

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

PRINTED: 05/13/2014
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185333 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/01/2014 |
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| NAME OF PROVIDER OR SUPPLIER KLONDIKE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3802 KLONDIKE LANE LOUISVILLE, KY 40218 | |
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| F 000 | INITIAL COMMENTS | F 000 | | |
| F 156 SS=B | <p>A Standard Health Survey was initiated on 04/29/14 and concluded on 05/01/14 with deficiencies cited at the highest scope and severity of an "E". A Life Safety Code survey was conducted on 04/29/14 that found the facility met all requirements with no deficiencies cited.</p> <p>An Abbreviated Survey was conducted in conjunction with the Standard Survey to investigate KY21633 and KY21634. The Division of Health Care unsubstantiated the allegation with no deficiency cited.</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</p> | F 156 | <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Klondike Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F 156</p> <p>The Social Service Director and Business Office Manager were re-educated on the current guidelines regarding Notice of Rights, Services, Charges specifically related to the Notice of Medicare Provider Non-coverage letter upon termination of all Medicare Part A services, including when discharged from the center by the Administrator on 5-20-2014.</p> <p>All residents discharged with any remaining Medicare days will be issued the Notice of Medicare Provider</p> | |

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

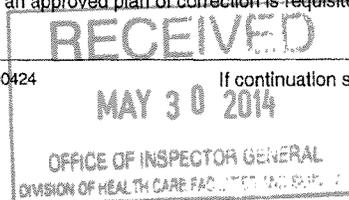
TITLE

(X6) DATE

X Stephanie Jenkins

X Administrator X 5-30-2014

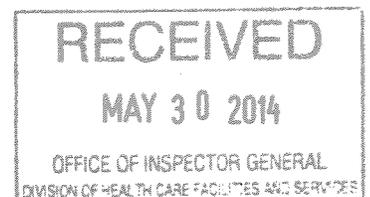
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 | Continued From page 1 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. 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, including any charges for services not covered under Medicare or by the facility's per diem rate. 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; 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. 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 | F 156 | Non-coverage letter upon termination of Medicare A services by the Business Office Manager or Social Services Director. Residents who have discharged from Medicare Part A services and either remain in the center or discharged from the center will be audited weekly x4 weeks and then monthly x2 months by the Medical Records Coordinator, Business Office Manager or Social Services Director to determine if the Notice of Medicare Provider Non-coverage letter upon termination of Medicare Part A services was issued as required. Any concerns identified will be addressed at that time and reported to the Administrator. A summary of the audits will be submitted by Business Office Manager and/or Social Services Director to the Performance Improvement Committee monthly x3 months for further review and recommendation. | Completion Date 6-6-2014 | |



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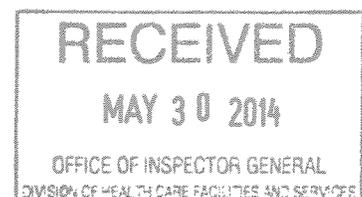
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| F 156 | <p>Continued From page 2</p> <p>misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting 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 interview and closed record review, it was determined the facility failed to ensure Medicare A residents were issued a "Notice of Medicare Provider Non-coverage" letter upon termination of all Medicare Part A services for two (2) of three (3) closed records reviewed. (Unsampled Residents E, and G). The facility failed to issue a non-coverage letter, with information on beneficiary appeal rights for those residents that were discharged from the facility after Medicare Part A services were terminated. The facility only provided that information to those residents who continued to reside in the facility after Medicare Part A services was terminated.</p> <p>The findings include:</p> <p>The facility could not provide a specific policy related to Non-coverage letters. The Business</p> | F 156 | | | |

