

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

PRINTED: 06/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2012
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220	
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F 000	INITIAL COMMENTS An abbreviated survey (KY #18527) was conducted on 06/11/12 through 06/14/12 to determine the facility's compliance with Federal requirements. The facility failed to meet Federal requirements with deficiencies cited. KY #18527 was unsubstantiated with deficiencies cited at the highest scope and severity of a "D".	F 000	<i>Disclaimer: Hearthstone Place is a facility dedicated to her residents. This letter has been completed and submitted in accordance with requests from the State Survey Agency, not as an admission of non-compliance, guilt or wrongdoing in anyway; it is being submitted due to request.</i>	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 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. 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). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225	F 225 483.13(c)(1)(ii)-(iii), (c)(2)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS <i>The corrective action accomplished to correct the alleged deficient practice:</i> On 6/4/2012, SRNA #1 was terminated by Nursing Home Administrator (NHA) for previous substantiated allegations as a result of a thorough investigation while employee was suspended to prevent further abuse during the investigation. On 6/14/2012, Corporate Compliance Director (CCD) reported the allegation of neglect against SRNA #1 to appropriate state agencies. From 6/14 - 6/21/2012, CCD conducted a thorough investigation of the allegation against the terminated employee. On 6/21/2012, CCD Completed an investigation and submitted mand-	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Katherine C. Evans TITLE: Administrator (X6) DATE: 7/6/12

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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 225	<p>Continued From page 1</p> <p>The results of all investigations must 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 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/procedure, it was determined the facility failed to thoroughly investigate an alleged violation and prevent further potential abuse during the investigation. During the investigation of an allegation of physical abuse of three residents, the Administrator received an allegation of neglect involving State Registered Nurse Aide, (SRNA) #1, related to not providing incontinent care to the residents she was assigned during a timeframe of four hours. The Administrator failed to report the allegation to the appropriate agencies and failed to investigate the allegation.</p> <p>Findings include:</p> <p>A review of the facility's policy/procedure, "Abuse Policy," revised 08/08/11, revealed they were to ensure that all reports of verbal, physical, mental, sexual abuse, unreasonable confinement, neglect, injuries of unknown source, misappropriation of funds, intimidation, corporal punishment and exploitation are promptly and thoroughly investigated. Reporting incidents of real and suspected resident abuse, neglect, or</p>	F 225	<p>atory reports to the appropriate agencies substantiating the neglect allegation against SRNA #1.</p> <p><i>How the facility will identify other areas having the potential to be affected by the same alleged deficient practice:</i></p> <p>On 7/9/2012, CCD in-serviced NHA on reporting abuse, neglect, misappropriation of property immediately, to include additional allegations received on a suspended employoc currently being investigated for abuse, neglect, or misappropriation and thoroughly investigate an alleged violation and prevent further potential abuse during the investigation</p> <p><i>What measures or systemic changes were made to ensure that the alleged deficient practice will not recur:</i></p> <p>On 7/9/2012, NHA in-serviced Department Managers and Key staff on reporting abuse, neglect, misappropriation of property immediately, to include additional allegations received on a suspended employee currently being investigated for abuse, neglect, or misappropriation and thoroughly investigate an alleged violation and</p>	
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F 225	<p>Continued From page 2</p> <p>injury of an unknown source is every staff member, visitor, family member's responsibility. The individual conducting the investigation will, at minimum determine: (Who, What, When, Why).</p> <p>A phone interview with SRNA #3, on 06/13/12 at 12:33 PM, revealed she reported an allegation of neglect involving SRNA #1 to the Director of Nursing (DON) during the time the abuse allegation was investigated. She could not recall the date of the incident; however, SRNA #1 worked for four hours and did not provide incontinent care to the residents she was assigned. She assisted with incontinent care after SRNA #1 left and the residents were noted to be wet.</p> <p>An interview with SRNA #1, on 06/13/12 at 5:37 PM, revealed she was not aware of any incident where she did not change her assigned residents for four hours. She reported anytime there was an issue with the residents, it was a write-up. She revealed no one informed her of an allegation of neglect against her.</p> <p>An interview with the DON, on 06/13/12 at 1:12 PM, revealed he followed the Administrator's instructions during an investigation. He revealed the Administrator was the "lead person" and he did whatever was asked of him. He revealed he was not aware of an allegation of neglect regarding SRNA #1.</p> <p>An interview with the Administrator, on 06/13/12 at 12:56 PM, revealed she was responsible for conducting the investigations within the facility. She was investigating the allegation of abuse against SRNA #1 and became aware of the</p>	F 225	<p>prevent further potential abuse during the investigation.</p> <p>On 7/9/2012, CCD reviewed and revised Continuing Quality Improvement (CQI) tool A-9 "Corporate Review of Abuse Investigations" to include reporting allegations of abuse, neglect and misappropriation and additional allegations reported during an investigation are reported to the appropriate agencies.</p> <p><i>How the facility plans to monitor its plans to monitor its performance to ensure that solutions for the alleged deficient practice are sustained:</i></p> <p>Beginning 7/9/2012, CCD will complete CQI tool A-9 monthly for three months and then quarterly thereafter to determine that the facility thoroughly investigate an alleged violation and prevent further potential abuse during the investigation.</p> <p><i>Completion Date:</i></p>	7/14/12	

