

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

PRINTED: 08/10/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/05/2010
NAME OF PROVIDER OR SUPPLIER  BAPTIST HOSPITAL NORTHEAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031	
(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 225 SS=D	<p>A standard health survey was conducted 08/03/10 through 08/05/10 and a Life Safety Code survey was conducted 08/04/10. Deficiencies were cited for the health survey with the highest scope and severity of an "E" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported</p>	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Nursing Home Administrator (X6) DATE 8/25/2010

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.

AUG 27 2010

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F 225	<p>Continued From page 1</p> <p>to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined the facility failed to ensure contracted housekeepers were free from abuse findings and/or guilty of criminal charges for one (1) of five (5) sampled employee files. In addition, the facility failed to ensure the housekeepers were trained in the facility's abuse policies.</p> <p>The findings include:</p> <p>Record review of five (5) employee personnel files revealed all nurse aide abuse registry checks and criminal record checks had been completed as required for the facility staff. However, one housekeeper's employee file revealed a third party check which stated the employee either passed or failed the required checks. In addition, there was no evidence the housekeeper had been trained in the facility's abuse policies.</p> <p>Interview with the Director of Environmental Services on 08/04/10 at 2:50pm revealed he was not aware of the meaning of the pass/fail results and could not specify whether the contracted employees actually had a nurse aide abuse registry check or a criminal record check.</p> <p>Interview with the Corporate Regional</p>	F 225	<p>This Plan of Correction is not an admission of any deficiency contained in the Statement of Deficiencies; however, The Facility remains committed to the delivery of quality health care services and will continue to make whatever changes and improvements may be necessary to satisfy this objective and ensure CMS and the State that services are being provided in compliance with the applicable condition of participation.</p> <p>8/17/10</p>

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F 225	Continued From page 2 representative on 08/04/10 at 3:00pm revealed the criminal record checks and nurse aide abuse registry checks were conducted via a third party who supplied the pass/fail results to the regional corporate office. The Regional representative could not specify what the pass/fail results meant, how it was determined or what agencies were checked. The Regional stated they would find out the information and send the information to the facility. As of 08/05/10 at 11:15am there was no information provided to the facility.  Interview with the Director of Nurses on 08/05/10 at 8:55am, after a request for evidence of training regarding the facility's abuse policies for the contracted housekeepers, revealed there was no evidence of any training regarding abuse for the housekeepers. The DON indicated she did do training in the past; however, it became too much and she stopped. She also indicated the Human Resource Department was monitoring the criminal record checks and nurse aide abuse registry checks; however, when the contract company started, this was stopped. In addition, the contract company was responsible for educating the housekeepers in abuse.  Interview with the Administrator on 08/04/10 at 10:20am revealed any agency worker is screened by the agency and then administrative staff requests information on each agency worker before the agency person works any shifts in the facility.	F 225	1. No residents were effected  2. All housekeeping staff received abuse and neglect education by August 17, 2010. Effective immediately all new employee education and annual education will be assigned through the Education Department for all staff, to include all contractual staff.  3. Criminal background checks were completed correctly at time of hire for all environmental staff, but information was not clear at the time of the survey. (Attachment A). Policy was developed for Aramark New Employee Drug Screening and Background Checks. (Attachment B). The Director of Environmental Services completed abuse registry checks on all staff. The Director will monitor all personnel files for completion prior to allowing them to work on patient/resident floors.  4. Ongoing monitoring will be done by the Human Resource Department of environmental services files for background checks a minimum of quarterly. Results of audit will be reported through Evidence Based Committee. Expectation is for 100% compliance.	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents	F 226		

