

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

PRINTED: 01/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165428	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/16/2014
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NAME OF PROVIDER OR SUPPLIER  CLARK REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 175 HOSPITAL DRIVE WINCHESTER, KY 40391
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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 Recertification Survey was conducted 01/14/14 through 01/16/14 with deficiencies cited.  
F 371 483.35(i) FOOD PROCURE.  
SS=F 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, record review and review of facility policy the facility failed to store, prepare, distribute and serve food under sanitary conditions as evidenced by the nourishment room containing food products not labeled, dated and resident identified, and in the kitchen foods were not labeled or dated, staff touched clothing, and door handles with gloved hands without removing soiled gloves, washing their hands and donning new gloves prior to resuming or completing tasks; and cold food served in the danger zone on the resident tray line.

The findings include:

1. Review of the facility policy titled, "Food and Supply Storage Procedures" with a revised date of August 2012 revealed under procedures staff

F 000

Disclaimer: Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the Statement of Deficiencies.

F 371

The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws.



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>82 CM WIGMAS</i>	TITLE ADMINISTRATOR	(X6) DATE 2/11/14
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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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F 371 Continued From page 1

were to cover, label and date unused portions and opened packages. Review of the policy revealed staff were to use an orange label; and complete all sections on the label. Continued review revealed staff were to refer to the Food Storage Chart in the policy to determine discard dates for food items; and store foods in their original packages. Further review of the policy revealed foods opened were to be stored in approved containers with tight-fitting lids; and, staff were to label both the bin and the lid.

Review of the facility policy titled, "General Information" revised date of January 2014, revealed under the Nutritional Services B section residents were permitted to receive food brought in by visitors or provided by family as follows: if it was not in conflict with the resident's diet; if items requiring refrigeration or freezer were kept in an airtight plastic container, labeled with the resident name, room number, and expiration date of the item; and if the items were disposed of in seventy-two (72) hours if not consumed.

Observation, of the Transitional Care Unit (TCU) resident nourishment room, on 01/14/14 at 9:30 AM, revealed a fast food cup half frozen with a resident name with no date; a vanilla ice cream cup not dated; three (3) chocolate ice cream cups not dated; and one (1) rainbow sherbet with an expired date of 01/10/14. Continued observation revealed a fast food fried chicken box with no date or other identifying information. Further observation revealed cabinets contained brown dried substance in the lower cabinets on the shelves.

Observation, during the initial tour of the kitchen on 01/14/14 at 9:45 AM, revealed in the walk-in

F 371 F371 F

Food in the facility nourishment room not properly, dated, labeled or expired were removed and discarded 1/14/14.

Food in the walk in cooler not dated, labeled, expired or within proper temperature ranges was removed and discarded 1/14/14.

Kitchen Employees noted to have not observed proper hand washing and gloved food preparation were instructed to wash hands and received immediate instruction on proper food handling and hand washing techniques on 1/15/14.

All Residents in Clark Regional Medical Center (CRMC) Transitional Care Unit (TCU) receiving food from the nourishment room and/or kitchen have the potential to be affected.

TCU Administrator (Admin) and RN Manager (RNM) will educate

2/11/14

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F 371 Continued From page 2  
refrigerator a half of a green pepper with plastic wrap on the shelf with no date or label, brown sugar in a sixteen (16) quart clear graduated container with lid with no date or label on the lid or side of the container.

Interview, on 01/15/14 at 9:50 AM, with the Certified Dietary Manager (CDM) revealed the brown sugar was received on Friday and should have been labeled and dated. The CDM stated if a food item was not labeled or dated the item was to be tossed immediately. An additional interview, on 01/15/14 at 10:00 AM with the CDM revealed dietary staff checked the nourishment room in the morning for out-dated food items. Continued interview with the CDM revealed the ice cream cups should have been kept in the original dated box. According to the CDM, all food items were to be labeled and dated in the resident nourishment room refrigerator.

Interview, on 01/15/14 at 9:55 AM, with Licensed Practical Nurse (LPN) #1 revealed if family brought food in, staff were to put the resident's name on it. LPN #1 stated housekeeping cleaned the nourishment room as needed; however night shift nursing staff was responsible for the cleaning of the nourishment room.

Interview, on 01/15/14 at 1:52 PM, with State Registered Nursing Assistant (SRNA) #1 revealed there night shift assisted and helped with cleaning the nourishment room area. SRNA #1 stated dirty dishes were to be taken to the soiled utility room. The SRNA stated the night shift nursing staff usually cleaned the nourishment room. According to SRNA #1, the nourishment room was checked for expired items which were to be thrown out; and, if a resident had an item in the

F 371 Transitional Care Unit (TCU) staff on facility policies covering:  
labeling and dating Resident food, Resident personal food storage labeling and dating, nourishment room cleanliness, hand hygiene for preparation and serving food. Kitchen Manager (KM), Dietician (DM) and Kitchen Chef will educate Dietary staff on the above policies and also food preparation and service temperatures. Education for staff will be completed by date of compliance or prior to staff member performing their assignment if education is completed after date of compliance. Assignment Sheets designating additional duties assigned have been modified to assign responsibility for nourishment room checks. In addition, a check-list has been developed to promote proper food storage/labeling in the nourishment room. The check-list

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F 371 Continued From page 3  
refrigerator a resident sticker was to be placed on each item. The nurse usually told other staff when a family brought in food for a resident. SRNA #1 stated it was not appropriate to only have a name on a food item.