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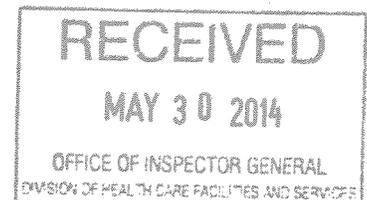
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| F 156 | <p>Continued From page 3</p> <p>Office Manager stated she called the corporation and they could not provide a policy.</p> <p>Review of the facility's admission/financial agreement revealed the facility provided information on how the resident could apply for benefits under Medicare and Medicaid. A copy of a blank Notice of Medicare Non-coverage letter was included in the admission packet and provided to the resident or responsible party during the admission process.</p> <p>1. A closed record review of Unsampled Resident E's clinical record revealed the facility admitted the resident on 04/01/14 for skilled services under Medicare Part A. The record revealed the resident was discharged to home on 04/24/14 with skilled days remaining. However, the facility failed to issue a Notice of Medicare Non-coverage letter with appropriate beneficiary appeal rights.</p> <p>2. A closed record review of Unsampled Resident G's clinical record revealed the facility admitted the resident on 02/11/14 for skilled services under Medicare Part A. The record revealed the resident was discharged to home on 02/21/14 with skilled days remaining. However, the facility failed to issue a Notice of Medicare Non-coverage letter with appropriate beneficiary appeal rights.</p> <p>Interview with the Social Service Director, on 04/30/14 at 4:40 PM, revealed she was responsible for Liability Notices & Beneficiary Appeal letters after a resident's Medicare Part A skilled services were terminated. She stated she used to issue the notice letters for any resident with remaining Medicare days but the corporate</p> | F 156 | | | |



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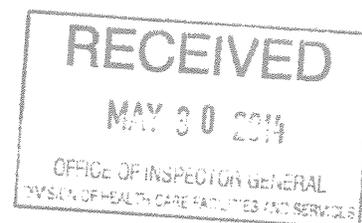
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| F 156 | Continued From page 4 consultant had told her not to issue a notice when the resident chose to return home or was transferred to another nursing facility. She stated she only issued those letters to residents who would remain in the facility and she would issue two days prior to when the skilled service would end. She said she had not provided the notice of non-coverage to residents who were discharged from the facility even though the residents had not exhausted all their skilled days. She revealed she had questioned this process during a conference call with the corporate consultant and was told she did not have to issue a non-coverage letter. She indicated she had been directed by the corporate consultant; therefore, she did not issue a notice of non-coverage to Unsampled residents E and G. Review of the written correspondence of the conference call, no date, revealed instructions not to issue non-coverage letters to residents who chose to return home with Medicare days remaining. The written correspondence instruct her to educate the surveyors if any questions arose. | F 156 | | | |
| F 166 SS=E | 483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, individual and group interviews, review of the facility's policies and the | F 166 | | | |



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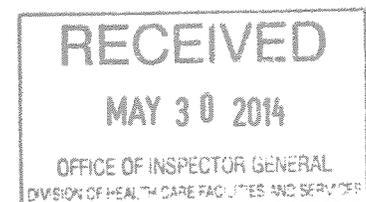
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| F 166 | <p>Continued From page 5</p> <p>resident council minutes, it was determined the facility failed to ensure grievance were resolved regarding residents personal clothing being returned in a timely manner from the laundry for two (2) of thirteen (13) sampled resident and three (3) of four (4) unsampled residents. Residents # 8, #12, Unsampled A, B, and C.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Grievance/Concern, revised 06/10/13, revealed the purpose of the policy was to ensure that any patient or patient representative had the right to express a grievance/concern without fear of restraint, interference, coercion, discrimination, or reprisal in any form. The process upon receipt of the grievance/concern would be documented on the grievance/concern log. The grievance would be investigated, support would be engaged by the Ombudsman and the person filing the grievance would be notified with a grievance of resolution within 72 hours.</p> <p>Review of the facility's policy titled Resident Personal Clothing, dated 02/01/03, revealed the policy indicated in Long-Term Care, no area of laundry management was more critical to patient care and dignity issues than the area of resident clothing. Residents, Residents' families, Admission process, Social Services, Administration, and of course Nursing, all were involved with laundry in creating policies for getting resident clothing collected, washed, dried and returned to the resident on a timely basis. The section titled Washing Personal Clothing, revealed if residents did not have enough clothing in their closets to go two days between washing, it may be necessary to wash all clothing every</p> | F 166 | <p><u>F 166</u></p> <p>The missing 3 tops, one hoodie sweatshirt, socks and undergarment for Resident A was returned to the resident on 5-14-2014 by the Housekeeping Supervisor. The missing 4 dresses, 4 pairs of pants, 3 shirts, and 1 undergarment for resident B was returned to the resident on 5-14-2014 by the Housekeeping Supervisor. The missing 4 pairs of pants, 2 shirts, and one turquoise colored sweat suit for resident C was returned to the resident on 5-14-2014 by the Housekeeping Supervisor. The personal laundry for resident #8 was returned to the resident on 5-14-2014 by Housekeeping Supervisor. The personal laundry for resident #12 was returned to the resident on 5-14-2014 by the Housekeeping Supervisor.</p> <p>The Activity Director will address the laundry concern at the Resident Council Committee and will report any noted concerns to the administrator who will address at that time. The full time, permanent Administrator started at the center on 5-12-2014. Current residents or their responsible party will be interviewed by Social Service Director, Activity Director and Administrator by 5-30-2014 to determine any further concerns with laundry. Any concerns identified were addressed at that time.</p> | | |



