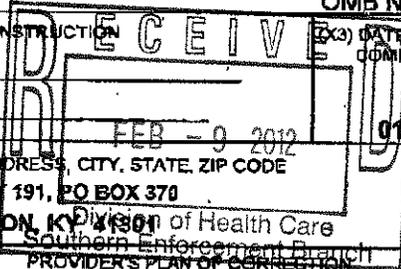


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2012
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NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191, PO BOX 370 CAMPTON, KY 40301
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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
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F 000 F 253 SS=E	<p>INITIAL COMMENTS</p> <p>A standard health survey was conducted on 01/16-19/12. Deficient practice was identified with the highest scope and severity at "E" level.</p> <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> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide effective housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Observations throughout the facility revealed a door with splintered edges, a bedside commode with chipped covering on the seat, and a wheelchair and geri-chair in need of repair.</p> <p>The findings include: A review of the facility's monthly maintenance calendar (no date) revealed resident rooms were to be checked for needed repairs every Wednesday, Thursday, and Friday. However, no log was available to verify resident room checks were made and needed repairs were performed.</p> <p>Observations of the facility from 01/18/12 through 01/19/12, revealed the following areas were in need of repair.</p>	F 000 F 253	<p>see attachment for F253</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Juan Arnold</i>	TITLE <i>Administrator</i>	(X6) DATE <i>2/9/12</i>
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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.

Received Time Feb. 9. 2012 5:06PM No. 5374

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NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 860 HWY 181, PO BOX 370 CAMPTON, KY 41301		
(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 253	Continued From page 1 1. The bathroom door in resident room 215 had rough edges that exposed splintered wood. 2. A bedside commode with chipped covering on the seat was observed in the bathroom of room 207. 3. The wheelchair in room 215 was observed to have a torn armrest. Several layers of transparent tape were observed on the wheelchair armrest. 4. A geri-chair in room 125 was observed to have a torn/worn armrest. An interview conducted with the Maintenance Director on 01/19/12, at 11:15 AM, revealed staff was to complete a work order and place in the Maintenance Director's box when they observed anything in need of repair. According to the Maintenance Director, work orders were reviewed every morning (Monday through Friday) and repairs that affected residents and their safety were completed before other repairs. The Maintenance Director reported he was unaware of any of the items that were identified in need of repair.	F 253			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary, and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract	F 315			

See attachment for F315

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F 315	<p>Continued From page 2</p> <p>infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview, and facility policy, it was determined the facility failed to provide appropriate treatment and services to prevent urinary tract infections for one resident (Resident #8) in the selected sample of twenty residents. Observations during the provision of indwelling catheter care for Resident #8 revealed Certified Nurse Aide (CNA) #1 failed to follow facility policy and cleansed the indwelling catheter tubing toward the insertion site of the resident's indwelling urinary catheter and cleansed the perineal area in upward strokes.</p> <p>The findings include:</p> <p>A review of the facility's policy titled Giving Catheter Care (not dated) revealed staff was to expose the urinary catheter insertion site. While holding the catheter tubing at the insertion site staff was to cleanse the catheter tubing with soap/water/washcloth from the insertion site out to at least four inches with one stroke. The policy further directed staff to rinse the catheter using the same method.</p> <p>Observation on 01/17/12, at 3:00 PM, of incontinence care for Resident #8 revealed CNA #1 failed to cleanse the catheter tubing in an outward motion from the insertion site when she cleansed the catheter tubing and failed to cleanse the resident's perineal area with downward motions from the catheter insertion site. The</p>	F 315			

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F 315 Continued From page 3
CNA used upward strokes when she cleansed the sides of the catheter insertion site and moved toward the insertion site when she cleansed the catheter tubing. CNA #1 was observed to use a towel to dry the areas but failed to rinse the areas clean. CNA #1 failed to rinse the catheter as directed by the facility's policy.

An interview on 01/18/12, at 2:00 PM, with CNA #1 revealed she realized she had failed to use appropriate technique when she provided catheter care to Resident #8. CNA #1 stated she failed to wipe in downward motions and failed to cleanse the catheter away from the resident as trained. CNA #1 stated she was nervous during the procedure and failed to provide the catheter care correctly. CNA #1 stated residents were more likely to have infections if staff did not use appropriate technique when cleaning catheters.

Interview on 01/18/12, at 2:35 PM, with the 200 Hall Supervisor revealed staff was expected to provide catheter care as outlined in the facility policy. The Supervisor stated staff should always cleanse the catheter tubing by cleansing away from the resident and cleanse the perineal area using downward strokes.

