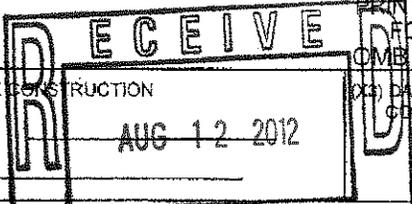


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/06/2012  
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 07/23/2012
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NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF PIKEVILLE	STREET ADDRESS Division of Health Care 260 South Eastern PIKEVILLE, KY 41501
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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	F 000	<b>Disclaimer:</b>  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, employee record review, and policy review it was determined the facility failed to implement policies and procedures for three of five sampled employees (Certified Nursing Assistant #1 and Registered Nurses #1 and #2). A review of the facility's policy related to abuse, neglect, and misappropriation of resident property revealed the facility would review the Nurse Aide Abuse Registry prior to an individual's employment. However, based on a review of personnel files, the facility failed to perform a nurse aide abuse check prior to employment for Certified Nursing Assistant (CNA) #1 and Registered Nurses (RNs) #1 and #2.  The findings include:  A review of the facility policy, Abuse, Neglect, and Misappropriation, dated January 2012, revealed the state Nurse Aide Registry would be reviewed prior to an individual's employment. A review of CNA #1's employee record revealed	F 226		

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

TITLE

(X6) DATE

*[Signature]*

*Administrator*

8/10/12

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.

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F 226	<p>Continued From page 1</p> <p>the facility hired CNA #1 on 07/02/12. Further review revealed the facility failed to complete a review of the Nurse Aide Abuse Registry until 07/16/12, 14 days after CNA employment.</p> <p>A review of RN #1's employee record revealed the facility hired the employee on 06/18/12. However, the facility failed to conduct a review of the Nurse Aide Abuse Registry until 07/23/12, 35 days after the RN's employment.</p> <p>In addition, a review of RN #2's employee record revealed the facility hired the employee on 06/18/12. Further review revealed the facility failed to review the Nurse Aide Abuse Registry until 06/28/12, 10 days after RN #2's employment.</p> <p>Interview with the Human Resources Director on 07/23/12, at 2:31 PM, revealed it was his understanding that nurse aide abuse checks had to be performed within four months of the employee's date of hire. Continued interview with the Human Resources Director on 07/23/12, at 4:44 PM, revealed he had misunderstood and acknowledged that the nurse aide abuse checks were required to be completed prior to employment at the facility. The Human Resources Director also stated the documented dates for the review of the Nurse Aide Abuse Registry after the date of the individual's employment could possibly be because he "don't necessarily print it out when I look at it on the computer, I may print it out at a later day."</p> <p>An Interview with the Administrator on 07/23/12, at 4:20 PM, revealed nurse aide abuse checks were required to be completed prior to</p>	F 226	<p><b>F 226 Development/Implement Abuse Policy/Neglect Polices</b></p> <p>The facility will ensure pre-employment registries/screenings are completed prior to hire date.</p> <p><b>Residents affected:</b> No residents were affected by this deficient practice. 100% of stakeholder files were audited by the HRD and the SDC to ensure all pre employment registries are complete on 7-31-12. The HRD will ensure all personnel files are complete with all the essential pre-employment screenings, including the nurse aide registry prior to the date of hire.</p> <p><b>Residents potentially affected:</b> Residents have the potential to be affected by this deficient practice. 100% of stakeholder files were audited by the HRD and the SDC to ensure all pre employment registries are complete on 7-31-12. The HRD will ensure all personnel files are complete with all the essential pre employment screenings, including the nurse aide registry prior to the date of hire. Education was given to HRD by the Adm on 7-24-12 to ensure the Nurse Aide Registry is completed prior to hire date.</p> <p><b>Systemic measures:</b> 100% of stakeholder files were audited by the HRD and the SDC to ensure all pre employment registries are complete on 7-31-12. The HRD will ensure all personnel files are complete with all the essential pre employment screenings, including the nurse aide registry prior to the date of hire. Education was given to HRD by the Adm on</p>	8-10-12	

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F 226	Continued From page 2 employment and he thought the checks were being done prior to the employee's first day of work.	F 226	7-24-12 to ensure the Nurse Aide Registry is completed prior to hire date. The Adm. or designee will audit 100% of the HR files for the nurse aide registry check before the associate is eligible for hire and prior to hire date.		
F 52D SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS  A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.  The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.  A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.  Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's policies, Statement of Deficiencies cited 03/20/12, and the facility's plan of correction (with	F 520	<b>Monitoring measures:</b> HRD and Administrator will review all new hire stakeholder files monthly for six months prior to the monthly QA meeting to ensure compliance with state/federal/company rules and regulations. Finding of audits will be reviewed at the monthly QA meeting for six months to ensure compliance with state, federal and company policy, rules and regulations.		

