

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/16/2010
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431	
(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	F 000	<p>This plan of correction is prepared and executed because it is required by the provisions of the state and federal law and not because Ridgewood Terrace Health & Rehabilitation Center agrees with the allegations and citations listed on pages of statement of deficiencies. Ridgewood Terrace Health & Rehabilitation Center maintains that the alleged deficiencies do not jeopardize the health and safety of residents, nor is it of such character as to limit our capability to render adequate care. Please accept this plan of correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates Ridgewood Terrace Health & Rehabilitation Center indicated. To remain in compliance with all federal and state regulations Ridgewood</p>	
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record reviews, it was determined the facility failed to implement written policies and procedures that prohibit mistreatment, neglect and abuse of residents and misappropriation of resident property. A review of two (2) of five (5) personnel records revealed a Criminal Records Check (CRC) was not completed for CNA #1 and a Nurse Aide Abuse Registry (NAAR) check was not completed prior to hire for Certified Nurse Aide (CNA) #3. Findings include:</p> <ol style="list-style-type: none"> 1. A review of CNA #1's personnel record revealed a hire date of 12/08/09. There was no evidence in the personnel record that the facility completed a CRC for this employee. 2. A review of CNA #3's personnel record revealed a re-hire date of 09/28/09. There was no evidence in the personnel record that the facility completed a NAAR check until 05/04/10. 	F 226		

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

Kam Langston

TITLE

Administrator

(X6) DATE

8/4/10

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>An interview with Licensed Practical Nurse (LPN) #1, on 07/14/10 at 3:30 PM, revealed, she worked in the Human Resources/Staff Development department. She stated that she looked through old records and was unable to obtain a CRC for CNA #1. Additionally, the latest NAAR check she could locate for CNA #3 was dated 2006, until the one completed in 2010. No further explanation was provided.</p> <p>A review of the facility's policy/procedure titled "Policies Pertaining to Resident Abuse, Neglect and Exploitation," dated 04/12/10, revealed "screening procedures included criminal records check and current/previous employer reference check(s) are conducted on all employees. Prior to employment, contact the State Abuse registry on each employee to determine a clear record. Conduct a criminal records check on all students and/or scheduled volunteers with direct individual resident contact."</p>	F 226	<p>Terrace Health & Rehabilitation Center has taken or will take the actions set forth in the following plan of correction.</p> <p>F226 The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <ol style="list-style-type: none"> 1. C.N.A #1 was terminated from employment on 6/10/2010. C.N.A #3 was terminated from employment on 5/20/2010. 2. Each resident is at risk if proper background screening hasn't been conducted. <p>The facility has completed a 100% audit of employee personnel records on 8/3/10 to ensure that the abuse registry has been checked</p>	

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and that a criminal background screening was conducted. Those found out of compliance have had the appropriate screenings performed.

- Facility will conduct pre-employment background checks and will not employ persons convicted of a felony offense related to theft; abuse, or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime.

The Human Resources Manager was been re-educated by the Administrator on 8/4/10 regarding the requirement of completing a Nurse Aide Abuse Registry (NAAR) prior to employment, the requirement of completing a Criminal Records Check (CRC), and the facility policy of not employing persons

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convicted of a felony offense related to theft; abuse, or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime.

- The Quality Assurance Committee (QA) will review 15 random employee files monthly for next three months to ensure that the NAAR and CRC have been checked pre-employment and that those records are in the employees' files. The QA Committee will make recommendations for further intervention as necessary.

The QA Committee consists, as a minimum, of the following individuals:
Administrator, Director of Nursing Services, Medical Director, Assistant Director of Nursing, and at least 3 other staff members.

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This committee meets monthly.

The Human Resources Manager will sign off on the hire records of each new employee indicating that all required background screenings have been performed.

The Concord Health Systems corporate office staff will complete an audit of employee files annually to ensure that all required documents are in place.

5. Completion Date: 8-20-10