

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

PRINTED: 07/29/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2014
NAME OF PROVIDER OR SUPPLIER BROWNSBORO HILLS HEALTH CARE AND REHABILITATION C			STREET ADDRESS, CITY, STATE, ZIP CODE 2141 SYCAMORE AVENUE LOUISVILLE, KY 40206	
(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		
F 225 SS=E	<p>An Abbreviated Survey was initiated on 07/22/14 and concluded on 07/24/14 to investigate KY21948. The Division of Health Care unsubstantiated the allegation; however, related 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</p>	F 225	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.</p> <p>225 F Investigate/Report Allegations of Abuse</p> <p>1. All Residents have the potential to be effected by the alleged deficient practice. On 7/24/14, Residents were interviewed to ensure they did not feel threatened, felt safe in the facility and were not fearful of anyone in the facility utilizing the QA Tool, Abuse: Resident Interviews. The QA Tool, Abuse: Resident Interviews were completed by the NHA, DCS, and Medical Records Clerk. Additionally, Mock Surveyor Rounds are completed at least 3 times/week for individual residing in the facility verbalizing they are free from abuse or neglect. All allegations, both prior to and post the alleged deficient practice, of abuse, neglect or mistreatment have and will continue to be reported to the appropriate reporting agencies. LPN #1 was suspended on 7/24/14 and is no longer employed by facility. On 8/8/14, the Director of Human Resources and Clinical Ambassador completed 2 reference checks on LPN #2, and initiated background and abuse registry checks for the states of New York, Michigan, & Ohio.</p>	

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

X *[Signature]*

TITLE

X NHA

(X6) DATE

X 8/22/14

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.

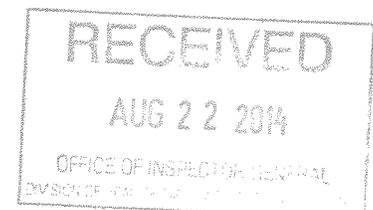
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AUG 22 2014
OFFICE OF INSPECTION GENERAL
DIVISION OF HEALTH CARE SERVICES

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F 225	<p>Continued From page 1</p> <p>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 interview, and review of the facility's policy Resident Abuse, and personnel files, it was determined the facility failed to make reasonable efforts to ensure individuals who were not eligible were not hired for employment. The facility failed to ensure criminal record checks, nurse aide abuse registry checks, and/or employment history/references from all of the appropriate agencies were completed for five (5) of the ten (10) facility personnel files reviewed. This is a repeat deficiency from 01/22/14 at Immediate Jeopardy with actual harm.</p> <p>The findings include:</p> <p>Review of the facility's policy regarding Resident Abuse, revised 01/01/12, revealed persons applying for employment would be screened for a history of abuse, neglect, or mistreating residents to include references from previous or current employers, criminal background checks, abuse check with appropriate licensing board and registries prior to hire.</p> <p>1. Review of Licensed Practical Nurse (LPN) #1's personnel file revealed the application contained information on convictions of Harassment and Disorderly Conduct. Review of the criminal background check revealed a felony</p>	F 225	<p>On 8/8/14, the Human Resources Director and Clinical Ambassador completed 2 references for LPN #3 and initiated background and abuse registry checks for Illinois, Kentucky and Missouri. The Dietary Manager completed 2 current work related references for Dietary Aide #1 on 8/8/14. LPN #2 background screen completed on 8/14/14 and abuse registry screens completed on 8/11/14. LPN #3 background screen completed on 8/14/14 and abuse registry screens completed on 8/19/14.</p> <p>2. On 7/31/14, employee interviews were initiated and completed on 8/21/14 by the Clinical Ambassador to identify any employee that had previous or current residency, employment or education outside of the state of Kentucky. Identified employees will have multi-state criminal background checks and abuse checks with the appropriate state and licensing board or abuse registries, initiated by human resources or the appropriate hiring</p> <p>manager. The results of the criminal background screens and abuse registry checks will be reviewed by the Administrator, Clinical Ambassador and/or the Regional Vice-President of Operations prior to 8/29/14..</p> <p>The facility will not employ an individual who have been found guilty of abuse, neglect, mistreatment of a resident by a court of law or misappropriation of their property. The facility will not employ an individual who has had a finding entered into the nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property.</p>	