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F 520	<p>Continued From page 3</p> <p>a correction date of 04/10/12), the facility failed to ensure a plan of action to correct identified deficiencies had been developed and implemented for three of five sampled employees (Certified Nursing Assistant #1 and Registered Nurses #1 and #2). A review of a Statement of Deficiencies issued to the facility as the result of a visit completed on 03/20/12, revealed the facility had failed to ensure nurse aide abuse checks were completed prior to employment for one sampled employee. A review of the plan of correction (with a correction date of 04/10/12) submitted by the facility revealed the Human Resources Director would ensure all pre-employment screenings were completed prior to employment. The plan of correction further revealed the pre-employment screening (including the Nurse Aide Abuse Registry) audits of all new employees were to be presented by the Human Resources Director to the Quality Assurance (QA) committee on a monthly basis for a timeframe of six months. However, a review of personnel records for Certified Nursing Assistant (CNA) #1, Registered Nurse #1, and Registered Nurse #2, revealed the facility failed to review the Nurse Aide Abuse Registry prior to their employment.</p> <p>The findings include:</p> <p>A review of the facility's policy, Performance Improvement Plan, with a revision date of March 2010, revealed the performance improvement program was to resolve identified problems and identify opportunities for improvement.</p> <p>Based on a review of CNA #1's employee record, the facility hired the CNA on 07/02/12. Continued</p>	F 520	<p><b>F 520 Committee-Members/Meeting Quarterly</b></p> <p>The facility will ensure plan of corrections and performance improvement plans and their audits are reviewed in the monthly QA meetings as outlined in our plan of correction.</p> <p><b>Residents affected:</b> No residents were affected by this deficient practice. All performance improvement plans and plan of corrections were reviewed in the monthly QA meeting August 2, 2012.</p> <p><b>Residents potentially affected:</b> Residents have the potential to be affected by this deficient practice. All performance improvement plans and plan of correction were reviewed in the monthly QA meeting August 2, 2012. The Adm and DON will ensure performance improvement plans and plan of corrections are reviewed during the monthly QA meeting. Education was given to the Adm and DON by the SCC on 7-23-12 on the importance of reviewing performance improvement plans and plan of corrections during the monthly QA meetings to ensure effectiveness.</p> <p><b>Systemic measures:</b> All performance improvement plans were reviewed in the monthly QA meeting August 2, 2012. The Adm and DON will ensure performance improvement plans are reviewed during the monthly QA meeting. Education was given to the Adm and DON by the SCC on 7-23-12 on the importance of reviewing performance improvement plans during the monthly QA meetings to ensure effectiveness. The SCC or DO will review</p>	8-10-12	

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F 520	<p>Continued From page 4</p> <p>review revealed the facility failed to complete a review of the Nurse Aide Abuse Registry until 07/16/12, 14 days after CNA employment. The facility hired RN #1 on 06/18/12, however, the facility failed to review the Nurse Aide Abuse Registry until 07/23/12, 35 days after the RN's employment. In addition, a review of the personnel file for RN #2 revealed the facility failed to conduct a review the Nurse Aide Abuse Registry until 06/28/12, 10 days after RN #2's employment.</p> <p>Interview with the Human Resources Director on 07/23/12, at 2:31 PM, revealed he thought nurse aide abuse checks needed to be completed within four months of employment. Continued interview with the Human Resources Director on 07/23/12, at 4:44 PM, revealed he was aware nurse aide abuse checks were required to be completed prior to employment. According to the Director, he had reviewed the Nurse Aide Abuse Registry prior to the employment of CNA #1, RN #1, and RN #2, but had failed to print the results of the review for inclusion in the employee's record. The Human Resources Director further stated he had completed all pre-employment screenings, which included a review of the Nurse Aide Abuse Registry, and had submitted the results of his reviews to the monthly QA meetings. The Human Resources Director stated he had not identified any problems with the pre-employment screenings, and had not maintained a written audit of the reviews.</p> <p>An interview with the Administrator on 07/23/12, at 4:20 PM, revealed the QA committee had met on 05/24/12, to review the March and April audits, and on 06/08/12, to review the findings from the</p>	F 520	<p>monthly QA minutes quarterly for six months or a total of two times to ensure effectiveness.</p> <p><b>Monitoring measures:</b> The SCC and DO will review monthly QA minutes quarterly for six months to ensure effectiveness and to ensure compliance with state, federal, rules, regulations and company policy. Findings of the reviews by the SCC and DO will be reviewed at the monthly QA meeting for six months to ensure compliance with state, federal rules, regulations and company policy.</p>	

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F 520	Continued From page 5 May audit. The Administrator stated the Human Resources Director had informed the committee there had not been any problems identified as a result of the pre-employment Nurse Aide Abuse Registry reviews. The Administrator confirmed no written audits had been completed and/or maintained and that he had not completed any follow-up reviews to ensure the pre-employment screening had been completed.	F 520			