

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

PRINTED: 02/19/2015
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185414 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/05/2015 |
| NAME OF PROVIDER OR SUPPLIER MOUNTAIN MANOR OF PAINTSVILLE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1028 EUCLID AVENUE PAINTSVILLE, KY 41240 | | |
| (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 . A standard health survey was conducted on 02/03-05/15. Deficient practice was identified with the highest scope and severity at "D" level. | F 000 | Mountain Manor of Paintsville does not believe and does not admit that any deficiencies existed, either, before, during or after the survey. Mountain Manor of Paintsville reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard of care, contract obligation or position, and Mountain Manor reserves the right to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance, or self-critical examination privileges which Mountain Manor of Paintsville does not waive, and reserves the right to assert in any administrative, civil, criminal claim, action or proceeding. Mountain Manor of Paintsville offers its responses, credible allegation of compliance, and plan of correction as part of its ongoing effort to provide quality care to its residents. | |
| 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. (c) Linens | F 441 | F 441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS It is the policy of this facility to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. This is evidenced by the following: 1. Resident #3 was monitored by nursing staff for any adverse affects due to alleged deficient practices, none were found. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Emily James May TITLE: Administrator (X6) DATE: 02/25/15

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.

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

PRINTED: 02/19/2015
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|--|---|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186414 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/05/2015 |
| NAME OF PROVIDER OR SUPPLIER MOUNTAIN MANOR OF PAINTSVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1026 EUCLID AVENUE PAINTSVILLE, KY 41240 | | |
| (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 441 | <p>Continued From page 1</p> <p>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, record review, and facility policy review, the facility failed to maintain an effective infection control program to prevent the development and transmission of disease and infection for one (1) of twenty-four (24) sampled residents (Resident #3). Facility staff failed to perform handwashing procedures after providing incontinence care and before providing wound care for Resident #3.</p> <p>The findings include:</p> <p>Review of the Handwashing/Hand Hygiene policy (revision date June 2010) revealed employees should wash their hands for at least 15 seconds using soap and water under the following conditions: before and after assisting a resident with toileting and before and after changing a dressing.</p> <p>Review of the medical record revealed the facility admitted Resident #3 on 02/23/10 with diagnoses that include Vascular Dementia, Coronary Artery Disease, Hypertension, and Osteoporosis.</p> <p>A skin assessment of Resident #3 was conducted with Licensed Practical Nurse (LPN) #1 and Certified Medical Technician (CMT) #1 on 02/04/15 at 2:15 PM. Prior to the beginning of the skin assessment, the facility staff was observed</p> | F 441 | <p>LPN #1 was inserviced on 02-09-2015 by Beverly Moore, RN, Staff Development Nurse regarding Infection Control, particularly hand washing and when hand washing should occur (see attachment #1). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz which LPN #1 completed (see attachment #1). The facility Hand Washing Policy was also reviewed again with LPN #1 during the inservice which included glove changing and hand washing during wound care/treatments and direct care (attachment #3).</p> <p>LPN #1 is no longer employed with Mountain Manor of Paintsville effective 02-12-2015.</p> <p>All facility licensed nursing staff were included in the inservice on infection control, emphasizing hand washing and hand hygiene from 02-09-2015 through 02-19-2015 by Staff Development Nurse, Beverly Moore (see attachment #2). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz (see attachment #4). The facility Hand Washing Policy was also reviewed again with licensed nursing staff during the inservice which included glove changing and hand washing during wound care/treatments and direct care (attachment #3).</p> | | |