2. Review of the facility policy titled, "Food Handling Guidelines" revised date of August 2012 revealed under the Procedures section the following: cross contamination precautions hands should be washed following appropriate hand washing techniques according to facility policy after toilet use, between food preparation tasks, before putting on gloves. Review of the policy revealed single use disposable gloves were to be worn when preparing foods that would not be cooked again or when serving food. Further review of the policy revealed gloves were to be placed over clean hands, changed between tasks, and hands were to be washed after gloves were removed.

Review of facility the policy titled, "F007 Hand Hygiene" revised November 2009 revealed under the Food and Nutrition Services Department section all employees associated with the handling of food should wash their hands with soap and water at the following times: after touching the hair, skin, beard or clothing; after removing gloves; and after any other activity that might contaminate the hands.

Observation, on 01/15/14 at 11:35 AM, of Cook #2 revealed she was touching her right hip with gloved hands, opening the door to the cafeteria, wiping her gloved hands on her apron and clothing between times of taking food temperatures and waiting for the soup to be delivered to the tray line.

F 371 is posted on the refrigerator as a quick reference for staff.

Infection Control Nurse (ICN), Dietary Manager (DM), Dietician, Administrator (Admin), RN Manager (RNM), House Supervisor (HS) or Charge Nurse (CN) will conduct surveillance of TCU and dietary staff performing tasks related to food preparation, labeling dated and cleanliness of food preparation areas, beginning 3 times per week for 4 weeks, changing to weekly for 4 weeks and ceasing after no significant findings.

ICN, DM, Dietician, Admin, RNM, HS, Activity Director (AD) or CN will audit facility nourishment room and refrigerator monitoring for compliance at a minimum of daily for 4 weeks, then 3 times per week for 4 weeks, changing to weekly for 4 weeks and ceasing audits after no significant findings.

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F 371 Continued From page 4

Interview, on 01/15/14 at 11:40 AM, with Cook #2 revealed gloves needed to be changed when going from the clean to dirty side of the dishroom, when touching raw meats and changing tasks to preparing fruit and vegetables. She stated she should have changed gloves and washed her hands when she touched her apron, the door, or touched her hair.

Interview, on 01/15/14 at 11:45 AM, with the CDM revealed staff were to change gloves and wash their hands when changing tasks and touching their aprons or doors. The CDM stated if she saw staff not washing their hands between tasks or touching their clothes she would have staff remove their gloves and immediately wash their hands as per facility policy.

Review, of a dietary inservice dated 06/20/13, revealed hand hygiene had been covered.

3. Review of the facility policy titled, "Food Handling Guidelines: Hazardous Analysis Critical Control Points" revised date of August 2012 revealed under Procedures section the following: cold food preparation of potentially hazardous ingredients for foods that were in a form to be consumed without further cooking such as salads, sandwiches, filled pastry products, cut leafy greens and produce, and reconstituted foods were to have been chilled to forty-one (41) degrees Fahrenheit or below prior to preparation. These products were to be chilled again after preparation to forty-one (41) degrees Fahrenheit or below. Staff were to remove from refrigeration only quantities of foods that were immediately needed for preparation and could be processed within thirty (30) minutes. Review of the policy

F 371

ICN, DM, Dietician, Admin, RNM, HS, AD or CN will audit the kitchen, walk-in refrigerator and tray line, monitoring for compliance at a minimum of daily for 4 weeks, then 3 times per week for 4 weeks, changing to weekly for 4 weeks and ceasing audits after no significant findings.

The Admin, RNM, ICN, AD or (Quality Director) QD will report results of audits through daily clinical meeting, monthly resident council meeting and monthly quality assurance meeting.