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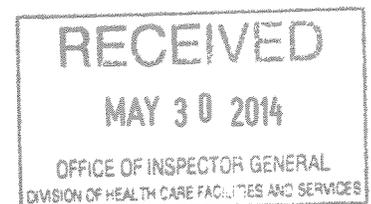
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| F 166 | <p>Continued From page 6 day.</p> <p>Review of Resident Council Minutes, dated 02/04/14, revealed eleven (11) residents were in attendance and verbalized they were still having trouble getting personal laundry back in a timely manner. Resident Council Minutes for 03/04/14 revealed twelve (12) residents were in attendance. Unsampled Resident B verbalized laundry was not being returned and he/she was missing four (4) dresses. In addition, the minutes identified other un-named residents were missing clothing. The Resident Council Minutes for 04/08/14 revealed eleven (11) residents were in attendance. Unsampled Resident B verbalized they were missing several personal clothing items. Several unnamed residents also complained about missing laundry items.</p> <p>Observation during the initial tour of the facility, on 04/29/14 at 8:10 to 9:45 AM, revealed a pickup truck was parked outside the South exit door (by Room 17) and three to four men were observed carrying multiple large bags of soiled laundry from the facility's soiled laundry room. Observation revealed multiple bags piled up in the back of the pickup truck. A strong offensive urine odor was noted from the soiled laundry room that permeated into the south unit hallway.</p> <p>Interview, on 04/29/14 at 3:00 PM, during a Quality of Life Assessment Group Interview, with the Ombudsman in attendance, revealed Resident #8 was not getting back his/her clothing in a timely manner and was still missing clothing and personal items for over two weeks. Unsampled Resident A revealed he/she was missing three tops, one hoodie sweatshirt, several socks, and one (1) undergarment but was</p> | F 166 | <p>The following systemic changes will be implemented to assure this practice does not recur: The Housekeeping Laundry Supervisor is responsible for ensuring the clothing is returned timely and to the correct resident by monitoring the turnaround time of personal laundry and by inspecting 5 resident closets weekly as part of routine compliance rounds. The turnaround time to return resident clothing will be no longer than 72 hours. Social Services Director, Administration, Laundry, Housekeeping, and Nursing staff have been re-educated to the laundry process and grievance process by the Administrator and the Assistant Director of Nursing on 5-21-2014. Additional laundry staff hours have been added to in the evening hours to ensure residents personal laundry is collected, washed, dried, and returned to the resident timely. Grievance forms will be reviewed daily in the morning meeting by the Administrator and or Social Services to ensure that</p> | | |



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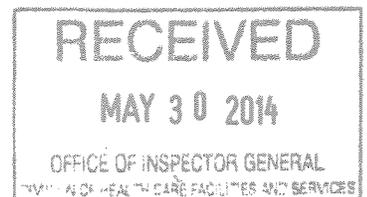
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| F 166 | <p>Continued From page 7</p> <p>unable to say how long these items had been missing. Unsampled Resident B revealed he/she was missing four pair of pants, three shirts, one undergarment and further stated items go to the laundry and sometimes it takes up to a month to be returned. Unsampled Resident C revealed e/she was missing four pair of pants, two shirts, and a turquoise colored sweat suit and had noticed another resident within the facility wearing the suit. Unsampled Resident C stated he/she informed the Social Services (SS) about this on 04/27/14.</p> <p>Interview, on 04/29/14 at 9:40 AM, with the Administrator from a sister facility, revealed he was there to assist with the facility laundry because the facility was down one washer a few days ago. The Administrator from the other nursing facility stated the residents' clothing would be washed at his facility then returned on 04/29/14 or 04/30/14. In addition, he denied the strong odor of urine on the south wing close to the soiled laundry room.</p> <p>Interview, on 04/29/14 at 9:45 AM, with the facility's interim Administrator revealed he acknowledged the facility had only one standard washer and one commercial washer and the commercial washer was not working at that time.</p> <p>Observation, on 04/29/14 at 11:55 AM, revealed Resident #12 was sitting on the edge of his/her bed wearing two large hospital gowns. Interview with the resident, at the time of the observation, revealed he/she did not have any personal clothing to wear because their soiled laundry had not been washed and returned.</p> <p>Interview, on 04/30/14 at 11:05 AM, with</p> | F 166 | <p>grievances/concerns are resolved within 72 hours of reporting. Resident Council Committee Meeting minutes will be submitted to the Administrator by the Activity or Social Services Director each month for review to ensure concerns are resolved timely.</p> <p>The Housekeeping/ Laundry Supervisor will meet weekly for 8 weeks and then monthly with the Administrator to review the concerns specifically related to laundry. The Social Service Director, Activity Director and or Administrator will review the grievance log weekly x4 weeks and then monthly x2 months to determine that grievances are investigated and resolved timely.</p> <p>Any concerns identified will be reported to the Administrator and resolved at that time. A summary of the Housekeeping/laundry supervisor and Administrator meeting as well as a summary of the grievance log audit will be submitted to the Performance Improvement Committee by the Administrator or Social Services Director monthly x3 months for further review and recommendations.</p> | Completion Date 6-6-2014 |



