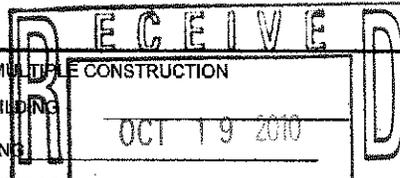


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/29/2010
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185408	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2010
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NAME OF PROVIDER OR SUPPLIER LIBERTY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 616 S. WALLACE WILKINSON BLVD, PO BOX 1435 LIBERTY, KY 42539
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(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	F 000		
F 334 SS=E	<p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's</p>	F 334		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Marcella Hodges* TITLE: *Executive Director* (X6) DATE: *10/8/10*

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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F 334	Continued From page 1 legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to administer and/or appropriately document influenza immunizations for four (4) of nineteen	F 334			

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F 334	Continued From page 2 (19) sampled residents. Resident #9 was documented to have refused the influenza vaccine for 2009, however, resident #9 was assessed to be unable to make health care decisions, and the resident's Responsible Party was not notified of the refusal. Resident #14 reportedly received the 2009 influenza vaccine at a dialysis clinic, however, the resident's chart failed to contain information regarding the immunization. Resident #7's Responsible Party had signed facility influenza consent forms indicating resident #7 was not to receive the immunization, however, the resident was administered the vaccination without informing the Responsible Party. Resident #15 did not receive an influenza immunization due to a possible allergy to eggs. However, the resident's family denied that resident #15 had an allergy to eggs. The findings include: 1. Resident #7 was admitted to the facility on January 2, 2010, with diagnoses including Alzheimer's Disease.	F 334		
	An observation of resident #7 on September 14, 2010, at 12:20 p.m., revealed the resident to be in the dining room, alert but unable to answer questions appropriately. A review of resident #7's Minimum Data Set (MDS) assessment dated July 13, 2010, revealed the resident was moderately cognitively impaired. A review of resident #7's medical record revealed a Vaccine Information Sheet Acknowledgment form signed and dated on January 2, 2010, by resident #7's Responsible Party indicating resident #7 was not to receive an influenza			

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F 334	<p>Continued From page 3</p> <p>immunization. However, a review of the resident's Immunization Record revealed the facility had administered resident #7 the influenza vaccine on January 15, 2010.</p> <p>On September 15, 2010, at 9:45 a.m., an interview was conducted with the Staff Development Coordinator (SDC), who is responsible for administering the annual influenza immunizations to residents. The SDC was unable to explain why resident #7 had received the vaccination against the Responsible Party's wishes, and had been unaware of the discrepancy until brought to his/her attention by the surveyor.</p> <p>2. Resident #9 was admitted to the facility on November 15, 2007, with diagnoses including Psychosis and Dementia. A review of resident #9's Minimum Data Set (MDS) assessment dated July 2, 2010, revealed the resident was severely cognitively impaired, and further review of the resident's medical record revealed resident #9's daughter made resident #9's health care decisions.</p>	F 334			
	<p>An observation of resident #9 on September 14, 2010, at 12:20 p.m., revealed the resident to be alert but cognitively impaired and unable to answer questions appropriately.</p> <p>A review of resident #9's Vaccine Information Sheet Acknowledgment forms signed by the resident's Responsible Party (RP) for 2007 and 2008 revealed the RP had requested that resident #9 receive influenza immunizations. A review of the Immunization Record for resident #9 confirmed the resident had received influenza immunizations in 2007 and 2008. However, the</p>				

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F 334	<p>Continued From page 4</p> <p>Immunization Record revealed on October 23, 2009, resident #9 "refused" the vaccine, even though a Vaccine Information Sheet Acknowledgment form was not completed for 2009. Further review of the resident's medical record revealed no further documentation regarding the resident's influenza immunization status for 2009.</p> <p>On September 15, 2010, at 9:45 a.m., an interview was conducted with the Staff Development Coordinator (SDC), who is responsible for administering the annual influenza immunizations to residents. The SDC stated he/she could not specifically recall how resident #9 demonstrated refusal to the vaccine stating, "I guess [he/she] said no, or pulled away." The SDC confirmed resident #9's Responsible Party had not been contacted regarding the refusal, despite the daughter being responsible for the resident's health care decisions. Additionally, the SDC could provide no evidence that resident #9 had been offered the immunization at any other time after the initial refusal by the resident.</p> <p>A review of the facility's Immunization policy dated October 1, 2007, revealed residents would be offered the influenza vaccine annually. However, the policy failed to address what steps would be taken if a cognitively impaired resident who had been assessed to be unable to make health care decisions refused the immunization.</p> <p>3. Resident #14 was admitted to the facility on June 16, 2009, with diagnoses including End Stage Renal Disease, resulting in resident #14 receiving Hemodialysis.</p> <p>A review of resident #14's medical record</p>	F 334			

