

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/01/2024
NAME OF PROVIDER OR SUPPLIER  Signature Healthcare of Hart County Rehab & Wellne		STREET ADDRESS, CITY, STATE, ZIP CODE 1505 South Dixie Street Horse Cave, KY 42749	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>30898</p> <p>Based on interview, personnel record review, and facility policy review, it was determined the facility failed to ensure contracted employees had a Kentucky Adult Caregiver Misconduct Registry check prior to employment as required by KRS 209.032 for 5 of 7 contracted employee files sampled.</p> <p>The facility provided an acceptable plan for the removal of this deficiency on 11/01/2024. This plan alleged the deficiency was corrected on 10/28/2024, prior to the initiation of the survey. The plan provided by the facility alleged the following:</p> <ol style="list-style-type: none"> <li>On 10/28/2024 the Administrator audited all dietary and housekeeping contracted employees. Each employee had a Kentucky Adult Caregiver Misconduct Registry (KACMR) check completed.</li> <li>On 10/28/2024 the Housekeeping Supervisor and Dietary Manager were educated by the Administrator on the requirement for all new employees to have a completed KACMR check prior to beginning employment. Results must be sent to the contracted company's payroll department. The new employee will not be eligible for hire until all parameters of their background check were completed, including the KACMR check.</li> <li>Beginning 10/29/2024 the Administrator, Director of Nursing (DON), or Business Office Manager will complete audits of new houskeeping and dietary employees to ensure the KACMR checks were completed before hire, 5 times a week for 2 weeks, 3 times a week for 2 weeks, weekly for 4 weeks, then monthly. Audits were completed on 10/29/2024, 10/30/2024, 10/31/2024 by the Administrator with no new contracted employees hired.</li> <li>A Quality Assurance (QA) meeting held on 10/28/2024 formulated and implemented the plan. Audits will be reviewed in the monthly QAPI meeting until 100% compliance is achieved.</li> </ol> <p>Through record review and interview the State Survey Agency validated the facility implemented the plan of correction as alleged.</p> <p>The findings include:</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
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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility policy Abuse, Neglect and Misappropriation of Property, reviewed 09/13/2024, revealed the facility included screening to provide protection for the health, welfare, and rights of each resident residing in the facility. Continued review revealed the screening included conducting criminal background checks and a search of the State Aide Registry. Review further revealed however, the Kentucky Adult Caregiver Misconduct Registry (KACMR) checks were not included as part of the screening.</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 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> <ol style="list-style-type: none"> <li>1. Review of the personnel file for Housekeeper 1 revealed the facility employed her through a contracted company on 08/02/2024. Further review revealed the facility conducted the check of the Kentucky Adult Caregiver Misconduct Registry (KACMR) on 08/26/2024.</li> <li>2. Review of the personnel file for Housekeeper 2 revealed the facility employed her through a contracted company on 08/21/2024. Further review revealed the facility conducted the check of the KACMR on 08/26/2024.</li> <li>3. Review of Dietary Aide (DA) 3's personnel file revealed she was employed by the facility on 08/01/2024 through a contracted company. Further review revealed the facility conducted the check of the KACMR on 08/27/2024.</li> <li>4. Review of the personnel file for DA 4 revealed he was employed by the facility through a contracted company on 07/23/2024. Further review revealed the facility conducted the check of the KACMR on 08/26/2024.</li> <li>5. Review of the personnel file for DA 5 revealed she was employed by the facility on 09/03/2024 through a contracted company. Further review revealed the facility conducted the check of the KACMR on 09/09/2024.</li> </ol> <p>In interview on 11/01/2024 at 10:05 AM, the Director of Nursing (DON) stated she could not speak to the KACMR checks as she had only been with the facility a couple of weeks. She stated her expectation was for all staff checks be completed before staff entered the building. The DON stated the purpose of the checks was for the safety of the residents. She further stated if the checks were not completed timely there was a potential issue with safety of residents.</p> <p>(continued on next page)</p>		