F 315

F 323

F 323 SS=E 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

F 323

F323 all attachment

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F 323	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the residents' environment remained as free from accident hazards as possible. Observation during the environmental tour of the 100 Unit on 01/18/12 through 01/19/12, revealed the facility failed to ensure over-the-counter medications, scissors, and a vegetable peeler were secured/locked and not accessible to residents. The findings include: An interview conducted with the Facility Administrator on 01/19/12, at 9:10 AM, revealed the facility did not have a policy specific to medications/personal items residents were allowed to keep at their bedside. The Administrator further stated over-the-counter medications and potentially hazardous items such as scissors or a vegetable peeler that are allowed to be kept in a resident's room are determined on an individual basis, due to some residents' ability to perform their own personal care. However, the Administrator further stated medications and/or potentially hazardous items should not be left out in open view, but should be placed in a drawer or a closet after use. 1. Observation on 01/18/12, at 2:45 PM, revealed an unopened Fleet brand enema on the bedside table in resident room 120. The package contained a warning label which read, "Keep out of children's reach. Harmful if swallowed."	F 323			

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F 323	<p>Continued From page 5</p> <p>2. Observation on 01/19/12, at 9:00 AM, revealed opened bottles of throat spray, saline nasal spray, and a vegetable peeler on the bedside table in resident room 108-2.</p> <p>3. Further observation on 01/19/12, at 10:25 AM, revealed a pair of scissors on the bedside table in resident room 105-1. A "STOP" sign barrier affixed with Velcro tabs was observed across the doorway entrance to room 105. The resident in 105-1 reported that on occasion other residents have come into the room uninvited.</p> <p>A review of the "Alarms" book at the 100 Unit nurses' station revealed 22 residents on the 100 Unit have a wandering bracelet alarm. The Unit Manager (UM)/Licensed Practical Nurse (LPN) #3 stated the list of wandering residents was current.</p> <p>An interview conducted with State Registered Nursing Assistant (SRNA) #11 on 01/19/12, at 9:20 AM, revealed Fleet Enemas should not be kept on a resident's bedside table, but should be locked up out of residents' reach. Further interview with SRNA #11 revealed she had been trained to observe for potentially hazardous items in the residents' rooms each time she enters a resident's room to provide care.</p> <p>An interview with the Director of Nursing (DON) on 01/19/12, at 11:05 AM, revealed staff was trained to observe for potentially hazardous items each time they entered the residents' rooms to provide care. If items are noted they should be put away in the resident's bedside drawer or the resident's closet. Further interview revealed that those residents who have been assessed on admission and determined to be competent to</p>	F 323			

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NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191, PO BOX 370 CAMPTON, KY 41301
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F 323	Continued From page 6 self-administer their own over-the-counter medication and/or keep sharp objects at their bedside, should be reminded by staff to keep medication and potentially hazardous items in a drawer or in the closet.	F 323		
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, it was determined the facility failed to provide foods that were palatable and at a preferable temperature during the evening meal on the 100 Unit of the facility on 01/16/12. The findings include: A review of the facility's policy entitled "Meal Pass" (no date) revealed residents' meal delivery would be served timely so that foods were received by residents at appropriate temperatures. The policy also revealed cold foods would be served at 41 degrees Fahrenheit or below, and hot foods would be served at 135 degrees or above. Observation of the evening meal service on 01/16/12, at 5:25 PM, revealed meals were delivered from the kitchen in a closed, unheated cart to the 100 Unit of the facility. At 6:00 PM, 35	F 364	<i>F364 all attachment</i>	

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F 364	<p>Continued From page 7</p> <p>minutes after the food cart was delivered to the floor, three trays remained on the cart. Temperatures were obtained and a food palatability test was performed on one of the three remaining trays. The temperatures and food palatability tests revealed the cabbage tasted lukewarm at 99 degrees Fahrenheit, the catfish tasted lukewarm at 96 degrees Fahrenheit, and the french fries tasted lukewarm at 93 degrees Fahrenheit. The food temperatures obtained were noted to be below the facility's policy of 135 degrees Fahrenheit or above.</p> <p>A group interview conducted with five alert and oriented residents on 01/17/12, at 10:00 AM, revealed foods they received at the facility that should be hot were not always served hot. The residents had not reported the issue to the facility, and had not addressed the issue in the Resident Council meetings.</p> <p>An interview conducted with State Registered Nursing Assistant (SRNA) #7 on 01/18/12, at 6:20 PM, revealed it usually took 20 to 30 minutes per food cart to pass the meal trays to the residents. The SRNA also stated she had been told to send a tray back if it had been on the meal cart for too long. The SRNA stated a tray should not sit on the meal cart for longer than 15 minutes before notifying the dietary staff to replace the tray. The SRNA stated she was unsure why it had taken them so long to pass the trays and she should have had the trays replaced.</p> <p>An interview conducted with SRNA #8 on 01/16/12, at 6:28 PM, revealed it usually took 15 to 20 minutes to pass meal trays. The SRNA</p>	F 364			

