

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

PRINTED: 11/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 7 2011 11:09/2011 Division of Health Care Southern Enforcement Branch </div>		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PINEVILLE COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 850 RIVERVIEW AVENUE PINEVILLE, KY 40151			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVISION OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 000	INITIAL COMMENTS	F 000				
F 253 SS=E	<p>A standard health survey was conducted on 11/09-10/11. Deficient practice was identified with the highest scope and severity at "E" level.</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies, it was determined the facility failed to provide a sanitary, orderly, and comfortable interior. Observation on 11/10/11, revealed a faucet dripped continuously, a light over a sink did not work, a resident's bathroom door knob was loose, formica on a sink was chipped, a phone jack was not anchored to the wall, drywall was chipped, bubbled, and peeling, and a bedside table had a chipped corner.</p> <p>The findings include: Review of the two facility policies titled Equipment and Service Request Procedure (revised 05/16/11) and Policy for Priority 2 Work Orders (no date listed) revealed employees, contractors, and students should notify the Maintenance Department of any needed repairs by completing a work order form. The policies directed the maintenance staff that Priority 2 work orders were for patient related requests and the repairs were</p>	F 253	<p>F253</p> <p>The faucet in Room 101 was repaired on 11/11/11. See work order # 119122.</p> <p>The bedside table in Room 105 was removed from service. The resident was provided with a replacement bedside table. Replacement parts have been ordered to repair the bedside table. The replacement parts will be arriving on December 16, 2011. See attached work order # 119126. See attached purchase order # 54046.</p> <p>The light over the sink in Room 105 was repaired on 11/11/11. See work order # 119125.</p> <p>The bathroom door knob in Room 106 was tightened on 11/11/11. The phone jack in this room was anchored to the wall on this same date. See work order # 119123.</p> <p>The drywall in Room 112 was repaired at the closed and behind the entrance door on 12/1/11. See work order # 119127.</p>	12/21/2011		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donna Gaus</i>			TITLE CNO	(X6) DATE 12/7/11		

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.

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NAME OF PROVIDER OR SUPPLIER PINEVILLE COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 850 RIVERVIEW AVENUE PINEVILLE, KY 40977	
(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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 253	Continued From page 1 to be completed the same day the work order was received. During the environmental tour of the facility on 11/11/11, at 8:30 AM, the following items were observed to be in need of repair: -A faucet was observed to drip continuously in resident room 101. -The light over the sink did not work and the rubberized corner on the bedside table was chipped in resident room 105. -The bathroom door knob was loose and the phone jack was not anchored to the wall in resident room 106. -The drywall was chipped at the closet and was bubbled and peeling behind the entrance door to resident room 112. -The formica surrounding the sink was chipped and exposed rough edges in resident room 116. Interview on 11/10/11, at 2:05 PM, with the Maintenance Supervisor (MS) revealed the facility utilized a work order system to request repairs. The MS stated any staff member could obtain a work order at the nurses' station to inform the Maintenance Department of anything that needed to be repaired. The MS stated walk-thru rounds were conducted once a month to check and ensure all lights are working properly and to ensure handrails were secured. The MS verified the policy and stated the Maintenance Department had not received any work orders for the items identified.	F 253	The formica around the sink in Room 116 was replaced on 11/30/11. See work order # 119128. The policy/procedure for Maintenance Request was inserviced to all categories of staff on 12/6/11-12/17/11. See attached policy/procedure and inservice sheet. The Safety Director has increased the frequency of walk thru environmental surveys in the Nursing Facility from quarterly to monthly. The environmental survey checklist has been revised to include all elements identified as being deficient at time of survey, specifically condition of bedside tables. Any areas identified as being in need of repair will result in a Maintenance Request being completed and notification to the Maintenance Department for needed repairs. See attached Room Inspection checklists. The results of the environmental round findings will be reported bi-monthly to the Safety Committee by the Safety Director. Findings for the Nursing Facility will also be reported quarterly to the Nursing Facility Committee.	
F 372 SS=C	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse.	F 372	F372 The Dietary Manager has developed inservice education on the policy for	12/19/11

