

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER River Oaks Post Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 920 South Fourth Street Louisville, KY 40203	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0607</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>30898</p> <p>Based on interview, personnel record review, review of website Kentucky Online Offender Lookup (Kentucky Offender Search - Kentucky Department of Corrections - Offender Online Lookup System, review of the Kentucky Statutes (https://apps.legislature.ky.gov/), review of the Kentucky Board of Nursing online licensure validation (kbn.ky.gov), and review of the facility's policy the facility failed have to have an effective system to ensure individuals contracted or hired had pre-employment checks completed for 18 of 18 personnel files. Pre-employment checks were either missing; not fully completed; completed after employment began; or the checks were not dated when completed for: the State nurse aide abuse registry, the Kentucky Adult Caregiver Misconduct Registry (KACMR), and/or criminal background checks.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Abuse, Neglect, and Exploitation, not dated, revealed the facility provided protection for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit abuse, neglect, exploitation, and misappropriation of property. Staff included employees and contractors who provided care and services to residents on behalf of the facility. The facility's abuse prohibition plan included: screening of potential employees for a history of abuse, neglect, exploitation, or misappropriation of resident property. Screening included background checks should be conducted on potential employees and contracted staff and the facility would maintain documentation of proof that the screening occurred.</p> <p>Review of the Kentucky Revised Statutes (KRS) 209.032 revealed a vulnerable adult services provider, such as a long-term care facility was to, Query as to whether the prospective or current employee has validated substantiated finding of adult abuse, neglect, or exploitation -- Administrative regulations -- Central registry of substantiated findings made on or after July 15, 2014. Continued review of the Statute revealed an employee included a person hired directly or through contract by a vulnerable adult services provider with duties that involved or might involve one-on-one contact with a resident. Further review revealed a vulnerable adult services provider was to query the cabinet as to if a validated substantiated finding of adult abuse, neglect, or exploitation was entered against an individual who was a prospective employee of the provider.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 185029
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<p>F 0607</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<ol style="list-style-type: none"> 1. Review of the personnel files for completion of the criminal background checks revealed the facility did not complete criminal background checks for 14 of 18 employees: agency Certified Nurse Aide 9 (CNA9) hired 10/01/2024; CNA10 hired 03/05/2024; CNA11 hired 11/12/2024; CNA12 hired 08/28/2024; Certified Medication Technician (CMT) re-hired 11/28/2023; Licensed Practical Nurse (LPN) 5 hired 10/29/2024; Registered Nurse (RN)1 hired 10/29/2024; Physical Therapist (PT2) hired 10/25/2024; Admissions Director hired 08/05/2024; Laundry Aide (LA)1 hired 08/13/2024; LA2 hired 09/17/2024; Transitional Care Coordinator (TCC) hired 10/15/2024; Activities Assistant hired 11/12/2024; and, the Activities Director hired 04/01/2024. 2. Additionally, the facility did not complete criminal background checks for other states of residence for two of 18 employee files reviewed: CNA11 for Ohio, and the Activities Director for Indiana. 3. Review of the personnel files for completion of the State Nurse Aide (NA) Abuse Registry checks revealed checks were not completed for nine of 18 files reviewed: Activities Assistant, Activities Director, Admissions Director, LA1, LA2, PT2, TCC, CMT, and LPN5. 4. Additionally, the NA Abuse Registry checks completed for Unit Manager (2) hired 10/10/2023 was not completed until 11/21/2023. 5. Continued review of the NA Abuse Registry checks revealed the checks completed were not dated for the date of the check for five of 18 personnel files reviewed: agency CNA9, CNA11, CNA12, RN1, and the Housekeeper. 6. Review of the personnel files revealed the facility did not complete the Kentucky Adult Caregiver Misconduct Registry (KACMR) checks for three of 19 employees: CMT, agency LPN1, and CNA10. 7. Additionally, the KACMR checks were completed late for two of 18 files reviewed: UM2's (hired 10/10/2023) KACMR check was dated 11/21/2023; and the Housekeeper's (hired 01/09/2023) KACMR check was dated 04/26/2023. 8. Continued review of the personnel files revealed the KACMR checks completed did not have the date of completion for 12 of 18 employees: agency CNA9, CNA11, CNA12, LPN5, RN1, Activities Assistant, Activities Director, Admissions Director, LA1, LA2, TCC, and PT2. <p>In interview with the Human Resource (HR) Manager on 11/19/2024 at 8:28 AM with the Administrator present, the HR Manager stated she began employment at the facility on 01/18/2024 as the HR Manager. She stated the facility transitioned to another company on 05/01/2024. She stated she was unsure the reason the date did not print on the KACMR checks. The HR Manager stated if an employee lived in another state such as CNA11, she checked their background on the MyCase website.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>In continued interview with the HR Manager, on 11/19/2024 at 8:28 AM, she stated she did not print the results of the checks for Ohio or Indiana, including CNA11's check. She stated she could not validate that the checks were completed before she began employment with the facility. Additionally, the HR Manager stated employees who were not nurse aides, including PT2 and the Activities Assistant, did not have the State NA Abuse Registry checks. She stated she was not aware of how to complete the NA abuse registry checks and thought it was completed through the OIG Exclusions List. She stated the purpose of the NA abuse registry checks was to ensure (employment applicants) had not hurt anybody. She also stated the purpose of the KACMR checks was to ensure an applicant did not have abuse of any kind. The HR Manager stated the purpose of the background checks was to make sure the facility had qualified applicants to serve residents the best way they could. She stated if any of the checks were not completed, the facility could hire unqualified applicants, and somebody could get hurt.</p> <p>Observation during interview with the HR Director on 11/19/2024 at 8:28 AM, revealed the surveyor checked a State NA abuse registry check on the website with the HR Director. The search returned results with the current date visible on the website. Additionally, the results could be printed or downloaded. Both options also reflected the date of the search.</p> <p>In continued interview with the HR Manager on 11/21/2024 at 1:08 PM, she stated that when she began employment, she received about a day and half of training, and was told the [NAME] President of HR and Corporate Director were also new.</p> <p>In interview with the Administrator on 11/21/2024 at 1:53 PM, he stated when the HR Manager began employment with the facility there was no corporate HR director in the role. The Administrator stated the HR Manager knew not to hire anyone with a criminal background. He stated the pre-hire employment checks were extremely significant as we do not know the people who applied. He also stated the pre-hire checks provided insight to who the individuals were, what they had done and who they were in the past. He further stated the pre-hire checks should be completed before orientation with the facility.</p> <p>37182</p>		