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

PRINTED: 02/19/2015
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|--|---|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185414 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/05/2015 |
| NAME OF PROVIDER OR SUPPLIER MOUNTAIN MANOR OF PAINTSVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1026 EUCLID AVENUE PAINTSVILLE, KY 41240 | | |
| (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 441 | <p>Continued From page 2</p> <p>to wash their hands and put on gloves. When LPN #1 and CMT #1 removed the resident's brief, the brief and the resident's buttock/perineal area were observed to be soiled with feces and urine. LPN #1 was observed to clean the feces and urine from Resident #3 using disposable wipes and then reapplied a clean brief with the assistance of CMT #1. LPN #1 was then observed to remove a soiled dressing from both of the resident's ankles without performing handwashing or glove changing. A dry crusted area was observed on both of the resident's heels. LPN #1 then proceeded to pick up a clean 4 x 4 gauze sponge, sprayed Granulex Spray onto the sponge, placed the sponge onto the right heel, wrapped the ankle/foot with gauze, and secured the dressing with tape without washing her hands or changing gloves. LPN #1 then picked up another clean 4 x 4 gauze sponge, sprayed Granulex Spray onto that sponge, placed it over the crusted area of the left heel, wrapped the left ankle/foot with gauze, and secured it with tape without performing handwashing or glove changes.</p> <p>Interview conducted with LPN #1 on 02/04/15, at 2:50 PM, revealed LPN #1 had been trained to wash her hands and to change gloves when moving from a dirty site to a clean site. LPN #1 stated she should have washed her hands and changed gloves after providing incontinent care for Resident #3 and before providing wound care for the resident.</p> <p>Interview with the Director of Nursing (DON) on 02/05/15, at 4:05 PM, revealed facility staff handwashing was monitored through "spot" checks and observations of nurses providing wound care. The DON stated staff was trained to</p> | F 441 | <p>All other facility staff were inserviced from dates 02-09-2015 through 02-19-2015 by Beverly Moore, RN, Staff Development Nurse regarding Infection Control, particularly hand washing and when hand washing should occur (see attachment #2). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz (see attachment #4). The facility Hand Washing Policy was also reviewed again with staff during the inservice (attachment #3).</p> <p>2. All residents have the potential to be affected.</p> <p>Brenda Humphrey, RN, Quality Assurance Nurse observed two (2) CNA's on 02-06-2015 regarding proper hand washing procedures during direct care. Nurse Humphrey observed one (1) licensed nurse on 02-09-2015 to ensure proper procedure was followed during wound care/treatments, including infection control and hand washing. Nurse Humphrey observed one (1) CNA on 02-10-2015 regarding proper hand washing procedures during direct care. On 02-17-2015 Nurse Humphrey observed two (2) licensed nurses regarding proper hand washing procedures, one passing trays during meal time and one during med pass. She also observed one (1) CNA on 02-17-2015 regarding proper hand washing procedures during direct care. Staff followed proper procedure. No other residents were identified by Nurse Humphrey as being affected.</p> | | |

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

PRINTED: 02/19/2015
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185414 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/06/2015 |
|---|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER MOUNTAIN MANOR OF PAINTSVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1028 EUCLID AVENUE PAINTSVILLE, KY 41240 | |
| (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 441 | Continued From page 3 wash their hands and change gloves after providing incontinence care and before doing wound care. | F 441 | <p>Roxanne Castle, Dietary Aide, observed two (2) dietary staff members on 02-10-2015 regarding proper hand washing procedures in the kitchen. Ms. Castle observed one (1) dietary staff member on 02-14-2015 regarding proper hand washing procedures in the kitchen. Staff followed proper procedures.</p> <p>Beverly Moore, RN, Staff Development Nurse observed one (1) CNA on 02-12-2015 regarding proper hand washing procedures during direct care. Nurse Moore observed two (2) licensed nurses on 02-12-2015 regarding proper hand washing procedures, one during meal time and one during med pass. Staff followed proper procedure. No other residents were identified by Nurse Moore as being affected.</p> <p>Chanly Purcell, LPN, Infection Control Nurse observed two (2) CNA's on 02-16-2015 regarding proper hand washing procedures during direct care. Nurse Purcell observed one (1) licensed nurse on 02-16-2015 regarding proper hand washing procedures during med pass and Accu-checks. Nurse Purcell observed two (2) CNA's on 02-17-2015 regarding proper hand washing procedures during direct care. Nurse Purcell observed one (1) licensed nurse on 02-17-2015 regarding proper hand washing procedures during med pass and Accu-checks. Staff followed proper procedure. No other residents were identified by Nurse Purcell as being affected.</p> <p>Tami Mollette, LPN observed three (3) licensed nurses on 02-18-2015 regarding proper hand washing procedures, one during direct care, one during med pass, and one while passing trays at mealtime. Nurse Mollette observed two (2) CNA's on 02-19-2015 regarding proper hand</p> | |

washing procedures after direct care. Nurse Mollette observed one (1) licensed nurse on 02-19-2015 regarding proper hand washing procedures during med pass. Staff followed proper procedure. No other residents were identified by Nurse Mollette as being affected.

No other residents were found to be affected by the practice.

LPN #1 was inserviced on 02-09-2015 by Beverly Moore, RN, Staff Development Nurse regarding Infection Control, particularly hand washing and when hand washing should occur (see attachment #1). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz which LPN #1 completed (see attachment #1). The facility Hand Washing Policy was also reviewed again with LPN #1 during the inservice which included glove changing and hand washing during wound care/treatments and direct care (attachment #3).