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F 372	<p>Continued From page 2 properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure waste was properly contained by failing to close the lids on the garbage dumpster.</p> <p>The findings include:</p> <p>During the dietary sanitation tour conducted at 1:45 PM on 11/10/11, observation of the facility's garbage dumpster located at the rear entrance door to the Dietary Department revealed the dumpster had lids to conceal the garbage. However, the garbage dumpster lids had been left open at both ends of the dumpster and refuse/garbage was observed. According to the RD, staff from the entire facility uses the dumpster, but Dietary knows the lids are to be closed.</p> <p>An interview with the Registered Dietitian (RD) conducted at 1:50 PM on 11/10/11, revealed the garbage dumpster lids should be closed at all times because it is a federal regulation, and it is a common practice for the Dietary Department in order to prevent rodents and animals from getting into the dumpster.</p>	F 372	<p>dumpster and has distributed to Dietary, Housekeeping, Nursing, and Maintenance Departments so that staff can be educated on the need to keep the dumpster lids closed at all times. See attached inservice attendance record and policy.</p> <p>The Dietary Manager has also added to the Dietary Department daily checklist responsibility for the utility crew to ensure that dumpster lids are closed each time the trash is taken to the dumpster. The Dietary Manager will follow up daily and ensure that the duties for the dumpster are being carried out by the utility crew workers. In addition to the monitoring being accomplished by the Dietary Department. The Security Director has instructed the Security Guards to check the dumpster area (Area #8) during the Security Officer rounds for the Morse Watchman Checkpoints. The Morse Watchman checkpoint policy has been reviewed with each Security Guard and the guards have been instructed to ensure that dumpster lids in the loading dock area (area #8) are closed at all times. See attached policy and inservice on Morse Watchman checkpoints. Results of findings will be forwarded to the Safety Director for compilation and reporting of data at the Safety Committee bi-monthly. See attached results of Morse Watchman checkpoint data reports.</p>		

Pineville Community Hospital Equipment and Service Request Procedure

Effective 3/13/09

Below are the procedures that employees, contractors, and students should follow whenever it is discovered equipment and/or services are needed for repair from the Engineering Department:

- 1.) Immediately inform the charge nurse, if equipment is in patient use, remove equipment
- 2.) Tag equipment as "Malfunction" using Maintenance request tags located in each area. Ensure location and description of malfunction is described;
- 3.) Complete a MAINTENANCE REQUEST, form (see attached) keep yellow copy, put in Maintenance box. This box is checked daily.
- 4.) Place equipment in designated maintenance storage area, tagged.
- 5.) Maintenance department will determine the necessary repairs and/or contact the appropriate service contract provider for repair.
- 6.) Maintenance department documents in PANDA software for reporting medical error, and equipment malfunction.
- 7.) Maintenance Director will report to PI and Safety Committees of medical errors involving equipment and/or supplies.
- 8.) Maintenance Director will recommend replacement of equipment when necessary to CEO
- 9.) Note: Maintenance Department will remove equipment immediate, call 337-3451. Weekends, leave message and report to House Nurse.

Reviewed 10/10/10	Revised 5/16/11		
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C: Doc/maint repair policy



Pineville Community Hospital Association, Inc.
850 Riverview Avenue
Pineville, Kentucky 40977

F-253

No 09953

MAINTENANCE REQUEST

Request #

Date Needed: / /

W.O. #
TYPE
TAG NUMBER
PRIORITY
ASSIGNED
For Office Use Only

DEPARTMENT: _____

REQUESTOR: _____

PHONE: _____

BUILDING: _____

LOCATION: _____

CHARGE #: _____

WORK REQUESTED: _____

SIGNATURE: _____ DATE: / /

Pineville Community Hospital
 Room Inspection

Location: _____

Date: _____

Inspector: _____

Bathroom

	OK	Needs Attention	Work Order #
Sink			
Commode			
Walls			
Ceiling			
Floor			
Door			
Shower			
Lights			
Garbage			

Comments: _____

Room

	OK	Needs Attention	Work Order #
AC Unit			
Windows			
Walls			
Ceiling			
Floor			
Bed/Table			
Phone			
TV			
Call-bell			
Lights			
Sink			
Closet			
Garbage			

Pineville Community Hospital
Room Inspection

F253

old

Location: _____

Date: _____

Inspector: _____

> Bathroom

	OK	Needs Attention	Work Order #
Sink			
Commode			
Walls			
Ceiling			
Floor			
Door			
Shower			
Lights			
Garbage			

Comments: _____

> Room

	OK	Needs Attention	Work Order #
Air Conditioner			
Windows			
Walls			
Ceiling			
Floor			
Bed			
Phone			
TV			
Call-bell			
Lights			
Sink			
Closet			
Garbage			

Comments: _____

Work Order

Pineville Community Hospital

No. 119122

Customer:

Requested By: STATE
Request Type: Corrective
Schedule Date: 11/11/2011

Priority: 1
Status: CLOSED
Craft: EL-Electrician
Assign To:
Incident: False
Biomedical: False

Equipment:

Control No: MISC
Description: FAUCET
Manufacturer:
Model:
Serial No.:
Department: 1ST SOUTH
Location:
Building: PW-PATIENT WING

Indications and notes:

FAUCET WILL NOT SHUT OFF

Completion Information:

Completed By:
Date: 11/11/2011
Actual Time: 30
Parts:

Qty	Inventory ID	Description
-----	--------------	-------------

Labor Usage:

Date	Name	Time	Rate	Total
11/11/2011		30	\$0.27	\$7.97

Comments:

TIGHTENED UP FAUCET HANDLE IT WAS LOOSE WORKING GOOD NOW

1025 / N104

Work Order

Pineville Community Hospital

No. 119123

Customer:

Requested By: STATE
Request Type: Corrective
Schedule Date: 11/11/2011

Priority: 1
Status: CLOSED
Craft: HV-HVAC Technician
Assign To:
Incident: False
Biomedical: False

Equipment:

Control No: MISC
Description: DOOR KNOB
Manufacturer:
Model:
Serial No.:
Department: 1ST SOUTH
Location:
Building: PW-PATIENT WING

Indications and notes:

KNOB ON BATHROOM DOOR IS ABOUT TO FALL OFF

Completion Information:

Completed By:
Date: 11/11/2011
Actual Time: 30
Parts:

Qty	Inventory ID	Description
-----	--------------	-------------

Labor Usage:

Date	Name	Time	Rate	Total
11/11/2011		30	\$0.29	\$8.69

Comments:

TOOK DOORKNOB OFF AND REASSEMBLED

F-225 / N134

Work Order

Pineville Community Hospital

No. 119124

Customer:
Requested By: STATE
Request Type: Corrective
Schedule Date: 11/11/2011

Priority: 1
Status: CLOSED
Craft: HV-HVAC Technician
Assign To:
Incident: False
Biomedical: False

Equipment:
Control No: MISC
Description: PHONE JACK
Manufacturer:
Model:
Serial No.:
Department: 1ST SOUTH
Location: ---
Building: PW-PATIENT WING

Indications and notes:
PHONE JACK AND PANDUIT IS FALLING OFF OF WALL

Completion Information:

Completed By:
Date: 11/11/2011
Actual Time: 30
Parts:

Qty	Inventory ID	Description

Labor Usage:

Date	Name	Time	Rate	Total
11/11/2011		30	\$0.29	\$8.69

Comments:

STARTED DRILLING TO ANCHOR PANDUIT AND PHONE BOX TO WALL AND IT WAS SCARING PATIEN SO I JUST PUT DOUBLE BACK TAPE ON IT

F253 / N134

Work Order

Pineville Community Hospital

No. 119125

Customer:

Requested By: STATE
Request Type: Corrective
Schedule Date: 11/11/2011

Priority: 1
Status: CLOSED
Craft: EL-Electrician
Assign To:
Incident: False
Biomedical: False

Equipment:

Control No: MISC
Description: LIGHT
Manufacturer:
Model:
Serial No.:
Department: 1ST SOUTH
Location:
Building: PW-PATIENT WING

Indications and notes:

LIGHT OUT OVER SINK

Completion Information:

Completed By:
Date: 11/11/2011
Actual Time: 30
Parts:

Qty	Inventory ID	Description
-----	--------------	-------------

Labor Usage:

Date	Name	Time	Rate	Total
11/11/2011		30	\$0.27	\$7.97

Material Usage:

Date	Vendor	Item	Inv. ID	Qty.	Cost	Total
11/11/20	GRAINGER	COOL WHITE SPIRAL 15WAT	E-344	1	\$2.45	\$2.45

Comments:

PUT IN LIGHT BULB OVER SINK

F253 / N134

Work Order

Pineville Community Hospital

No. 119126

Customer:

Requested By: STATE
Request Type: Corrective
Schedule Date: 11/11/2011

Priority: 1
Status: OPEN
Craft: EL-Electrician
Assign To:
Incident: False
Biomedical: False

Equipment:

Control No: MISC
Description: NIGHT STAND
Manufacturer:
Model:
Serial No.:
Department: 1ST SOUTH
Location:
Building: PW-PATIENT WING

Indications and notes:

RUBBER IS COMING OFF OF CORNER OF NIGHT STAND BY BED 1

Completion Information:

Completed By: _____

Date: _____

Actual Time: 30

Parts:

Qty	Inventory ID	Description

Labor Usage:

Date	Name	Time	Rate	Total
11/14/2011		30	\$0.27	\$7.97

Comments:

F253 / NB4

Work Order

Pineville Community Hospital

No. 119127

Customer:

Requested By: STATE
Request Type: Corrective
Schedule Date: 11/11/2011

Priority: 1
Status: CLOSED
Craft: CP-Carpenter
Assign To:
Incident: False
Biomedical: False

Equipment:

Control No: MISC
Description: WALL
Manufacturer:
Model:
Serial No.:
Department: 1ST SOUTH
Location:
Building: PW-PATIENT WING

Indications and notes:

WALL IS BLISTERED BEHIND DOOR AND CORNER NEEDS FIXED

Completion Information:

Completed By:
Date: 12/1/2011
Actual Time: 270
Parts:

Qty	Inventory ID	Description
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Labor Usage:

Date	Name	Time	Rate	Total
12/1/2011		90	\$0.18	\$16.32
11/29/2011		90	\$0.18	\$16.32
11/22/2011		15	\$0.18	\$2.72
11/21/2011		75	\$0.18	\$13.60

Comments:

fixed wall remolded and painted

F-253 /M34

Work Order

Pineville Community Hospital

No. 119128

Customer:

Requested By: STATE
Request Type: Corrective
Schedule Date: 11/11/2011

Priority: 1
Status: CLOSED
Craft: CP-Carpenter
Assign To:
Incident: False
Biomedical: False

Equipment:

Control No: MISC
Description: SINK
Manufacturer:
Model:
Serial No.:
Department: 1ST SOUTH
Location:
Building: PW-PATIENT WING

Indications and notes:

SINK LAMINATE IS CHIPPED ON CORNER

Completion Information:

Completed By:
Date: 11/30/2011
Actual Time: 345
Parts:

Qty	Inventory ID	Description
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Labor Usage:

Date	Name	Time	Rate	Total
11/30/2011		90	\$0.18	\$16.32
11/29/2011		255	\$0.18	\$46.23

Comments:

RELAMINAIED SINK

F372

**Operational Standard:
Dumpster Policy**

EFFECTIVE DATE: December 2011

PAGE: 1 of 2

DATE OF REVIEW: 12/02/11

REV. NO.: 1

REVIEWED BY: _____

APPROVED BY: _____

POLICY:

The Food Service department will follow the protocol regarding proper dumpster covering.

PURPOSE:

To ensure that the dumpster is in 100% working condition, free from openings besides the top (lids) of the dumpster. All garbage dumpsters are to have working lids/covers that are easily open and closed by staff members when finished with the duty of taking out trash. All lids will be kept closed to insure proper compliance with State and Local Health Policies

PROCEDURE:

1. Check all trash containers daily to ensure not openings on the outside of the dumpster.
2. Check the dumpster container for broken lids.
3. Maintain that all lids are to be kept closed before and after using to dump trash.
4. Page 2 will be a signed by staff member on having read the following policy.

Pineville Community Hospital

Security Department: Morse Watchmans Policy and Procedure

Effective 12/2010

Below are the procedures that the Security Department of Pineville Community Hospital will ensure for the safety and accountability of the said environment:

- 1) Immediately identification of Guard station in the Security office.
- 2) Each station as being listed below are:
 1. OB
 2. IN- PATIENT PHARMACY
 3. MEDICAL RECORDS DEPARTMENT
 4. BUSINESS OFFICE
 5. 1ST SOUTH LOUNGE
 6. ADMISSION
 7. OUT- PATIENT PHARMACY
 8. DIETARY LOADING DOCK/ securing the ERC(Environmental Receptacle Container)
 9. CROSSWALK
 10. EMPLOYEE ENTRANCE
 11. TOTAL CARE
 12. MAINTENANCE
- 3) The said stations have a 15 minute interval which requires each guard to walk the premises numerous times per shift. This responsibility is required but not limited to the other responsibilities that come with the security department responsibilities.
- 4) Database Reports are generated weekly with the Safety/Security Coordinator and the Security Guard In- Charge insuring completion of Reports.
- 5) Failure to comply with this said Policy and Procedure will result in:
 1. Disciplinary action(at the discretion of the Department)
 2. Removal of Guard Schedule Shift
 3. Job Termination

Reviewed 4/13/2010	Revised 11/13/2011		
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