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F 225	Continued From page 3 allegation of neglect. The Administrator revealed she had not reported the allegation of neglect to the appropriate agencies and she had not investigated the complaint as well. She was aware to report the allegation of neglect to the appropriate agencies when she received it; however, she did not do so. Additionally, she was to conduct an investigation, then submit the results to the State Agency in five days.	F 225	F 226 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES <i>The corrective action accomplished to correct the alleged deficient practice:</i>	
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, personnel record review, and review of the facility's policy/procedure, 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. Review of personnel records revealed the facility failed to conduct a Kentucky Nurse Aide Abuse Registry (KNAAR) check for one employee, State Registered Nurse Aide (SRNA) #1, prior to hire. Additionally, a Criminal Record Check (CRC) was not completed prior to hire for three employees (SRNA #1, SRNA #7 and SRNA #8), in the review of nine personnel records. Findings include: A review of the facility's policy and procedure,	F 226	On 6/13/2012, Nursing Home Administrator (NHA) conducted an audit of SRNA #1, SNRA #7, SRNA #8 and CMA #1 employecc files. It was determined that files included Kentucky Nurse Aide Abuse Registry (KNAAR) check and Criminal Record Check (CRC). It further revealed employcees were not listed on the on KNAAR and were not convicted of a felony offense related to theft, sale of illegal drugs, abuse, neglect, exploitation of an adult or sexual crime or an offense classified as a misdemeanor related to abuse, neglect or exploitation of an adult. <i>How the facility will identify other areas having the potential to be affected by the same alleged deficient practice:</i> On 6/16/2012, NHA conducted a counseling and educational session with the Staffing Coordinator to ensure her knowledge of State and	

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F 226	<p>Continued From page 4</p> <p>"Abuse Policy," revised 08/08/11, revealed "the facility will ensure that this facility does not employ anyone convicted of a felony offense related to theft, sale of illegal drugs, abuse, neglect, exploitation of an adult or a sexual crime or an offense classified as a misdemeanor related to abuse, neglect or exploitation of an adult. Kentucky State Abuse Registry checks will be conducted on each new employee and with any other state registry board known to have employed applicant prior to or upon hire. Attempt to obtain personal reference checks on all hires prior to employment. Criminal background checks obtained on all employees prior to or upon date of hire. Public Sex Offender Registry Check will be conducted prior to employment."</p> <p>1. A review of SRNA #1's personnel record revealed a hire date of 08/04/11. The facility conducted a KNAAR check on SRNA #1 on 08/18/11, which was 14 days after the hire date. Additionally, there was no evidence of a CRC completed for SRNA #1 prior to employment at the facility.</p> <p>2. A review of SRNA #7's personnel record revealed a hire date of 05/22/12. The facility conducted a CRC on 06/05/12, which was 14 days after hire and employment began at the facility.</p> <p>3. A review of SRNA #8's personnel record revealed a hire date of 06/05/12. The facility conducted a CRC on 06/12/12, which was 7 days after hire and employment began at the facility.</p> <p>An interview with the Corporate Nurse Consultant, on 06/12/12 at 6:38 PM, revealed she</p>	F 226	<p>Federal regulations and facility protocol to ensure employee is not listed on KNARR and were not convicted of a felony offense related to theft, sale of illegal drugs, abuse, neglect, exploitation of an adult or sexual crime or an offense classified as a misdemeanor related to abuse, neglect or exploitation of an adult prior to or upon hire.</p> <p>On 6/16/2012, hiring managers (Director of Nursing [DON], Director of Environmental Services [DES], Dietary Manager [CDM] and Business Office Manager [BOM]) were in-serviced on ensuring employee is not listed on KNARR and were not convicted of a felony offense related to theft, sale of illegal drugs, abuse, neglect, exploitation of an adult or sexual crime or an offense classified as a misdemeanor related to abuse, neglect or exploitation of an adult prior to or upon hire.</p> <p><i>What measures or systemic changes were made to ensure that the alleged deficient practice will not recur:</i></p> <p>By 6/23/2012, NHA, DES, CDM and Staffing Coordinator conducted an audit of employee files to ensure employee is not listed on KNARR</p>	

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F 226	<p>Continued From page 5</p> <p>had functioned as the Director of Nursing (DON) for two months after the former DON left, and prior to hiring the new DON. During that time, she also functioned as the Staffing Coordinator for a short period of time. She audited the personnel records at the end of April and found some of the new hires did not have abuse checks and criminal record checks completed. She missed completing some of the checks or something else happened and the information was missing from the personnel files. She revealed the checks were being completed, but when they checked the personnel records, it was missing. They searched for documentation of the checks being completed, but could not find the information. Those records identified with missing checks were being completed again to have in their employee file.</p> <p>An interview with the Staffing Coordinator, on 06/13/12 at 5:55 PM, revealed she started as the Staffing Coordinator on 04/05/12. She received two days of training from the Corporate Nurse Consultant before she took over the position. She revealed abuse registry checks and criminal records check were to be completed before staff ever went to work on the floor. She revealed if an abuse registry check and/or criminal record check was missing from the employee personnel file, then the file was not complete.</p> <p>An interview with the facility's Administrator, on 08/13/12 at 12:56 PM, revealed the Staffing Coordinator was responsible for conducting the abuse and criminal record checks in the facility. The abuse and criminal records checks on perspective new hires were to be completed on or prior to hire.</p>	F 226	<p>and were not convicted of a felony offense related to theft, sale of illegal drugs, abuse, neglect, exploitation of an adult or sexual crime or an offense classified as a misdemeanor related to abuse, neglect or exploitation of an adult prior to or upon hire. Department Managers, Housekeeping/Laundry, and Dietary employee files were found in compliance with Federal and State regulations as well as facility protocol for KNARR checks and CRCs.</p> <p><i>How the facility plans to monitor its plans to monitor its performance to ensure that solutions for the alleged deficient practice are sustained:</i></p> <p>Beginning 7/9/2012, Corporate Compliance Director (CCD) will complete an audit of nursing employees hired in last 30 days to determine KNAAR checks and CRC are in employee files prior to or upon hire for three consecutive months and then quarterly thereafter.</p> <p><i>Completion Date:</i></p>	7/14/12
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