

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/22/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185182	(X2) MULTIPLE CORRECTION A. BUILDING _____ B. WING _____	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>                  DEC 7 2011 11:09/2011                  Division of Health Care                  Southern Enforcement Branch             </div>		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  PINEVILLE COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 850 RIVERVIEW AVENUE PINEVILLE, KY 40131			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVISION OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 000	INITIAL COMMENTS	F 000				
F 253 SS=E	<p>A standard health survey was conducted on 11/09-10/11. Deficient practice was identified with the highest scope and severity at "E" level.</p> <p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies, it was determined the facility failed to provide a sanitary, orderly, and comfortable interior. Observation on 11/10/11, revealed a faucet dripped continuously, a light over a sink did not work, a resident's bathroom door knob was loose, formica on a sink was chipped, a phone jack was not anchored to the wall, drywall was chipped, bubbled, and peeling, and a bedside table had a chipped corner.</p> <p>The findings include: Review of the two facility policies titled Equipment and Service Request Procedure (revised 05/16/11) and Policy for Priority 2 Work Orders (no date listed) revealed employees, contractors, and students should notify the Maintenance Department of any needed repairs by completing a work order form. The policies directed the maintenance staff that Priority 2 work orders were for patient related requests and the repairs were</p>	F 253	<p><b>F253</b></p> <p>The faucet in Room 101 was repaired on 11/11/11. See work order # 119122.</p> <p>The bedside table in Room 105 was removed from service. The resident was provided with a replacement bedside table. Replacement parts have been ordered to repair the bedside table. The replacement parts will be arriving on December 16, 2011. See attached work order # 119126. See attached purchase order # 54046.</p> <p>The light over the sink in Room 105 was repaired on 11/11/11. See work order # 119125.</p> <p>The bathroom door knob in Room 106 was tightened on 11/11/11. The phone jack in this room was anchored to the wall on this same date. See work order # 119123.</p> <p>The drywall in Room 112 was repaired at the closed and behind the entrance door on 12/1/11. See work order # 119127.</p>	12/21/2011		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donna Gaus</i>			TITLE CNO	(X6) DATE 12/7/11		

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/10/2011
NAME OF PROVIDER OR SUPPLIER  PINEVILLE COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 850 RIVERVIEW AVENUE PINEVILLE, KY 40977	
(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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 253	Continued From page 1 to be completed the same day the work order was received.  During the environmental tour of the facility on 11/11/11, at 8:30 AM, the following items were observed to be in need of repair:  -A faucet was observed to drip continuously in resident room 101. -The light over the sink did not work and the rubberized corner on the bedside table was chipped in resident room 105. -The bathroom door knob was loose and the phone jack was not anchored to the wall in resident room 106. -The drywall was chipped at the closet and was bubbled and peeling behind the entrance door to resident room 112. -The formica surrounding the sink was chipped and exposed rough edges in resident room 116.  Interview on 11/10/11, at 2:05 PM, with the Maintenance Supervisor (MS) revealed the facility utilized a work order system to request repairs. The MS stated any staff member could obtain a work order at the nurses' station to inform the Maintenance Department of anything that needed to be repaired. The MS stated walk-thru rounds were conducted once a month to check and ensure all lights are working properly and to ensure handrails were secured. The MS verified the policy and stated the Maintenance Department had not received any work orders for the items identified.	F 253	The formica around the sink in Room 116 was replaced on 11/30/11. See work order # 119128.  The policy/procedure for Maintenance Request was inserviced to all categories of staff on 12/6/11-12/17/11. See attached policy/procedure and inservice sheet.  The Safety Director has increased the frequency of walk thru environmental surveys in the Nursing Facility from quarterly to monthly. The environmental survey checklist has been revised to include all elements identified as being deficient at time of survey, specifically condition of bedside tables. Any areas identified as being in need of repair will result in a Maintenance Request being completed and notification to the Maintenance Department for needed repairs. See attached Room Inspection checklists. The results of the environmental round findings will be reported bi-monthly to the Safety Committee by the Safety Director. Findings for the Nursing Facility will also be reported quarterly to the Nursing Facility Committee.	
F 372 SS=C	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY  The facility must dispose of garbage and refuse.	F 372	<b>F372</b>  The Dietary Manager has developed inservice education on the policy for	12/19/11

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NAME OF PROVIDER OR SUPPLIER  PINEVILLE COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 850 RIVERVIEW AVENUE PINEVILLE, KY 40977		
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F 372	<p>Continued From page 2 properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure waste was properly contained by failing to close the lids on the garbage dumpster.</p> <p>The findings include:</p> <p>During the dietary sanitation tour conducted at 1:45 PM on 11/10/11, observation of the facility's garbage dumpster located at the rear entrance door to the Dietary Department revealed the dumpster had lids to conceal the garbage. However, the garbage dumpster lids had been left open at both ends of the dumpster and refuse/garbage was observed. According to the RD, staff from the entire facility uses the dumpster, but Dietary knows the lids are to be closed.</p> <p>An interview with the Registered Dietitian (RD) conducted at 1:50 PM on 11/10/11, revealed the garbage dumpster lids should be closed at all times because it is a federal regulation, and it is a common practice for the Dietary Department in order to prevent rodents and animals from getting into the dumpster.</p>	F 372	<p>dumpster and has distributed to Dietary, Housekeeping, Nursing, and Maintenance Departments so that staff can be educated on the need to keep the dumpster lids closed at all times. See attached inservice attendance record and policy.</p> <p>The Dietary Manager has also added to the Dietary Department daily checklist responsibility for the utility crew to ensure that dumpster lids are closed each time the trash is taken to the dumpster. The Dietary Manager will follow up daily and ensure that the duties for the dumpster are being carried out by the utility crew workers. In addition to the monitoring being accomplished by the Dietary Department. The Security Director has instructed the Security Guards to check the dumpster area ( Area #8) during the Security Officer rounds for the Morse Watchman Checkpoints. The Morse Watchman checkpoint policy has been reviewed with each Security Guard and the guards have been instructed to ensure that dumpster lids in the loading dock area (area #8) are closed at all times. See attached policy and inservice on Morse Watchman checkpoints. Results of findings will be forwarded to the Safety Director for compilation and reporting of data at the Safety Committee bi-monthly. See attached results of Morse Watchman checkpoint data reports.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>PINEVILLE COMMUNITY HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 RIVERVIEW AVENUE PINEVILLE, KY 40977</b>		
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1985</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type 1 (322)</p> <p>SMOKE COMPARTMENTS: Three</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>PARTIALLY SPRINKLED (WET SYSTEM)</p> <p>EMERGENCY POWER: Type II diesel generator</p> <p>A life safety code survey was initiated and concluded on 11/10/11, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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