

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

PRINTED: 04/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/20/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP MANOR NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056
---	---

(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>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 with State law (including to the State survey and</p>	F 225	<p>F 225</p> <ol style="list-style-type: none"> <li>The employee in question, no longer works at Friendship Manor.</li> <li>We have looked through all of our employees' files for anything that would disqualify anyone from employment in a nursing home per KRS 216.789.</li> <li>We have rewritten our policy for employment and have modified our employment application to match our employment policy.</li> <li>We had a good working system of employment screening as evidenced by how we followed our written policy. We will continue to screen all employees based on our rewritten policies. We will follow more closely the Kentucky Revised Statutes and will incorporate any changes, related to nursing homes, into our policies.</li> </ol> <p>Additional comments:</p> <ol style="list-style-type: none"> <li>The state inspector used the term "charges of assault". There was one assault charge, not charges, which resulted from a fight with her boyfriend as they were breaking up.</li> </ol>	5/9/11

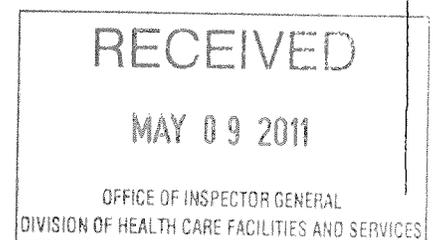
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Doris Butterfield</i>	TITLE Administrator	(X6) DATE 05/09/11
---	------------------------	-----------------------

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.

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

PRINTED: 04/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

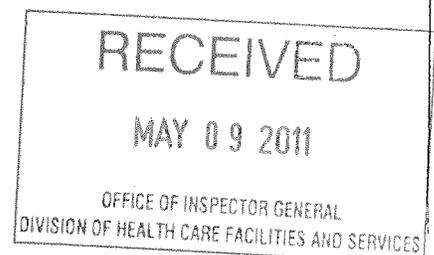
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/20/2011
NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056	
(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 225	<p>Continued From page 1</p> <p>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 record review it was determined the facility failed to ensure the safety of its residents from abuse and neglect by knowingly employing a State Registered Nursing Assistant (SRNA) with a criminal history of felony drug convictions and charges of assault.</p> <p>The findings include:</p> <p>A tour of the facility was conducted on 04/19/11 at 2:35pm and no concerns were identified.</p> <p>Record review, performed on 04/20/11, of one (1) of five (5) employee records revealed a criminal record check from the Administrative Office of the Courts dated 01/19/11 that showed SRNA#3 was found guilty of first degree possession of cocaine, use/possession of drug paraphernalia, and promoting contraband on 05/11/06. The same SRNA was found guilty of fourth degree assault, minor injury, on 02/18/05. Personnel records indicated that the facility hired the employee on 02/01/11. The SRNA was not listed on the nurse aide abuse registry check dated 01/18/11.</p> <p>Record review of the facility's Employee Background Screening policy, undated, revealed that prior convictions of offenses other than abuse, neglect, mistreatment of individuals, and/or theft of property may not necessarily disqualify an applicant from employment with the</p>	F 225	<p>2. At one time, at least 10 years ago, we were not hiring any who ever had a charge of assault, drugs or theft. This included bad checks (theft), or any drug possession charge. The administrator called the Office of the Inspector General as to how long, they thought, we should hold these charges against the applicant. We were only told that we should have a policy and follow it. Friendship Manor came up with the 5 year clean record policy, not someone from the OIG.</p>	



