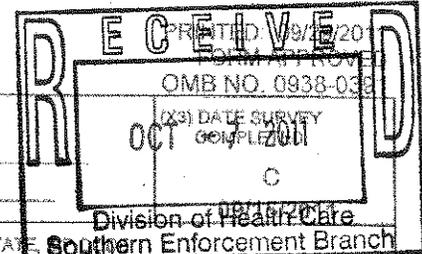


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED OCT 2011 C
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NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE 642 NORTH THIRD STREET DANVILLE, KY 40422
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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
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F 000	INITIAL COMMENTS A standard health survey was conducted on 09/13/11-09/15/11. Deficiencies were identified with the highest scope and severity at "D" level. An abbreviated standard survey (KY16835, KY16859) was also conducted at this time. The allegations were unsubstantiated with no related deficient practice identified.	F 000	DANVILLE CENTRE FOR HEALTH AND REHAB. ACKNOWLEDGES RECEIPT OF THE STATEMENT OF DEFICIENCIES AND PROPOSES THIS PLAN OF CORRECTION TO THE EXTENT THAT THE SUMMARY OF FINDINGS IS FACTUALLY CORRECT AND IN ORDER TO MAINTAIN COMPLIANCE WITH APPLICABLE RULES AND PROVISION OF QUALITY CARE OF RESIDENTS. THE PLAN OF CORRECTION IS SUBMITTED AS A WRITTEN ALLEGATION OF COMPLIANCE. DANVILLE CENTRE'S RESPONSE TO THIS STATEMENT OF DEFICIENCIES DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY DEFICIENCY IS ACCURATE. FURTHER, DANVILLE CENTRE RESERVES THE RIGHT TO REFUTE ANY OF THE DEFICIENCIES ON THE STATEMENT OF DEFICIENCIES THROUGH INFORMAL DISPUTE RESOLUTION, FORMAL APPEAL PROCEDURES AND/OR ANY OTHER ADMINISTRATIVE OR LEGAL PROCEEDING.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure physician's orders were followed for one (1) of twenty (20) sampled residents (Resident #7). Resident #7's physician requested for the resident to receive chicken noodle soup with the lunch and dinner meals. However, observation revealed the resident did not receive the diet as requested by the physician. The findings include: A review of the facility policy titled Therapeutic Diet (dated 10/31/08) revealed residents were to receive a therapeutic diet when there was a nutritional problem and the physician prescribed the diet. A review of the medical record for Resident #7 revealed the facility admitted the resident to the	F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The Danville Centre for Health and Rehabilitation will continue to provide its residents with services that meet professional standards. Resident #7 continued to receive chicken noodle soup and ice cream on his lunch and supper trays as ordered by his attending physician to address his weight loss until 10/3/11. The IDT met to review weights on 10/3/11 when it was determined that Resident #7's weight is stable. The physician order for chicken noodle soup and ice cream with lunch and supper was discontinued on 10/3/11. All residents receiving a therapeutic diet have the potential to be affected by this practice. The Nutritional Services Manager (NSM) audited all tray cards to ensure that tray cards are correct with the appropriate physician-ordered diet and that resident likes/dislikes are addressed. No areas of concern were identified.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Executive Director* DATE: *10/7/11*

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.

