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

PRINTED: 02/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185174		C 02/16/2012

NAME OF PROVIDER OR SUPPLIER: FLORENCE PARK CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 6976 BURLINGTON PIKE, FLORENCE, KY 41042

(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) COMPLETION DATE
F 000	INITIAL COMMENTS An Abbreviated Survey Investigating KY#00017808 was initiated on 02/14/12 and concluded on 02/16/12. KY#00017808 was substantiated with deficiencies cited.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to provide care for all residents in a manner which maintained the privacy of the residents body for one (1) of three (3) sampled residents, Resident #1, when staff left the resident's legs uncovered as well as approximately one (1) inch of the residents brief exposed and walked out of the room with the door open. The findings include: Record review of the facility's policy, titled "Residents Bill of Rights", not dated, revealed all residents have the right to privacy during medical examination or treatment and in the care of personal or bodily needs. Record review revealed the facility admitted Resident #1 on 01/27/12 with Diagnosis which	F 241	F 241 Dignity and Respect of Individuality The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. 1. Resident #1 was not adversely affected by the alleged deficient practice. 2. On 2/15/2012 approximately 3:30pm prior to CNA #5 leaving resident #1 room, CNA #5 covered resident #1 . 3. Unit Manager interviewed with resident #1 on 2/15/2012 to ensure resident #1 needs were met. Resident #1 confirmed her needs were met by CNA #5 covering her leg prior to leaving the room. 4. Employee CNA #5 was in-serviced on 2/15/2012 by Unit Manager on facility policy, maintaining dignity and respect and resident's rights.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 3-6-12

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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F 241	Continued From page 1 included Neurogenic Bladder, Diabetes Mellitus, Paraplegia, Multiple Sclerosis (MS), Anxiety Disorder, Asthma, and Dysphagia. On 02/03/12 the facility assessed the resident using the Minimum Data Set (MDS) Assessment as having a Brief Interview for Mental Status (BIMS) score of fifteen (15), meaning the resident was assessed as being cognitively intact. The resident was further assessed using the MDS as being total depdent with two (2) person assist for transfers, locomotion on and off the unit, and toilet use. Observation, on 02/15/12 at 3:30 PM, revealed Resident #1's door open and Certified Nursing Assistant (CNA) #5 placing a lift pad under Resident #1. Further observation revealed CNA #5 going to leave the resident's room with the resident's legs uncovered and approximately one (1) inch of the resident's brief exposed. Further observation revealed Resident #1 asked CNA #5 to please cover him/her up before she left the room. Interview with Resident #1, on 02/15/12 at 3:30 PM, revealed he/she felt very embarrassed when he/she was left uncovered with the door to his/her room left open because anyone who walked by the room could look in and see him/her laying in the bed uncovered with a brief on. Interview with CNA #5, on 02/15/12 at 4:15 PM, revealed she was going to get another staff to help her use the lift and forgot to pull the covers up over the resident's legs. She further stated that she should have covered the resident before she left the room.	F 241	5. A facility audit was conducted on 02/15/2012 by the Nursing Administration team to ensure the facility is protecting resident's rights and maintaining dignity and respect. 6. No other residents were affected by the alleged deficient practice. 7. RNs, LPNs, KMAs and CNAs were in-serviced by the Nursing Administration team on 03/01/2012, 03/02/2012, 03/03/2012 and 03/04/2012 on resident's rights and maintaining resident's dignity. 8. A QA will be conducted by Director of Nursing or designee (Unit Managers) on 5 residents a week for 12 weeks to ensure the facility is protecting residents rights as well as maintaining dignity and respect by performing resident interviews, making rounds and assessing non-interviewable residents. 9. The Administrator will ensure continued compliance.	3/5/12

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F 241	Continued From page 2 Interview with the Director of Nursing (DON), on 02/16/12 at 3:00 PM, revealed all residents should be kept covered during care and the privacy curtains pulled and the door shut while staff were providing care to the resident. She further stated that CNA #5 should have covered the resident before she left the room, as well as had the privacy curtain pulled and the door shut.	F 241		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which	F 441	F 441 Infection Control, Prevent Spread, Linens The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. 1. Resident #3 was not adversely affected by the alleged deficient practice. 2. Physical Therapy #1, CNA #5 and CNA #6 was in-serviced on our Isolation Quarantine policy 02/16/2012 by the Unit Manager. 3. The Isolation/Quarantine policy was reviewed by the Corporate Director of Nursing and Medical Director and was revised on 02/17/2012 to ensure all staff giving resident care wears gloves. 4. All staff including the Blue Sky therapy staff was in-serviced on 03/01/2012, 03/02/2012, 03/03/2012 and 03/04/2012 by the Director of Nursing and Nursing Administrative team.	

