

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

PRINTED: 04/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/19/2013
NAME OF PROVIDER OR SUPPLIER MADONNA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO 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 An abbreviated survey investigating KY 000019885 was initiated on 03/13/13 and concluded on 03/19/13. KY 00019885 was unsubstantiated with unrelated deficiencies cited.	F 000			
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 and record review, it was determined the facility failed to ensure all employees were thoroughly screened for a history of abuse. The facility did not check professional references and/or the Abuse Registry for three (3) newly hired employees. The findings include: Review of the Abuse Policy, revised 10/07/07, revealed the facility's hiring policies included a screen for the most qualified and caring individuals for employment. Continued review revealed the Kentucky Abuse Registry was to be checked prior to employment. In addition, references from not less than two previous or current employers were to be obtained. Review of employee files revealed Licensed	F 226		The completion and submission of this plan of correction does not constitute an admission that the facility agrees with the cited deficiencies as stated in the 2567. The facility is completing the plan of correction because it is required by state and federal law. The facility alleges compliance as of 4/6/2013.	4-6-13

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

TITLE

(X6) DATE

[Signature]

4-5-13

Executive Director

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 226

Continued From page 1

Practical Nurse (LPN) A was hired by the facility on 01/03/13. Continued review revealed LPN A completed a pre-employment application, listed professional references, and gave consent for previous employers to be contacted. There was no indication previous employers were contacted regarding LPN A's work history. In addition, there was no evidence the Nurse Aide Abuse Registry was checked prior to employment at the facility.

Review of the employee file for LPN B revealed a hire date of 02/22/13. Continued review revealed professional references and former employers were provided by the applicant. However, there was no documented evidence the facility checked the references.

Further review of employee files revealed Certified Nursing Assistant (CNA) A was hired by the facility on 01/31/13. CNA A completed a pre-employment application, listed former employers and consented for them to be contacted for professional reference. However, there was no indication any former employers were contacted regarding CNA A's work history.

Interview with the Director of Nursing (DON), on 03/19/13 at 10:30 AM, revealed she had worked with LPN B at another facility. Continued interview revealed current employees knew LPN A and CNA A and gave personal recommendations. On further interview, the DON stated the facility had been without a Human Resources person for a while and some things had been missed.

Interview with the new Human Resources Director (HRD), on 03/19/13 at 11:00 AM, revealed she was still trying to make sure all

F 226

F 226 Develop and implement policies.

The hire check list was updated on 3/19/2013 to include the checking of reference see (attachment 1) the check list was updated by the Human Resource Director and review by the Administrator. All employee files will reviewed by the Human Resource Director using the new check list during the week of March 25th 2013. Any files deemed to be incomplete were immediately corrected. Starting 4/1/2013 all new hirers will have a double check of employee files completed by the business office prior to employee starting floor orientation.

LPN A continues to work at the facility the nurse aide abuse registry was re-checked on 3-19-13 by the HR manager and documentation was placed in file.

References we re-verified on 3-29-13 by the HR manager and documentation was placed in employee file.

LPN B continues to work at the facility references we re-verified on 4/4/2013 by the HR manager and documentation was placed in employee file.

CNA A no longer works at the facility last day worked was 2/24/13

4-6-13

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F 226 Continued From page 2
employee files were in order. She stated LPN A was hired prior to the HRD, and pre-employment screening was done by someone else. She further stated she was still learning, but had developed a checklist for new employee screenings but had not been through all the files to ensure they were in compliance.

F 226