

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

PRINTED: 03/10/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185460	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/24/2011
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NAME OF PROVIDER OR SUPPLIER  CARDINAL HILL REHAB UNIT AT SAMARITAN HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 310 SOUTH LIMESTONE ST LEXINGTON, KY 40508
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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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000		
F 156 SS=C	<p>A standard survey was conducted 02/22/11 through 02/24/11 and a Life Safety Code survey conducted 02/22/11. Deficiencies were cited with the highest scope and severity of an "F".</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services,</p>	F 156	<p>F156 483.10 (b)(5)-10, 483.10 (b)(1) NOTICE OF RIGHTS, RULES, SERVICES CHARGES</p> <ol style="list-style-type: none"> <li>1. No residents are known to have been affected by this deficiency as no complaints or other communications have been received from residents or family members regarding rights or services. All residents receive a written "Notice of Rights, Rules, Services and Charges" upon admission to the facility.</li> <li>2. No other residents are known to have been affected as no complaints or other communications have been received from residents or family members regarding rights or services.</li> <li>3. A copy of this information was obtained from the Office of the Inspector General and properly displayed in the facility's lobby on 3/16/11 by Terry Powers, Administrator. All residents will continue to receive written information as well regarding "Notice of Rights, Rules, Services and Charges".</li> <li>4. Inspection (Exhibit 10) to ensure that the sign remains visible in the facility's lobby will be done by Terry Powers, Administrator or his designee on a daily basis for one month and then monthly for six months and then quarterly thereafter. These findings will be reported to the QI committee on a quarterly basis for any further action necessary.</li> </ol>	3/16/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator DATE 3/17/11

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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F 156	<p>Continued From page 1</p> <p>including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and</p>	F 156		

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DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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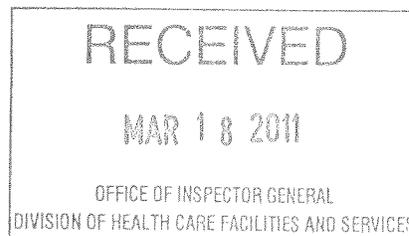
F 156	<p>Continued From page 2</p> <p>provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to prominently display information regarding Medicare and Medicaid benefits.</p> <p>The findings include:</p> <p>Observation 02/23/11 at 12:20pm revealed a posted sign for Resident Rights and Ombudsman. However, there was no sign posted for Medicare and Medicaid and how to apply for these services.</p> <p>Interview with the Director of Nursing (DON) on 02/23/11 at 12:20pm revealed the Resident Rights sign was okay to use in the place of</p>	F 156		
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F 156	Continued From page 3 Medicare and Medicaid notifications.  Interview with the Administrator on 02/24/11 at 3:50pm revealed he was unable to find any information on how to apply for Medicaid and Medicare benefits on the Resident Rights poster. Furthermore, the Administrator stated that he thought the Resident Rights sign was all that was required.	F 156		
F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT  The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to provide a comfortable homelike environment related to water temperatures as low as eighty-two degrees Fahrenheit (F) (82F).  The findings include:  Observations made of the "B" Hall on 02/23/11 at 9:05am revealed room 712's water temperature at ninety-two degrees (92F) and room 713's water temperature at eighty-two degrees (82F). Observations made of the "A" Hall on 02/23/11 at 9:22am revealed room 707's water temperature at eighty-six degrees (86F), room 708's water temperature at ninety-eight degrees (98F), room 709's water temperature at eighty-six degrees	F 252	F252 483.15 (h) (i) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT  1. Twenty one patients on A Hall and B Hall were affected by the low water temperatures. Some temperatures were low enough to make bathing uncomfortable for these patients. On February 25, 2011 the engineering department Of University of Kentucky, Good Samaritan Hospital were notified of the concerns related to the low water temperatures on the Cardinal Hill Unit on the seventh floor. Their staff immediately started an inspection beginning with the hot water heater on the ground floor. It was soon discovered that two valves connected to a booster pump on the second floor had been left in the off position during a planned water outage a few days earlier. This caused reduced pressure in the hot water risers to the hot water circulating system above the second floor up to and including the seventh floor. When these valves were opened proper pressure and	3/2/11



