

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

PRINTED: 08/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/22/2013
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL - LOUISVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205		
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F 000	INITIAL COMMENTS An abbreviated survey was conducted on 08/19/13 and concluded on 08/22/13 to investigate KY20592. The Division of Health Care unsubstantiated the allegation with unrelated deficiencies cited.	F 000			
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, it was determined the facility failed to ensure the environment was clean for three (3) of three (3) sampled residents, Resident #1, #2 and #3. Resident #1's bedrails were observed to have a yellow substance on the outside of the bedrails. Resident #2 was observed to have a yellow substance on the base of the Intravenous (IV) pole and Resident #2's recliner arms were observed to have a white substance. Resident #3 was observed to have a torn mattress, which was identified to be a rental bed, which should have been addressed by Maintenance. The findings include: Review of the General Cleaning and Disinfecting Patient Care Areas Policy, dated 05/15/13, revealed routine cleaning and disinfecting patient care areas were required to remove dust, soil,	F 253	How corrective action will be accomplished for those affected Resident # 1's bed was replaced , Resident # 2's feeding tube base was removed from the room and replaced with a clean pole and base, and residents chair was completely cleaned with the proper disinfectant. Resident # 3's mattress was replaced. How corrective action will be accomplished for those residents having the potential to be affected; The Interim Executive Director and Environmental Service Director have developed a cleaning schedule for the equipment The Interim Executive Director will do rounds 5 times per week. The Environmental Service Director will make weekly unit rounds and randomly check 6 rooms for above mentioned conditions.. The Interim Executive Director or Maintenance Director will make weekly rounds to identify maintenance issues on the unit. A log will be kept of both environmental and maintenance conditions and items found. From this log a schedule of environmental and maintenance issues will be developed and repaired.	9/19/13	

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

TITLE

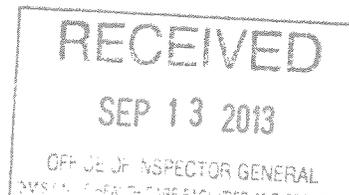
(X6) DATE

V. C. L. Dennis

Executive Director 9/19/13

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.

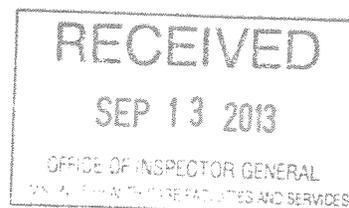
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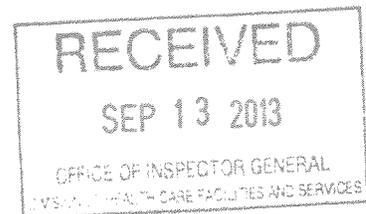
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F 253	<p>Continued From page 1 and foreign matter to decrease the risk of spreading disease and to provide a clean, homelike environment.</p> <p>1. Review of the clinical record for Resident #1 revealed the facility admitted the resident on 04/29/13 with diagnoses of Sepsis, Respiratory Failure, and History of Asthma. Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 07/24/13, revealed Resident #1 had a BIMS score of fifteen (15), which meant Resident #1 was interviewable.</p> <p>Observation of Resident #1's room, on 08/21/13 at 9:10 AM, revealed a yellow substance on the outside of Resident #1's bed rail.</p> <p>Interview with Resident #1, on 08/21/13 at 9:15 AM, revealed Resident #1 witnessed staff clean her room with clorox wipes, but had not seen staff clean her bed or her bedrails.</p> <p>2. Review of Resident #2's clinical record revealed the facility admitted the resident on 02/15/12 with a diagnosis of Respiratory Failure. Review of Resident #2's Quarterly MDS assessment, dated 06/07/13, revealed Resident #2 had a BIMS score of fifteen (15) which meant Resident #2 was interviewable.</p> <p>Observation of Resident #2's room, on 08/21/13 at 9:20 AM, revealed at the bottom of Resident #2's IV pole there was a yellow residue. Resident #2's recliner was also observed to have a white substance on the arm of the recliner.</p> <p>Interview with Resident #2, on 08/21/13 at 9:35 AM, revealed he/she had seen the housekeeping staff coming into his/her room to clean; however,</p>	F 253	<p>What measures will be put in place or systemic changes made to ensure deficient practice will not occur;</p> <p>The staff development Coordinator (SDC) will in-service staff on identifying and reporting maintenance and environmental issues. The SDC will include information on identifying maintenance and environmental issues in the orientation of new employees. The environmental service director and maintenance director will conduct weekly rounds and repair issues found on these rounds.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>The environmental service director and maintenance director will monitor through observation and record review, at least weekly for three months, and then at least monthly, to assure the facility maintains a sanitary, orderly and comfortable interior.</p> <p>The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated. The Interim Executive Director will present the audit findings at the Performance Improvement Committee Meeting for 6 months. The interim Executive Director is responsible for overall compliance.</p>	



