

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

PRINTED: 07/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2013
NAME OF PROVIDER OR SUPPLIER EDGEWOOD ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BERRYMAN ROAD FRENCHBURG, KY 40322		
(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 recertification survey was initiated on 07/16/13 and concluded on 07/18/13 with deficiencies cited at the highest scope and severity of an "F". The Life Safety Code survey was conducted on 07/17/13 and found the facility meeting minimum requirements with no deficiencies cited. The facility had the opportunity to correct the deficiencies before remedies would be recommended for Imposition.	F 000			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the Materials Safety Data Sheet, it was determined the facility failed to ensure the resident's environment remained as free of accident hazards as was possible. During initial tour, the North Community Shower room door was found unlocked with chemical agents and sharp razors accessible to the residents in one (1) of two (2) shower rooms. The findings include:	F 323	F323 483.25(h)FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility has ensured the following corrective action: <ul style="list-style-type: none"> On 7/16/13, immediately after the surveyor left the shower area, the shower aide in attendance placed all chemicals and razors in the cabinet and locked it. She reported the incident to the Director of Nursing who completed an Incident Report. (Attachment #1a-b). The facility has taken the following action to prevent this practice from affecting others: <ul style="list-style-type: none"> On 7/16/13, the Director of Nursing completed a written warning with the SRNA/Shower Aide regarding unsafe practice. (Attachment #2) 		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Anne Wells TITLE: X Administrator X (X6) DATE: 8/2/13

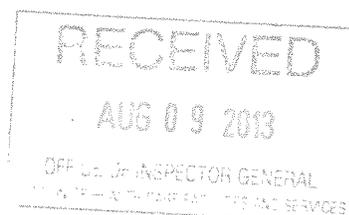
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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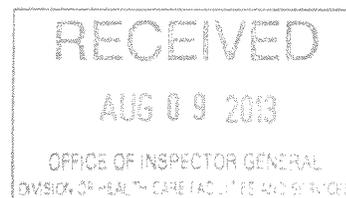
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2013
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F 323	<p>Continued From page 1</p> <p>Interview with the Assistant Director of Nursing, on 07/17/13 at 12:48 PM, revealed there was no written policy regarding storage of chemicals or sharps nor was there a written policy to have the shower room door locked. However, it was her expectation the shower room door should be kept locked when not attended by staff, therefore, storage would not be an issue.</p> <p>Observation during initial tour, on 07/16/13 at 9:25 AM, revealed the resident community shower room on the North hall to be unlocked. One (1) bottle of One-Step Germicidal Cleaner and nineteen (19) disposable razors were observed to be on top of the counter and eighteen (18) disposable razors were observed to be inside the unlocked cabinet. Further observation revealed one (1) bottle of disinfectant cleaner and one (1) bottle of Virex One Step 256 disinfectant cleaner was observed to be on a plastic shelving unit beside the cabinet and accessible to residents.</p> <p>Review of the Material Safety Data Sheet (MSDS) for the Virex 256, revealed the product was a corrosive and may be fatal if inhaled or swallowed.</p> <p>Review of the MSDS for Triad II Germicidal Cleaner and Deodorant spray revealed the product was a corrosive and causes eye and skin damage.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 07/18/13 at 10:02 AM, revealed the shower room door was to be locked when not in use. Further interview revealed, the chemicals and sharps should have been locked in the shower room cabinet. Additionally LPN #1 revealed the</p>	F 323	<p>The facility initiated the following systemic changes to prevent this practice from recurring:</p> <ul style="list-style-type: none"> On 7/19/13, an in-service training was provided to all facility employees on the Restricted Areas / Chemicals Policy by the Administrator. (Attachment #3a-c) <p>The facility will sustain performance through the following monitoring practice:</p> <ul style="list-style-type: none"> (1) On 7/16/13, the Nurse's Shift Report Sheets were amended to include a daily physical check of the shower areas for compliance. The shift report sheets are reviewed daily (Monday - Friday) by the ADM, DON, and ADON. (Attachment #4). (2) On 7/19/13, the Nursing Department Quality Assurance Monthly Report was amended to include a line item indicator to provide a summary report of compliance. (Attachment #5). Per facility practice, the CQI monthly report (Attachment #5), is included as part of the monthly nursing reports made to the Administrator and Management by the DON. The Quality Assurance Committee will review, on an on-going 		