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

PRINTED: 04/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

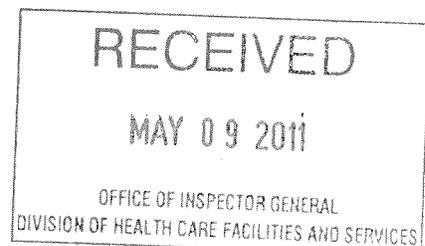
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/20/2011
NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056		
(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 225	<p>Continued From page 2</p> <p>facility. Serious consideration will be given to the position applied for, the seriousness of the offense, and how recently the offense was committed. If the conviction occurred over five years ago, the applicant may be considered for employment. Inquiries concerning employee background investigation screenings should be referred to the Administrator or Human Resources Director.</p> <p>Interviews with Resident #1 on 04/20/11 at 9:45am, Resident #3 on 04/20/11 at 10:10am, and Resident #2 on 04/20/11 at 10:20am revealed they have not witnessed any abuse or neglect.</p> <p>Interview with the Human Resources Director on 04/20/11 at 1:10pm revealed that he did not know whether the drug charges for SRNA#3 from 05/11/06 were misdemeanors or felony charges. When asked about hiring this SRNA when she had been found guilty of the above drug charges and assault, he stated that he thought the Administrator had talked to someone from Office of the Inspector General (OIG) at one time and that if the potential employee's criminal record was clean for five years it was okay to hire them. He did not know who the Administrator had spoken to, however. He went on to say that the SRNA was recommended by another staff member.</p> <p>Interview with the Human Resources Director on 04/20/11 at 2:50pm revealed that he called the Shelby County Clerk's office and found that for the charges on 05/11/06, the charge for promoting contraband was a felony class D charge and the charge of possession of cocaine was a felony class C charge. He stated that he</p>	F 225			



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

PRINTED: 04/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

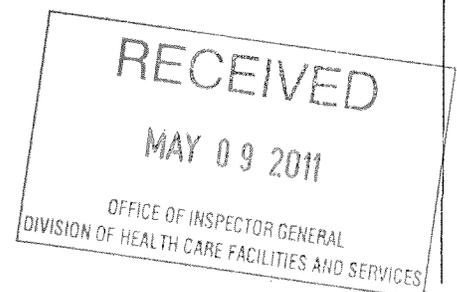
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/20/2011
NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056	
(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 225	Continued From page 3 had not followed up on the criminal charges before hiring SRNA#3 because in the past five years she had only minor traffic violations and a staff member had recommended her. The staff member told the facility that she had turned her life around in the last few years. And he was under the impression that it was fine to hire her because the crimes occurred so long ago.  Interview with the Administrator on 04/20/11 at 4:55pm revealed that he saw SRNA#3's criminal record check before she was hired; however, he thought it was okay to hire her because it had been five years since the crimes were committed and her record was clean since then. The Administrator did not recall who told him about the five year clean criminal record check rule. The SRNA was also recommended by another staff person. He stated that at the time SRNA#3 was hired he felt they were not putting residents at risk of abuse/neglect. While discussing the facility's policy on employee background screening the Administrator stated that after attending an abuse and neglect conference in March 2011 he had talked with his Human Resources Director about revising their policy in regards to prior convictions of crimes to include drug related felonies. However, he had not made a change in their policy as of yet. In hindsight, the Administrator felt he should not have hired this employee as this was against regulations and potentially putting residents at risk due to the employee's previous assault charges and felony drug related offenses. He also stated that he would be making a change in their employee background screening policy to comply with regulations and protect residents from potential abuse/neglect.	F 225		
F 226	483.13(c) DEVELOP/IMPLMENT	F 226		