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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In interview with the Signature Care Consultant (SCC) on 11/01/2024 at 10:33 AM, she stated the facility did not have a permanent DON for about 1 month and the current DON was there about 3 to 4 weeks. She stated the facility expected contracted staff have checks completed prior to working. The SCC further stated the purpose of the checks was to ensure the employee was not listed on the abuse registry. She also stated if the checks were not completed it was possible the facility could hire someone who could be listed on the abuse registry, and was against the regulation. The SCC stated on 10/28/2024, the facility identified the KACMR checks were not completed for contracted staff. She further stated on 10/28/2024, the facility held a QAPI meeting and conducted an audit of contracted staff who did not have the KACMR checks completed at the time they were hired. She also stated the Housekeeping and Dietary Managers were educated on completing the checks.</p> <p>In interview on 11/01/2024 at 10:57 AM the Housekeeping Manager stated the facility identified an issue with the completion of the KAGMR checks and had a QAPI meeting on 10/28/2024. She stated an audit of the (contracted) staff was completed on 10/28/2024. She also stated she was unaware of the requirement to complete the KAGMR checks and was informed by the Administrator. She stated the Administrator asked about new employees in housekeeping and dietary departments, with no new staff hired.</p> <p>In interview on 11/01/2024 at 11:05 AM the Dietary Manager stated she was made aware of the KACMR checks and a QAPI plan was immediately put in place by the facility on 10/28/2024. She stated all current employee files were audited and a plan put in place that no one would be on the payroll until the KACMR check was completed. She stated the audits were reviewed with the QAPI committee. She also stated her department did not have any new employees.</p> <p>In interview on 11/01/2024 at 10:47 AM, the Administrator stated the contracted company was required to complete the KACMR checks, per their contract, before the employee started working. He stated the purpose of the checks was to identify anyone that had issues in the past and to ensure the safety of residents. He further stated a Signature Healthcare employee would not be able to work without the check completed. The Administrator stated the facility self-identified and put a plan in place to ensure contracted staff had the KACMR checks completed. He further stated he completed an audit of contracted staff and educated the housekeeping and dietary managers. He also stated the two departments have not hired any new employees this week.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50442</p> <p>483.60</p> <p>Based on observation, interview and record review, it was determined the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for one of two nourishment refrigerators. Observation revealed the nourishment refrigerator on the Dogwood unit had two bowls of applesauce unlabeled or undated.</p> <p>The findings include:</p> <p>Review of the facility's policy, Food: Preparation, revised 2/2023, revealed all refrigerated, ready to eat foods held for more than twenty four (24) hours at a temperature of forty one (41) degrees Fahrenheit (F) or less, would be labelled and dated with a prepare date (day one) and a use by date (day seven).</p> <p>Review of the facility's policy, Food: Safe Handling for Foods from Visitors, dated 9/2017, revealed when food items were intended for later consumption, the responsible facility staff member labeled the food with the resident's name and the current date. Further review of the policy revealed there was daily monitoring of refrigerator storage duration and any food items stored more than seven days would be discarded.</p> <p>Observation of the nourishment refrigerator on the Dogwood unit, on 10/30/2024 at 8:33 AM, revealed two bowls of applesauce not labeled with a resident's name and not dated.</p> <p>During interview with the Dietary Manager and [NAME] 1 on 10/30/2024 at 9:46 AM, both stated all food from the kitchen except food placed on resident dining trays would be labeled with a name and date, including snacks. The only exception was the applesauce given to the nursing staff for medication administration. This applesauce would only have the date prepared and date to be discarded.</p> <p>During an interview with the Registered Dietician (RD) on 10/31/2024 at 8:44 AM she stated she expected food to be dated and labelled with a resident's name.</p> <p>During an interview with License Practical Nurse (LPN) 1 on 10/31/2024 at 12:11 PM LPN1 stated when residents had left over food from their meal tray and wanted it stored in the nourishment refrigerator, whomever placed it in the refrigerator was responsible for placing the resident's name and the preparation and use by date upon the food. This also included any foods brought by a resident's family.</p> <p>During an interview with the Director of Nursing (DON) on 11/01/2024 at 9:51 AM she stated her expectation was all food should be labeled with the date family brought it in, if it was brought from the outside along with the resident's name. Nursing staff should place this information on the food prior to placing it in the nourishment refrigerator.</p> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During an interview with the Administrator on 11/01/2024 at 9:57 AM he stated he expected the nursing staff would label and date the food prior to placing it in the refrigerator. He stated he was unsure if left over food from residents' trays were placed in the nourishment refrigerator. He stated that if left over food from a resident's tray was placed in the refrigerator that it was his expectation that it would be labeled with the resident's name and the date placed in the refrigerator.		