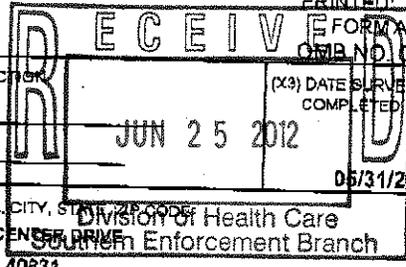


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/14/2012

FORM APPROVED

CMS NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2012
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NAME OF PROVIDER OR SUPPLIER HARLAN HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEDICAL CENTER DRIVE HARLAN, KY 40631
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy, it was determined the facility failed to store, prepare, distribute, and serve food under sanitary conditions. Observation of tray line service during the evening meal on 05/29/12, revealed the cook left the tray line three different times to obtain a container of garnish, wheat bread, and cheese sandwiches. The cook handled soiled items, returned to the tray line, and handled residents' cornbread with the soiled gloves.</p> <p>The findings include: Review of facility policy titled Handwashing (not dated) revealed staff was to wash hands/change gloves after handling soiled equipment or utensils.</p>	F 371	- See Attached -	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lail Pace</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/21/12</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Received Time Jun. 25. 2012 9:11AM No. 8726

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NAME OF PROVIDER OR SUPPLIER HARLAN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEDICAL CENTER DRIVE HARLAN, KY 40831		
(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 371	<p>Continued From page 1</p> <p>Observation on 05/29/12, at 4:40 PM, during the evening meal service revealed the cook left the tray line to obtain a container of garnish for the residents' trays. The cook was observed to open the door of the walk-in refrigerator with her gloved hand, obtain a container of gamish, and then return to the tray line. The cook was observed to handle cornbread with her soiled gloves and placed it on residents' plates. Further observation revealed the cook left the tray line to obtain slices of wheat bread for a resident's tray. The cook handled the plastic covering and tie that secured the wheat bread, removed two slices of bread, obtained a sandwich bag, and then placed the sliced bread in the sandwich bag with the soiled gloves. The cook returned to the tray line and continued to handle cornbread with her soiled gloves as she placed the cornbread on residents' trays. Continued observation revealed the cook used her gloved hands to open the refrigerator located near the tray line and obtained two previously made cheese sandwiches for a resident's tray. The cook returned to the tray line and continued to handle cornbread and place the cornbread on residents' trays with her soiled gloves.</p> <p>Interview with the cook on 05/30/12, at 12:45 PM, revealed she had received Food Service Training from the local Health Department. The cook stated gloves should be removed and hands washed anytime staff left the work station or touched a dirty object. The cook revealed she was nervous and failed to change her gloves and wash her hands when required. The cook confirmed that by failing to wash her hands and change gloves as required, the residents' food</p>	F 371			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2012
NAME OF PROVIDER OR SUPPLIER HARLAN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEDICAL CENTER DRIVE HARLAN, KY 40831	
(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 371	Continued From page 2 would be contaminated. The cook revealed tongs should have been used to place cornbread on residents' trays. Interview on 05/30/12, at 12:45 PM, with the Dietary Manager (DM) revealed gloves should be removed and hands washed anytime staff leaves a work station. The DM confirmed the cook should have removed her gloves and washed her hands each time she left the tray line to obtain needed items for residents' trays.	F 371		

Harlan Health & Rehabilitation Center
Annual Survey—May 29-31, 2012
Plan of Correction

F 371

1. The dietary employee received instructions on the proper use of gloves and hand washing by the Registered Dietician and Dietary Manager on May 29, 2012.
2. Residents are receiving food that is prepared and distributed in a sanitary manner.
3. An in-service was conducted with the dietary staff on May 30, 2012 by our Registered Dietician and Dietary Manager that addressed the procedures outlined in the facility policy for proper use of gloves for food handling and hand washing. The in-service specifically reviewed the procedure for glove changing when leaving the serving tray line.
4. The CQI committee designee will conduct random observations of dietary staff during tray line service on both shifts to ensure proper use of gloves and hand washing, twice a week for one month and weekly for the next quarter. Any identified irregularities will be corrected immediately and reported to the CQI committee for further follow-up.
5. Completion Date: June 1, 2012.

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RECEIVED

JUN 25 2012

Division of Health Care
Enforcement Branch

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185166	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING E. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2012
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NAME OF PROVIDER OR SUPPLIER HARLAN HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEDICAL CENTER HARLAN, KY 40831
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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: 1978</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type 111 (000)</p> <p>SMOKE COMPARTMENTS: 7</p> <p>FIRE ALARM: Complete automatic fire alarm system.</p> <p>SPRINKLER SYSTEM: Complete automatic (wet & dry) sprinkler system.</p> <p>GENERATOR: Type II diesel generator.</p> <p>A life safety code survey was initiated and concluded on 05/31/12. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not to be in substantial compliance with the Requirements for Participation for Medicare and Medicaid.</p> <p>Deficiencies were cited with the highest deficiency identified at "D" level.</p>	K 000		
K 025 SS*D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in</p>	K 025	- See Attached -	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maile Pace TITLE: Administrator (X5) DATE: 6/21/12

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 HARLAN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEDICAL CENTER DRIVE HARLAN, KY 40831	
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K 025	<p>Continued From page 1</p> <p>accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain a fire/smoke barrier wall with at least a one-half hour fire resistance rating as required. This deficient practice affected two of seven smoke compartments, staff, and approximately forty residents. The facility has the capacity for 143 beds with a census of 137 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code survey on 05/31/12, at 12:20 PM, with the Director of Maintenance (DOM), an approximate 2' x 2' panel was observed to be missing from the smoke barrier wall in the attic area above the fire doors in the 1000 hall of the facility. In a fire situation, fire/smoke barriers reduce the spread of fire and smoke to other parts of the building. An interview with the DOM on 05/31/12, at 12:20 PM, revealed the DOM had trusted a contractor to replace the panel when work was performed in the attic about two weeks prior and he was not aware the panel was missing.</p>	K 025		

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NAME OF PROVIDER OR SUPPLIER HARLAN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEDICAL CENTER DRIVE HARLAN, KY 40331		
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Harlan Health & Rehabilitation Center
Annual Survey—May 29-31, 2012
Plan of Correction

K 025

1. The 2'x2' fire panel was replaced on 5/31/12 per the Director of Maintenance, (DOM).
2. The facility was assessed to ensure all other fire panels were in place.
3. The DOM will follow-up with any contractors working in the attic to ensure fire panels are in place and meet code standards.
4. The DOM will conduct daily checks while contractors are working in the attic, and in addition will perform routine monthly checks thereafter.
5. Completion Date: June 1, 2012.