Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100174	A. BUILDING _____ B. WING _____	C 02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENDERSON MANOR I LLC	201 WATSON LANE HENDERSON, KY 42420

(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) COMPLETE DATE
P 000	Initial Comments AMENDED A Complaint Survey investigating Complaint KY41924, KY41936, KY41341, and KY41735 was initiated on 02/26/2024 and concluded on 02/29/2024. No deficient practice was identified with KY41924, KY41936, KY41341, and KY41735. The facility census was thirty-three (33) residents.	P 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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P 000	Initial Comments A Complaint Survey investigating Complaint KY41924, KY41936, KY41341, and KY41735 was initiated on 02/26/2024 and concluded on 02/29/2024. Deficient practice was identified with KY41924 and a deficiency was cited. The facility census was thirty-three (33) residents.	P 000		
P 015	902 KAR 20:036 3(1)(a-d) Section 3. Administration and Operation (1) Licensee. The licensee shall be legally responsible for (a) The operation of the PCH or SPCH; (b) Compliance with federal, state, and local laws and administrative regulations pertaining to the operation of the facility; (c) The development and implementation of policies related to administration and operation of the facility; and (d) If the licensee is an SPCH, the development and implementation of written transition procedures to ensure cooperation with an individual or entity that assists with transitioning residents with an SMI to community living arrangements This requirement is not met as evidenced by:	P 015	Henderson Manor will continue to comply with the PCH regulations in determining when a background check needs to be completed. As is stated in the regulation, a background check is to be completed on an individual who is employed by a long term care facility in a direct care position.	

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Kara Bradley 5/14/24

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P 015	Continued From page 1 Based on interview, record review, and review of 906 KAR 1:190, it was determined the facility failed to maintain compliance with administrative regulations pertaining to the operation of the facility. It was determined that the facility's ownership contracted with an individual, Contracted Maintenance #1, to provide maintenance work at the facility. Contracted Maintenance #1 was determined to be ineligible to work around residents, however, due to a disqualifying offense. Record review revealed there had been no background check conducted on Contracted Maintenance #1. Upon being informed by the State Ombudsman for the facility of Contracted Maintenance #1's background and ineligibility to work in long-term care settings, the facility's ownership took no action. The findings include: Review of 906 KAR 1:190 Kentucky Applicant Registry and Employment Screening Program, (4) "Disqualifying Offense" revealed it included individuals guilty of a felony offense as described in Kentucky Revised Statute (KRS) 507, which included charges of Reckless Homicide. Continued review of 906 KAR 1:190 defined "Employee" as an individual who was hired directly or through contract by an employer of a long-term care facility and had duties that involved or might involve one-on-one (1:1) contact with a patient, resident, or client. In an interview with Office Assistant #1 on 02/27/2024 at 3:24 PM, she stated that she has been employed at the facility for eleven (11) years, and is familiar with Contracted Maintenance #1. She stated he comes to the	P 015		

Travis Bradley 5/14/24

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P 015	Continued From page 2 facility to do work at least two to three times a week and is usually alone when he comes. In an interview with Cook #1 on 02/27/2024 at 3:31 PM, she stated she was familiar with Contracted Maintenance #1 and he was in the facility on 02/23/2024. She stated sometimes he comes in with other workers and other times he comes by himself. Cook #1 further stated that the first time he came to the facility he was accompanied by the owners and they introduced him as being a contractor that was coming to remodel the bathrooms, to only return to the facility at a later date giving out tasks to different workers In an interview with the Administrator on 02/28/2024 at 3:40 PM, she stated she does not know anything about Contracted Maintenance #1 except that he can come in and pretty much tell them all what to do because the owners have given him that type of authority as an overseer. She stated Contracted Maintenance #1 was at the facility one day last week but did not stay very long. The Administrator stated she was unaware of his prior criminal convictions and that she would not hire someone that had a felony record if she knew about it. She further stated that she can not admit resident's with prior convictions such as registered sex offenders, felony drug dealers, etc., because the facility was in close proximity to an elementary school In an interview with Contracted Maintenance #1 on 02/28/2024 at 8:38 AM, he stated that he is an independent contractor with a local Limited Liability Company (LLC), he was self-employed, and does not work for the facility or its parent company.	P 015		

Mandi Bradley 5/14/24

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P 015	Continued From page 3 In an interview with the Facility Owner on 02/26/2024 at 4:03 PM, she stated that she was in compliance as they are not required to do background checks on independent contracted personnel. She stated Contracted Maintenance #1 was not employed by the company, completely independent and not paid by a healthcare facility.	P 015		

Kim S Bradley 5/14/24