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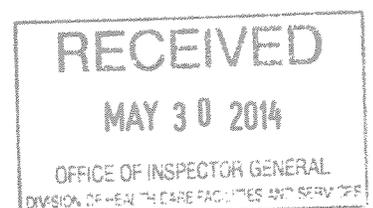
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| F 166 | <p>Continued From page 8</p> <p>Housekeeping Aid #1 (HKA) revealed she worked in the laundry on Saturdays and Sundays. HKA #1 stated both washers were working on Saturday 04/26/14 and denied the commercial washer had been broken in the past two weeks. She further stated the bags taken out on 04/29/14 were close to thirty soiled bags removed from the laundry room. HKA #1 stated "it smelled like an outhouse back there."</p> <p>Another interview with Resident #12, on 04/30/14 at 3:45 PM, revealed his/her pants had been returned last night, but was still missing two pair of pants. The resident stated he/she did not like having to wear hospital gowns and preferred to wear his/her own clothes. He/she indicated this was an ongoing problem.</p> <p>Interview, on 05/01/14 at 9:10 AM, with the Social Service Director (SS), revealed the residents had complained about personal clothing articles not returned in a timely manner before. She said she had talked with other department heads for assistance with the delay in laundry services and to her knowledge those concerns had been given to the Regional Vice President of the facility. She further stated no changes had been made to increase the contracted vendor services for laundry services. The SS Director revealed the facility had no system in place for checking residents' clothing in their closets to ensure missing clothing was found and clothing that was placed into the closets belonged to the right resident.</p> <p>Interview, on 05/01/14 at 11:00 AM, with the only full time laundry staff, revealed at least twenty bags of soiled laundry were removed from the facility after the survey team entered the building.</p> | F 166 | | | |



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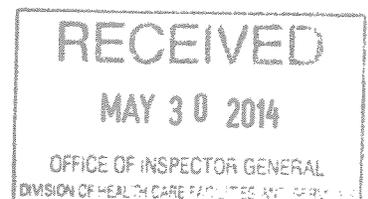
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185333 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/01/2014 |
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| F 166 | <p>Continued From page 9</p> <p>She stated facility linens are washed first and then residents' personal laundry. She indicated there were some days when she could not wash all the laundry because HKA #1 had been pulled from working in the laundry to the floor to conduct housekeeping duties. That left only one person to attempt to wash all the laundry. She further stated she was aware of the residents' complaints about the delay in getting their laundry returned and offered to work more hours but the contract vendor would not approve additional hours.</p> <p>Interview, on 05/01/14 at 11:15 AM, with the Housekeeping Supervisor of the contracted Housekeeping/Laundry Services revealed on Sunday 04/27/14 there was only one laundry staff working in the laundry. The supervisor stated that staff person came in and did four loads of linens, but no personal laundry that day. The staff member then returned that evening to work on a project to strip and wax floors. The supervisor indicated the laundry piled up and resulted in bags of soiled laundry. The Supervisor stated staffing was determined by the facility census and the hours allotted to laundry was not enough to get the facility's laundry done, and returned back to the residents. He was aware some residents had waited a month to get laundry back, but they were doing their best.</p> <p>Interview, on 05/01/14 at 11:40 AM, with the District Director of the contract Landry/Housekeeping Services, revealed he visited the facility weekly and was aware of laundry and housekeeping issue in the past. The District Director stated the facility did not have the wash capacity to get the laundry done in a reasonable amount of time and at one time had a split shift of laundry staff scheduled, but that staff</p> | F 166 | | | |