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F 334	<p>Continued From page 5 including the resident's Immunization Record revealed no documentation regarding the resident's influenza immunization status for 2009.</p> <p>An interview was conducted with resident #14 on September 16, 2010, at 12:14 p.m. Resident #14 stated he/she had received the influenza immunization in 2009 at the dialysis clinic.</p> <p>An interview was conducted on September 16, 2010, at 12:45 p.m., with the Staff Development Coordinator (SDC), who is responsible for the annual influenza immunizations to residents. The SDC stated that although he/she was responsible for influenza immunizations to residents, it was not his/her responsibility to document resident #14's immunization status since the resident received the vaccination at the dialysis clinic. The SDC stated the Unit Supervisor (US) should have documented the immunization in resident #14's medical record, however, could provide no policy/procedure or rationale for that assumption.</p> <p>An interview with the US on September 15, 2010, at 9:30 a.m., revealed the SDC was responsible for administering and documenting residents' influenza immunization status.</p> <p>4. Resident #15 was admitted to the facility on October 23, 2008, with diagnoses which included Alzheimer's Disease, Hypertension, Endocarditis, and Congestive Heart Failure.</p> <p>A record review revealed resident #15 had not been administered an influenza immunization due to a possible allergy to eggs; however, eggs were not listed as an allergy in the resident's record.</p> <p>A family interview conducted with resident #15's</p>	F 334			

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F 334	Continued From page 6 daughter on September 16, 2010, at 12:10 p.m., revealed the resident was not allergic to eggs and ate eggs while at the facility. An interview conducted with the SDC on September 16, 2010, at 10:35 a.m., revealed the SDC was not aware that resident #15 was not allergic to eggs (according to family) and had not considered further evaluation regarding the resident's possible allergy to eggs or the need for influenza immunization.	F 334			
F 469 SS=E	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to maintain an effective pest control program so the facility was free of pests. Observations of the North Unit's dining/day room on September 14, 2010, revealed numerous flies were observed on residents' food and residents' dinnerware/tables during meals. The findings include: Observations of the noon meal on September 14, 2010, at 12:25 p.m., in the North Unit dining/day room revealed five cognitively impaired residents at the table eating the noon meal. A large number of flies were observed to be crawling on the dining table, residents' food, and the	F 469			

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F 469	<p>Continued From page 7</p> <p>residents. Five flies were observed to be crawling on the table around resident #9's plate, and two flies were observed on the resident's hand/arm. At 12:27 p.m., seven flies were observed crawling on the table in and around the resident's food. At 12:35 p.m., ten flies were observed to be on the table with three residents continuing to eat the meal. At 12:45 p.m., three residents remained eating and eight flies were observed crawling on the table. Two flies were observed on an unsampled resident's arm and two flies were crawling on the resident's plate.</p> <p>On September 14, 2010, at 12:25 p.m., an interview was conducted with the Unit Supervisor (US), who was present in the dining/day area for the meal. The US stated he/she observed the multiple flies in and around the residents' food and on the residents. The US stated the facility had recently switched to a new pest control company, and "had thought the flies had got better." After the interview and observing the flies, the US left the area, and no attempts were made to minimize the impact of the pests or remove the residents to another area to finish the meal. Residents were observed to ingest food items on which multiple flies had crawled.</p> <p>Interviews were conducted with residents during the Quality of Life Assessment Group Interview on September 15, 2010, at 11:00 a.m. The residents reported that flies were a problem in the facility and that flies were worse on the North wing of the building. Additionally, an interview was conducted on September 14, 2010, with resident #11, at 12:40 p.m., and resident #11 stated, "Damn flies, shit ass flies worry the hell out of you."</p>	F 469			