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

PRINTED: 09/29/2011
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/15/2011
NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(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 281	<p>Continued From page 1</p> <p>facility on 10/01/09, with Chronic Gastroesophageal Reflux Disease, Alzheimer's Disease, and Failure to Thrive. A review of the physician's orders for Resident #7 dated 05/17/11, revealed an order to provide chicken noodle soup at lunch and dinner related to the resident's weight loss and the Registered Diabetic's (RD) recommendation.</p> <p>Observation of the lunch and dinner meals on 09/13/11, revealed Resident #7 was not provided with chicken noodle soup on his/her meal tray as requested by the physician.</p> <p>An interview was not attempted with Resident #7 due to the resident's impaired cognition status.</p> <p>An interview conducted on 09/14/11, at 1:00 PM, with State Registered Nurse Aide (SRNA) #9 revealed she had served the resident the meal on 09/14/11, and was required to check the residents' meal cards when meals were served to ensure residents received diets as prescribed by their physician. SRNA #9 further stated she was aware Resident #7 should have received chicken noodle soup for lunch and dinner and was unsure why the resident did not receive the chicken noodle soup.</p> <p>An interview conducted with SRNA #8 on 09/15/11, at 1:05 PM, revealed the SRNA was also aware Resident #7 was to receive chicken noodle soup for lunch and dinner. The SRNA further revealed she was responsible to check the resident trays when they were delivered to the residents to ensure the residents received the appropriate diet.</p>	F 281	<p>The Dietary Manager will make a notation of (MD) on tray cards to indicate that food items are physician ordered for a therapeutic reason to separate them from foods placed on the tray card simply as preferences. This will alert staff that these food items must be on the resident's tray and if they are not present, they must investigate as to why they are not on the resident's tray.</p> <p>All staff will be educated on how to identify a physician order by the (MD) notation and the importance of following they physician order without modifications. The Staff Development Coordinator (SDC), Director of Nursing Services (DNS) and/or the NSM will be responsible for educating the staff on this change. Education will be completed by 10/15/11.</p> <p>The NSM and/or the Registered Dietitian (RD) will observe tray service weekly for accuracy until a threshold of 90% is achieved for four (4) weeks and then will decrease frequency of observations to monthly. Any problems identified will be corrected at that time and further education will be provided as needed by the NSM and/or RD.</p> <p>Results of these tray service observations will be reported on at the monthly PI Committee meeting by the NSM or RD, monthly for three (3) months and quarterly thereafter until the IDT determines this issue resolved.</p> <p>Date of completion: 10/16/11</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 542 NORTH THIRD STREET DANVILLE, KY 40422	
(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 281	Continued From page 2 An interview conducted on 09/15/11, at 2:40 PM, with the cook that prepared Resident #7's meal on 09/13/11, revealed she was aware Resident #7 was to receive chicken noodle soup for lunch and dinner and, according to the cook, a mistake had been made and the resident had not received the soup.	F 281		
F 371 SS=D	An interview conducted with the Dietary Manager (DM) on 09/15/11, at 1:20 PM, revealed Resident #7 should have been served chicken noodle soup for lunch and dinner on 09/13/11. The DM stated the chicken noodle soup was omitted by mistake. 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 and interview, it was determined the facility failed to ensure food was prepared and served in a sanitary manner. On 09/13/11, at 11:05 AM, hand soap was observed to drip onto a tray that contained twenty-two (22) glasses of juice located on a food preparation table. The findings include:	F 371	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE—SANITARY Danville Centre for Health and Rehabilitation will continue to procure food from sources approved or considered satisfactory by Federal, State or local authorities and will continue to store, prepare, distribute and serve food under sanitary conditions. No resident was cited as being affected in this deficient practice. All residents have the potential to be affected by this practice. The hand soap dispenser cited in this deficient practice has been relocated to above the sink area where it cannot drip onto any dishes or equipment.	

