

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



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/15/2011
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NAME OF PROVIDER OR SUPPLIER  ROSEWOOD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 550 HIGH ST. BOWLING GREEN, KY 42101
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F 000	INITIAL COMMENTS  An abbreviated survey (KY #15743) was conducted on 03/14/11 through 03/15/11. Regulatory violations were identified.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 281 SS=D	483 20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: During an abbreviated survey, based on interview and record reviews, it was determined the facility failed to provide services that met professional standards of quality for one resident (#2), in the selected sample of three. After a confirmed diagnosis of Scabies for Resident #2, on 08/30/10, the facility staff failed to administer a repeat dose of Elimate Cream (scabicide), per the physician's order.  Findings include: A review of the "Clinical Record Face Sheet", dated 03/15/11, revealed Resident #2 was admitted on 04/08/04, with a readmission date of 05/01/09. The quarterly Minimum Data Set (MDS), dated 12/23/10, revealed the facility identified Resident #2 to be moderately cognitively impaired.  A review of the "Resident Progress Notes", dated 08/30/10, revealed a positive skin scraping for Scabies. A review of the "Physician's Telephone Orders", dated 08/30/10, revealed Elimate Cream was ordered with a repeat dose to be administered in one-week. Further review of the	F 281	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  F281  A skin assessment completed on Resident #2 on 3-18-11 by a licensed nurse revealed no signs or symptoms of scabies. The primary physician was notified on 3-15-11 by a licensed nurse related to the missed dose of Elimate Cream. The licensed nurse responsible for missed dose of Elimate Cream is no longer employed at the facility.  The March TARS of all residents will be audited by the DNS, ADNS, SDC and/or Unit Managers by 4/1/11 to validate all treatments have been implemented as ordered. Corrective action will be taken as needed.  All nursing licensed staff will be inserviced by the DNS, ADNS, SDC, Unit Managers and/or Weekend Supervisor on 4-1-11 and continuing until 4/5/11 on implementing and documenting treatments as ordered. Inservicing will include the need to document on the 24-Hour Report any follow-up required by the attending MD.	4/6/11 4/7/11 KG-Odd cm-OIG 04/07/11 @ 2:15pm

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 4/5/11
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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.

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OMB NO. 0938-0391

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F 281	Continued From page 1 "Treatment Record", dated 09/10, revealed the repeat dose of Elimate Cream was due on 09/07/10, with no indication the dose had been administered.  A review of the "Resident Progress Notes", dated 09/16/10, revealed the "on call" physician was notified of the missed dose. The facility had also identified a red rash on the resident's left abdomen. The progress note revealed the "on call" physician stated to notify the primary physician the next morning. There was no evidence in the resident's medical record that the primary physician was notified the following morning.  An interview with the Director of Nursing (DON), on 03/15/11 at 4:05 PM, revealed there was no evidence the repeat dose of Elimate Cream had been administered. She revealed the nurse should have completed a medication error report.	F 281	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>  Any nursing staff not inserviced by 4/6/11 will not be allowed to work until inservice is completed.  Beginning 4/1/11 the DNS, ADNS, SDC, UM and/or Weekend Supervisor will audit all current resident TARs daily to validate treatments implemented as ordered for one month, then weekly for 2 months or until corrected. Results of the audits will be reported by the DNS to the Performance Improvement Committee (PIC) consisting of the Executive Director, DNS, ADNS, Medical Director, Social Services Directors and Registered Dietician.
F 441 SS=E	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	F 441	F 441  Residents #4, 6, 7 no longer reside in the facility.  All current residents, including residents #1, 2, 5, 9, 10 and were assessed by a licensed nurse between 3/25/11 and 3/31/11 with no residents exhibiting signs or symptoms of scabies.  <i>4/6/11</i> <i>4/7/11</i> <i>KG-Adm</i> <i>cm-OIG</i> <i>04/07/11</i> <i>@ 2:15pm</i>

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(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 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:  
During an abbreviated survey, based on interviews and record reviews, it was determined the facility failed to implement an Infection Control Program which assured investigation, control, and prevention of the spread of infestation of Scabies in the facility for two residents (#1 & #2), in the selected sample of three, and for six residents (#4, #5, #6, #7, #9 and #10) not in the selected sample. The facility identified Residents #1 and #2 as having a confirmed diagnosis of Scabies, and Residents #4, #5, #6, #7, #9 and #10 with symptoms consistent with Scabies. After a confirmed diagnosis of Scabies was identified on 08/30/10 and again on 09/14/10, the facility failed