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F 252	Continued From page 4 (86F) and room 711's water temperature at ninety-four degrees (94F).  Interview with Resident #7 on 02/22/11 at 3:30pm during resident council revealed that water was cold all the time on "A" hallway.  Interview with Resident #5 on 02/23/11 at 9:05am revealed that water has to run for 10 minutes before it gets warm.  Interview with the Plumbing Maintenance Technician on 02/23/11 at 10:38am revealed he was not aware of the water being cold. The "A" hall is the farthest from the heaters and may need a circulating pump. He further stated generally, I get ninety-two degrees (92F) on "A" Hall and would say that ninety-two degrees (92F) is pretty cold.  Interview with the Maintenance Supervisor on 02/23/11 at 9:50am revealed maintenance makes weekly water temperature checks and that water temperatures should be between one hundred ten (110) and one hundred twelve (112). She further stated she was afraid that she did not know what the coldest temperature should be and thought it may be ninety-five degrees (95F).  Interview with the Administrator on 02/24/11 at 3:45pm revealed that the Administrator was not aware of water running cold in the facility. The Administrator further stated that eighty-two degrees (82F) was pretty cool and the facility may need a mixing valve.	F 252	circulation was restored to all rooms. Engineering staff monitored temperatures frequently and they were consistently found to be between 100 F degrees and 110 F degrees. Further inspection revealed minor problems with several mixing valves and these valves will be repaired or replaced on March 20, 2011. 2. Nine other residents of Cardinal Hill Rehabilitation unit were potentially affected by the low water temperatures. However the corrections mentioned above alleviated these potential problems. No other complaints or reports of low water temperatures have been received. Frequent checks by UK/Good Samaritan engineering department have identified temperatures between 100 degrees and 110 degrees fahrenheit. 3. UK/Good Samaritan engineering staff have revised their policy (Exhibit 1) on water temperatures on the Cardinal Hill Rehabilitation unit stating that water temperatures are to be between 100 degrees and 110 degrees Fahrenheit at all times. Maintenance staff including all plumbing staff were in-serviced on this new policy on March 4, 2011. (Exhibit 2) 4. Water temperatures will be checked by the UK/GS Hospital maintenance department on all three halls of the Cardinal Hill Rehabilitation Unit on a daily basis for thirty days. (Exhibit 3)	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must -	F 371	Three rooms will be selected at random on each hall and if any temperatures are found to be lower than 100 degrees or above 110 degrees immediate corrective action will be taken. Mr. Terry Powers, Administrator will be notified immediately and advised of the corrective action taken. After the thirty day period water temperatures will be checked weekly, randomly selecting three rooms on all three halls. Results of these checks will be reported to the Administrator, Terry Powers and reported to the UCL committee quarterly	

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Terry Powers and reported to the UCL committee quarterly

