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 _____	R-C 03/17/2025

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 Based upon implementation of the acceptable Plan of Correction (PoC), it was determined the facility was in compliance as of 02/24/2025.	{P 000}		

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

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	100174	A. BUILDING: _____ B. WING _____	C 02/05/2025

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

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P 000	Initial Comments A Complaint Survey investigating Complaints KY00044885 and KY00044887 was initiated on 02/03/2025 and concluded on 02/05/2025. There was deficient practice identified with Complaints KY00044885 and KY00044887. Survey Dates: 02/03/2025 through 02/05/2025 Facility Census: 36 Sample Size: 14	P 000		
P 105	902 KAR 20:036 4(10)(a-e) Section 4. Administration and Operation Section 4. Administration and Operation. (10) Personnel. (a) In accordance with KRS 216.532, a PCH or SPCH shall not employ or be operated by an individual who is listed on the nurse aide and home health aide abuse registry established by 906 KAR 1:100. (b) In accordance with KRS 209.032, a PCH or SPCH shall not employ or be operated by an individual who is listed on the caregiver misconduct registry established by 922 KAR 5:120. (c) A PCH or SPCH shall obtain a criminal record check on each applicant for initial employment in accordance with KRS 216.789 and 216.793. (d) Current employee records shall be maintained on each staff member and contain: 1. Name and address; 2. Verification of all training and experience, including evidence of current licensure, registration, or certification, if applicable; 3. Employee health records; 4. Annual performance evaluations; and 5 Documentation of compliance with the	P 105	P 105 902 KAR 20:0364(10)(a-e)Section 4. On 2/7/25,The Regional Manager in serviced the Administrator that a PCH must run a nurse aide abuse registry check , caregiver misconduct registry check and a criminal background check for initial employment. The Regional Manager also in serviced the administrator that current employee records shall be maintained on each staff member that contains the name and address, verification of all training and experience with any evidence of current licensure, registration, or certification, annual performance evaluations, and documentation of compliance with background check requirements, as well as each employee shall be of age in the conformity with the state laws. As of 2/24/25 all employee files have been updated with the required information. To ensure the facility stays in compliance, the Regional Manager will inservice the Administrator on employee file maintenance on a monthly basis. Tonya Park 3/3/25 Regional Manager	

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P 105	Continued From page 1 background check requirements of paragraphs (a) through (c) of this subsection. (e) Each employee shall be of an age in conformity with state laws. This requirement is not met as evidenced by: Based on interview, record review, and review of facility policy, it was determined the facility failed to obtain criminal background checks for 2 of 5 sampled employee records, Resident Aide 1 and the current Administrator. Review of employee records revealed there was no documented evidence background checks were completed upon hire for RA1 and the current Administrator. The findings include: Review of the facility's policy titled, "Resident and Employee Files," not dated, revealed it was the responsibility of the Manager and or Administrator to ensure all resident and employee files were maintained. 1. Review of the current Administrator's employee file, date of hire 12/10/2025, revealed no documented evidence of a criminal background check on file. 2. Review of employee profile Resident Aide (RA)1 date of hire 08/08/2024, revealed no	P 105		

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P 105	Continued From page 2 documented evidence of a criminal background check on file. In an interview with the prior Administrator on 02/04/2025 at 3:30 PM, she stated she had worked at the facility for 13 years. She stated she would send copy of consent for background checks of new employees to Regional Director (RD) and wait for response of when the criminal background check were obtained. She stated once she received the information she would update the employee files. The prior Administrator further stated she didn't recall receiving background checks from employees from Regional Director as she believed this was taken care of by Regional Director. In an interview with the Regional Manager on 02/05/2025 at 3:30 PM, she stated new employees were to have a criminal background check prior to hire. Additionally, the Regional Manager stated it was the facility Manager's and or Administrator's responsibility to ensure employee files were maintained and included a background check, application, new hire paperwork, and a training record.	P 105		

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