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The Infection Control Nurse (ICN) was inserviced by the ADNS on 3-31-11 on the 10/31/06 "Scabies" Procedure, 10/31/06 "Disease Specific Information - Scabies" tool and 10/31/09 R "Infection Control and Prevention Program" policy. When a resident is determined to have signs or symptoms of scabies the attending physician will be notified and treatment implemented as ordered. Condition change forms and physician orders will be audited daily by the DNS, ADNS, SDC, UM and/or Weekend Supervisor to initiate the "Scabies Procedure" as needed. When a suspected or confirmed case of scabies is reported a licensed nurse will complete a skin assessment on all current residents on that hall on which the resident resides. Any residents or staff at risk will be simultaneously treated as ordered within the same 24 hour period. All nursing employees on that unit and all other employees with close resident contact will be interviewed and/or assessed to determine the need for treatment as directed by the Advanced Practice RN or Medical Director, preferably within the same 24 hour time span. Staff

4/6/11  
4/7/11  
KG - Adm  
Cm-016  
04/07/11  
@ 2:15pm

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F 441 Continued From page 3

to investigate, control, and prevent the further spread of Scabies. Three facility staff were provided treatment for symptoms of Scabies, and were permitted to return to work prior to treatment.

Findings include:

A review of the policy "Infection Control and Prevention Program", dated 10/31/09, revealed the program was designed to identify and reduce the risk of acquiring and spreading infection, and maintained to provide a safe, sanitary and comfortable environment. The policy revealed records of incidents and corrective actions, related to infections, were included as a component of the infection control program.

A review of the policy "Scabies", dated 10/31/06, revealed early detection of Scabies would minimize the risk of resident infestation. Treatment included an evaluation of resident contacts, which included all residents on the involved wing, all nursing employees, and all other employees with close resident contact.

A review of the "Disease Specific Information-Scabies", dated 10/31/06, revealed successful treatment of Scabies required simultaneous treatment of others at risk. Scabies could be transmitted to a healthcare worker, most frequently to those who provided care for residents undiagnosed with Scabies. Effective treatment must be carefully coordinated, and everyone should be treated within the same 24-hour period to prevent a "ping pong" infestation. Residents with symptoms of Scabies should be treated. The specific information revealed, as with all communicable disease,

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members needing treatment will be relieved of duty and not be allowed to return to work until the day following treatment with scabicide. Family members with affected resident contact will be informed to notify their physician or local public health department as needed.

All nursing staff will be inserviced by the DNS, ADNS, UM and/or Weekend Supervisor beginning on 4/1/11 and continuing through 4/5/11 on infection control practices including scabies and disposal of contaminated or dirty gloves. Any nursing staff not inserviced by 4-6-11 will not be allowed to work until inservice is completed. The Housekeeping Department, including laundry, will be inserviced by the Housekeeping Supervisor, Therapy Department will be inserviced by the Rehab Manager by 4/5/11. Activities Department will be inserviced by the SDC by 4/5/11.

The UM and WS will conduct direct observations of staff utilizing gloves three times per week per unit to validate that contaminated or dirty gloves are not used.

*4/6/11  
4/7/11  
KG-Adm  
CM-OIG  
04/07/11  
@ 2:15pm*

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surveillance was an important element in the control of Scabies. Early detection among residents and healthcare workers was the key to rapid control. Healthcare workers infested or exposed to Scabies need to be treated, with return to work as directed after treatment.

1. A review of the "Clinical Record Face Sheet" revealed Resident #10 was admitted to the facility on 05/01/09, with a readmission date of 10/05/09. Treatment for Scabies was ordered on three separate occasions.

A review of the "Physician Telephone Orders", dated 01/31/10, and "Treatment Record", dated 01/10, revealed an order to prophylactically treat the resident with a scabicide due to a potential exposure to Scabies. There was no documentation on the treatment record that indicated the medication was administered.

A review of the "Resident Progress Notes" and "Physician Telephone Orders", dated 05/10/10, and the "Treatment Record", dated 05/10, revealed the resident was treated with Elimite Cream (scabicide) as ordered, on 05/10/10, for symptoms consistent with Scabies. The order specified to repeat the treatment in one week. Scabies Precautions were ordered with isolation to occur for one week. There was no documentation on the treatment record that indicated the treatment was repeated on 05/17/10, per the order.