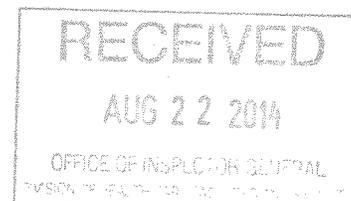
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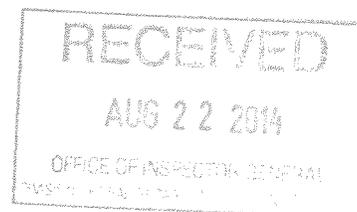
F 225	<p>Continued From page 2</p> <p>charge relating to physical contact which was amended to a misdemeanor in 2004. Further review of the criminal background check revealed another case in 2006 with two (2) charges; a felony charge which was dismissed and another charge resulting in a misdemeanor with a guilty verdict. Review of LPN #1's previous employment information revealed the LPN was terminated from both employer #1 and employer #3. However, the reference check from employer #1 revealed no evidence the facility was ever called; there was no reason for termination listed and no information regarding the LPN's work performance. The facility could not provide any evidence employer #3 was ever contacted to determine the cause for termination. Review of LPN #1's education revealed the LPN was a Medical Lab Technologist in another state. The facility could not provide any evidence a criminal background check or an abuse registry check was completed in that state. In addition, the facility could not provide any evidence an attempt was made to determine what other states the LPN had worked, in the healthcare industry, in order to obtain a criminal background or abuse registry check.</p> <p>2. Review of Certified Nursing Assistant (CNA) #1's personnel file revealed the CNA was an Aide in another state; however, the facility could not provide evidence a criminal background check or an abuse registry check was completed for that state. Review of the previous employment references revealed the CNA's work performance history was written in first person and one of them did not even identify which facility was being contacted. Neither reference contained a time the facility was contacted, who was contacted, if they would rehire the CNA, or the reasons for</p>	F 225	<p>3. The systemic change includes an addendum to the Resident Abuse Policy. On 8/19/14, the Resident Abuse Policy was amended to include a multi-state criminal record check and abuse registry checks for any state that a new hire has resided, worked or received education. The Quality Assurance/Performance Improvement Committee reviewed The Resident Abuse Policy Addendum and found the Addendum to be acceptable on 8/19/14. The Quality Performance Improvement Committee consists of the following individuals Director of Nursing, Medical Director and at least two of the following employees Dietary Manager, Business Office Manager, MDS Director, Social Services, Medical Records, Central Supply, Director of Rehabilitation Services, Clinical Ambassador or Administrator. The procedure for pre-screening new applicants was revised on 7/28/14 by the Administrator, the Regional Director of Operations and Clinical Ambassador to include expanded abuse registry checks and multi-state criminal background checks based on previous residency, employment and education. On 7/31/14 and 8/19/14 the Clinical Ambassador educated the Executive Director, Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Director, Maintenance Director, Dietary Manager, Housekeeping Manager, Therapy Director, Business Office Manager and Human Resources Manager regarding the Resident Abuse Policy addendum to include a multi-state criminal record check and abuse registry checks for any state that a new hire has resided, worked or received education. . This</p>	
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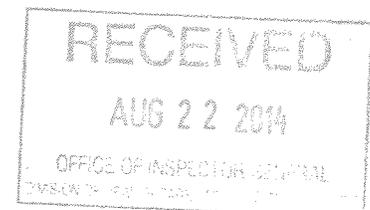
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F 225	Continued From page 3 leaving. 3. Review of LPN #3's personnel file revealed the LPN's previous nursing experience was in another state. However, there was no evidence that a criminal background check or abuse registry check was obtained for that state. Review of the employment reference check did not list contact names, it listed a company name different then what was listed on the application, it contained no performance information, no contact number, or a time it was completed. 4. Review of Dietary Aide #1's personnel record revealed the previous work reference was written completely in first person. It further listed the contact person at the previous employer and the person taking the reference for the facility as the same person. 5. Review of LPN #2's personnel record revealed the previous employment reference checks did not contain work performance, eligibility for rehire, a contact number, or a time it was completed. Interview with the Human Resources Representative (HRR), on 07/23/14 at 1:27 PM, revealed she started in April 2014 and was trained by the Executive Director and someone in Human Resources from another facility. The HRR revealed if a potential employee was from out of state, then a criminal record check would be done from both states. The HRR revealed the reason the background check was completed was to ensure there were no felony charges. The HRR revealed she did not realize LPN #1 was terminated from Employers #1 and #3. The HRR revealed the Human Resource person from another facility actually completed LPN #1's	F 225	education included a review of the facility policy regarding reference checks as well as a review of F225 and F226. Prior to orientation of any new hires, the Human Resources Director is responsible for validating that all new hires have two reference checks, a multi-state criminal record check and abuse registry checks for any state that a new hire has resided, worked or received education. The Director of Human Resources participated in additional training from the Clinical Ambassador from 8/8/14 thru 8/22/14. Additionally the Human Resources Director was educated on 8/19/14 by the administrator specifically related to the revised New Hire Check List and all corresponding completed document requirement. The revised check list now includes multi-state criminal background checks and abuse registries outside of the state of Kentucky for anyone that has resided, worked or been educated outside of the state of Kentucky. The Director of Human Resources completed a post test on 8/14/14+ 8/19/14 to validate competency of the Resident Abuse Policy Addendum and New Hire Checklist Requirements. Current employees were re-educated regarding F225 and F226 by the Clinical Ambassador. This education was initiated on 7/30/14 and completed on 8/21/14, training, prevention, identification, investigation, protection and reporting requirements related to abuse. All participants completed a post test to validate competency.		