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F 364	Continued From page 8 stated she had been told by the facility not to leave a tray on the cart for longer than 15 minutes before notifying the dietary staff to replace the tray. The SRNA stated she was unsure why it took them so long to pass the trays, and revealed she should have called the Dietary Department and had the trays replaced. An interview conducted with the Dietary Manager (DM) on 01/18/12, at 9:25 AM, revealed a tray should not sit on the meal cart for more than 20 minutes. According to the DM, if a tray has been on the meal cart 20 minutes or more, dietary staff should be notified to replace the tray. The DM stated she audited test trays for quality two to three times every month.	F 364			
F 371 SS=E	483.35(j) 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 review of the facility's policy it was determined the facility failed to prepare and distribute food in a sanitary manner. Observation of the tray line for the evening meal on 01/16/12, revealed a cook failed to wash her hands between glove changes.	F 371	<i>See F371 attachment</i>		

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F 371	<p>Continued From page 9</p> <p>The findings include:</p> <p>Review of the facility dietary policies titled Proper Use of Gloves for Food Handling and Handwashing (not dated) revealed hands were to be washed before and after removing gloves and gloves should be changed frequently. The policies also directed staff to change gloves after touching any unsanitary item such as an oven door or refrigerator.</p> <p>Observation of the tray line for the evening meal on 01/16/12, revealed the cook left the tray line to obtain frozen french fries from the freezer. The cook was observed to open the walk-in freezer door with her gloved hands. The cook then opened the bag of frozen french fries by handling scissors with her gloved hands, placed the fries in a basket, and lowered the basket in the deep fryer. The cook removed her gloves and placed the empty bag from the french fries and her gloves in a large garbage can. The cook handled the lid of the trash can with her bare hands. The cook then donned clean gloves but failed to wash her hands between glove changes and after handling soiled/unsanitary items.</p> <p>Interview on 01/17/12, at 3:15 PM, with the cook revealed she was knowledgeable of the requirement to change gloves and wash hands after touching any contaminated surface. The cook stated she should have washed her hands before applying the clean gloves.</p> <p>Interview on 01/18/12, at 9:30 AM, with the Dietary Manager (DM) revealed gloves should be removed any time a cook needed to leave the</p>	F 371			

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F 371	Continued From page 10 serving line and hands should be washed before applying clean gloves. The DM stated staff should remove gloves and wash hands if any soiled item was touched.	F 371		

**Wolfe County Health & Rehabilitation Center
Annual Survey January 16-19, 2012
Plan of Correction**

F 253

- 1. The bathroom door in resident Room 215 has been repaired. The bedside commode in Room 207 was replaced during the survey. The arm rest for the wheelchair in Room 215 has been replaced. The arm rest for the geri chair in Room 215 has been repaired.**
- 2. Thorough environmental rounds have been conducted throughout the entire facility. Any identified concerns have been corrected.**
- 3. In-services were conducted by the Administrator, Director of Nursing and Nursing Supervisors with the nursing, housekeeping and maintenance staff on February 9th, 10th and 15, 2012. All environmental concerns identified in the survey were addressed. The In-services also stressed the importance of observing items in need of repair and reinforced the process to report any environmental concerns.**
- 4. The CQI Committee designer will conduct environmental rounds weekly for the next month, then monthly for the next quarter. The rounds will focus on observing for any needed repairs to the building or equipment. Any identified concerns will be corrected immediately and reported to the CQI Committee for further follow up.**
- 5. Completion Date: February 17, 2012.**

**Wolfe County Health & Rehabilitation Center
Annual Survey January 16-19, 2012
Plan of Correction**

F 315

1. Resident #8 is receiving catheter care per staff utilizing appropriate cleansing and rinsing technique of the catheter tubing and the residents' perineal area to prevent or reduce possibility urinary tract infections as much as possible.
2. All residents that utilize urinary catheters are receiving proper catheter care per professional guidelines with the staff cleaning the catheter from the insertion site outward and the perineal area being cleansed by wiping front to back. Staff members have been observed to ensure proper techniques are being utilized when providing catheter care. No irregularities were noted.
3. An in-service was conducted by the Director of Nursing and Nursing Supervisor on February 9th and 15th, 2012 with all nursing staff, including nurse aides and nurses, on providing catheter care per each resident's individualized plan of care. The in-service specifically addressed the importance of rinsing the catheter appropriately during the cleaning of the catheter tubing, and cleansing the perineal area using proper technique.
4. CQI Committee designee will observe 5 nurse aides, chosen at random, performing catheter care/peri care to ensure proper techniques are being followed. These audits/observations will be conducted on a weekly basis for one month, then monthly for the next quarter. Any identified concern will be corrected immediately and reported to the CQI Committee for further follow-up and review.
5. Completion Date: February 17, 2012