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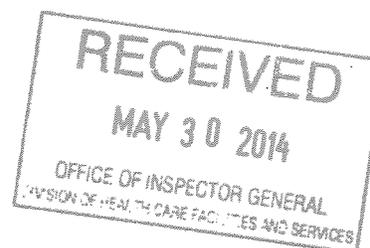
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| F 166 | Continued From page 10 was moved to housekeeping. The District Director stated last week the laundry was fine. Another interview, on 05/01/14 at 12:00 PM, with the Interim Administrator revealed the facility's washing machines were not broken as he indicated before. In addition, he was aware laundry was backed up this week and staff was unable to laundry all linens and residents' clothing. He further stated the overflow was a result of limited space and the capacity to do the laundry. The Administrator stated he had been in the facility for two weeks and became aware of the laundry problem after start of the survey because his focus was on some housekeeping issues. He denied knowing about Resident #12 being without clean pants and having to wear a hospital gown. The Administrator stated he reviewed the grievances log received from residents, but did not recall any issues with laundry. Interview, on 05/01/14 at 2:23 PM via cell phone, with the Regional Vice President revealed he denied knowledge of any laundry issues or any additional request for help. He further stated the Administrator of the facility could voice concerns and make requests for additional hours for services in housekeeping/laundry if needed. He stated he provided additional laundry services on Tuesday 04/29/14, because he had not identified any problems. The Vice President was unable to state when his last visit to the facility occurred prior to 04/29/14. | F 166 | | | |
| F 253 SS=E | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and | F 253 | | | |



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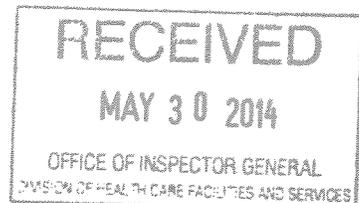
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| F 253 | <p>Continued From page 11</p> <p>maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the vendor contract service agreement, it was determined the facility failed to have an effective housekeeping service and preventative maintenance program to ensure residents' environment was clean and comfortable. Observations revealed dirt build-up in the both hallways and common areas used by facility residents.</p> <p>The findings include:</p> <p>No policy was provided on preventative maintenance of the facility.</p> <p>Review of the contract agreement between the facility and a contract Housekeeping/Laundry Service, effective date 07/01/2011 with a termination date of 05/09/12, revealed the contract provided stated the agreement could be extended upon written agreement of the parties. The contract revealed the vendor would provide supplies and materials for cleaning and laundry services including housekeeping equipment except for the laundry washer and dryers. The staff was to be determined by the patient/residents per day rate (PPD). The vendor contract did not state when and how often resident rooms or common areas were to be cleaned or deep cleaned.</p> <p>Review of the In-Services training for the contract housekeepers, reference date 01/01/2000, for</p> | F 253 | <p>F 253</p> <p>All hallways and other common areas were cleaned by a housekeeper on 5-14-2014. Rooms 23 and 24 bathroom tile floor was cleaned on 5-22-2014 by a housekeeper. The laundry room was cleaned on 5-1-2014 by a housekeeper with no further odors noted to permeate into the hallway. The paint missing baseboards down the North and South units was re-painted on 5-22-2014 by the Maintenance Director and the paint missing from the doors/frames will be painted by 6-5-2014. The missing tile in room 5 will be replaced by the Maintenance Director on 5-27-2014. The bathroom ceiling in Room 34 was repaired on 5-16-2014 by the Maintenance Director. The tile floor in the bathroom for room 23 and 24 was cleaned on 5-20-2014 by the Housekeeping Supervisor. The ceiling air vent in the bathroom of room 23 and 24 was cleaned on 5-20-2014 by the Maintenance Director.</p> | | |



