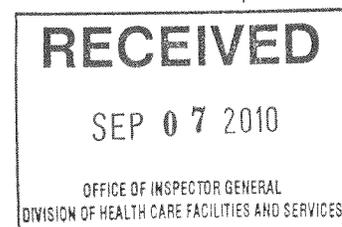


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CENTERS FOR MEDICARE & MEDICAID SERVICES

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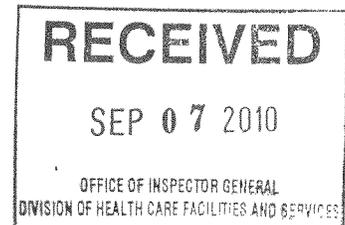
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/18/2010	
NAME OF PROVIDER OR SUPPLIER  PARK TERRACE HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 STONESTREET ROAD LOUISVILLE, KY 40272		
(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 371	<p>Continued From page 5</p> <p>an outside source not approved by the federal, state and local authorities.</p> <p>The findings include:</p> <p>Observations made on 08/17/10 at 4:45pm of tray delivery at dinner time revealed a black cart with standing water in each of the three shelves. The top shelf was observed to have coffee, fruit punch, lemonade, cups and coffee mugs that were sitting on top of the standing water. The last two shelves were observed to have nothing on them except standing water. Observation made of the tray cart revealed a dark brown substance down the inside of a door and spills on the bottom ledge. A black substance was also observed inside the door around the unit's perimeter.</p> <p>Observation of the resident council minutes dated 08/09/10 at 10:30am revealed the Dietary Manager used cucumbers from an employee's personal garden.</p> <p>Interview with the Assistant to the Activity Director on 08/17/10 at 3:03pm revealed that she remembered the Dietary Manager talking about using cucumbers from an outside source. The donation from the staff member came from her own garden which was located at her house.</p> <p>Interview with the Director of Resident Services on 08/17/10 at 3:20pm revealed that she wrote the minutes for the resident council meetings and on Friday's residents had choice menus. Cucumber and tomato salad was the choice and they received the cucumbers from a Certified Nursing Assistant. The Director of Resident Services further stated that they have used vegetables from employees' gardens before.</p>	F 371	<p>from standing water after sanitizing or placing item on for food service. Department Managers inserviced on requirement for all food being procured for resident consumption to be purchased or provided by source approved by the Federal, State or local authorities to ensure resident safety.</p> <p>Nursing staff inserviced on ensuring three tier black carts used for beverages during tray pass are free of standing water prior to use. DFS, ED and DON will observe meal service during meal manager program to ensure sanitary standards are met and take immediate corrective action if deficit practice is identified. The facility will monitor dietary sanitation with semi-annual Peer Review Audits review by the Q.A. Committee and observation reports completed by Dietary Home Office support.</p>	9/12/10



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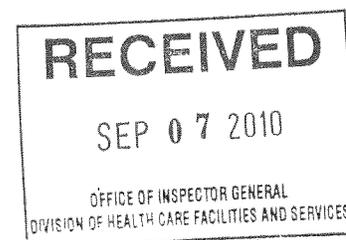
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F 371	Continued From page 6	F 371		
F 502 SS=E	<p>Interview with Dietary Manager on 07/18/10 at 8:53am revealed that he did not have anyone assigned to cleaning carts and that dirt, grime and mold could grow from un-cleaned carts. The Dietary Manager also noticed the water on the black carts and stated bacteria could grow when water sits on carts. The Dietary Manager further stated that he remembers receiving cucumbers from a staff member to make a cucumber tomato salad. He stated that they should be receiving produce from a comparable buyer.</p> <p>483.75(j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure laboratory supplies were not expired. Observations revealed two (2) out of four (4) treatment carts had expired Chemistry Test Strips (Chem Strips) bottles dated 02/10 on the bottle.</p> <p>The findings include:</p> <p>The facility could not produce any policy and procedure on checking and removing expired stock from use.</p> <p>Observation of the 2nd Floor South Treatment Cart revealed one bottle of Chem Strips with an expiration date of 02/10 and available for use by</p>	F 502	<p>The facility will provide or obtain laboratory services to meet the needs of its residents. The facility will be responsible for the quality and timeliness of the services. The facility disposed on the expired Chemistry Test Strips located in two treatment carts.</p> <p>The nursing staff inserviced on checking expiration date prior to using Chemistry Test Strips and dispose of expires strips and report</p>	



