

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

PRINTED: 04/23/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2014
--	--	--	---

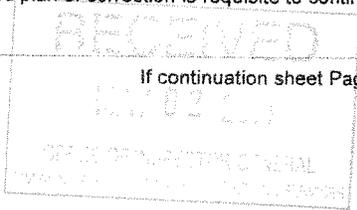
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER - WEST, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MAGAZINE STREET LOUISVILLE, KY 40203
---	---

(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
--------------------	--	---------------	---	----------------------

<p>F 000</p> <p>F 226 SS=E</p>	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey was initiated on 04/09/14 and concluded on 04/10/14 to investigate KY 21555. The Division of Health Care unsubstantiated the allegation; however, a related deficiency was cited.</p> <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 interview, record review, and review of facility's policy, it was determined the facility failed to implement their policy to complete pre-employment screenings for twelve (12) of twelve (12) employee files reviewed. Pre-employment reference checks were not completed, nurse aide abuse registry (NAR) checks were completed after employment for five (5) of twelve (12) employees and criminal background checks were not completed for two (2) of twelve (12) employees.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Abuse Reporting and Prevention, not dated, revealed screening of employee applicants should be completed prior to orientation. All applicants were required to agree to a request for at least two (2) separate reference requests from previous</p>	<p>F 000</p> <p>F 226</p> <p>F226</p>	<p>Preparation and/or 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 deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provision of federal and state law.</p> <p>All residents have the potential to be affected when pre-employment employee screenings are not conducted properly; however no residents were affected as a result of improper pre-employment screenings. To further ensure that residents were not affected, on 4/10/14, the HR Director ordered background checks for 2 active employees previously noted to have been missing background checks. On 4/11/14, the HR Director, Director of Clinical Support Services (DCSS), DON and Director of Risk Management reviewed all active employee files to determine if all active employee files contained reference checks, nurse aide abuse registry (NAR) checks and background checks. Before the completion of the initial review, on 4/11/14, the Administrator suspended the HR Director pending further investigation. As of 4/14/14, the HR Director is no longer an employee of Christian Health Center West (CHCW).</p>	
------------------------------------	--	---------------------------------------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/5/2/14</i>
---	-------------------------------	------------------------------

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.

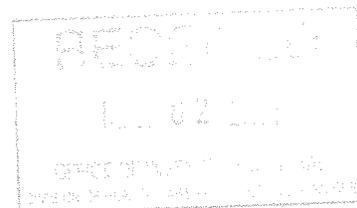


24

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

PRINTED: 04/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2014
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER - WEST, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MAGAZINE STREET LOUISVILLE, KY 40203	
(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 226	<p>Continued From page 1</p> <p>employers. Each applicant would also have a required criminal background check. Additionally, all applicants would be screened through the nurse aide abuse registry (NAR) prior to their first day of orientation/work.</p> <p>Review of employee files revealed twelve (12) of twelve (12) employees did not have reference checks from previous employers completed. The facility did not provide evidence of completed reference checks for: Cook #1, Cook #2, Certified Nurse Aide (CNA) #2, CNA #3, CNA #4, CNA #5, CNA #6, CNA #7, Licensed Practical Nurse (LPN) #1, LPN # 2, LPN #3, and LPN #4.</p> <p>Review of twelve (12) employee files revealed the facility completed NAR checks for five (5) employees after they began employment. The facility hired Cook #1 on 03/31/14 and completed the NAR on 04/09/14. Cook #2 was hired on 02/03/14 and the facility completed the NAR on 04/10/14. The facility hired LPN #2 on 01/06/14 and completed the NAR on 03/12/14. CNA #2 was hired by the facility on 03/17/14 and completed a NAR dated 03/18/14. In addition, the facility hired CNA #3 on 03/31/14 with a completed NAR on 04/09/14.</p> <p>Review of twelve (12) employee files revealed the facility did not complete criminal background checks for two (2) employees, LPN #1 and Cook #2.</p> <p>The facility did not provide evidence of training for the Human Resource (HR) Manager related to pre-screening applicants.</p> <p>Interview with the HR Manager, on 04/10/14 at 3:19 PM and 4:52 PM, revealed he had been</p>	F 226	<p>On 4/14/14-4/16/14 the VP of HR, HR Generalist, Director of Risk Management and HR Administrative Assistant began to re-organize the HR office in preparation for another review of all active employee files. On 4/16/14-4/18/14, the VP of HR, HR Generalist, Director of Risk Management and HR Administrative Assistant began a second review of all active employee files to ensure that all active employee files contain reference checks, background checks and NAR checks. During this review, the VP of HR, HR Generalist, Director of Risk Management and HR Administrative Assistant reviewed all active employee background checks to ensure that all active employee background checks does not contain results that may prohibit the active employee from working in LTC. If any active employee background checks contained information requiring clarification, those employee files were marked and further investigation was conducted by the HR Administrative Assistant on 4/21/14-4/25/14. The results of the HR Administrative Assistant's further review was brought to the Administrator to question the employee, suspend the employee pending further investigation and/or to release the employee from employment if/when appropriate. As of 5/2/14, all active employees have background checks that are appropriate for LTC.</p>	