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F 371	<p>Continued From page 5</p> <p>revealed staff were to return unused food and prepared food to the refrigerator storage within the shortest time possible to ensure that potentially hazardous food did not exceed forty-five (45) degrees Fahrenheit. Further review of the policy revealed cold holding foods were to be held cold for service at a temperature of forty-one (41) degrees Fahrenheit or less.</p> <p>Observation, on 01/15/14 at 11:25 AM, of the lunch tray line service revealed Cook #1 trying to change the thermometer over to the "C" for cold foods. Observation revealed the CDM stopped Cook #1 and instructed her on the difference in Celsius ("C") and the Fahrenheit ("F") of the thermometer. Continued observation revealed the tossed salad service temperature was fifty-four (54) degrees Fahrenheit and Cook #1 was preparing to put the tossed salad out on the lunch tray line for resident consumption. Further observation revealed the CDM stopped Cook #1 from serving the tossed salad.</p> <p>interview, on 01/15/14 at 11:27 AM, with Cook #1 revealed she did not work on the cold side of the tray line usually. She stated cold food temperatures were to be forty-two (42) to forty-three (43) degrees Fahrenheit before serving. She indicated she was changed the thermometer over to "C" for cold foods.</p> <p>Interview, on 01/15/14 at 11:45 AM, with the CDM revealed proper food temperatures for cold foods were forty-one (41) degrees Fahrenheit or below as indicated in facility policy.</p>	F 371	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441	

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F 441 Continued From page 6

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  
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:

F 441 F441 D

Nurse #1 completed a dressing change for Resident #6 and after the dressing was applied failed to change gloves and wash hands continued to dress Resident #6. Resident #6 was immediately taken to the bathroom at his request to void where he was provided peri-care and washed. At that time his hands were also washed where he had touched Nurse #1's gloved hands.

All Residents requiring dressing change at Clark Regional Medical Center (CRMC) Transitional Care Unit (TCU) have the potential to be affected. Immediately after the dressing change for Resident #1 was observed by a surveyor, TCU nurses were educated on infection control and dressing changes by QD.

TCU nurses received education on infection control, dressing changes

2/11/14

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F 441 Continued From page 7

Based on observation, interview and review of the facility's policy, it was determined the facility failed to 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 for one (1) of ten (10) sampled residents (Resident # 6). Observation revealed a nurse failed to remove her gloves and wash her hands after completing a dressing change for Resident #6.

The finding include:

Review of the of the facility policy titled, "Standard/Universal Precautions - Infection Control" revised November 2013 revealed, hand washing recommendations included washing hands after touching blood, body fluids, secretions, excretions, contaminated items, removing gloves and between resident contact.

Review of the facility's policy titled, "Hand Hygiene" revised August 2012 revealed, hand hygiene measures were the single most intervention to avoid Healthcare Acquired Infections (HCA). Further review of the policy revealed the hands of personnel served as a critical reservoir of infectious agents.

Observation on 01/15/14 at 9:50 AM, revealed Registered Nurse (RN) #1 failed to remove her gloves and wash her hands after the completion of a dressing change for Resident #6.

Interview with RN #1 on 01/15/14 at 10:20 AM, revealed she had not changed gloves or wash her hands after completing the dressing change, because the wound area had been washed and

F 441 and hand hygiene by RNM. TCU Staff received education on infection control, including hand hygiene. Education will be completed by date of compliance or prior to staff member performing their assignment if education is completed after date of compliance.

RNM, ICN, QD, HS or CN will audit all dressing changes for 4 weeks, then 50% of dressing changes for 4 weeks, changing to 25% dressing changes for 4 weeks and ceasing audits if there are no significant findings.

ICN, RNM, HS or CN will conduct audits of staff performing other tasks evaluating for the transmission of pathogens, beginning 3 times per week for 4 weeks, changing to weekly for 4 weeks and ceasing after no significant findings.

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F 441 Continued From page 8  
cleansed, and a fresh dressing had been applied and was intact. She indicated she did not think her gloves should have been changed or hands washed.

Interview with Infection Control Nurse on 01/15/14 at 12:10 PM, revealed gloves were to be changed and hands washed after the completion of a dressing change and prior to performing additional care for the resident.

Interview with the Nurse Manager on 01/15/14 at 2:30 PM, revealed hands were to be washed and new gloves donned after a dressing change and before having additional contact with a resident.

F 441 Admin, RNM, ICN, AD or QD will report results of audits through daily clinical meeting, resident council meeting and results of audits and reporting through daily clinical meeting and Resident Council to the facility's Quality Assurance Committee.

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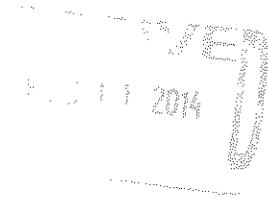
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K 000	INITIAL COMMENTS	K 000		
	<p>CFR: 42 CFR §483.70 Building: 01</p> <p>Survey under: NFPA 101 (2000 Edition) New Health Care</p> <p>Plan approval: 01/17/2011</p> <p>Facility type: Hospital</p> <p>Smoke Compartments: Eight (8)</p> <p>Type of structure: One (1) story Type II (222)</p> <p>Fire Alarm: Complete Fire Alarm installed new.</p> <p>Sprinkler System: Complete sprinkler system (wet) installed new.</p> <p>Generator: Two (Type 1) Diesel</p> <p>A Life Safety Code survey was conducted on 01/16/14. The facility was found to meet the minimum requirements with 42 Code of the Federal Regulations, Part 483.70.</p>			



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE ADMINISTRATOR	(X6) DATE 3/11/14
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