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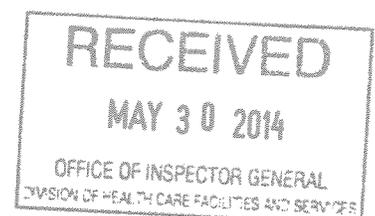
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| F 253 | <p>Continued From page 12</p> <p>Complete Room Cleaning revealed steps to clean residents' rooms. There are instructions to clean entrance to the resident's room-scrub both sides of door, remove build-up on floor between room and hallway. The contract service could not provide any written instructions to housekeepers for cleaning of common areas and hallways. In addition, the facility nor the contract service provided evidence that the housekeeping staff were trained with no signature sheets or dates of in-services provided.</p> <p>Observation, on 04/29/14 at 8:10 to 9:45 AM, revealed, during tour on first day of survey, a strong offensive odor was noted and permeated from the closed soiled laundry room door onto the South Unit hallway.</p> <p>Observation, on 05/01/14 at 12:15 PM to 12:45 PM with the Maintenance Director (MD), revealed multiple areas of paint missing from doors and baseboards walking down the South and North Units. Room 5 had a missing tile. Room 34's bathroom ceiling was observed with a black substance and water stain around the air vent in the ceiling with a downward protrusion.</p> <p>Observation of the shared bathroom for Rooms 23 and 24 revealed a tile floor with a build-up of a brown substance on the grout line and the ceiling air vent was caked with a gray, fussy substance.</p> <p>Interview, on 05/01/14 at 12:15 PM to 12:45 PM with the Maintenance Director revealed he was new with a hire date of 04/14/14. He stated he received no formal training to date. He stated the last Maintenance Director was terminated on 04/07/14. He indicated he had spent most of his time organizing the shop, getting documents for the Life Safety Code survey in order with a focus</p> | F 253 | <p>Additionally, The Maintenance Director, Housekeeping Supervisor and the Administrator will complete a round of the center – to include all common areas, hallways, laundry rooms, resident rooms, resident bathrooms, and shower rooms to determine any further housekeeping or maintenance needs on 5-23-2014. Any concerns identified will be resolved upon discovery.</p> <p>A new housekeeping supervisor was put in place on 5-5-2014. Housekeeping and laundry staff will be re-educated to the Cleaning policies and procedures on 5-14-2014 by the housekeeping manager. Additionally, the laundry room will be monitored by the Housekeeping Supervisor throughout the day to assure laundry is being processed timely to avoid any odor from the laundry room. Additional staff hours have been allocated to the laundry process to assure it is processed efficiently and timely. The Administrator will provide the Maintenance Director documented training on the Preventative Maintenance Program and job description on 5-21-2014.</p> | | |



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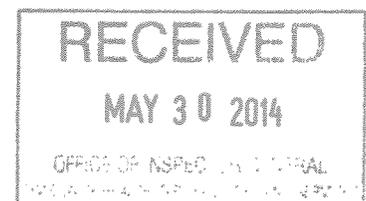
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| F 253 | <p>Continued From page 13</p> <p>on resident safety and the fire alarm system. The Director stated he had not focused on cleanliness of the facility, but had noticed multiple doors to residents' rooms that were in need of repair and painting. He was unaware of the issues the State Survey Agency (SSA) found in the residents' rooms, bathroom, and common areas.</p> <p>Interview, on 05/01/14 at 11:15 AM, with the contract Housekeeping Supervisor revealed resident rooms were cleaned using a five step process and deep cleaned was a seven step process.</p> <p>Interview, on 05/01/14 at 11:40 AM, with District Director for Health Care Services revealed he had been coming to the facility weekly looking for cleanliness. He further stated two to three weeks ago the previous Administrator requested additional housekeeping staff and staff from laundry was placed on days to help.</p> <p>Interview, on 05/01/14 at 12:00 PM to 12:15 PM, with the Interim Administrator revealed the facility had a housekeeping issue and the District Director for Healthcare Services was in the facility every day last week to provide education to housekeeping staff that included a plan of correction that was put in place. He further stated a routine schedule for cleaning was provided in the Stand Up meeting which included the Housekeeping Supervisor to deep clean two (2) rooms each day. The Administrator stated he saw a problem with housekeeping every day. The Administrator acknowledged everything was behind, he was aware of the dirty floors and walls as well as the chipped and scooped baseboards and doors and voiced his unhappiness with the services being provided by the vendor for</p> | F 253 | <p>The following measures have been put in to affect by the Administrator on 5-21-2014 to assure this practice does not recur: A deep cleaning scheduled is in place to include 2 resident rooms a day.</p> <p>The Housekeeping Supervisor will check each deep cleaned room daily and will spot check all other routine cleaning by using quality control inspections. Additionally, the Maintenance Director will follow the Preventative Schedule and as part of that schedule will conduct weekly touch up. Department Managers have been assigned resident rooms and common areas by the Administrator as of 5-24-2014 and will round daily on assigned rooms and report any concerns at the daily operations meeting and/or to the Administrator. The concerns noted by the Department managers will be investigated and resolved within 72 hours by the Administrator.</p> | | |