A review of the "Physician's Orders", dated 08/30/10, and the "Treatment Record", dated 08/10 and 09/10, revealed Scabies Precautions were ordered with recurrent treatment, as directed. Elimite Cream was administered on

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The Infection Control Nurse will report suspected or confirmed cases of scabies to the PIC consisting of the Executive Director, DNS, ADNS, Medical Director, Social Services Directors and Registered Dietician on a monthly basis. The suspected or confirmed cases will be tracked and trended, according to policy, to identify risk of infection and potential spread of infection. Results will be monitored monthly for three months and as needed thereafter.

~~4/6/11~~  
4/7/11  
KG-Adm  
CM-016  
04/07/11  
@ 2:15pm

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08/30/10, with a repeat dose on 09/07/10, per the physician's order.

2. A review of the "Clinical Record Face Sheet" revealed Resident #9 was admitted to the facility on 03/15/07, with a readmission date of 12/26/07.

A review of the "Physician's Progress Notes", dated 06/17/10, revealed Resident #9 exhibited excoriated areas on his/her chest and upper extremities that were not clinically indicative of Scabies, but symptoms were "much more suggestive of Scabies", on 07/06/10.

A review of the "Physician Telephone Orders", dated 07/06/10, and the "Treatment Record", dated 07/10, revealed an order for Scabies Precautions with Elimite Cream to be administered, as directed. A repeat dose was ordered in one week. The resident received treatment on 07/07/10, with a repeat dose on 07/14/10.

3. A review of the "Clinical Record Face Sheet" revealed Resident #2 was admitted to the facility on 04/08/04, with a readmission date of 05/01/09. The quarterly MDS, dated 12/23/10, revealed the resident to be severely cognitively impaired.

A review of the "Resident Progress Notes" and the "Physician Telephone Orders", dated 08/30/10, revealed a confirmed diagnosis of Scabies for Resident #2. Orders were written for Elimite Cream as directed, with a repeat dose in one week.

A review of the "Treatment Record", dated 08/10 and 09/10, revealed the resident was treated on 08/31/10; however, the repeat dose was not

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F 441 Continued From page 6 documented. F 441

4. A review of the "Clinical Record Face Sheet" revealed Resident #1 was admitted to the facility on 05/10/10, with a readmission date of 07/23/10. A review of the annual MDS, dated 03/09/11, revealed the resident to be moderately cognitively impaired. The resident was treated for Scabies on two occasions.

A review of the "Physician's Progress Notes", dated 09/14/10, revealed Resident #1 exhibited symptoms consistent with Scabies.

A review of the "Physician Telephone Orders", dated 09/14/10, and the "Treatment Record", dated 09/10, revealed orders for Scabies precautions were received for Resident #1. Treatment included Elimite Cream as directed, with a repeat dose in one week. The resident received the treatment on 09/15/10, with a repeat dose on 09/22/10.

A review of the "Physician Telephone Orders", dated 01/18/11, and "Physician's Progress Notes", dated 01/19/11, revealed Resident #1 exhibited a recurrence of symptoms consistent with Scabies. Permethrin five percent (5%) Cream (to treat Scabies) was ordered, with a repeat dose in one week.

A review of the "Treatment Record", dated 01/11, revealed the treatment was administered on 01/18/11, with a repeat dose on 01/25/11.

An interview with the Director of Nursing (DON), on 03/14/11, revealed Resident #1 had a confirmed diagnosis of Scabies on 09/14/10.

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5. A review of the "Clinical Record Face Sheet" revealed Resident #4 was admitted to the facility on 07/06/09, with a readmission date of 10/13/09. The resident was treated for Scabies on two occasions.

A review of the "Resident Progress Notes", dated 9/27/10, revealed Resident #4 exhibited symptoms consistent with Scabies.

A review of the "Treatment Record", dated 09/10, revealed the resident received treatment on 09/29/10 with Elimite Cream, as directed.

A review of the "Resident Progress Notes", dated 12/29/10, revealed the resident exhibited symptoms consistent with Scabies.

A review of the "Physician Telephone Orders", dated 12/29/10, revealed orders for Scabies Precautions and Elimite Cream, as directed.

6. A review of the "Clinical Record Face Sheet" revealed Resident #6 was admitted to the facility on 04/09/10.

A review of the "Physician's Progress Notes" and the "Physician Telephone Orders", dated 10/28/10, revealed the resident exhibited symptoms consistent with Scabies. Orders were written for Scabies precautions and Elimite Cream, as directed.

A review of the "Treatment Record", dated 10/10, revealed the treatment was completed on 10/30/10.

7. A review of the "Clinical Record Face Sheet" revealed Resident #7 was admitted to the facility

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on 06/29/10, with a readmission date of 03/15/11. F 441

A review of the "Physician's Progress Notes", dated 10/28/10, revealed the resident exhibited symptoms consistent with Scabies.