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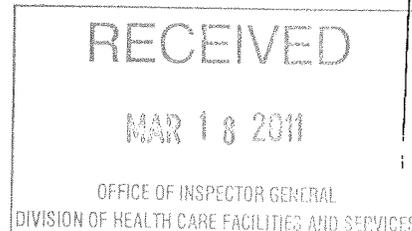
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F 371	<p>Continued From page 5</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to prepare, distribute, and serve food under sanitary conditions as evidenced by three (3) dietary employees working in the kitchen area without beard restraints and observation of thirteen (13) plates stored wet and available for use.</p> <p>The findings include:</p> <p>Review of personal hygiene policy dated 06/02 states to keep hair clean and neat, and mustaches and beards well trimmed. Review of Accident Prevention and Review Form dated 07/04 states long hair should be tied back and secured. No policy provided regarding beard restraints in the food service or food preparation area. No policy regarding proper storage of clean plates.</p> <p>Observation during initial tour of the kitchen on 02/22/11 at 10:25am revealed a bearded cook cooking in the food preparation area with no beard restraint.</p> <p>Observation during tray line in the kitchen on 02/23/11 at 11:30am revealed the same cook</p>	F 371	<p>F371 483.35 (i) FOOD PROCURE, STORE/PREPARE/SERVE-SANTARY</p> <p>1. No residents are known to have been affected by this deficiency as we have had no complaints of hair being found in food by employees, visitors, families or residents.</p> <p>No residents are known to have been affected by this deficiency as evidenced through monitoring by nurses and nurse practioner of all residents for signs and symptoms of gastrointestinal problems. No affects or trends have been noted.</p> <p>2. All residents could have potentially been affected. Continuous monitoring by the nursing staff reveal no affects or trends of gastrointestinal problems. Further, no communication or complaints have been received by the unit or to dietary department.</p> <p>3. On February 25, 2011, Larry Little, Director of Food Services, revised the "Personal Hygiene Policy" (Exhibit 4) to include "wearing proper hair restraints for facial hair (beard net)" in production and service areas of the dietary department.</p> <p>An immediate in-service was given to all food service workers on February 25, 2011 to review this policy and the revisions noted above. (Exhibit 5)</p> <p>On February 25, 2011, Larry Little, Director of Food Service reviewed the policy entitled "Hazard Management and Prevention/Proper Sanitation and Storage of Service Plates" and</p>	3/20/11
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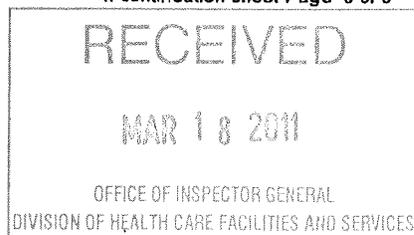
F 371	<p>Continued From page 6 cooking food without a beard restraint.</p> <p>Observation during tray line in the kitchen on 02/23/11 at 11:30am revealed a bearded dietary employee working in the food service area, setting up resident trays on the tray line, without a beard restraint.</p> <p>Observation during sanitation tour of the kitchen on 02/24/11 at 10:15am revealed a bearded inventory clerk working the food preparation area without a beard restraint.</p> <p>Observation during sanitation tour of the kitchen on 02/24/11 at 10:15am revealed the same bearded dietary employee as observed on the tray line on 02/23/11 working in the food preparation/food service area without a beard restraint.</p> <p>Interview with the director of food service on 02/24/11 at 10:30am revealed everyone must have a hair restraint in the food preparation/food service area. He is unaware of a policy that states beards must be covered. He stated that he makes sure beards are neatly trimmed. He stated that employees are given information on personal hygiene from Sodexo, the contracted company, dated 06/02 that states hair should be clean and neat and beards well trimmed. He stated that long hair should be tied back and secured and that he was unaware of a federal regulation that requires beard restraints for food service employees in the food service/food preparation area. He acknowledged an understanding that it could be unsanitary to not cover beards in the food service/food preparation area.</p>	F 371	<p>revisions were made to the policy to include proper dishware handling. (Exhibit 6). An in-service was held on February 25, 2011 to educate all food service employees on the policy including changes in handling dishware. (Exhibit 7)</p> <p>An additional in-service on this policy will be given by Larry Little, Director of Food Service to all food service employees on or before March 23, 2011.</p> <p>4. An audit/log (Exhibit 8) was created to ensure facial hair restraints are used properly and Larry Little, Food Service Director or designee is to observe and document the usage of beard nets to ensure cleanliness and compliance to policy every shift per day for thirty days, then once per shift one day per week and then monthly each shift for six months. Results of these observations will</p> <p>be reported to Terry Powers, Administrator on a weekly/monthly basis. Cardinal Hill Dietary Consultants will inspect area monthly for six months and report findings to Department Manager and the facilities Administrator, Terry Powers. Any problems identified will be corrected immediately. Results of these inspections will also be reported to the QI committee on a quarterly basis for any further action necessary.</p> <p>An audit/log (Exhibit 9) was created and implemented to evaluate the dryness of plates and compliance of policy entitled "Hazard Management and Prevention/Proper Sanitation and Storage of Service Plates". Larry Little, Food Service Director or designee</p>	
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F 371	Continued From page 7 Observation of the tray line in the kitchen on 02/22/11 from 11:20am to 12:20pm revealed thirteen (13) wet plates stored and available for use.  Interview with the director of food service on 02/24/11 at 1:50pm revealed that clean plates should be stored dry. He stated when the plates come out of the dishwasher they are "pretty dry already", then they are put in a heated plate stacker on top of one another. When the director was told that thirteen (13) wet plates were stored and available for use he expressed concern. He was unaware that any plates were stored wet. He stated that staff are taught about cross-contamination and wet plates. He could not produce a policy or specific copies of in-service information regarding proper storage of clean plates but stated that staff know not to store or serve on wet plates. He asked the production cook, who served on the tray line on 02/23/11, about wet plates and she stated that she did not see any wet plates yesterday and plates should be stored dry and food served only on dry plates to prevent cross-contamination. The food service director did not have an explanation of how this happened. He stated that the staff was last in-serviced on this topic in January 2011.	F 371	will evaluate the dryness of plates and compliance to policy daily for thirty days, then weekly for three months and then monthly for six months. Results of these observations will be reported to Terry Powers, Administrator on a weekly/monthly basis. Cardinal Hill Dietary Consultants will inspect the area monthly for six months and report findings to Department Manager and the facilities Administrator, Terry Powers. Any problems identified will be corrected immediately. Results of these inspections will be reported to the QI committee on a quarterly basis for any further action necessary.		