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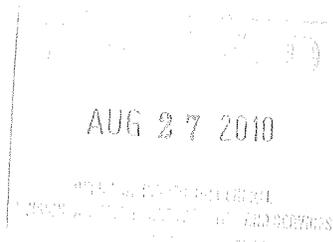
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F 226	<p>Continued From page 3 and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined the facility failed to develop and implement policies to include contracted housekeepers to ensure they were screened and trained regarding abuse.</p> <p>The findings include:</p> <p>Review of the facility policy regarding Abuse and Neglect dated 05/09 revealed Baptist Hospital Northeast will not knowingly employ any person with a history of abuse, neglect or mistreatment. A criminal background investigation is conducted for all prospective employees. Additional screening includes obtaining information from previous and/or current employees and checking with applicable licensing boards and registries. All staff involved with the TCU will receive orientation and annual training on issues related to abuse prohibition.</p> <p>Review of five employee personnel files revealed four of the facility staff had nurse aide abuse registry checks and criminal record checks as required. However, one contract housekeeper had a form stating the employee either passed or failed the checks performed. There was no evidence of such checks in the file. In addition, there was no evidence of education regarding abuse.</p> <p>Interview with the housekeeper on 08/03/10 at 3:45pm revealed they had never been trained in abuse and neglect.</p>	F 226	<p>F 226</p> <ol style="list-style-type: none"> <li>No residents were affected</li> <li>No residents were affected</li> <li>Criminal background checks were completed correctly at time of hire for all environmental staff, but information was not clear at the time of the survey. (Attachment A). Policy was developed for Aramark New Employee Drug Screening and Background Checks. (Attachment B) The Director of Environmental Services completed abuse registry checks on all staff. The Director will monitor all personnel files for completion prior to allowing them to work on patient/resident floors.</li> <li>Ongoing monitoring will be done by the Human Resource Department of environmental services files for background checks a minimum of quarterly. Results of audit will be reported through Evidence Based Committee. Expectation is for 100% compliance.</li> </ol>	08/17/10 per Ms Ridgen 09/07/10

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F 226	Continued From page 4  Interview with the Administrator on 08/04/10 at 10:20am revealed contract agencies are responsible for performing the nurse aide abuse registry checks and criminal record checks. The facility will then request the information for personnel files. In addition, employees are in-serviced annually on abuse and neglect.  Interview with the Director of Nurses on 08/05/10 at 8:55am revealed the contract agencies complete the checks and the training. However, Human Resources did not check the contracted housekeeper employee files to find out if training or the nurse ald abuse registry checks and criminal record checks had been completed.  483.35(l) 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 record review it was determined the facility failed to ensure dietary staff wore hair coverings to prevent exposure to food.  The findings include:	F 226	
F 371 SS=E	483.35(l) 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 record review it was determined the facility failed to ensure dietary staff wore hair coverings to prevent exposure to food.  The findings include:	F 371	



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F 371	<p>Continued From page 5</p> <p>Observations made on 08/03/10 revealed Cook #5's hair and ponytail were hanging out of their hair covering. Observation on 08/04/10 at 11:15am revealed a Dietary Clerk's bangs were hanging out of their hair covering, and Cook #2's side burns was hanging out of the hair netting, and Cook #5's side burns and bangs were hanging out of the hair covering.</p> <p>Interview with Cook #2, on 08/04/10 at 2:10pm revealed she was not aware that all her hair was not in the hair net. She stated the blue hair nets make her sweat. The cook further stated she wears hair coverings so her hair does not get into food and she was aware that hair can contaminate food.</p> <p>Interview with Cook #5, on 08/04/10 at 2:21pm, revealed she was trained that all hair should stay in hair nets and that the residual on hair can get into food and possibly contaminate food.</p> <p>Interview with the Director of Nutritional Services, on 08/04/10 at 2:55pm, revealed he noticed his new employee's hair was not covered. He revealed that the staff receive two (2) weeks of training in the kitchen and that hair restraint is a part of the dietary training. He further stated that it is common practice to have all hair under hair netting.</p>	F 371	<ol style="list-style-type: none"> <li>1. No residents were found to be affected.</li> <li>2. No residents were found to be affected.</li> <li>3. All dietary employees have received in service training on the proper wearing of hair restraints. They were required to sign a statement that they understand and will comply with the hair restraint requirement. (Attachment C)</li> <li>4. The Chef will monitor hair restraint daily to ensure all employees are wearing them properly. Data will be reported to Evidence Based Committee monthly for 2 months and thereafter determined by committee.</li> </ol>	08/17/10 per ms R.S. or 09/07/10
F 441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p>	F 441		

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F 441	<p>Continued From page 5</p> <p>(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.</p> <p>(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.</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 and record review it was determined the facility failed to prevent cross contamination during the use of the glucometer machine with three (3) of six (6) sampled residents (Residents #2, #3, #4).</p>	F 441		

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