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F 225	<p>Continued From page 4</p> <p>references even though it was her signature on the form. The HRR could not explain why the reference information was not filled out or why Employer #3 was never contacted. The HRR revealed she did review the LPN's criminal record check and discussed it with the Executive Director. The HRR revealed the Regional Director of Human Resources (RDHR) was notified and made the determination that the LPN was eligible for hire.</p> <p>Continued interview with the HRR, on 07/23/14 at 1:27 PM, revealed she did not notice CNA #1 and LPN #3 worked in other states. The HRR revealed she just looked at their home address and obtained a criminal record check for the state listed. The HRR stated she remembered filling out the reference form on LPN #2 but could not remember why it was not completed. Interview with the HRR, on 07/24/14 at 10:47 AM, revealed she was retrained the evening of 07/23/14 regarding criminal background checks and abuse registry checks and stated she was told if the potential employee had been a resident of the state for at least 3 years, then other states did not have to be checked for potential history of abuse.</p> <p>Interview with the Director of Clinical Services (DCS), on 07/24/14 at 10:30 AM, revealed the facility should make reasonable efforts to obtain information to ensure eligibility of potential hires and to make sure they were not "running from trouble". The DCS revealed she did not ask potential employees what other states they had worked, lived, or held a professional license or certification. The DCS revealed she did not realize the facility's job application did not request this information either.</p>	F 225	<p>4. Based upon the information provided by SSA on 7/24/14, the requirements to expand background and nurse aid registry checks was identified. To ensure compliance with the requirements of the New Hire Checklist, the Administrator will review each supportive documents identified on the New Hire Checklist. New hires will not begin employment until all required reference checks, criminal background checks and nurse aide registry checks have been cleared for each identified state of employment residency or education.</p> <p>The Administrator, Clinical Ambassador and/or the Regional Vice President of Operations will conduct Quality Improvement (QI) monitoring of regulation F 225 by reviewing all potential new employee information prior to orientation to ensure all potential new hires are interviewed to identify any candidate that had previous residency, employment or education in another state has a multi-state criminal background check and state licensing board/abuse registries checked for any state of residency. All potential new hire information will be reviewed, prior to employment start date, to ensure completion and review for screening for a history of abuse, neglect or</p>	



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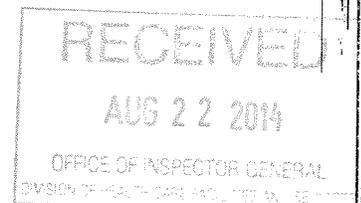
F 225