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F 469	<p>Continued From page 8</p> <p>Observations of the evening meal in the North Unit dining/day area on September 14, 2010, from 5:15 p.m. until 5:50 p.m., revealed a large number of flies were again present around and on residents' food, and the residents. Five cognitively impaired residents were observed to ingest food items on which multiple flies had crawled. At 5:25 p.m., the surveyor requested the Director of Nursing (DON) observe the evening meal. At 5:30 p.m., a fly was observed to be crawling on resident #8's plate. At 5:35 p.m., a fly was observed to be inside the resident's milk glass that contained unfinished milk.</p> <p>A review of the facility's pest control contract/documentation revealed the facility had recently changed pest control companies, and had been inspected/treated twice by the new company, in August and September 2010. An interview was conducted on September 14, 2010, at 4:50 p.m., with the exterminator who was present in the facility. The exterminator stated he/she had treated the facility for the first time last month (August 2010). The exterminator stated he/she had made several recommendations to decrease the fly infestation which the facility had not initiated. The exterminator stated he/she had suggested the facility repair the screens in the enclosed screened smoking area adjacent to the back door of the facility, stop propping the doors of the screened area open, remove the grill that was adjacent to the screened area, and remove piled up debris from around the facility. However, observations with the exterminator on September 15, 2010, at 4:50 p.m., revealed the screens had not been repaired, both doors to the screened area were propped open, the grill was adjacent to the screened structure, and debris was noted around the exterior of the facility.</p>	F 469		

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F 469	Continued From page 9 An interview was conducted on September 14, 2010, at 5:50 p.m., with the Administrator, who revealed the facility was aware of the fly infestation, and had subsequently changed pest control companies. The Administrator stated the facility had seen an improvement in the fly infestation since switching to the new company, and was surprised at the large number of flies in the facility on the North Unit. However, the Administrator was reportedly unaware the exterminator had made recommendations in August 2010, regarding the fly infestation that had not been initiated as of September 14, 2010.	F 469			

F469 483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM

Liberty Care Center will continue to maintain an effective pest control program so that the facility is free of pests and rodents.

All residents who reside at Liberty Care Center have the potential to be affected by the fly infestation problem but residents who live on the North Wing have a greater potential to be affected by this problem.

Screens to the employee smoking area at the rear of the building were repaired on September 17, 2010.

Doors to the employee smoking area were affixed with door closures that cause the doors to close automatically instead of stand open when people enter or exit through them on September 17, 2010. Each door has signage that instructs that the doors are to be kept closed at all times and not to be propped open. Vendors entering the building from the rear have been told to keep the doors closed between loads.

The grill was removed to an area away from the screened in smoking area during the survey on 9/14/10.

Debris that was piled up around the facility was hauled away on October 11, 2010.

During the annual survey, the Ecolab exterminator was in the facility addressing the fly issue. The perimeter of the facility was sprayed as well as the North Wing day room (lobby area). A reclining chair that had food dropped down the sides was removed and discarded. The floor under the soda vending machine was cleaned and the vending company was notified to come into the facility to clean the interior of the soda machine. This occurred on 9/14/10.

A second "bug light" was added to the North Wing during the survey (9/14/10) and a third light has been added since the survey (9/21/10).

On 9/22/10 screens were affixed to windows at the maintenance area and the back of the building to eliminate areas of access for flies to enter.

The patio area on the North Wing has been cleaned and scrubbed down and the trash can removed from the area. This area is cleaned routinely by the housekeeping staff of Liberty Care Center.

The Ecolab exterminator has been instructed to leave his invoice with recommendations in the mailbox of the Executive Director who will in turn review it with the Maintenance Director to ensure recommendations are followed up on.

Staff will be inserviced on 10/14-10/17 during regularly scheduled staff meetings on the process for handling fly issues and particularly fly issues that arise during the meal

service times. They will also be inserviced regarding the need to keep doors to the employee smoking area closed at all times to keep flies and other pests from entering the building.

On her daily rounds, the Housekeeping Supervisor will observe for flies and/or other pests in the facility. Problems identified will be reported to the Maintenance Director and reported to the IDT in the morning stand up meeting to be followed up by use of the whiteboard process.

On their weekly walking rounds, the Executive Director and Maintenance Director will include observation for flies and/or other pests to ensure the facility pest control program is effective. Any problems identified will be addressed at that time.

The Executive Director or her designee will request to attend the monthly Resident Council meeting for three months and quarterly thereafter to ask residents if the fly(pest) situation has improved. Any concerns will be addressed at that time.

Results of the walking rounds and interview with Resident Council will be brought to the IDT in the monthly Performance Improvement meeting by the Executive Director. This process will continue three months and quarterly thereafter until this situation is resolved.

Date of correction: October 18, 2010