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

PRINTED: 04/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2014
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER - WEST, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MAGAZINE STREET LOUISVILLE, KY 40203		
(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 226	<p>Continued From page 2</p> <p>employed by the facility four (4) months. The HR Manager stated he was solely responsible to complete pre-screenings for all new employees. He indicated NAR and criminal background checks were completed up to one (1) week prior to new employee's start date. He further indicated the start date was the day the employee began orientation at the facility, and was also the staff's hire date. The HR Manager stated he had missed some pre-screening checks and worked to ensure all employees checks were completed when staff began employment. He further stated by not completing the checks prior to employment there was a potential an employee's checks could reveal information requiring the employee's termination. Additionally, the HR Manager indicated the facility could hire a "true offender" which could put residents at risk of abuse. He indicated not completing the NAR checks, which also verified a nurse's license and an aide's certification, could also put residents at risk if the facility hired an LPN or Registered Nurse (RN) without a license or a CNA without certification. He further indicated once an applicant's interview was completed and the reference checks were done, he did not keep copies of the reference checks on file. The HR Manager stated he disposed of the reference checks. He further stated he reported directly to the Administrator and had not received training by the facility or the central office on how to conduct the pre-screen checks.</p> <p>On 04/10/14 at 3:35 PM, interview with the Director of Nursing (DON) revealed pre-screen checks for applicants were completed by human resources. She stated pre-screening should be completed before an offer was made to hire the applicant. The DON indicated if the</p>	F 226	<p>The Administrator will take appropriate actions if information becomes available on any active employee that prohibits them from working in LTC. Appropriate action includes termination.</p> <p>As noted above, on 4/16/14-4/18/14, the VP of HR, HR Generalist, Director of Risk Management and HR Administrative Assistant began a second review of all active employee files to ensure that all active employee files contain reference checks, background checks and NAR checks. During this review, if any active employee files did not contain reference checks, the VP of HR, HR Generalist, Director of Risk Management and HR Administrative Assistant indicated this and began all reasonable efforts to secure and complete all missing employee reference checks on 4/28/14 and completed by 5/2/14.</p> <p>As of 5/1/14, the Administrator will sign off on all perspective employee files to ensure that proper pre-employment screening occurs on all employees before an employee begins to work for CHCW. The Administrator's pre-employment review will include ensuring that reference checks and NAR checks are completed satisfactorily and background checks are completed in areas in which the applicant resides/have resided and does not contain a bar for employment for LTC.</p>	



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

PRINTED: 04/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/10/2014
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER - WEST, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MAGAZINE STREET LOUISVILLE, KY 40203		
(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 226	<p>Continued From page 3</p> <p>pre-screenings were not completed before an employee began work it was possible to employ someone with a history of abuse to the elderly, children, or anyone else.</p> <p>Interview, on 04/10/14 at 3:56 PM and 5:07 PM, with the Administrator revealed the pre-screening process for new employees included reference checks, NAR checks, criminal background checks, and license verification. She stated the HR Manager was responsible to complete pre-screening checks before an offer of employment was extended to an applicant. The Administrator indicated the purpose of conducting the pre-screening was to ensure the facility hired employees who were safe to work in the nursing home environment. She further indicated not completing the checks prior to employment was a risk of allowing someone to work at the facility that may have something on his/her record that would prohibit them from working in the facility. The Administrator also indicated it could result in residents being vulnerable to employees. She stated she was ultimately responsible to ensure the pre-screening checks were completed on employees. However, stated there was no system in place to audit the records to ensure they were correct. She further indicated she was unaware of the incomplete pre-screen checks, except for one (1) employee. The Administrator indicated there was no evidence the HR Manager had been trained on how to conduct pre-screen checks for new employees.</p>	F 226	<p>CHCW is currently searching for a new HR Director. Upon hiring an HR Director, the Administrator will ensure that the HR Director receives training on proper pre-employment screening of potential employees. This training will include ensuring that the HR Director understands and is aware of his/her responsibility to complete pre-employment reference checks, background checks and NAR checks. The Administrator will also ensure that the HR Director understands what citations prohibit perspective employees from working in LTC and that the HR Director understands that no employee will be allowed to begin working at CHCW without first being approved by the Administrator.</p> <p>To further ensure that no employee is hired and begins working without pre-employment reference checks, a satisfactory background check and NAR check, the Administrator and/or Corporate HR personnel will audit 100% of all newly hired employee files monthly x 3 months, then 50% of all newly hired employee files monthly x 3 months and report the results of the audits to QA monthly x 6 months for further review and recommendations.</p> <p>All corrective measures will be completed by 5/3/14.</p>	