LPN #1 is no longer employed with Mountain Manor of Paintsville effective 02-12-2015.

All facility licensed nursing staff were included in the inservice on infection control, emphasizing hand washing and hand hygiene from 02-09-2015 through 02-19-2015 by Staff Development Nurse, Beverly Moore (see attachment #2). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should

occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz (see attachment #4). The facility Hand Washing Policy was also reviewed again with licensed nursing staff during the inservice which included glove changing and hand washing during wound care/treatments and direct care (attachment #3).

All other facility staff were inserviced from dates 02-09-2015 through 02-19-2015 by Beverly Moore, RN, Staff Development Nurse regarding Infection Control, particularly hand washing and when hand washing should occur (see attachment #2). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz (see attachment #4). The facility Hand Washing Policy was also reviewed again with staff during the inservice (attachment #3).

3. The "Handwashing/Hand Hygiene Policy" was reviewed on 02-06-2015 by Emily Jones-Gray, Administrator and Mary Arms, DON. No changes were made. See attachment #3

The Wound Care Policy was reviewed on 02-06-2015 by Emily Jones-Gray, Administrator and Mary Arms, DON. This policy includes proper hand hygiene/hand washing during and after wound care/treatments. No changes were made. See attachment #5

LPN #1 was inserviced on 02-09-2015 by Beverly Moore, RN, Staff Development Nurse

regarding Infection Control, particularly hand washing and when hand washing should occur (see attachment #1). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz which LPN #1 completed (see attachment #1). The facility Hand Washing Policy was also reviewed again with LPN #1 during the inservice which included glove changing and hand washing during wound care/treatments and direct care (attachment #3).

LPN #1 is no longer employed with Mountain Manor of Paintsville effective 02-12-2015.

All facility licensed nursing staff were included in the inservice on infection control, emphasizing hand washing and hand hygiene from 02-09-2015 through 02-19-2015 by Staff Development Nurse, Beverly Moore (see attachment #2). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz (see attachment #4). The facility Hand Washing Policy was also reviewed again with licensed nursing staff during the inservice which included glove changing and hand washing during wound care/treatments and direct care (attachment #3).

All other facility staff were inserviced from dates 02-09-2015 through 02-19-2015 by

Beverly Moore, RN, Staff Development Nurse regarding Infection Control, particularly hand washing and when hand washing should occur (see attachment #2). Specific portions of the inservice included the use of "glow germ" and hand washing techniques, and "Hand Hygiene: Why, How & When?" hand washing should occur (see attachment #2). The "Why, How & When" handout was developed by the World Health Organization. The inservice also included a hand washing quiz (see attachment #4). The facility Hand Washing Policy was also reviewed again with staff during the inservice (attachment #3).

4. A Quality Assurance and Performance Improvement Subcommittee (PIP) was formed regarding hand washing and staff members following proper policies and procedures. The first meeting was held on 02-09-2015. The committee members consist of: Brenda Humphrey, RN, Quality Assurance Nurse; Tami Mollette, LPN; Beverly Moore, RN, Staff Development Nurse; Rebekah Rider, CNA; Roxanne Castle, Dietary Staff; Tilyn Roberts, Environmental Services Staff; Chanity Purcell, LPN, Infection Control Nurse; Jenny Tiller, CNA; and Sonya Hill, CNA.

The Committee members or a designee will be observing at least three (3) staff members a piece per week throughout all departments, for a total of 27 observations per week. They will be observing work being performed by staff members in the facility to ensure hand washing/hand hygiene is being performed properly and during appropriate times (i.e. treatments, med pass, direct care). (See attachment #6)

Committee members will document his or her findings on the "Hand washing PIP Committee Audit Form" (see attachment #7). The audit sheets will be turned in to Brenda Humphrey, RN, Quality Assurance Nurse as the audits are completed to be determined if staff are following proper procedures. This will continue for at least 6 months and then will be re-evaluated at that time.

The results of the hand washing audit will be reported to the CQI committee at least quarterly by the Quality Assurance Nurse, Brenda Humphrey. Continued education and/or disciplinary action will be given when needed to all staff members.

Dr. Charles Hardin, Medical Director, will provide oversight during the compliance process. The results of all audits will be reported to the Medical Director at least quarterly through CQI.

All staff will be in-serviced on facility infection control policies by the Staff Development Nurse Beverly Moore or designee during new employment orientation and at least annually, including hand washing/hand hygiene during direct care and wound care/treatment procedures. This will be documented and placed in the employee's education file (See attachment #8).

5. Date of completion: 02-19-2015