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F 502	<p>Continued From page 7 staff.</p> <p>Observation of the 3rd Floor South Treatment Cart revealed one bottle of Chem Strips with an expiration date of 02/10 and available for use by staff.</p> <p>Interview with a Licensed Practical Nurse (LPN) on 08/17/10 at 11:40am revealed the facility staff person who used the chemistry strips was supposed to look to see if there was an expiration date.</p> <p>Interview with a Registered Nurse (RN) on 08/17/10 at 11:50am revealed that all of the Treatment carts were audited and checked weekly on either 2nd or 3rd shift to ensure there were no expired items. The staff member who used the Chem Strips for testing the residents' urine was ultimately responsible for checking the expiration date. The Nurse also stated the Chem. Strips were to be thrown away when they became expired.</p> <p>Interview with the Director of Health Services on 08/17/10 at 2:10pm revealed the staff were instructed to follow the manufacturer's recommendations. She stated if she had discovered expired Chem Strips, she would have replaced them. Expired test strips could result in an error of the results.</p>	F 502	<p>the need for replacement strips to Medical Records/Supply Manager. The Medical Records Supply clerk will check expiration of Chemistry Test Strips monthly with supply order to ensure strip are not expired and in need of being replaced.</p> <p>DON will review semi-annual pharmacy medication and treatment cart audits reports to ensure no expired strips are present and is use. The Q.A. Committee will review, analyze and trend audits to ensure corrective action is effective and develop action plan if deficit practice is identified.</p>	9/12/10



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K 000	INITIAL COMMENTS	K 000		
K 069 SS=D	<p>A Life Safety Code survey was initiated and concluded on 08/17/10. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was a "D".</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure fire extinguishers in the kitchen area were maintained according to NFPA standards.</p> <p>The findings include:</p> <p>Observation on 08/17/10 at 11:40am revealed that the K type fire extinguisher did not have the proper sign. The observation was confirmed with the Plant Operations Manager.</p> <p>Interview on 08/17/10 at 11:40am, with the Maintenance Director, revealed he was not aware the K type fire extinguisher needed a sign.</p> <p>Reference: NFPA 96 (1999 edition)</p> <p>7-2.1.1 A placard identifying the use of the extinguisher as a secondary backup means to the automatic fire suppression system shall be conspicuously</p>	K 069	<p>The facility will ensure fire extinguishers in the kitchen area are maintained according to NFPA standards.</p> <p>The Maintenance Director ordered a sign from Vanguard identifying the use of the extinguisher is a secondary backup means to the automatic fire suppression system in the cooking area in the kitchen.</p> <p>Dietary employees inserviced on when to use the K type fire extinguisher located in cooking area in the kitchen as a back up the automatic fire suppression system.</p> <p>The Maintenance Director will check for sign as required by NFPA standards during monthly rounds and include requirements with general orientation fire safety education.</p>	9/12/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Facilities Director* (X5) 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 30 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.

SEP 07 2010

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K 069	Continued From page 1	K 069		
K 073 SS=D	<p>placed near each portable fire extinguisher in the cooking area.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>No furnishings or decorations of highly flammable character are used. 18.7.5.2, 18.7.5.3, 18.7.5.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure that decorations used in the facility were non combustible. <span style="float: right;">p1</span></p> <p>The findings include:</p> <p>Observation on 08/17/10 at 12:26pm revealed the following resident's doors had combustible decorations attached to them: rooms 315, 319, and 321. The observation was confirmed with the Plant Operations Manager.</p> <p>Interview on 08/17/10 at 12:26pm, with the Plant Operations Manager, revealed the facility does not treat decorations with flame retardant spray.</p> <p>Reference: NFPA 101 (2000 edition)</p> <p>18.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless they are flame-retardant. Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.</p>	K 073	<p>The facility will ensure no furnishings or decorations of highly flammable character are used in the facility.</p> <p>The Maintenance Director has ordered a flame retardant spray to treat decorations on the doors of rooms 315, 319, and 321.</p> <p>The Executive Director has notified residents and families at the campus of the requirement required to treat decorations located outside the residents rooms with a flame retardant spray prior to placement on the residents doors.</p> <p>The facility will educate new admissions and families at the time of admission on decoration treatment requirements.</p> <p>The campus will include information periodically in monthly news letters to residents and families.</p>	9/12/10