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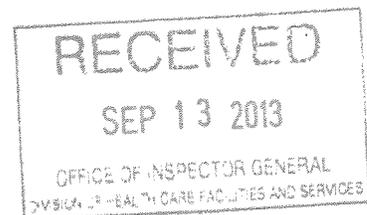
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F 253	<p>Continued From page 2</p> <p>did not remember if the housekeeping staff cleaned off the IV pole or his/her recliner.</p> <p>Interview with Housekeeper #1, on 08/22/13 at 9:30 AM, revealed when she cleans Resident rooms, she wipes down the chairs, beds, tables and floors everyday with bleach towelets. Housekeeper #1 stated the chairs, IV poles and beds should be cleaned.</p> <p>Interview with the Housekeeping Director, on 08/21/13 at 2:20 PM, revealed he performed random checks weekly to ensure staff were completing their tasks. When rooms were terminally cleaned he assessed the rooms always. The Houskeeping Director stated the houskeeping staff was to clean beds daily and he was not aware Resident #1's bed frame was not clean. The Houskeeping Director also stated the houskeeping staff was responsible to clean couches, but was not responsible to clean IV poles, this job was for the nursing staff.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 08/21/13 at 2:49 PM, revealed as a general rule the nursing staff do not clean the IV poles. LPN #1 stated she may clean the pole if she saw gastric tube (g-tube) feeding actually drip onto the pole. LPN #1 stated she had never been told to clean the IV poles and would not think that was a nursing job.</p> <p>Interview with the Director of Nursing (DON), on 08/21/13 at 3:00 PM, revealed when the IV poles were taken out of residents rooms, the cleaning task fell on the nurses. The DON stated the houskeeping staff should wipe the IV pole down when in room cleaning. The DON stated she had identified the frame of beds needed to be cleaned</p>	F 253			



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F 253	Continued From page 3 and they were in the process of removing Resident #1's frame. 3. Review of Resident #3's clinical record revealed the facility admitted the resident on 06/14/12 with diagnoses of Respiratory Failure, Pulmonary Hypertension and was on contact isolation for C-Diff. Review of Resident #3's Annual MDS assessment, dated 06/04/13, revealed Resident #3 had a BIMS score of fifteen (15) which meant Resident #3 was interviewable. Observation of Resident #3's room, on 08/21/13 at 9:00 AM, revealed Resident #3's mattress had an open, cracked, hole at the top of the mattress where Resident #3's head was. Interview with Resident #3, on 08/21/13 at 9:02 AM, revealed Resident #3 did not know how long his/her mattress had been cracked or how it occurred. Interview with the Housekeeping Director, on 08/21/13 at 2:20 PM, revealed he was not aware Resident #3 had a cracked mattress. The Housekeeping Director stated normally it was housekeeping's responsibility to change the mattresses in the building. Interview with the Maintenance Director, on 08/21/13 at 2:20 PM, revealed he did not repair mattresses. The Maintenance Director stated if the bed was documented to be a rental bed then staff would inform him. The Maintenance Director stated Resident #3 had a rental bed and he was not aware the mattress was cracked. Interview with the DON, on 08/21/13 at 3:00 PM, revealed she was not aware of Resident #3's	F 253		



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