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Interview with the Executive Director, on 07/23/14 at 2:48 PM, revealed the facility checked the state abuse registry and a criminal background check for all potential employees; however, no other states were checked to ensure the potential employee's eligibility. The Executive Director revealed she did not think about potential abuse that may have occurred in other states and was responsible for training the HRR to only check the state of Kentucky. The Executive Director revealed she was aware of LPN #1's criminal background results and referred to the RDHR to make a determination. Further interview with the Executive Director, 07/24/14 at 11:24 AM, revealed she did not review LPN #1's application and was not aware of the LPN's previous terminations until 07/23/14. The Executive Director revealed she should have known prior to hire and should have been informed by the DCS. The Executive Director revealed the facility was just retained the night before and was told to only look at the previous three (3) years of employment history by the Vice President of Regional Operations. The Executive Director revealed she did not know what resource was used to determine the three (3) year lookback period and stated she would want to know if there had ever been a previous problem with potential abuse and neglect.

Interview with the RDHR, on 07/23/14 at 5:10 PM, revealed she was notified by the facility of some concerns on LPN #1's criminal record check. The RDHR revealed felony charges were usually amended down to misdemeanors, which made the potential employee eligible for hire. The RDHR revealed she had twenty (20) years of experience in criminal justice and used her background knowledge to make the

F 225

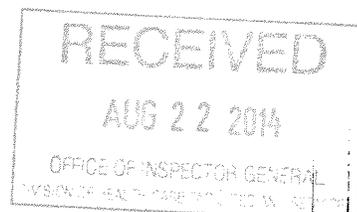
mistreatment of a resident to include references from previous or current employers, multi-state criminal background checks and abuse registry checks with appropriate licensing board and registries is completed prior to hire.
The QA committee will review each document referenced on the New Hire Checklist to validate all documents are thoroughly completed and comply with the Resident Abuse Policy and the Addendum prior to start date of employment.
Criminal and abuse checks for current staff were initiated on 8/8/14 and will be completed by 8/29/14 and reviewed by Administrator, Clinical Ambassador and/or the Regional Vice President of Operations from 8/8-8/29/14.
The results of these audits will be submitted to the Quality Improvement Committee monthly. The Quality Improvement Committee will determine if additional education or auditing is required. QI monitoring will be conducted on all new hires, weekly, for 12 weeks then monthly for 6 months.
5. Compliance Date: August 30, 2014



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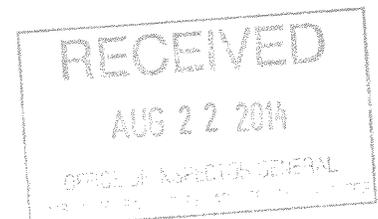
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F 225	Continued From page 6 determination. Further interview, on 07/24/14 at 11:53 AM, revealed she was not aware of the state law preventing a nursing facility from hiring a person convicted or who plead guilty to an offense classified as a misdemeanor relating to abuse, neglect, or exploitation of an adult. The RDHR revealed she did not talk to LPN #1 or review case records to assist in determining eligibility for hire, just relied on the convictions being misdemeanors. The RDHR revealed she should have investigated further. The RDHR revealed she should have known both federal regulations and state law regarding eligibility for hire.	F 225	F 226 Development/Implement Abuse/Neglect Policies 1. All Residents have the potential to be effected by the alleged deficient practice. On 7/24/14, Residents were interviewed to ensure they did not feel threatened, felt safe in the facility and were not fearful of anyone in the facility utilizing the QA Tool, Abuse: Resident Interviews. The QA Tool, Abuse: Resident Interviews were completed by the NHA, DCS, and Medical Records Clerk. Additionally, Mock Surveyor Rounds are completed at least 3 times/week for individual residing in the facility verbalizing they are free from abuse or neglect. All allegations, both prior to and post the alleged deficient practice, of abuse, neglect or mistreatment have and will continue to be reported to the appropriate reporting agencies. LPN #1 was suspended on 7/24/14 and is no longer employed by facility. On 8/8/14, the Director of Human Resources and Clinical Ambassador completed 2 reference checks on LPN #2, and initiated background and abuse registry checks for the states of New York, Michigan, & Ohio. On 8/8/14, the Human Resources Director and Clinical Ambassador completed 2 references for LPN #3 and initiated background and abuse registry checks for Illinois, Kentucky and Missouri. The Dietary Manager completed 2 current work related references for Dietary Aide #1 on 8/8/14. LPN #2 background screen completed on 8/14/14 and abuse registry screens completed on 8/11/14.	
F 226 SS=E	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, review of the facility's policy Resident Abuse, and the personnel files, it was determined the facility failed to follow their abuse policy and procedures related to screening of potential employees for five (5) of the ten (10) facility personnel files reviewed. This is a repeat deficiency from 01/22/14 at Immediate Jeopardy with actual harm. The findings include:	F 226		