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NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(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 371	Continued From page 3 Observation during the initial tour in the kitchen on 09/13/11, at 11:05 AM, revealed a hand soap dispenser was located on the wall above a food preparation table. A tray was observed to be located on the food preparation table located under the soap dispenser and contained 22 glasses of juice covered with plastic wrap. Continued observation revealed hand soap dripped onto the tray that contained the glasses of juice. Observation of the evening meal on 09/13/11, at 5:32 PM, revealed the food preparation table had been moved away from the hand soap dispenser and a cart that contained clean glasses was located under the hand soap dispenser. Additional observations conducted on 09/14/11, at 11:25 AM, revealed the cart that contained clean glasses continued to remain under the hand soap dispenser. Interview with dietary staff on 09/14/11, at 11:30 AM, revealed staff had attempted to keep the rack of clean glasses from under the hand soap dispenser but had been unsuccessful due to the location of the hand dispenser.	F 371	The Dietician will provide education on the daily "Quick Rounds" tool. The daily "Quick Rounds" tool will be completed by the Nutritional Services Manager to ensure equipment remains in good order, dishes remain clean until used and that the general state of the kitchen remains in compliance with state and federal regulations. A "Quick Rounds" tool will be completed weekly by the Executive Director and monthly by the Registered Dietitian. Any problems that are identified will be corrected immediately. The result of these rounds will be taken to the monthly Quality Assurance Committee meeting for three months and quarterly thereafter until the IDT decides that this is no longer a problem. Completion date: October 5, 2011.		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185127	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>OCT 20 08/15/2011</p> <p>Division of Health Care Southern Enforcement Branch</p> </div>
NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1961, 1982, 1987</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V Unprotected</p> <p>SMOKE COMPARTMENTS: Four smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system</p> <p>GENERATOR: Type II generator installed in 2000. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 08/30/11. Danville Centre for Health and Rehabilitation was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for 106 beds and the census was 98 on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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 DANVILLE CENTRE FOR HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 842 NORTH THIRD STREET DANVILLE, KY 40422		
(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	
K 000	Continued From page 1	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>		
K 147 SS=E	Deficiencies were cited with the highest deficiency identified at "E" level. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with NFPA standards. The deficiency had the potential to affect three (3) of four (4) smoke compartments, residents, staff, and visitors. The facility is licensed for 106 beds with a census of 98 on the day of the survey. The findings include: Observation on 09/15/11, between 9:45 AM and 3:00 PM, with the Maintenance Director, revealed: 1) A refrigerator located in the Payroll Office was plugged into a power strip that had been added onto another power strip. 2) A power strip located in the Social Services Office was added onto another power strip. 3) A power strip located in the Dietary Office was added onto another power strip.	K 147 K147 NFPA101 LIFE SAFETY CODE STANDARD The only resident directly affected by this citation is the resident in room 110. The bi-pap machine for the resident in room 110 was removed from the power strip and plugged into an outlet. No other residents had the potential to be affected by this citation. The Maintenance Director did an audit on September 15, 2011 throughout the building to make sure there were no other rooms affected. Danville Centre for Health and Rehabilitation has contracted with a licensed electrical contractor to install additional plugs. 1.) An additional outlet was placed in the Payroll Office to limit the use of power strips in that office. 2) An additional outlet was placed in the Social Service Office to limit the use of power strips in that office. 3) An additional outlet was placed in the Dietary Office to limit the use of power strips in that office.			

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NAME OF PROVIDER OR SUPPLIER DANVILLE CENTRE FOR HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 642 NORTH THIRD STREET DANVILLE, KY 40422	
(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
K 147	Continued From page 2 4) An ice machine located in the Dining Room was plugged into a multiple plug adaptor. 5) A BPAP machine located in resident room 110 was plugged into a power strip. 6) A refrigerator located in the Break Room was plugged into a power strip. 7) A portable air conditioner located in the Med Room, behind the Nurses' Station, was plugged into an extension cord. Interview on 09/15/11, between 9:45 AM and 3:00 PM, with the Maintenance Director revealed they were unaware that the power strips were being misused. Reference: NFPA 99 (1999 Edition), 3-3.2.1.2 D Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 147	4) A 20 AMP plug was placed in the Dining Room to alleviate the multiple plug adaptor. 5) The power strip was removed from resident room 110. 6) An additional outlet was placed in the Break Room to allow the refrigerator to be plugged directly into the outlet. 7) An additional outlet was placed in the medication Room behind the Nurses' Station was put in to allow the A/C unit to be plugged directly into the outlet. Education will be provided to all facility staff, including nursing, dietary, housekeeping, office staff by the Maintenance Director regarding the proper use of power strips. The education to be completed by 10/31/2011. Education will be provided to residents and families upon admission to the facility and ongoing through the use of the facility newsletter at lease quarterly regarding the use of power strips and checking with the Maintenance Director before they use them in a resident room. Weekly environmental rounds will be made by the Executive Director and/or the Maintenance Director to ensure power strips are used appropriately and are not used for the medical equipment or other major appliances. The results of these rounds will be presented to the monthly Quality Assurance Committee for three months and quarterly thereafter until the IDTR determines this concern is resolved.	

All corrective actions will be completed by 10/31/2011.