**Wolfe County Health & Rehabilitation Center
Annual Survey January 16-19, 2012
Plan of Correction**

F 323

- 1. The enema, over the counter medication, vegetable peeler and scissors were removed from the resident rooms.**
- 2. Thorough observations have been conducted in all resident accessible areas to ensure a safe environment free of accidental hazards.**
- 3. In-services have been conducted/scheduled with nursing, housekeeping and maintenance department on February 9th, 10th and 15, 2012 by Administrator, Director of Nursing and Nursing Supervisors that addressed the importance of maintaining a safe environment free of accident hazards for each resident. The In-service addressed the examples of vegetable peeler, scissors, enema and over the counter medication being left in the resident rooms, which were possible accident hazards. Staff will be instructed to remove any observed possible accident hazards immediately.**
- 4. The CQI committee designee will conduct rounds in resident accessible areas weekly for the next month and monthly for the next quarter. The rounds will focus on observations for any items that are potential accident hazards for residents. Any identified concern will be corrected immediately and referred to the CQI committee for further follow-up.**
- 5. Completion Date: February 17, 2012.**

**Wolfe County Health & Rehabilitation Center
Annual Survey January 16-19, 2012
Plan of Correction**

F 364

1. The three trays that were on the cart beyond the recommended time frame were removed by the Registered Dietitian (RD) and the Dietary Manager were replaced with fresh trays.
2. Residents are receiving palatable food trays in a timely manner with food items at appropriate temperatures.
3. An in-service was conducted by the Director of Nursing and Administrative Nursing Staff with all Nursing Staff, including nurses and nurse aides, regarding the importance of timely removal from carts and presentation of food trays during meal service. The Dietary Staff was also in-serviced by the Dietary Manager regarding the replacing of trays if beyond the acceptable time frames. These in-services were conducted on February 9th and 15, 2012 and also included thorough review of the meal pass process.
4. The QA Committee Team will perform two meal pass audits per week, which would include all three meals including using food temperature checks. These audits will be conducted once a week for one month, and then monthly for one quarter. Any irregularities will be corrected immediately and reported to the QA Committee for further review and follow-up.
5. Completion Date: February 17, 2012.

**Wolfe County Health & Rehabilitation Center
Annual Survey January 16-19, 2012
Plan of Correction**

F 371

- 1. The dietary employee received instructions on the proper use of gloves and hand washing by the Registered Dietician and Dietary Manager on January 17, 2012.**
- 2. Residents are receiving food that is prepared and distributed in a sanitary manner.**
- 3. An in-service was conducted with the dietary staff on January 17, 2012 by our Registered Dietician and Dietary Manager that addressed the procedures outlined in the facility policy for proper use of gloves for food handling and hand washing. The in-service specifically reviewed the procedure for glove changing when leaving the serving tray line.**
- 4. The CQI committee designee will conduct random observations of dietary staff during tray line service on both shifts to ensure proper use of gloves and hand washing, twice a week for one month and weekly for the next quarter. Any identified irregularities will be corrected immediately and reported to the CQI committee for further follow-up.**
- 5. Completion Date: February 17, 2012.**

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

PRINTED: 08/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185213	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2012
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NAME OF PROVIDER OR SUPPLIER WOLFE COUNTY HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 850 HWY 191, PO BOX 370 CAMPTON, KY 41301
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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
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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: 1990</p> <p>Survey under: NFPA 101 (2000 Edition), Chapter 19 (Existing Health Care)</p> <p>Facility type: SNF/NF</p> <p>Smoke Compartments: 5</p> <p>Fire Alarm: Complete fire alarm with smoke detectors in corridors and single station smoke detectors in resident rooms</p> <p>Sprinkler System: Complete automatic sprinkler system</p> <p>Generator: Type II, 175 KW Diesel installed 1990; Type II, 150 KW Diesel installed in 2011</p> <p>A standard Life Safety Code survey was conducted on 01/18/12. Wolfe County Health and Rehabilitation Center was found to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was 96. The facility is licensed for 100.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.