Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 07/01/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024		
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Signature Healthcare of Elizabethtown		1850 Veteran's Way Elizabethtown, KY 42701			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)				
F 0606	Not hire anyone with a finding of abuse, neglect, exploitation, or theft.				
Level of Harm - Minimal harm or potential for actual harm	30898				
Residents Affected - Some	Based on interview, record review, and review of facility policy, the facility failed to complete the Kentucky (KY) Adult Caregiver Misconduct Registry checks prior to beginning employment on 2 of 3 contracted dietary employees, Dietary Aide (DA) 1 and [NAME] 1.				
	DA 1 began employment at the facility on 09/04/2024, and [NAME] 1 began employment on 09/11/2024. However, the facility failed to complete the KY Caregiver Misconduct Registry checks for both employees prior to employment, as the check were not completed until 10/24/2024, during the State Survey Agency (SSA) survey.				
	The findings include:				
	Review of the Kentucky Revised Statutes (KRS) 209.032 regulations 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.				
	Review of the facility's policy titled, Abuse, Neglect, and Misappropriation of Property revised 09/15/2023, revealed the facility conducted screenings 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 Abuse Registry. Further review revealed however, the Kentucky Adult Caregiver Misconduct Registry (KACMR) checks were not included as part of the facility's screening process.				
	(continued on next page)				

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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Facility ID: 185118

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Department of Health & Human Services Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185118 NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Elizabethtown SIGNATE SIGNATURE SIGNA				No. 0938-0391
Signature Healthcare of Elizabethtown 1850 Veteran's Way 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. SUMMARY STATEMENT OF DEFICIENCIES ((lach deficiency must be preceded by full regulatory or LSC identifying information) Review of Harm - Minimal harm or polential for actual harm Residents Affected - Some Res		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of the Contracted Employee Policy, under section 12. Criminal Background Checks, revealed the contracted agency must perform a criminal background check (including State Abuse Registries and the National Sex Offender Registry). Per review, the contracted agency was to perform the checks on each of its respective personnel (including, without limitation, any of its contractors and agents who were to perform services or duties on-site at any facility) in accordance with Federal and State requirements. Continued review revealed the checks were to be performed in order to verify that such individuals who had contact with facility residents or had access to residents' medical records had not been found to have engaged in improper or illegal conduct relating to the elderly, children, or vulnerable individuals. Review of the personnel file for DA 1 revealed he was employed by the facility through a contracted company on 99/04/2024. Further review revealed however, the KACMR check was not completed until 1/02/4/2024. Review of the personnel file for [NAME] (C) 1 revealed she was employed by the facility through a contracted company on 09/11/2024. Further review revealed however, the KACMR check was not completed until 1/02/4/2024. In interview with the Director of Nursing (DON) on 10/25/2024 at 9:35 AM, she stated the facility was contract or agency reprojesses and had not done that since July 2024. The DON further state she had no knowledge of the background checks completed for new hires. In interview with Dietary District Manager (DDM) 1 on 10/25/2024 at 10:05 AM, he stated all the dietary staff were employees of a contracted company, he stated those employees were subject to the same background checks and any other state regulated				
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)	orginature ricalurcare of Elizabetine	JWII		
F 0606 Review of the Contracted Employee Policy, under section 12. Criminal Background Checks, revealed the contracted agency must perform a criminal background check (including State Abuse). Registries and the National Sex Offlender Registry). Per review, the contracted agency was to perform the checks on each of its respective personnel (including, without limitation, any of its contractors and agents who were to perform services or duties on-site at any facility in accordance with Federal and State requirements. Continued review revealed the checks were to be performed in order to verify that such individuals who had contact with facility residents or had access to residents! medical records had not been found to have engaged in improper or illegal conduct relating to the elderly, children, or vulnerable individuals. Review of the personnel file for DA 1 revealed he was employed by the facility through a contracted company on 09/11/2024. Further review revealed however, the Kentucky Adult Caregiver Misconduct Registry (KACMR) check was not completed until 10/24/2024. Review of the personnel file for [NAME] (C) 1 revealed she was employed by the facility through a contracted company on 09/11/2024. Further review revealed however, the KACMR check was not completed until 10/24/2024. In interview with the Director of Nursing (DON) on 10/25/2024 at 9.35 AM, she stated the facility was contract or agency free or were almost contract or agency free as of July 2024. She stated the facility no longer used contract or agency free or were almost contract or agency free as of July 2024. She stated the facility no longer used contract or agency free or were almost contract or agency free as of July 2024. She stated the facility no longer used contract or agency free or were almost contract or agency free as of July 2024. She stated the facility was contract or agency free or were almost contracted company. He stated these employees were subject to the same background checks completed for new hires. In interview with	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Minimal harm or potential for actual harm or potential for potential for actual harm or potential harm or potential	(X4) ID PREFIX TAG			on)
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		(continued on next page)		

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			NO. 0930-0391
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NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Elizabethtown		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 Veteran's Way Elizabethtown, KY 42701	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	KACMR check had not been comp possible misfiled KACMR checks for In interview on 10/25/2024 at 12:45	8 AM, the Administrator reported emplored. She stated she was waiting for corn DA 1 and [NAME] 1. 5 PM, the Administrator reported she hated dietary employees (DA 1 and [NAME]).	corporate to respond regarding the ad been unable to locate the