

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Baptist Health Hardin		STREET ADDRESS, CITY, STATE, ZIP CODE 913 North Dixie Avenue Elizabethtown, KY 42701	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>The facility failed to implement its abuse/neglect policies for two of 11 records reviewed. This failure resulted in the potential for residents to be exposed to an individual with a history of abuse or misconduct. The findings include: Review of the facility's policy, Employment Policy (External and Internal), revised 09/05/2024 revealed, All new offers of employment will be contingent upon successfully completing a required background check and various employee health screenings. Review of the facility's policy, Identification and Reporting of Suspected Abuse/Neglect and Exploitation Situations, revised 05/08/2025 revealed, All potential employees are screened during pre-employment through a criminal background check and reference check. Additionally, all potential nursing personnel (RNs, LPNs, and certified nursing aides) are screened through the Kentucky Board of Nursing abuse registry for any history of abuse, neglect, or mistreating residents. Review of personnel files revealed the following: the facility hired Patient Care Assistant (PCA)1 on 12/30/2024 but documentation revealed the Kentucky Adult Caregiver Misconduct Registry completed on 01/06/2025, seven days after the hire date. Additionally, continued review revealed the facility hired PCA2 on 11/07/2022 but documentation revealed their Kentucky Adult Caregiver Misconduct Registry and OIG Exclusion List check was completed on 11/10/2022, three days after employment. Interview with Executive Director of Human Resources (EDHR) on 09/26/2025 at 9:10 AM revealed the process for vetting potential new employees included verification of any licensure and completion of background checks and drug screening. The EDHR stated all the facility checked all new hires against the Office of Inspector General exclusion database, National Sex Offender Registry, and the Kentucky Vulnerable Adult Mistreatment check. He reported no one was allowed to start work until results were received from the background checks. The EDHR reported the risks of not completing these background checks prior to a new employee starting work would be putting someone in access to patients who could cause harm to those patients. He stated, our number one risk is harm to the patients. We would not want to put residents in physical harm or cause them any harm in the way of someone who would steal medications or property from them. In an interview on 09/26/2025 at 4:35 PM, the Unit Manager of the Skilled Nursing Facility stated that Human Resources played a big role in verifying a person was physically safe to work here. She reported no new employees were permitted to begin work until all background checks were completed. In an interview on 09/26/2025 at 4:56 PM, the acting Director of Nursing stated that potential new employees absolutely should be vetted by Human Resources. She stated she felt that if a candidate made it to her, they were vetted by Human Resources. She stated new employees should absolutely not be allowed to begin work before all background checks were completed because risk is high; you don't know people sometimes even when they have had a proper background check. In an interview on 09/26/2025 at 5:33 PM, the Administrator stated he expected potential new employees to be vetted prior to beginning employment in the facility by going through the Human Resources process and that, they [Human Resources] follow all of the required background checks before hire. He reported he was not aware of any new employees being permitted to begin work prior to all background checks being completed and that the risk of that happening was, risk of getting a criminal on your staff.</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: 185427	Facility ID: 185427