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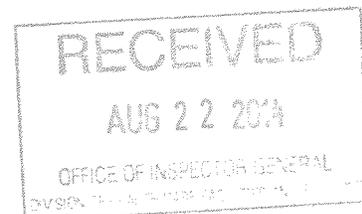
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NAME OF PROVIDER OR SUPPLIER BROWNSBORO HILLS HEALTH CARE AND REHABILITATION C		STREET ADDRESS, CITY, STATE, ZIP CODE 2141 SYCAMORE AVENUE LOUISVILLE, KY 40206	
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F 226	<p>Continued From page 7</p> <p>Review of the facility's policy regarding Resident Abuse, revised 01/01/12, revealed persons applying for employment would be screened for a history of abuse, neglect, or mistreating residents through references from previous or current employers, criminal background checks, and abuse check with the appropriate licensing board and registries.</p> <ol style="list-style-type: none"> 1. Review of Licensed Practical Nurse (LPN) #1's personnel file revealed two (2) guilty criminal misdemeanor charges related to physical contact on the criminal background check, no evidence of previous employer reference checks, and no criminal record checks or abuse registry checks from other states worked. 2. Review of LPN #3's personnel file revealed no evidence of employment references and no criminal background checks or abuse registry checks were completed for other states worked. 3. Review of Certified Nursing Assistant (CNA) #1's personnel file revealed no evidence that a reference check was obtained or that criminal background checks or abuse registry checks were completed for other states worked. 4. Review of Dietary Aide #1's personel file revealed there was no evidence of a previous employer work reference. 5. Review of LPN #2's personnel file revealed no evidence of a reference check from previous employers. <p>Interview with the Human Resources Representative (HRR), on 07/23/14 at 1:27 PM, revealed she was trained by the Executive</p>	F 226	<p>LPN #3 background screen completed on 8/14/14 and abuse registry screens completed on 8/19/14.</p> <p>2. On 7/31/14, employee interviews were initiated and completed on 8/21/14 by the Clinical Ambassador to identify any employee that had previous or current residency, employment or education outside of the state of Kentucky. Identified employees will have multi-state criminal background checks and abuse checks with the appropriate state and licensing board or abuse registries, initiated by human resources or the appropriate hiring manager. The results of the criminal background screens and abuse registry checks will be reviewed by the Administrator, Clinical Ambassador and/or the Regional Vice-President of Operations prior to 8/29/14.. The facility will not employ an individual who have been found guilty of abuse, neglect, mistreatment of a resident by a court of law or misappropriation of their property. The facility will not employ an individual who has had a finding entered into the nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property.</p> <p>3. The systemic change includes an addendum to the Resident Abuse Policy. On 8/19/14, the Resident Abuse Policy was amended to include a multi-state criminal record check and abuse registry checks for any state that a new hire has resided, worked or received education. The Quality Assurance/Performance Improvement</p>