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F 441	Continued From page 3 hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy and training material, it was determined the facility failed to establish and maintain an infection control program to prevent the spread of infection for one (1) of three (3) sampled residents, Resident #3. Observation on 02/15/12 and 02/16/12 revealed staff failed to follow the policy related to glove use when entering Resident #3's room, who was on contact precautions. The findings include: Review of the facility's policy, titled "Isolation/Quarantine", not dated, revealed for contact isolation precautions latex gloves are indicated for all persons entering the room. Record review of the Infection Control Handout, titled "Only you can prevent the spread of germs", not dated, revealed Extended Spectrum Beta Lactamase (ESBL) bacteria is different from other super bugs, because ESBL does not refer to one specific kind of bacteria, instead it refers to antibiotic busting enzymes that many different	F 441	5. A QA will be conducted by the Director of Nursing or designee (Unit Managers) on 3 residents a week, who require contact precautions, for 12 weeks by monitoring hand washing, personal protective equipement use and interviewing staff about isolation and necessary percautions. 6. The Administrator will ensure continued compliance.	3/5/12

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F 441	Continued From page 4 kinds of bacteria can produce. Further review revealed many different species of bacteria can produce the ESBL enzyme, and are commonly responsible for Urinary Tract Infections (UTIs). Further review revealed patients with ESBL are on contact precautions, and the number one method of infection prevention is hand washing. Further review revealed nurses and other healthcare personnel must wash hands and don gloves when working with these patients. Record review revealed the facility admitted Resident #3 on 03/31/07 with diagnosis which included Hypertension (high blood pressure), Arthritis, and Osteoporosis. On 01/11/12 the facility assessed Resident #3 using the Minimum Data Set (MDS) Assessment as having a Brief Interview for Mental Status (BIMS) score of nine (9), meaning the resident was slightly cognitively impaired. Record review revealed a urine culture completed on 02/13/12 for Resident #3 that identified ESBL in the urine. Interview with the Director of Nursing (DON), on 02/16/12 at 3:00 PM, revealed the resident was placed on contact isolation precautions on 02/13/12 due to the urine culture results. Observation, on 02/15/12 at 11:00 AM, revealed outside Resident #3's room there was a sign stating 'see the nurse before entering' and a rack hanging on the door which contained masks, gloves, and gowns. Further observation revealed Physical Therapy (PT) #1 entered the resident's room to answer the call light without putting on gloves. Further observation revealed PT #1 touched the resident's call light to turn it off, touched the resident's closet door while looking for clothes per the resident's request, touched the	F 441		

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F 441	Continued From page 5 resident's nightstand drawer, and placed her hand on the resident's bed touching the linen. Interview with PT #1, on 02/15/12 at 11:15 AM, revealed she was aware the resident had ESBL and she thought gloves were only required when coming into contact with the resident's urine. Continued interview revealed if staff did not know what protective gear to put on before entering the resident's room, they should ask the nurse before entering. Observation on 02/15/12 at 2:00 PM, revealed Certified Nursing Assistant (CNA) #5 answered Resident #3's call light, entering the room without putting on gloves. Further observation revealed CNA #5 touched the resident's call light to turn it off, then proceeded to touch the resident's nightstand, and then placed her hand on the resident's bedspread towards the resident's hips. Interview with CNA #5, on 02/15/12 at 2:10 PM, revealed she only wore gloves when providing perinea care for Resident #3 or when she was touching soiled linens. She further stated the urine was contained therefore she did not need to wear gloves unless she was providing direct care. Observation, on 02/16/12 at 9:30 AM, revealed CNA #6 was in Resident #3's room talking to the resident and touching the nightstand drawer looking for the resident's puzzle. Continued observation revealed CNA #6 patted the resident on the arm and then on his/her leg, without gloves on. Interview with CNA #6, on 02/16/12 at 9:45 AM, revealed as long as she did not touch soiled	F 441		