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

PRINTED: 04/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

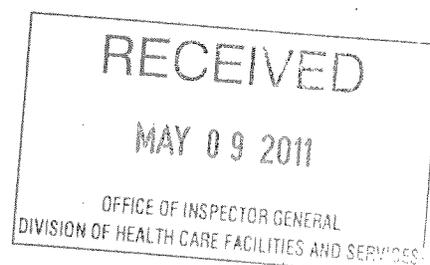
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/20/2011
NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056	
(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 SS=E	Continued From page 4 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 and record review it was determined the facility failed to ensure that their policy on background screening of potential employees was sufficient to assure that the facility was doing all that is within its control to prevent occurrences of abuse/neglect.  Findings:  Record review for one (1) of five (5) employee records revealed a criminal record check from the Administrative Office of the Courts dated 01/19/11 that showed SRNA#3 was found guilty of first degree possession of cocaine, use/possession of drug paraphernalia, and promoting contraband on 05/11/06. The same SRNA was found guilty of fourth degree assault, minor injury, on 02/18/05. Personnel records indicated that the facility hired the employee on 02/01/11. The SRNA was not listed on the nurse aide abuse registry dated 01/18/11.  Record review of the facility's Employee Background Screening policy, undated, revealed that prior convictions of offenses other than abuse, neglect, mistreatment of individuals, and/or theft of property may not necessarily disqualify an applicant from employment with the facility. Serious consideration will be given to the	F 226	F 226  1. The employee in question, no longer works at Friendship Manor.  2. We have looked through all of our employees' files for anything that would disqualify anyone from employment in a nursing home per KRS 216.789.  3. We have rewritten our policy for employment and have modified our employment application to match our employment policy.  4. We had a good working system of employment screening as evidenced by how we followed our written policy. We will continue to screen all employees based on our rewritten policies. We will follow more closely the Kentucky Revised Statutes and will incorporate any changes, related to nursing homes, into our policies.  Additional comments: 1. The state inspector used the term "assault charges". There was one assault charge, not charges, which resulted from a fight with her boyfriend as they were breaking up.  2. At one time, at least 10 years ago, we were not hiring any who ever had a charge of assault, drugs or theft. This included bad checks (theft), or any drug possession charge. The administrator called the Office of the Inspector	5/9/11



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

PRINTED: 04/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/20/2011
NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056		
(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 5</p> <p>position applied for, the seriousness of the offense, and how recently the offense was committed. If the conviction occurred over five years ago, the applicant may be considered for employment. Inquiries concerning employee background investigation screenings should be referred to the Administrator or Human Resources Director.</p> <p>Interview with the Human Resources director on 04/20/11 at 1:10pm revealed that he did not know whether the drug charges for SRNA#3 from 05/11/06 were misdemeanors or felony charges. When asked about hiring this SRNA when she had been found guilty of the above drug charges and assault, he stated that he thought the administrator had talked to someone from Office of the Inspector General (OIG) at one time and that if the potential employee's criminal record was clean for five years it was okay to hire them. He did not know who the administrator had spoken to, however. He went on to say that the SRNA was recommended by another staff member.</p> <p>Interview with the Human Resources director on 04/20/11 at 2:50pm revealed that he called the Shelby County Clerk's office and found that for the charges on 05/11/06 the charge for promoting contraband was a felony class D charge and the charge of possession of cocaine was a felony class C charge. He stated that he had not followed up on the criminal charges before hiring SRNA#3 because in the past five years she had only minor traffic violations and a staff member had recommended her. The staff member told the facility that she had turned her life around in the last few years. And he was under the impression that it was fine to hire her because the</p>	F 226	<p>General as to how long, they thought, we should hold these charges against the applicant. We were only told that we should have a policy and follow it. Friendship Manor came up with the 5 year clean record policy, not someone from the OIG.</p>		



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

PRINTED: 04/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/20/2011
NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056		
(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	Continued From page 6 crimes occurred so long ago.  Interview with the Administrator on 04/20/11 at 4:55pm revealed that he saw SRNA#3's criminal record check before she was hired, however, he thought it was okay to hire her because it had been five years since the crimes were committed and her record was clean since then. The Administrator could not recollect who told him about this five year clean criminal record check rule. The SRNA was also recommended by another staff person. He stated that at the time SRNA#3 was hired he felt they were not putting residents at risk of abuse/neglect. While discussing the facility's policy on employee background screening the Administrator stated that after attending an abuse and neglect conference in March 2011 he had talked with his Human Resources Director about revising their policy in regards to prior convictions of crimes to include drug related felonies. However, he had not made a change in their policy as of yet. In hindsight, the Administrator felt he should not have hired this employee as this was against regulations and potentially putting residents at risk due to the employee's previous assault charges and felony drug related offenses. He also stated that he would be making a change in their employee background screening policy to comply with regulations and protect residents from potential abuse/neglect.	F 226			

