsible for conducting the Abuse Registry</p>	F 225	<p>Page 2 of 4</p> <p>completion prior to beginning their new employment. The revised new employee checklist contains but is not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Application for employment,</li> <li>2. Drug Screening,</li> <li>3. Abuse Registry Check: w/ signature and/or validation,</li> <li>4. License or certification check,</li> <li>5. Criminal record check,</li> <li>6. Kentucky new hire report,</li> <li>7. Code of conduct review,</li> <li>8. Attendance policy,</li> <li>9. W-4 form,</li> <li>10. T B skin test,</li> <li>11. Medical question naire,</li> <li>12. Pre -employment-appropriate procedures in in-services, and</li> <li>13. Current telephone number.</li> </ol> <ol style="list-style-type: none"> <li>1. Employee #2 nurse aide abuse registry check conducted on 06/07/10 with results suitable for employment. Resolved.</li> <li>2. Employee #4 nurse aide abuse registry check conducted on 06/17/10 with results suitable for employment. Resolved.</li> <li>3. Employee #7 nurse aide abuse registry check conducted on 08/10/10 with results suitable for employment. Resolved.</li> </ol> <p><b>Identify others:</b> Any applicant for employment has the potential to adversely affect compliance with the facility's abuse and neglect policy and procedure protocol, if the of timely</p>

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NAME OF PROVIDER OR SUPPLIER  COVINGTON'S CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 115 CAYCE ST HOPKINSVILLE, KY 42240
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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 225 Continued From page 2

checks on applicants. She stated the checks were completed on or before the applicant was hired. The Administrative Assistant stated she knew Employee #4 was in good standing because she had left the facility to have a baby and she was a rehire. "I know, that's no excuse I should have conducted the abuse checks on them before they were hired".

An interview with the Assistant Administrator, on 09/01/10 at 10:30 AM, revealed abuse checks were normally completed before an applicant was interviewed for a position. He stated, "It was an over-site on the Administrative Assistant's part".

F 225 screening of the Kentucky Nurse Aide Abuse Registry is not performed and the results printed and filed accordingly. The facility shall obtain and validate the registry check of a potential new hire prior to employment.

**Systemic changes:**

- Covington's Convalescent Center, Inc. revised and updated its policy and procedure to include protocol whereby, a new employee must sign documentation of a print out from the Kentucky Nurse Aide Abuse Registry attesting to the fact of its completion and validation prior to beginning their new employment. The revised new employee checklist contains but is not limited to the following:
1. Application for employment,
  2. Drug Screening,
  3. Abuse Registry Check: w/ signature and/or validation,
  4. License or certification check,
  5. Criminal record check,
  6. Kentucky new hire report,
  7. Code of conduct review,
  8. Attendance policy,
  9. W-4 form,
  10. T B skin test,
  11. Medical question naire,
  12. Pre -employment-appropriate procedures in in-services, and
  13. Curren t telephone number.

In-services with all department heads that participate in the hiring process were conducted with Keena Daniel, DON, RN.

# COVINGTON'S CONVALESCENT CENTER

115 Cayce Street  
Hopkinsville, KY 42240

Business: (270) 886-4403

Fax: (270) 886-4406

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Cathlee Kington, RN, DON, Mary Irvin, Food Services Supervisor, and Jackie Byron Laundry and Housekeeping Supervisor. Richard Covington, Asst. Administrator performed the in-services on 09/02/10 and on 09/14/10 and presented the documentation to the administrator accordingly.

#### Monitoring:

William Covington, Administrator, and/or his designee, Sherry Grace, Administrative Assistant will ensure that all abuse registry checks have been conducted, validated, and documented for a potential new hire prior to employment. Monitoring protocol has been instituted so that each potential new hire employee information packet contains a **Delineated Revised Checklist** that must be completed prior to being employed by the facility. Department heads Keena Daniel, RN, DON, Cathlee Kington, RN, DON, Mary Irvin, Food-Service Supervisor, and Jackie Byron, Housekeeping and Laundry Supervisor, who are involved in the hiring process, will participate in CQI Quarterly Meetings to ensure that the facility protocol is followed, in regard to all potential new hire employees. CQI reports will be filed with the administrator.

Completion Date: 09/16/2010



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NAME OF PROVIDER OR SUPPLIER  <b>COVINGTON'S CONVALESCENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>115 CAYCE ST HOPKINSVILLE, KY 42240</b>	
(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
K 000	INITIAL COMMENTS  A Life Safety Code survey was initiated and conducted on 09/01/10 to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to be in compliance with NFPA 101 Life Safety Code 2000 Edition. No deficiencies were identified during this survey.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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