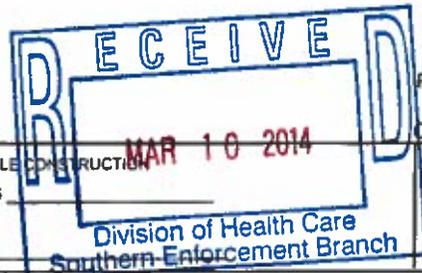


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

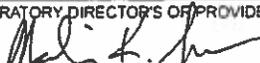
PRINTED: 02/21/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/07/2014
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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423
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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
F 000	INITIAL COMMENTS	F 000	This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law.	
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	F441 Resident A and Resident #2 physician was notified of concerns with incontinence care, hand washing and glove changing by the Director of Nursing immediately. No new orders noted. All residents have the potential to be affected. The facility Medical Director was notified of concerns with the incontinence care, hand washing and glove changing by the Administrator with no new orders noted.  The Education and Training Director and Director of Nursing has completed observations of care being provided to all residents with incontinence care to identify any issue with hand washing, peri-care and glove changing with return demonstration. This was started on 2/14/14 completed on 2/21/14, with no issue noted. Quality Assurance will observe peri-care being provided to 15 Residents to identify any concerns with peri-care, hand washing and glove changing. Any issue identified will be reported to the family and physician immediately and staff retraining will be completed immediately. Unit Nursing Supervisor will randomly observe care being provided to 10 Residents by 2/21/14 to identify any issue with glove changing and hand washing.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE President	(X6) DATE 2-10-14
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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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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 observations, interviews, and a review of the facility's policy, the facility failed to ensure an infection control program, that included hand washing and proper use of gloves to prevent the development and transmission of disease/infection, was maintained for one of three sampled residents (Resident #2) and one unsampled resident (Resident A). Staff failed to wash hands and change gloves when they provided incontinence care to Resident #2 and Resident A.</p> <p>The findings include:</p> <p>A review of the facility's policy, Infection Control Guidelines for All Nursing Procedures, revised October 2013, revealed employees must wash their hands for 10 to 15 seconds using an antimicrobial or non-antimicrobial soap after gloves are removed, after contact with body fluids or secretions, and after they handle potentially contaminated items or secretions. Continued review of the policy revealed staff was to wear personal protective equipment (PPE), as necessary, to prevent exposure to body fluids or other potentially infectious materials.</p> <p>1. Observation on 02/06/14 at 2:25 PM revealed State Registered Nurse Aide (SRNA) #1 and SRNA #2 washed their hands and put on gloves</p>	F 441	<p>Any issue identified will be reported to the family and physician immediately. Staff retraining will be completed immediately.</p> <p>EDT to retrain all staff regarding hand washing and changing gloved with a return demonstration to ensure infection control policy is followed. This will be completed by 2/21/14. ETD to retain all licensed nurses and S.R.N.A. staff regarding peri-care with a return demonstration started on 2/14/14 and finished on 2/21/14. DON/Unit Nursing Coordinator will monitor 2 clinical staff members providing care to 5 residents weekly x4 weeks beginning on 2/21/14 to ensure all care is completed per the infection control policy that includes hand gashing, glove changing, and peri-care. All information will be submitted to the Quality Assurance Committee.</p> <p>Staff nurses to randomly observe care being provided by a SRNA every shift beginning on the week of 2/21/14 x10 shifts then at least one SRNA weekly x4 weeks to ensure hand washing is being performed per infection control policy. All information will be submitted to the Quality Assurance Committee.</p> <p>All new hires will receive competency for hand washing, glove changing and peri-care by the DON or designee staff beginning on 02/21/14.</p> <p>Results of audits will be reviewed during Quality Assurance Monthly.</p> <p>Date of Compliance February 22, 2014.</p>		

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F 441	<p>Continued From page 2</p> <p>before they began to provide incontinence care to Resident A. SRNA #2 was observed to cleanse feces from Resident A's buttock area, and then assisted SRNA #1 to change the resident's bed linen, put a clean gown on the resident, and reposition the resident in bed. However, SRNA #2 failed to remove her gloves, wash her hands, and apply clean gloves after she had cleansed the feces from the resident's buttock area and before she helped change the resident's gown and bed linens, and reposition the resident in bed. Continued observation revealed SRNA #2 removed the soiled gloves, washed her hands, applied clean gloves, and cleansed Resident A's perineum and adjusted the resident's nasal cannula without washing her hands or changing her gloves between.</p> <p>SRNA #2 acknowledged in interview conducted on 02/06/14 at 2:57 PM that she should have removed the soiled gloves, washed her hands, and applied new gloves after cleansing feces from Resident A's buttock area and before touching the resident's clean linens and gown. Continued interview revealed SRNA #2 should have also washed her hands and changed gloves after cleansing the resident's perineum and before she adjusted the resident's nasal cannula. SRNA #2 stated she became "nervous" during the observation and "forgot" to follow the infection control guidelines.</p> <p>2. Observation on 02/06/14 at 4:30 PM revealed SRNA #3 and SRNA #4 washed their hands and put on gloves before they provided incontinence care to Resident #2. Further observation revealed SRNA #4 cleansed feces from the resident's buttock, cleansed the resident's perineal area, and helped change the resident's</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>gown and bed linens. However, SRNA #3 failed to remove her gloves, wash her hands, and apply clean gloves after she had cleansed the feces from the resident's buttock and prior to cleansing the resident's perineal area and before she helped change the resident's gown and bed linens.</p> <p>SRNA #4 acknowledged in interview conducted on 02/06/14 at 4:55 PM that she should have washed her hands and changed gloves after she had cleansed feces from the resident's buttock area and before she cleansed the resident's perineal area. Continued interview revealed the SRNA should have also washed his/her hands before she assisted with changing the resident's gown and bed linens. The interview further revealed SRNA #4 was nervous during the observation and would have normally changed her gloves after cleansing feces from a resident and before she touched clean areas.</p> <p>Interview on 02/06/14 at 5:30 PM with the Director of Nursing (DON) revealed staff should wash hands and change gloves when moving from a dirty area to a clean area or when the gloves become visibly soiled. The DON further stated she was often at the nursing units and Unit Managers monitored resident care on a random basis and they had not identified any concerns related to infection control.</p>	F 441			