<b>UK Healthcare Good Samaritan Hospital Plant Operations Department Policy and Procedure</b>		<b>Policy # 806 - 706 Page 1 of 1</b>
<b>Title/Description: Hot Water Temperature Checks</b>		
<b>Policy type: ( ) Administrative ( ) Human Resources ( ) Collaborative Patient Care ( ) Nursing (X) Departmental</b>		
<b>Effective date: January 1991</b>	<b>Reviewed/revised dates: 02/92, 01/93, 01/94, 06/97, 06-00, 05-03, 05/06, 1/2009</b>	
<b>Replaces policy: 830-706, 9020-706</b>		
<b>Approval by and date:</b> <i>[Signature]</i> 1/13/09		

**PURPOSE:** The hot water temperature in the patient areas will be closely monitored to assure the safety of patients, visitors and hospital employees.

**POLICY:** The hot water temperature in the patient areas shall not exceed 110 degrees Fahrenheit nor be less than 100 degrees Fahrenheit. The temperature control for the patient floors is controlled in the Power Plant.

**PROCEDURE:**

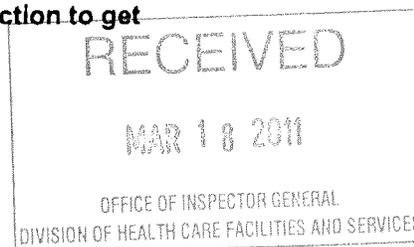
The Plant Operations personnel shall monitor the domestic water temperature and recorded daily to keep water temperature in patient areas below 110 degrees Fahrenheit. Should the temperature not conform to this policy, Maintenance personnel are to contact their Supervisor or the Director of Plant Operations. The Supervisor or Director of Plant Operations will take appropriate action to get temperature to conform to normal.

Plant Operations department personnel will read temperature of all domestic hot water converters and patient areas and records on a weekly check list. Three randomly selected patient rooms from each wing on Telemetry, Behavioral Health, Vascular and Cardinal Hill Rehab shall be checked on a weekly basis and recorded on the PM work order. A variance in temperature  $\pm$  5 degrees Fahrenheit will be reported to the Bldg. Operations Supervisor and/or Director of Plant Operations.

Patient Room Water Temperature Record log shall be kept on file in the plant operations office.

The Power Plant Operator shall read the water temperature of the (4) water heaters and record on the Paper Tour Log. This is performed once per shift and kept on file by the Bldg. Operations Supervisor.

Nutritional Services personnel will notice dish machine temperature discrepancy. The proper temperature for dish machine is 140 degrees Fahrenheit to wash and 180 degrees Fahrenheit for rinse cycle. The Plant Operations department personnel will take appropriate action to get temperature to conform to normal.



INSERVICE ATTENDANCE RECORD

Reading and Documenting Hot Temperatures

Date: March 4, 2011

Conducted by: Janet Herrington

Object: reading the hot water temperatures of patient rooms  
Read and understand attached policy

1 Jimmy Massey  
Jimmy Massey, Maint Tech - Plumber

2 Janet Herrington  
Janet Herrington, Bldg Op Supervisor

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UKHC GOOD SAMARITAN HOSPITAL

HOT WATER TEMPERATURE READINGS

LOCATION ROOM # TEMP WITHIN RANGE Y / N IF NO, ACTION TAKEN AND DATE.

7 North

7 North

7 North

7 East

7 East

7 East

7 South

7 South

7 South

7 Pat Shower

4 North

4 North

4 North

4 East

4 East

4 East

4 South

4 South

4 South

4 Pat Shower

4 West Tele

4 West Tele

4 West ICU

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4 West ICU
4 West Pat Shower
3 West Adult
3 West Adult
3 West Adult
3 West Adol
3 West Adol
3 West Adol
3 West Pat Shower
Hot Water Heater 1
Hot Water Heater 2
Hot Water Heater 3
Hot Water Heater 4

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EXHIBIT 4

UK Healthcare  
Good Samaritan  
Policy and Procedure

Title/Description: Personal Hygiene

Revised Dates: 2/25/11

**PURPOSE:** To ensure employees present themselves in a professional manner, while adhering to sanitation requirements and prevent contamination of food.