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F 441	Continued From page 6 linens or give direct care, she did not need to wear gloves. Further interview revealed the bedding she touched without gloves on could have been soiled, so she should have been wearing gloves. Interview with Registered Nurse (RN) #1, on 02/14/12 at 2:45 PM, revealed anytime staff entered a resident's room that was in contact isolation for ESBL, staff should wear gloves. She further stated staff should wear gloves the entire time they were in the resident's room. Interview with the DON, on 02/16/12 at 3:00 PM, revealed as long as staff washed their hands and did not come into direct contact with urine, they did not need to wear gloves. Further interview revealed per the infection control policy, staff should have wore gloves when in the resident's room.	F 441		
F 463 SS=D	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policies, it was determined the facility failed to ensure all residents had a means of directly contacting their caregivers from their room, for one (1) of three (3) sampled residents, Resident #1. The failed to	F 463		

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F 463	Continued From page 7 ensure Resident #1's call light was accessable and within reach. The findings include: Review of the facility's policy, titled "Answering Call Lights", not dated, revealed when the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident. Record review of the facility policy, titled "Resident's Bill of Rights", not dated, revealed the resident has the right to have all reasonable requests and inquiries responded to promptly. Tecord review revealed the facility admitted Resident #1 on 01/27/12 with Diagnosis which included Neurogenic Bladder, Diabetes Mellitus, Paraplegia, Multiple Sclerosis (MS), Anxiety Disorder, Asthma, and Dysphagia. On 02/03/12 the facility assessed the resident using the Minimum Data Set (MDS) Assessment as having a Brief Interview for Mental Status (BIMS) score of fifteen (15), meaning the resident was assessed as being cognitively intact. The resident was further assessed using the MDS as being total depdence with two (2) person assist for transfers, locomotion on and off the unit, and toilet use. Observation, on 02/16/12 at 9:15 AM, revealed Resident #1 lying in bed and Certified Nursing Assistant (CNA) #6 was clipping the resident's call light to the right side of his/her gown, on the shoulder. Further observation revealed CNA #6 left the room without asking the resident if he/she could reach the call light. Continued observation revealed when the resident tried to push the call light he/she was unable to reach the call light with	F 463	F 463 Resident Call System-Rooms/Toilet/Bath The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. 1. Resident #1 was not adversely affected by the alleged deficient practice. 2. CNA #6 adjusted the placement of the touch pad call ligth and ensured resident was able to utilize the device on 02/16/2012 around 9:30am. 3. Unit Manager assessed and interviewed resident #1 on 02/16/2012 to ensure the call light was within reach, resident was able to utilize device, and resident's needs were met. Resident #1 confirmed her needs were met by CNA #6 adjusting the placement of her touch pad call light.	

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F 463	Continued From page 8 his/her left hand or chin. Interview with Resident #1, on 02/16/12 at 915 AM, revealed he/she was unable to use his/her right hand and had very limited extension of the left arm. The resident further stated staff never asked him/her if he/she could reach the call light before they left the room. Further interview revealed staff often left the resident's room with the call light out of his/her reach. Interview with CNA #6, on 02/16/12 at 9:30 AM, revealed Therapy had stated the call light needed to be left on the resident's chest so that he/she could use his/her chin as well as the left hand to activate the call light. She further stated she should have asked the resident if he/she could reach the call light before she left the resident's room. Interview with Masters of Physical Therapy #1, on 02/16/12 at 1:45 PM, revealed she had stated the call light should be on the resident's chest under his/her chin so that the resident could use his/her chin as well as his/her left hand to activate the call light, not on his/her shoulder. Interview with Registered Nurse (RN) #1, on 02/16/12 at 2:45 PM, revealed staff should always ask the resident if the call light is in reach before they leave the room. She further stated CNA #6 should have asked Resident #1 if he/she was able to use the call light before she left the resident's room. Interview with the Director of Nursing (DON), on 02/16/12 at 3:00 PM, revealed before CNA #6 left the room she should have made sure the resident	F 463	4. CNA #6 was in-serviced on the facility's call light policy on 02/16/2012 by the Unit Manager. 5. A facility audit was conducted on 02/16/2012 by the Nursing Administrative team to ensure compliance of the facility call light policy. This audit included walking rounds checking each resident's room to ensure call light was within reach and assessing the ability each resident to utilize the device. 6. No other residents were affected by the alleged deficient practice. 7. RNs, LPNs, KMAs and CNAs were in-serviced on the facility's Call Light policy on 03/01/2012, 03/02/2012, 03/03/2012 and 03/04/2012. 8. A QA will be conducted by the Director of Nursing or designee (Unit Managers) on 5 residents a week for 12 weeks. The QA consist of resident interviews and assessments to ensure proper placement and ability to utilize the device and call light functionality and response time.	3/5/12

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F 463	Continued From page 9 could reach the call light.	F 463	9. The Administrator will ensure continued compliance.	