

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

PRINTED: 09/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/13/2011
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NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1595 US HWY 231 S. BEAVER DAM, KY 42320
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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 F 225 SS=D	<p>INITIAL COMMENTS</p> <p>An abbreviated survey investigating KY16563 was initiated and concluded on 09/13/11. The Division of Health Care unsubstantiated the event, however, deficiencies were cited.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) 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>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	F 000 F 225	<p>Disclaimer: Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>F 225 483.13 © (1) (ii)-(iii), (c) (2)-(4) Investigate / Report Allegations / Individuals</p> <p>The facility shall 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 shall 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 shall have evidence that all alleged violations are thoroughly investigated, and shall prevent further potential abuse while the investigation is in progress.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE <i>George Allen Meyer</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9-30-11</i>
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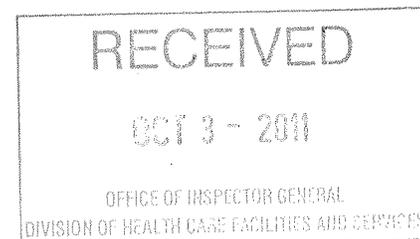
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

OCT 3 - 2011

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F 225	<p>Continued From page 1</p> <p>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 interview and employee personnel record review it was determined the facility failed to determine if a potential employee was listed on the Nurse Aide Abuse Registry. Two (2) of eight (8) employees reviewed had worked in the facility prior to the Nurse Aide Abuse Registry check completion.</p> <p>The findings include:</p> <p>Record review of the employee personnel file for Housekeeper #1 revealed a hire date 08/16/11 and a Nurse Aide Abuse Registry check dated 08/19/11.</p> <p>Record review of the employee personnel file for Certified Nursing Assistant #1 revealed a hire date of 06/30/11 and a Nurse Aide Abuse Registry check dated 07/05/11.</p> <p>Interview, on 09/13/11 at 1:30 PM, with the Director of Nursing (DON) revealed the Administrative Assistant to Nursing was responsible to verify an employee was not listed on the abuse registry prior to hire. Failure to check the abuse registry could have "negative" consequences to the residents.</p> <p>Interview, on 09/13/11 at 1:40 PM, with the</p>	F 225	<p>The results of all investigations shall 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 action shall be taken.</p> <p>Criteria #1: All potential employees will be subject to Nurse Aide Abuse Registry checks, in addition to Criminal Record checks and Sexual Offender checks will be completed prior to employment.</p> <p>Criteria # 2: On 9/15/11 a complete employee records audit was conducted to ensure all current employees have completed Nurse Aide Abuse Registry checks, Criminal Record checks and Sexual Offender checks completed on file.</p> <p>Criteria #3: On 9/15/11, the administrator gave the sole responsibility of the Human Resource Director (rather than multiple department heads) to allow potential employees to start – only when a new hire checklist has been completed, verifying all required hiring criteria has been met.</p> <p>New Hire Checklist:</p> <ul style="list-style-type: none"> • Application complete & signed • Date of Interview • Reference checks • Abuse registry check -Date obtained • Criminal records check – Date obtained • OIG Exclusion check – Date obtained • Verification of Licensure or credentials • If a Certified Nurses Aide: confirmation received of name listed as Active on the Kentucky Nurse Aide Registry & Active status expires on - Date 	



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F 225	Continued From page 2 Administrative Assistant to Nursing revealed she was responsible to verify an employee was not listed on the Nurse Aide Abuse Registry. She indicated the checks are always done prior to hire on nursing personnel. Without the abuse registry check prior to hire, the facility would not know if the employee had been found guilty of something negative towards a resident.	F 225	<ul style="list-style-type: none"> If a Certified Medication Aide: confirmation received of name listed as Active on the Kentucky Nurse Aide Registry, Active status expires on – Date & Copy of Medication Aide Program completion If a Licensed Nurse: Copy of Nursing License, Verification of active license by the Kentucky Board of Nursing, Copy of CPR certification TB test Administrator signature <p>Criteria #4: At the completion of the New Hire Checklist, the administrator must verify and sign all required paperwork and checks are completed.</p> <p>Criteria # 5: Target Date:</p>	10/14/11	