**POLICY:** These standards stated below are in compliance with city and state requirements in the Food Service setting.

**PROCEDURE:**

Getting Ready:

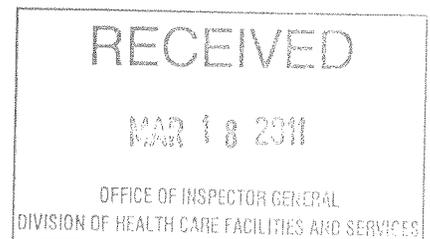
- Shower or bathe before coming to work
- Keep fingernails short and clean
- Don't wear nail polish or artificial nails
- Keep hair clean and neat, and mustaches and beards well trimmed

At Work:

- Wear clean uniform, apron, and shoes
- Wear proper hair restraints (hair net, hat, or cap)
- Wear proper restraints for facial hair (beard net)
- Remove all jewelry (except smooth surface rings), watches from hands and arms
- Follow the rules for eating, drinking, smoking and gum chewing in approved areas

Your Health:

- Tell your manager if you are sick
- Cover cuts and burns on hands and arms with clean bandage. Wear disposable glove over the bandaged hand.
- Always wash your hands thoroughly for 20 seconds, especially after using the restroom.



# Personal Hygiene

## In-service February 25

### Getting Ready:

- Shower or bathe before coming to work
- Keep fingernails short and clean
- Don't wear nail polish or artificial nails
- Keep hair clean and neat, and mustaches and beards well trimmed

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### Your Health:

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- Cover cuts and burns on hands and arms with clean bandage. Wear disposable glove over the bandaged hand.
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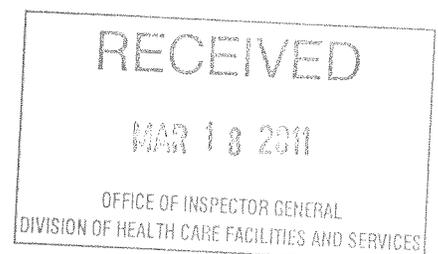
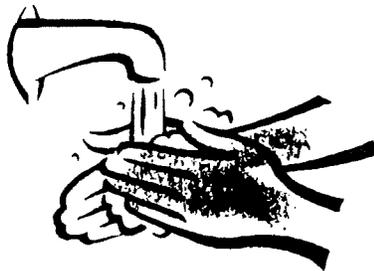


EXHIBIT 5

02/25/2011

In-Service on revised Policy for Personal Hygiene in regards to Proper Restraints for Facial Hair.

Arora, Mudita	
Bailey, Khristina	
Baker, Shannon	Shannon Baker
Brown, Victoria	Victoria Brown
Burdette, Garland	Garland Burdette
Campbell, Brenda	
Carter, Vincent	Vincent Carter
Coleman, Angela	
Comley, Tracie	
Craig, William	
Crawford, Coleen	
Davis, Raymond	
Evans, Sandra	Sandra Evans
Ezzard, Sheunda	
Grefer, Elizabeth	Elizabeth Grefer
Guisti, Leonor	
Guy, Arnie	
Haeblerlin, Jill	Jill Haeblerlin
Harris, Lisa	Lisa Harris
Hayes, Kenesia	
Henry, Haven	
Johnson, Autumn	
Johnson, Kemonia	
Johnson, Michele	Michele Johnson
Kueker, Julie	
LeMaster, Raymond	Raymond LeMaster
Lye, Leah	
King, Terrell	
Marshall, Wayneshan	
Mason, Ashley	Ashley Mason
McCoy Debbie	
Meeks, Aisha	Aisha Meeks
Miller, Craig	
Moberly, Soraya	
Parks, Marcia	
Peters, Robert	
Searcy, Janice	Janice Searcy
Smith, T'Keyah	
Snodgrass, Robert	
Waite, Nicole	
Wallace, Jasmin	
White, Alice	
Wilson, Deltoria	Deltoria Wilson
Wilson, Stephanie	Stephanie Wilson
Wittenmyer, James	James Wittenmyer

