

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

PRINTED: 01/03/2012
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 12/29/2011
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 224 SS=D	<p>An abbreviated survey was initiated and concluded on 12/29/11 investigating KY17544. The Division of Health Care unsubstantiated the allegation due to lack of sufficient evidence; however, unrelated deficiencies were cited.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN</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 of personnel files, employee time cards and facility policy, it was determined the facility failed to conduct a nurse aide abuse registry check prior to the work start date of one (1) of six (6) sampled employees.</p> <p>The findings include: Record review of the facility's Abuse Prohibition Policy revealed all potential employees are verified through the nurse aide abuse registry prior to hire. Record review of employee personnel files revealed one(1) of six (6) files, Employee #3, did not contain background checks for the nurse aide abuse registry prior to hire. The employee started work 11/17/11. The nurse aide abuse</p>	F 224	<p>F 224</p> <p>1. No residents were affected. Resident #3 was paid for 2 hours of work on Thursday. During those two hours he was being given our abuse policies, HIPPA film, fire safety film and employee handbook. The next morning, on Friday, a nurse aide abuse report was obtained. The employees first day of scheduled work was on Saturday.</p> <p>2. All residents could be affected by not obtaining a report from the nurse aide abuse registry. We went back 6 months and looked at the 17 new employees we hired and all had nurse aide abuse reports before their first day at work or before any time on the clock. This was completed on 01/20/12.</p> <p>3. We are adding a page to our employment package that will list all steps that must be completed before someone is officially offered employment or put in the time clock. Our department heads will be instructed, by the Administrator, as to why the page is being added and how the form will keep us in compliance with our own polices and with CMS. This occurred on 01/19/12.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *X Leslie Butterfield* TITLE *X Admin* (X6) DATE *X 01-24-12*

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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F 224	<p>Continued From page 1 registry check was 11/18/11.</p> <p>Record review of Employee.#3's time card revealed the employee clocked in at 4:19 PM and clocked out at 6:23 PM on 11/17/11.</p> <p>Interview, on 12/29/11 at 8:35 AM, with Human Resources revealed he was responsible to obtain the nurse aide abuse registry checks on potential new hires. He revealed the facility policy was to have the checks completed prior to hire. He stated the purpose of the nurse aide abuse registry checks was to make sure the potential employee was not listed on the registry. It was revealed the failure to conduct the nurse aide abuse registry checks could be harmful to the residents.</p> <p>Interview, on 12/29/11 at 10:15 AM, with the Administrator revealed it was the responsibility of Human Resources to obtain nurse aide abuse registry checks on potential new employees. It was done on everybody, he stated, prior to hire. He revealed failure to do the nurse aide abuse registry checks could run the risk of harm to the residents.</p>	F 224	<p>4. To monitor compliance the Administrator, or the Human Resource Director when the Administrator is not available, will personally sign off on each potential employee. The Administrator will visibly verify that all steps have been completed before signing, dating and putting the time down on the form.</p>	1-23-12	