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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/24/2014
NAME OF PROVIDER OR SUPPLIER BROWNSBORO HILLS HEALTH CARE AND REHABILITATION C			STREET ADDRESS, CITY, STATE, ZIP CODE 2141 SYCAMORE AVENUE LOUISVILLE, KY 40206		
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F 226	Continued From page 8 Director and someone from another facility. The HRR revealed she was not trained to obtain a criminal background check or an abuse registry check from states other than that listed as the home address. The HRR revealed she did not review the applications for a potential work history in other states. The HRR revealed she could not remember why reference checks were not completed. Interview with the Executive Director (ED), on 07/23/14 at 2:48 PM, revealed she referred to the Regional Director Human Resources regarding any convictions on the criminal background checks. Further interview, on 07/24/14 at 12:20 PM, revealed she felt the facility's policy was followed based on her knowledge of the background and registry checks. The ED revealed she did not know other states worked by potential employee's should be checked for criminal record and abuse registry.	F 226	Committee reviewed The Resident Abuse Policy Addendum and found the Addendum to be acceptable on 8/19/14. The Quality Performance Improvement Committee consists of the following individuals Director of Nursing, Medical Director and at least two of the following employees Dietary Manager, Business Office Manager, MDS Director, Social Services, Medical Records, Central Supply, Director of Rehabilitation Services, Clinical Ambassador or Administrator. The procedure for pre-screening new applicants was revised on 7/28/14 by the Administrator, the Regional Director of Operations and Clinical Ambassador to include expanded abuse registry checks and multi-state criminal background checks based on previous residency, employment and education. On 7/31/14 and 8/19/14 the Clinical Ambassador educated the Executive Director, Director of Nursing, Assistant Director of Nursing, Unit Manager, MDS Director, Maintenance Director, Dietary Manager, Housekeeping Manager, Therapy Director, Business Office Manager and Human Resources Manager regarding the Resident Abuse Policy addendum to include a multi-state criminal record check and abuse registry checks for any state that a new hire has resided, worked or received education. This education included a review of the facility policy regarding reference checks as well as a review of F225 and F226. Prior to orientation of any new hires, the Human Resources Director is responsible for		



validating that all new hires have two reference checks, a multi-state criminal record check and abuse registry checks for any state that a new hire has resided, worked or received education.

The Director of Human Resources participated in additional training from the Clinical Ambassador from 8/8/14 thru 8/22/14.

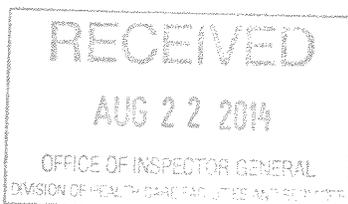
Additionally the Human Resources Director was educated on 8/19/14 by the administrator specifically related to the revised New Hire Check List and all corresponding completed document requirement. The revised check list now includes multi-state criminal background checks and abuse registries outside of the state of Kentucky for anyone that has resided, worked or been educated outside of the state of Kentucky. The Director of Human

Resources completed a post test on 8/14/14 + 8/19/14 to validate competency of the Resident Abuse Policy Addendum and New Hire Checklist Requirements.

Current employees were re-educated regarding F225 and F226 by the Clinical Ambassador. This education was initiated on 7/30/14 and completed on 8/21/14, training, prevention, identification, investigation, protection and reporting requirements related to abuse. All participants completed a post test to validate competency.

4. Based upon the information provided by SSA on 7/24/14, the requirements to expand background and nurse aid registry checks was identified. To ensure compliance with the requirements of the New Hire Checklist, the Administrator will review each supportive documents identified on the New Hire Checklist. New hires will not begin employment until all required reference checks, criminal background checks and nurse aide registry checks have been cleared for each identified state of employment residency or education.

The Administrator, Clinical Ambassador and/or the Regional Vice President of Operations will conduct Quality Improvement (QI) monitoring of regulation F 225 by reviewing all potential new employee information prior to orientation to ensure all potential new hires are interviewed to identify any candidate that had previous residency, employment or education in another state has a multi-state criminal background check and state licensing board/abuse registries checked for any state of residency. All potential new hire information will be reviewed, prior to employment start date, to ensure completion and review for screening for a history of abuse, neglect or



mistreatment of a resident to include references from previous or current employers, multi-state criminal background checks and abuse registry checks with appropriate licensing board and registries is completed prior to hire.

The QA committee will review each document referenced on the New Hire Checklist to validate all documents are thoroughly completed and comply with the Resident Abuse Policy and the Addendum prior to start date of employment.

Criminal and abuse checks for current staff were initiated on 8/8/14 and will be completed by 8/29/14 and reviewed by Administrator, Clinical Ambassador and/or the Regional Vice President of Operations from 8/8-8/29/14.

The results of these audits will be submitted to the Quality Improvement Committee monthly.

The Quality Improvement Committee will determine if additional education or auditing is required. QI monitoring will be conducted on all new hires, weekly, for 12 weeks then monthly for 6 months.

5. Compliance Date: August 30, 2014