Harry Smith  
Connie Beth Poole

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02/25/2011

	In-Service Revised Policy for Proper Washing, Drying and Storage of Service Plates
Arora, Mudita	
Bailey, Khristina	
Baker, Shannon	Shannon Baker
Brown, Victoria	Victoria Brown
Burdette, Garland	Garland Burdette
Campbell, Brenda	
Carter, Vincent	Vincent Carter
Coleman, Angela	Angela Coleman
Comley, Tracie	
Craig, William	William Craig
Crawford, Coleen	
Davis, Raymond	
Evans, Sandra	Sandra Evans
Ezzard, Sheunda	
Grefer, Elizabeth	Elizabeth Grefer
Guisti, Leonor	
Guy, Arnie	
Haerberlin, Jill	Jill Haerberlin
Harris, Lisa	Lisa Harris
Hayes, Kenesia	
Henry, Haven	
Johnson, Autumn	
Johnson, Kemonia	
Johnson, Michele	Michele Johnson
Kueker, Julie	
LeMaster, Raymond	Raymond LeMaster
Lye, Leah	
King, Terrell	
Marshall, Wayneshan	
Mason, Ashley	Ashley Mason
McCoy Debbie	
Meeks, Aisha	Aisha Meeks
Miller, Craig	
Moberly, Soraya	Soraya Moberly
Parks, Marcia	Marcia Parks
Peters, Robert	
Searcy, Janice	Janice Searcy
Smith, T'Keyah	
Snodgrass, Robert	
Waite, Nicole	
Wallace, Jasmin	
White, Alice	Alice White
Wilson, Delforia	Delforia Wilson
Wilson, Stephanie	Stephanie Wilson
Wittenmyer, James	James Wittenmyer

Harry Smith  
Connie Beth Porter

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# Hall and Public Notice Check

Date: April, 2011

Staff Member: \_\_\_\_\_

	A	B	C	Public Notice	Corrected Action
	Hall clear of all carts and clutter (yes/no), public notice posted (yes/no) if not list corrected action				
1					
2					
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 DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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

PRINTED: 03/10/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185460	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 7TH FLOOR LTC UNIT B. WING _____	(X3) DATE SURVEY COMPLETED  02/22/2011
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  CARDINAL HILL REHAB UNIT AT SAMARITAN HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 310 SOUTH LIMESTONE ST LEXINGTON, KY 40508
--	--

(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)	(X6) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K 000	INITIAL COMMENTS	K 000		
K 072 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridors were maintained free from obstructions to full instant use in the case of fire or other emergency according to NFPA standards.</p> <p>The findings include:</p> <p>Observation on 02/22/11 at 10:50am revealed four (4) computer workstations, three (3) medicine carts and one (1) table, stored in the hall corridor. The observation was confirmed with the Administrator.</p> <p>An interview, on 02/22/11 at 2:00pm, with the Administrator, revealed the computer workstations, medicine carts, and table were routinely left in the halls due to lack of storage space.</p>	K 072	<p>K072 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>1. No residents were found to have been affected by this deficient practice. No falls or other occurrences have been reported nor have we received any complaints or other communications from residents, families or visitors.</p> <p>2. Any resident, visitor, family member or staff on the Cardinal Hill Rehabilitation Unit have the potential to be affected. However, no falls or other occurrences have been reported nor have we received any complaints or other communications from residents, family or visitors.</p> <p>3. As of March 17, 2011 all obstructions in Hallways A, B, and C have been removed or relocated so as not to obstruct egress or visibility. Medication carts will remain at the nurses' station except during medication passes. Computer terminals have been removed from all three hallways and the table mentioned in the Statement of Deficiencies has been disposed of.</p>	3/17/11

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

TITLE

(X9) DATE

*[Signature]* Administrator 3/17/11

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.

MAR 18 2011

If continuation sheet Page 1 of 2  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/10/2011  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185460	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 7TH FLOOR LTC UNIT B. WING _____	(X3) DATE SURVEY COMPLETED  02/22/2011
NAME OF PROVIDER OR SUPPLIER  CARDINAL HILL REHAB UNIT AT SAMARITAN HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 310 SOUTH LIMESTONE ST LEXINGTON, KY 40508	
(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 072	Continued From page 1  Reference: NFPA 101 (2000 edition) 7.1.10 Means of Egress Reliability. 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency	K 072	4. For thirty days hallways will be inspected daily (Exhibit 10) for obstructions and for appropriate storage of equipment by Terry Powers, Administrator or his designee. Then weekly inspections will be performed by the unit's safety representative for four weeks, then monthly thereafter during regular safety inspections. During these inspections any problems identified will be corrected immediately by the Administrator or designee. Reports on these inspections will be reported to the QI Committee quarterly for further corrective action as appropriate.	

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If continuation sheet Page 2 of 2

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# Hall and Public Notice Check

Date: March, 2011

Staff Member: \_\_\_\_\_

	A	B	C	Public Notice	Corrected Action
Hall clear of all carts and clutter (yes/no), public notice posted (yes/no) if not list corrected action					
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*Handwritten scribbles*

# Hall and Public Notice Check

Date: April, 2011

Staff Member: \_\_\_\_\_

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