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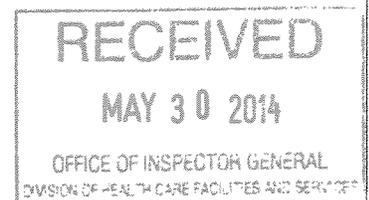
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| F 253 | Continued From page 14 housekeeping and laundry. He further stated he hated to assume accountability when the contracted vendor did not do what should be done. | F 253 | The Housekeeping Supervisor will monitor the workflow of the laundry process to assure that all laundry is processed throughout the laundry hours of operation; which have been extended to include hours into the evening shift to avoid any odors from occurring. The Laundry aide will report any concerns to the Administrator that affect the ability to process laundry and alternate arrangements will be made to take laundry off-site, as necessary until laundry is operating efficiently to prevent an overflow of soiled laundry and reduce odors. Additionally, all concerns noted by the Department Managers will be reported immediately to the Administrator and resolved within 72 hours. | | |
| F 520 SS=E | 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify | F 520 | The Administrator will conduct environmental rounds of the center, including the laundry room weekly x8 weeks and then monthly x1 month with the Housekeeping Supervisor and the Maintenance Director to determine that known issues are resolved and to identify any maintenance or housekeeping needs in order to ensure resident's environment is clean and comfortable. Any concerns identified will be addressed at that time. | | |



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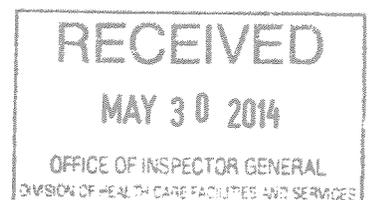
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| F 520 | Continued From page 15 and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on interview and review of the facility's Quality Assurance (QA) policy, it was determined the facility failed to have an effective QA system to develop and implement appropriate plans of actions that were identified during the QA process meetings regarding housekeeping issues. In addition, the QA committee failed to identify and correct quality deficiencies regarding laundry problems. Interview with the Administrator revealed the last QA meeting was held on 04/18/14. Although housekeeping issues had been identified during this meeting, corrective actions had not been put into place at the time of the survey. The findings include: Review of the facility's QA-Performance Improvement Policy, Center Edition Version 1.0, dated 01/2010, revealed the center's Administrator will establish, maintain and chair a standing performance improvement committee that includes the Administrator, the Director of Nursing services, the Medical Director, and three other members of the center staff. The committee meets monthly to identify issues with/ respect to which performance improvement activities were necessary and develop and implement appropriate plans of action to correct identified deficiencies and evaluate and monitor the effectiveness of plans of action to ensure that identified deficiencies were corrected. | F 520 | A summary of findings from the environmental rounds will be submitted by the Administrator to the Performance Improvement Committee monthly x3 months for further review and recommendation. | Completion Date 6-6-2014 | |



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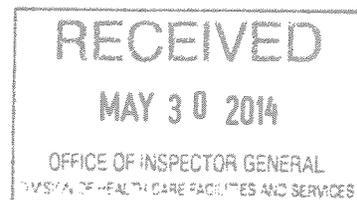
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| F 520 | Continued From page 16 Interview with the Interim Administrator, on 05/01/14 at 4:00 PM, revealed the QA Committee had not identified a problem with the resident's laundry when they met on 04/18/14; however, they had identified issues with housekeeping related to cleanliness. The Administrator, who stated he had only been at the nursing facility for two weeks, revealed he had identified issues with cleanliness when he first came to the facility, during rounds of the facility. He stated the previous Administrator had also identified the same issues. The Administrator stated he had called the District Manager of the Contract Housekeeping Services to come to the facility last week, to reported his concerns. He indicated the District Manager had been in the building every day last week. Interview with the Contract Housekeeping/Laundry Supervisor, on 05/01/14 at 11:16 AM, revealed he was covering for the suspended employee over the weekend, and came in for two hours in the morning to work on laundry, (but only washed linens) and came back that night for another project (stripping and waxing floors), so personal clothes did not get washed and clothes piled up the next day. The Supervisor stated that staff hours had been cut since last years Per Patient Day (PPD), which made it difficult to complete the tasks; he stated he was trying to get to the bottom of things, but did not have the hours needed to do this. The supervisor stated he was aware that clothes were late getting back to residents, and was trying to do the best they could. Interview with the District Manager of the Contract Housekeeping Services, on 05/01/14 at | F 520 | <u>F 520</u> The missing 3 tops, one hoodie sweatshirt, socks and undergarment for Resident A was returned to the resident on 5-14-2014 by the Housekeeping Supervisor. The missing 4 dresses, 4 pairs of pants, 3 shirts, and 1 undergarment for resident B was returned to the resident on 5-14-2014 by the Housekeeping Supervisor. The missing 4 pairs of pants, 2 shirts, and one turquoise colored sweat suit for resident C was returned to the resident on 5-14-2014 by the Housekeeping Supervisor. The personal laundry for resident #8 was returned to the resident on 5-14-2014 by Housekeeping Supervisor. The personal laundry for resident #12 was returned to the resident on 5-14-2014 by the Housekeeping Supervisor. Plus all residents on North and South Unit who are potentially affected by this practice. A Performance Improvement Committee meeting was held on 5-21-2014 and items including Medicare Non-Covered letters, laundry and housekeeping concerns and corrective action plans were discussed and implemented by the Administrator, Director of Nursing, Medical Director, Housekeeping Supervisor, Maintenance Director and | | |



