

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

PRINTED: 10/29/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2015
NAME OF PROVIDER OR SUPPLIER THE VILLAGE OF LEBANON II, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 VILLAGE WAY LEBANON, KY 40033		
(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	F 000	The preparation and execution of this plan does not constitute admission or agreement by the provider of truth of facts alleged or conclusions set forth in the statement of deficiency. The plan of correction is prepared and executed solely because it is required by Federal Law.	
F 226 SS=E	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility abuse policy, it was determined the facility failed to conduct Nurse Aide Registry checks for one (1) of five (5) employee files reviewed. In addition, the facility failed to conduct required Adult Caregiver Misconduct Registry checks for five (5) of five (5) sampled employee files. The findings include: A review of the facility policy titled "Abuse," dated 07/14/15, revealed that prior to employment, the Human Resources Department will check the records of all potential employees to prevent the hiring of potential employees who have had a finding entered into the state Nurse Aide Registry. The policy did not address checking the Adult Caregiver Misconduct Registry. Review of the employee file for a Dietary Aide revealed the employee was hired on 09/25/15.	F 226	On 10/15/15 the Nurse Aide Registry was checked for dietary aide hired on 9/25/2015. On 10/15/2015 The Adult Caregiver Registry was checked for all active employees. All active employee files were checked to ensure all contained the Nurse Aide Registry and Adult Caregiver Registry - this was completed on 10/15/15. A new Pre-hire checklist was created on 10/21/2015 which included a review to ensure that required items were in employee files prior to orientation of new employees. The checklist included but was not limited to: Nurse Aide Registry check and Adult Caregiver Registry Check. The new checklist was put into facility practice beginning on 10/21/2015. The checklist will be completed on all new hires prior to orientation by the Business office manager or designee. The checklist will also be completed on all new hires by the Adminisrtator or designee to ensure	

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

Linda Ross

TITLE

Administrator

(X6) DATE

11/30/15

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 THE VILLAGE OF LEBANON II, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 105 VILLAGE WAY LEBANON, KY 40033		
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F 226	<p>Continued From page 1</p> <p>There was no evidence the Nurse Aide Registry was checked before hire. Further review of the employee file revealed no evidence that the Adult Caregiver Misconduct Registry check had been conducted prior to hire.</p> <p>Review of the employee file for a Certified Nurse Aide (CNA) revealed the CNA was hired on 09/02/15. There was no evidence the Adult Caregiver Misconduct Registry check had been conducted for this employee prior to hire.</p> <p>Review of the employee file for a Registered Nurse (RN) revealed the RN was hired on 07/16/15. There was no evidence the Adult Caregiver Misconduct Registry check had been conducted for this employee prior to hire.</p> <p>Review of the employee file for a Licensed Practical Nurse (LPN) revealed the LPN was hired on 08/26/15. There was no evidence the Adult Caregiver Misconduct Registry check had been conducted for this employee prior to hire.</p> <p>Review of the employee file for a Housekeeper revealed the Housekeeper was hired on 07/22/15. There was no evidence the Adult Caregiver Misconduct Registry check had been conducted for this employee prior to hire.</p> <p>Interview with the Office Manager conducted on 10/15/15 at 1:50 PM revealed prior to being hired the Office Manager conducts pre-employment screening to include Nurse Aide Registry checks on all potential employees and places a copy in the employee file. Further interview with the Office Manger revealed the copy for the Dietary Aide might have been misplaced. The Office Manager stated she was not aware of the Adult</p>	F 226	<p>that all new employee charts are checked by at least two facility management staff. The company Staff Development coordinator directed and ensured proper training of the new pre-hire checklist to ensure its proper and thorough use. Training was completed with the Administrator, Business Office manager and receptionist. Re-education will be completed by SDC if needed along with training of newly designated employees.</p> <p>The pre-hire checklist audits will be completed on each new hire by the receptionist or designee for 100% of new hires x 1 month and then 50% of new hires x 3 months. After 4 months, if no issues are identified, the audits will continue to be completed for 25% of new hires. If issues are identified, all new hire charts will be audited until such time issues are rectified and then at lower intervals as stated.</p>	11/30/2015	

