

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

PRINTED: 12/19/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  12/02/2011
NAME OF PROVIDER OR SUPPLIER  SUNRISE MANOR NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42504 Division of Health Care PROVIDER'S PLAN OF CORRECTIVE ACTION		
(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 CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  An abbreviated standard survey (KY17410) was conducted on 11/30/11-12/02/11. The complaint was substantiated with deficient practice identified at "D" level.	F 000			
F 441 SS=D	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.  (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.	F 441	F 441  1. Residents A, B, D, and E experienced no issues related to care. All residents have the potential to be affected. Medical Director has been made aware of issues identified and no new orders were received.  2. The Education and Training Director (ETD)/ DON will observe at least 3 instances of incontinent care on each shift to identify if the policy/procedures for infection control are being followed properly, by December 15, 2011. Any issues identified will be corrected immediately.  3. The ETD will re-educate all certified nursing assistants regarding the policy/procedures related to infection control during incontinent care, including hand washing, changing gloves, and proper disposal of soiled items, by 12/30/11.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Bill Spurgeon* TITLE: *Adm.* (X6) DATE: *12/21/11*

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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NAME OF PROVIDER OR SUPPLIER  SUNRISE MANOR NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NORFLEET DRIVE SOMERSET, KY 42501	
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F 441	<p>Continued From page 1</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of facility policy, and Lippincott's Manual the facility failed to ensure effective infection control measures were utilized by facility staff to prevent the spread of infection for residents selected for review and/or observation (unsampled Residents A, B, D, and E). Observation of incontinence care provided to unsampled Residents A, B, D, and E on 11/30/11, revealed staff failed to wash their hands and/or change gloves when applicable and failed to provide a sanitary environment by placing soiled briefs on the resident's bed.</p> <p>The findings include:</p> <p>A review of the facility policy on hand hygiene (revised November 2011) revealed when staff moved from a contaminated-body site to a clean-body site during the provision of resident care, an alcohol based hand sanitizer or soap and water was to be used. Continued review of the facility policy related to standard precautions revealed staff was to use appropriate hand hygiene immediately between tasks or procedures on the same resident to prevent cross-contamination of different body sites.</p> <p>The Director of Nursing (DON) provided a written</p>	F 441	<p>Beginning the week of December 26, the DON/Designee will monitor incontinent care on at least 3 residents covering all three shifts for two weeks, then at least 1 resident weekly for two weeks to ensure infection control policy is followed.</p> <p>Then DON/designee will do random audits of incontinent care, weekly for two weeks to ensure all infection care practices are followed.</p> <p>4. The facility Quality Assurance Committee, comprised of the Administrator, DON, Unit Managers, the Medical Director, and ancillary staff, will review the results of these audits at least monthly and revise plan as needed to ensure compliance with infection control policy and procedure.</p> <p>5. Date of Compliance: 12/30/11</p>	

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F 441	<p>Continued From page 2</p> <p>statement on 12/01/11 that, in addition to the facility policies, the facility utilized procedures established in the Lippincott's Manual for staff guidance when providing incontinence care. A review of the Lippincott's Manual revealed staff was to remove their gloves and wash their hands before touching clean clothing or linens.</p> <p>Observation of incontinence care for Resident D on 11/30/11, at 3:00 PM, revealed Certified Nursing Assistant (CNA) #1 and CNA #2 removed the soiled brief from the resident and placed the soiled brief on the bed next to the resident's leg. Further observation revealed staff also placed a washcloth used to cleanse the resident's perineal and buttock area on the soiled brief beside the resident's leg. CNA #1 and CNA #2 applied a clean brief to the resident's buttock area and placed the soiled brief and washcloths in laundry bags. At that time, the CNAs were observed to touch the resident and the blankets on the bed with soiled gloves while they repositioned the resident in the bed.</p> <p>Observation of incontinence care for Resident A on 11/30/11, at 3:10 PM, revealed CNA #1 and CNA #2 removed the soiled brief from the resident and placed the soiled brief on the side of the bed. A clean brief was put on the resident and the CNAs placed the soiled brief in a laundry bag. CNA #2 proceeded to place the blankets back on the resident while wearing the same gloves she used to provide incontinence care.</p> <p>Observation of incontinence care for Resident B on 11/30/11, at 3:18 PM, revealed CNA #1 and CNA #2 removed a soiled brief from the resident and placed the soiled brief and washcloths used</p>	F 441		

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F 441	<p>Continued From page 3</p> <p>to provide peri-care on the side of the bed. When the CNAs repositioned the resident, the resident's leg was observed to come into contact with the soiled brief. The soiled brief and washcloths were then placed in laundry bags. CNA #1 proceeded to place the bed covering on the resident prior to removing the gloves that had been worn to provide incontinence care.</p> <p>Observation of incontinence care for Resident E. on 11/30/11, at 3:23 PM, revealed CNA #1 and CNA #2 removed the resident's soiled brief and placed the soiled brief on the bed beside the resident's leg. When CNA #1 and CNA #2 repositioned the resident to the side to apply a clean brief, the resident's leg rolled onto the soiled brief. CNA #2 placed the soiled brief in the laundry bag and then placed the blankets back on the resident before removing the soiled gloves.</p> <p>Interview with CNA #1 and CNA #2 on 11/30/11, at 3:30 PM, revealed the soiled briefs and washcloths should have been placed in a bag and not laid on the resident's bed. Both CNAs stated that their soiled gloves should have been removed after providing incontinence care and before touching the clean blankets and repositioning the residents in their beds.</p> <p>Interview with the Education Training Director on 11/30/11, at 2:00 PM, revealed the facility provided all staff with an eight hour general orientation that included infection control and proper handwashing. The Director also stated that a competency observation was performed of all staff to ensure handwashing was performed properly. In addition, according to the Director, all staff are trained, tested, and observed on an</p>	F 441		

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F 441	Continued From page 4 annual basis for infection control purposes. The Director also stated staff was instructed to place soiled briefs and linens in trash/laundry bags and to never lay them on the bed, floor, or bedside table. She also stated that staff was instructed to remove soiled gloves before touching objects and/or anything that came into contact with the resident.	F 441			