

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

PRINTED: 08/31/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2010
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NAME OF PROVIDER OR SUPPLIER PARK TERRACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9700 STONESTREET ROAD LOUISVILLE, KY 40272
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F 000	INITIAL COMMENTS A Nursing Home Initiative standard health survey was conducted beginning at 2:00pm on 08/15/10 - 08/18/10. A Life Safety Code survey was conducted on 08/17/10. Deficiencies were cited with the highest scope and severity of an "F" with the facility having the opportunity to correct before remedies would be imposed.	F 000		
F 225 SS=E	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported	F 225	The facility will not employ individuals who have been found guilty by a court of law or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authority. The facility did clarify with contract provider of State abuse aide registry checks and criminal back ground checks that the source includes State nurse aide registry in all 50 states. The facility reviewed each	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X9) DATE 9/7/10

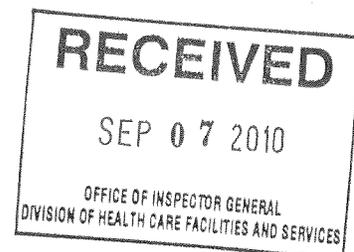
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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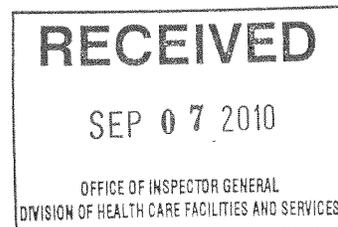
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F 225	Continued From page 1 to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined the facility failed to ensure all employee personnel files had Kentucky and out of state nurse aide abuse registry checks when appropriate. Four (4) of ten (10) employee files did not have out of state nurse aide abuse registry checks and five (5) of ten (10) employee files did not have Kentucky registry checks. The findings include: Review of the policy on Abuse and Neglect Procedural Guidelines, not dated, revealed all potential employees are screened for a history of abuse, neglect or mistreatment of patients during the hiring process. It will consist of, but is not limited to the following: 1) state licensing authorities; 2) state nurse aide abuse registry verification; 3) reference checks; and 4) criminal background checks of non-professional staff. Review of five (5) employee personnel files revealed one nursing assistant hired 06/30/10, one nursing assistant hired 07/28/10, and one housekeeper hired 08/30/10 did not have evidence of nurse aide abuse registry check in Kentucky. In addition, two of these nurse aides worked in Virginia and Michigan without evidence	F 225	employee file, state nurse aide abuse registry results and criminal back ground check to ensure each employee was eligible for employment according to guidelines. Human Resources was trained on campus requirements to ensure State nurse aide abuse registries in each state where the applicant worked has checked prior to hire and that applicant meets guidelines employment according to standard. Executive Director or DON will review State nurse aide abuse registry results prior to hiring applicant at the campus. The Q.A. Committee will review new employee files quarterly to ensure compliance and take immediate corrective action if deficit practice is identified.	9/9/10



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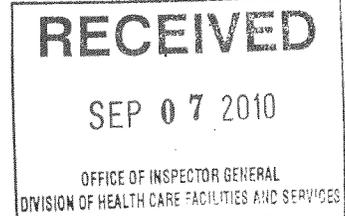
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F 225	<p>Continued From page 2</p> <p>of nurse aide abuse registry checks in those states.</p> <p>Review of an expanded sample of five (5) additional employee personnel files revealed one nursing assistant hired on 05/31/10 and an activity assistant hired on 05/31/10 did not have evidence of a Kentucky nurse aide abuse registry check. In addition, two nursing assistants hired on 06/30/10 did not have nurse aide abuse registry checks in Illinois and Indiana.</p> <p>Interview with Human Resources (HR) on 08/18/10 at 8:30am revealed she did not know she had to keep evidence of the registry checks if the employee was not listed on the registry. Three of Kentucky checks were completed on 08/17/10 with hire dates of 06/30/10 and 05/31/10. One was completed 08/04/10 with a hire date of 07/28/10 and one was completed on 08/05/10 with a hire date of 07/28/10. In addition, one out of state check was completed on 08/17/10 with a hire date of 07/28/10 and three out of state checks were completed on 08/18/10 with hire dates of 06/30/10.</p> <p>Interview with the Administrator on 08/17/10 at 2:35pm revealed the HR was a new person and needed more training. An HR audit was completed; however, but the error was not detected. The facility was dependent on the contract company's results.</p>	F 225	
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p>	F 253	<p>The facility will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p>



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F 253	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure housekeeping and maintenance services necessary to maintain a safe environment were provided for twelve (12) rooms throughout the facility. Room #347 had a pull-cord for the overhead light which was too short for the resident to reach, and the remaining eleven (11) rooms had no overhead pull-cords for lights. The findings include: Observation during the initial tour of the facility on 08/15/10 and further observations on 08/16/10, 08/17/10, and 08/18/10 revealed rooms #214, #216, #242, #244, #308, #321, #319, #336a, #337b, #347b, 346b, and #342b were found without resident pull-cords for the overhead lighting. An interview with Resident #9 on 08/18/10 at 9:00am revealed the ceiling light in the resident's room is always turned on from the wall outlet. However, the resident stated this light is too bright and he/she would rather use the overhead light but it never gets turned on. An interview with Resident #2 on 08/16/10 at 10:50am during the group interview revealed that the overhead lighting cord above the bed was too short for the resident to reach; therefore, the resident had to request the assistance from staff to turn the light on and off. An interview with the Environmental Supervisor, on 08/18/10 at 10:00am, during the environmental	F 253	The Maintenance Director replaced overhead pull cords for over bed lights for the eleven rooms identified. The Housekeeping staff inserviced on checking over bed light pull cords during daily room cleaning and instructed to complete a maintenance work order if cord to short for the resident to reach from the bed or missing. The Maintenance Director will monitor over bed light call cords during weekly rounds and submit rounds to the Q.A. Committee for review and corrective action as needed.	9/12/10



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F 253	Continued From page 4 walk-through revealed, if housekeeping identifies any maintenance concerns, a maintenance request form is filled out. The maintenance department staff is responsible to check for maintenance request forms, to fix the problem, and to let the staff know that the problem was resolved. The Environmental Supervisor further revealed some residents are able to stand and turn their own overhead lighting on/off. However, the Maintenance Director did state that he could see there would be a problem if the resident was in the bed and could not reach the overhead light pull-cord. Review of the maintenance request record from 12/09 to 07/10 revealed documentation of thirteen (13) other resident rooms with missing or too-short overhead lighting pull-cords.	F 253		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to keep tray carts free from soiled black and brown substances, a three tier serving cart free from water on all three shelves, and utilizing food from	F 371	The facility will (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions. The Dietary of Food Service cleaned the tray carts in service at the campus and placed on a routine cleaning schedule. The DFS inserviced dietary staff on cleaning carts and routine cleaning schedule which also included requirement to ensure three tier serving cart are free from standing	