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F 226	Continued From page 2 Caregiver Misconduct Registry or that the facility was required to check the Registry prior to hiring an employee. Interview with the Facility Administrator on 10/15/15 at 2:20 PM revealed the Administrator was not aware of the Adult Caregiver Misconduct Registry or that the facility was required to check the Registry prior to hiring an employee.	F 226		
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, interviews, and review of facility policies, it was determined the facility failed to store, prepare, distribute, and serve food under sanitary conditions for forty-three (43) of forty-three (43) residents of the facility who received nutrition from the kitchen. Observations in the kitchen on 10/13/15 revealed the following: the facility manager partner was in the kitchen without a hairnet; a cook failed to wash her hands or replace gloves prior to serving food on the tray line after being observed touching her face and	F 371	Facility kitchen staff were verbally educated by kitchen manager to ensure proper infection control techniques when serving food along with the use of hairnets in the kitchen and not allowing staff or visitors to enter the kitchen without a hairnet. Further education via and inservice by Administration was completed on 10/30/2015 regarding; use of hair nets in the kitchen, ensuring that no one is allowed to enter the kitchen without the use of a hairnet, Dietary Sanitation policy and procedures, Infection Control policy and procedures, and handwashing policy and procedures. All kitchen staff were required to attend the inservice. Hairnet distribution boxes were mounted on the outside of all kitchen entry points to ensure that all staff have easy access to hair net prior to entering the kitchen area. New signs were created and applied to kitchen entry points to advise staff and visitors that the kitchen was for staff only and that entering the kitchen required a hair net in place.	

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F 371	<p>Continued From page 3</p> <p>glasses; a cook was observed to touch a large spoon on the food contact area with her hands and begin to place it in scalloped potatoes; and a visitor walked in the kitchen during tray line and failed to wear a hairnet.</p> <p>The findings include:</p> <p>Review of the facility policy for "Dietary Sanitation" (no date) revealed the facility will store, prepare, and serve food under sanitary conditions. The policy further stated that unauthorized personnel were not permitted to enter the food preparation area, that all staff would wear full hair coverings when in the department, and hand washing was to be done after any contact with soiled/unclean items prior to returning to food preparation.</p> <p>Review of the facility's policy, "Infection Control," dated (10/01/07) revealed infection control guidelines will be followed by staff on a daily basis; wearing gloves does not replace the need for hand washing, hands are to be washed after removing gloves; infection control guidelines are based on universal precautions.</p> <p>1. Observations on 10/13/15 at 12:10 PM during the initial tour of the kitchen revealed the facility manager partner was observed to walk in the kitchen without wearing a hairnet.</p> <p>2. Observations in the kitchen on 10/13/15 from 5:20 PM through 5:34 PM during tray line revealed Cook #1 touched her face and adjusted her glasses while wearing gloves and then proceeded to serve food on the tray line without washing her hands or changing her gloves. Further observation revealed Cook #2 touched</p>	F 371	<p>Kitchen audits will be conducted 5 x per week by the Administrator or designee to ensure that all staff that are entering the kitchen apply a hairnet prior to entry. The audit also includes monitoring to ensure that staff are changing gloves and washing hands if touching contaminated areas per infection control and dietary sanitation policy and procedures. After 4 weeks, audits will be completed a minimum of 2 x per week x 2 months and then 1 x per week for 3 months and further if audits reveal continued need. Any issues identified will be immediately corrected and staff education given.</p>	10/30/2015	

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F 371	<p>Continued From page 4</p> <p>the food contact area of a large spoon with her bare hand and began to place the spoon in the scalloped potatoes that were to be served to residents. Additional observation revealed a visitor walked in the kitchen while tray line was in progress and did not put on a hairnet.</p> <p>Interview with the Dietary Manager on 10/15/15 at 1:42 PM revealed everyone in the kitchen should wear a hairnet and only kitchen personnel should be in the kitchen. The Dietary Manager further stated staff is not to touch the food contact areas of utensils with bare hands, and staff is to wash hands and change gloves when they touch anything that could be contaminated. Further interview revealed she had identified problems in the past of staff walking in the kitchen and not placing hairnets on and she had discussed the concern with the dietary staff.</p> <p>Interview with the Dietitian on 10/15/15 at 2:29 PM revealed that anyone that goes through the kitchen doors should be wearing a hairnet at all times. Additional interview revealed staff should follow established policies and procedures, change gloves when necessary, and not touch food contact areas of utensils. Further interview with the Dietitian revealed the visitor should not have been in the kitchen. Additional interview revealed she performed a kitchen audit twice a week and had not identified any concerns.</p>	F 371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185437	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/15/2015
NAME OF PROVIDER OR SUPPLIER THE VILLAGE OF LEBANON II, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 105 VILLAGE WAY LEBANON, KY 40033		
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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: 2007</p> <p>SURVEY UNDER: 2000 New</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type 11 (111)</p> <p>SMOKE COMPARTMENTS: Three</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II Diesel generator</p> <p>A life safety code survey was initiated and concluded on 10/15/15, for compliance with Title 42, Code of Federal Regulations, §482.41(b). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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