A review of the "Treatment Record", dated 10/10 and 11/10, revealed the resident was treated with Elimite Cream, as directed on 10/26/10, with a repeat dose on 11/02/10.

8. A review of the "Clinical Record Face Sheet" revealed Resident #5 was admitted to the facility on 06/17/10.

A review of the "Resident Progress Notes" and "Physician Telephone Orders", dated 03/07/11, revealed the resident exhibited symptoms consistent with Scabies. Scabies precautions were ordered. Treatment included Elimite Cream, as directed with a repeat dose in one week.

A review of the "Treatment Record", dated 03/11, revealed treatment was completed on 03/09/11. A repeat treatment was due on 03/16/11.

An interview with the Infection Control Nurse, on 03/15/11 at 1:25 PM, revealed there was no documentation of an investigation related to Scabies in the facility. After a confirmed diagnosis of Scabies, on 08/30/10, residents and staff were not assessed for symptoms of Scabies. The aides were to report symptoms noticed, during resident care, to the nurse on the unit. Staff members were to report any symptoms they have to the Nurse Practitioner. She revealed there was no way to determine the source of Scabies, other than interviewing; however, she could not provide evidence of any interviews with staff or residents.

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Further interview revealed she was in the facility every other week due to providing staff orientation outside the facility. Staff could call her if she was not in the facility. She revealed the Nurse Practitioner should inform staff to go home when symptoms of Scabies were present.

An interview with the Dermatologist, on 03/15/11 at 1:50 PM, revealed a negative skin scraping means a "mite" was not scraped. A person can have a negative scraping, but still have Scabies. He revealed the residents were treated by clinical indication of Scabies.

An interview with State Registered Nurse Aide (SRNA) #4, on 03/14/11 at 12:20 PM, revealed the Nurse Practitioner ordered Scabies treatment for her in 02/11, as a precaution due to "bumps" on her shoulder and on the back of her knees. She did not have a skin scraping to confirm the diagnosis. She revealed the facility allowed her to continue to work in direct resident care prior to treatment.

An interview with Certified Nurse Aide (CNA) #1, on 03/14/11 at 1:10 PM, revealed she went to the Nurse Practitioner because of "marks" on her stomach, feet, hands, and chest. The "marks" were itching. Treatment was ordered for Scabies. She did not have a skin scraping to confirm the diagnosis, but stated "My husband did." She revealed the facility informed her to complete the treatment before she returned to work, but was allowed to complete her current shift of direct resident care prior to treatment.

An interview with SRNA #5, on 03/14/11 at 3:50 PM, revealed, in 10/10, he had "red spots" behind his knees, legs, wrists, and elbows that itched

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185089	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED  C 03/15/2011
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NAME OF PROVIDER OR SUPPLIER  ROSEWOOD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE ZIP CODE 550 HIGH ST. BOWLING GREEN, KY 42101
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"worse at night." He did not receive a skin scraping to confirm the diagnosis, but Scabies treatment was ordered from the Nurse Practitioner. He revealed the facility allowed him to stay and complete his shift.

An interview with the Nurse Practitioner, on 03/15/11 at 1:05 PM, revealed the facility provided treatment to staff which exhibited symptoms of Scabies as a courtesy. She revealed there was no documentation of the findings. The staff she examined had isolated "bumps", and she was not able to determine if it was Scabies. She revealed the staff should have reported to the Infection Control Nurse to let her know they received a prescription, as the Infection Control Nurse was responsible to send staff home.

Additionally, an observation, prior to a skin assessment of Resident #1, on 03/15/11 at 9:50 AM, revealed State Registered Nurse Aide (SRNA) #10 reached into a box of latex gloves in the resident's room and dropped a few gloves on the floor. She picked the gloves up from the floor and placed them back in the box.

An interview with SRNA #10, on 03/15/11 at 10:20 AM, revealed she did not mean to put the contaminated gloves back in the box. She stated "I don't know what happened."

An interview with the Director of Nursing (DON), on 03/15/11 at 4:05 PM, revealed she considered the positive skin scrapings as an indicator, and the results were placed on the monthly control sheets. There were only two positive tests in the facility, and she trusted the diagnostic testing. She revealed there was no reason to "track" the

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residents with symptoms of Scabies, because there was no confirmed diagnosis. Further interview revealed any staff should be sent home when ordered treatment for symptoms of Scabies. Additionally, she stated gloves should be thrown away if they were dropped on the floor.

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