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| F 520 | <p>Continued From page 17</p> <p>11:40 AM, revealed he had received grievances 3-4 weeks ago regarding problems with residents not receiving their personal laundry, and was not sure what the turnaround time was for resident's laundry. The District Manager stated he was not aware of any current laundry issues. The District Manager stated the laundry was piled up on entrance of the SSA due to a laundry employee being suspended over the weekend and was not replaced; he further revealed that Laundry staff was based on the facility census or PPD (per patient day). The District Manager also stated the Housekeeping Supervisor was responsible for ensuring the laundry was completed and covering for any suspended staff. (Refer to tag F166).</p> <p>Further interview with the Contract Housekeeping Services District Manager, revealed he had been in the building the past week supervising the staff regarding housekeeping issues with cleanliness, but revealed he had been focused on deep cleaning of the rooms and stripping floors. (Refer to tag F253).</p> <p>Interview with the Vice President of Operations, on 05/01/14 at 2:28 PM, revealed that issues identified in the QA meeting on 04/18/14 had not been brought to his attention, but revealed that the previous Administrator had commented in the past there were problems with laundry and housekeeping, but nothing significant. The Vice President of Operations stated if there were problems, the Administrator would need to call and ask for additional help, or request additional contract hours. He revealed he was unaware of the scope of the laundry problem until he arrived on 04/29/14, after the survey had begun.</p> | F 520 | <p>Social Services Director. The Performance Improvement Committee meets monthly.</p> <p>The new Administrator was educated to the Performance Improvement Policy and Procedure including developing a corrective action plan for concerns identified on 5-20-2014 by the Regional Vice President of Operations. The administrator will re-educate all department managers on the Performance Improvement Policy and developing corrective plans of action for any issues identified on 5-21-2014. The plan of actions will be reviewed at the weekly department meeting. The Department managers will report on the progress of corrective action plans to the administrator and the administrator will coordinator other resources as needed to resolve concerns as identified.</p> <p>The Administrator will conduct an audit of the monthly Performance Improvement Committee meeting minutes to determine that concerns identified have a corrective action plan developed to resolve concerns and that the action plans are being implemented weekly x8 weeks and then at least monthly. Any concerns identified will be addressed at that time. A summary of these findings will be submitted by the Administrator to the Performance Improvement Committee monthly x 3 months for further review and recommendation.</p> | Completion Date 6-6-2014 | |



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| NAME OF PROVIDER OR SUPPLIER KLONDIKE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3802 KLONDIKE LANE LOUISVILLE, KY 40218 | |
| (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 000 | <p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1962, 1992</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Two (2) stories, Type V Protected. Offices are located on the partial second floor.</p> <p>SMOKE COMPARTMENTS: Five (5) smoke compartments on the ground floor.</p> <p>FIRE ALARM: Complete fire alarm system with smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic, dry sprinkler system.</p> <p>GENERATOR: Type II, 100KW generator. Fuel source is diesel; Upgraded in 1999.</p> <p>An abbreviated, Life Safety Code Survey (using 2786S short form) was conducted on 04/29/14. The facility was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)</p> | K 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Stephanie Jenkins* TITLE *Administrator* (X6) DATE *5-30-2014*

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.