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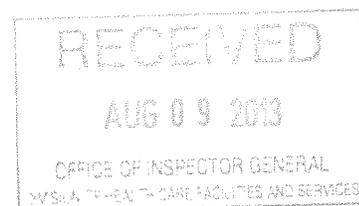
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2013
NAME OF PROVIDER OR SUPPLIER EDGEWOOD ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BERRYMAN ROAD FRENCHBURG, KY 40322	
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F 323	Continued From page 2 facility did have approximately six (6) residents that wandered through the North/East Hall, and could have been a hazard to these residents. Interview with Certified Nurse Assistant (CNA) #8, on 07/18/13 at 2:22 PM, revealed the shower room door and storage cabinet were to be locked. Further interview revealed this could be a hazard to residents that wander. Interview with the Administrator, on 07/18/13 at 2:40 PM, revealed the facility's practice was to keep the doors to the shower rooms locked. Further interview revealed the facility did have residents that wandered and there was a potential for harm if the residents had access to the sharps or chemicals.	F 323	basis, a summary of the monthly CQI reports with findings and/or corrections for this monitor. F323 Completion Date: 08/8/13	
F 371 SS=F	483.35(i) 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 review of the facility's policy, it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions. The facility stored mop heads and cleaning cloths on top of two (2) food	F 371	F 371 483.35(I) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility has ensured the following corrective action: • On 7/16/13, the Dietary Services Manager immediately moved the dishcloths and mop heads to the designated non-food storage area and completed an Incident Report. (Attachment #1)	



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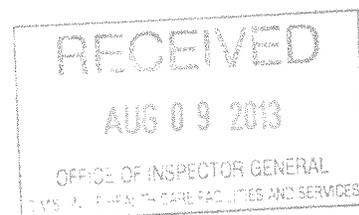
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F 371	<p>Continued From page 3 storage bins.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Nonfood Storage", with a review date of 03/04/13, revealed all cleaning supplies shall be stored in a secure, separate area from all food products. Further review revealed a "Caution" label that stated "storage of cleaning supplies with food items could lead to a potential health risk".</p> <p>Observation during the initial sanitation tour, on 07/16/13 at 9:47 AM, revealed one (1) open plastic bag of mop heads, one (1) open plastic bag of cleaning cloths and multiple unbagged cleaning cloths stored on top of two (2) plastic bins containing food.</p> <p>Interview with the Dietary Manager (DM), on 07/16/13 at 9:47 AM, revealed the cleaning supplies should not have been left on the food storage bins.</p> <p>Interview with the Dietitian, on 07/16/13 at 4:11 PM, revealed the cleaning supplies should not have been placed on the food storage bins. Further interview revealed she did not think there was a potential for cross contamination of the food items because the cleaning mops and cloths had been laundered.</p> <p>Interview with the Administrator, on 07/18/13 at 2:40 PM, revealed she did not know why they had been set there but the cleaning items should have been placed in their typical storage area. Further interview revealed she felt sanitation had not been compromised because the cleaning items had been washed in high temperature water.</p>	F 371	<p>The facility has taken the following action to prevent this practice from affecting others:</p> <ul style="list-style-type: none"> On 7/16/13, the Dietary Services Manager provided counseling to employees who were on assigned duty during the period of incident. (Attachment #2a-b). On 7/16-17/13, the Dietary Services Manager provided in-service training to other dietary department employees. (Attachment #3). On 7/19/13, the Administrator reviewed the policy with all dietary personnel. (Attachment #4a-b) <p>The facility initiated the following systemic changes to prevent this practice from recurring:</p> <ul style="list-style-type: none"> On 7/19/13, the Dietary Services Manager changed the designated location for the storage of clean/sanitized (laundered per facility practice in bleach and 150 degree water for a minimum of 4 minutes) dishcloths and mop heads and instructed all department employees of this change. (Attachment #5a-b) 	



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			<p>The facility will sustain performance through the following monitoring practice:</p> <ul style="list-style-type: none"> (1) On 7/19/13, a check-list item was added to the Dietary Checklist. (Attachment #6). These sheets are completed by a dietary staff member daily and provided to the Dietary Services Manager as part of the ongoing dietary services review. The Dietary Checklist is reviewed daily (M-F) by the Dietary Services Manager and the ADM. (2) On 7/19/13, the Dietary Department Monthly Quality Assurance Report was amended to include a line item summary of the daily observations. (Corrective action would be noted under section: ** at bottom of QA sheet). (Attachment #7a-c). Per facility practice, the monthly Dietary CQI report (Attachment #7a-c) is reviewed by the ADM. The Quality Assurance Committee will review, on an on-going basis, a summary of the monthly CQI reports with findings and/or corrections for this monitor. <p>F371 Completion Date: 08/8/13</p>	



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185423	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/17/2013
NAME OF PROVIDER OR SUPPLIER EDGEWOOD ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 195 BERRYMAN ROAD FRENCHBURG, KY 40322		
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1997</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (111)</p> <p>SMOKE COMPARTMENTS: 3</p> <p>FIRE ALARM: Complete automatic fire alarm system.</p> <p>SPRINKLER SYSTEM: Complete automatic (dry) sprinkler system.</p> <p>GENERATOR: Type II natural gas generator.</p> <p>A life safety code survey was initiated and concluded on 07/17/13, for compliance with Title 42, Code of Federal Regulations, 483.70(a) and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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