

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

PRINTED: 06/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-HARRODSBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
(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 A Recertification Survey was conducted 05/14/13 through 05/17/13. Deficiencies were cited with the highest scope and severity of an "E".	F 000			
F 252 SS=E	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, record review and review of the facility's policy, it was determined the facility failed to maintain a safe, clean, comfortable and homelike environment. Observations on two separate days revealed the privacy curtain in room 110 was soiled with a brown odorous substance. The toilet bowl in room 102 contained a build-up that was gray in color. Bathroom adjacent to rooms 307 and 314 contained discolored tiles and grout around the base of the toilets. The findings include: Review of the facility's policy titled, "Health Care Services Group Environmental Policy", undated, revealed contracted housekeeping service used by the facility would provide a clean environment daily for all residents, families and staff.	F 252	<i>This Plan of Correction is the number 1 subject allegation of compliance.</i> <i>Preparation and/or discussion of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> Kindred Nursing and Rehabilitation — Harrodsburg will continue to provide housekeeping service necessary to maintain a safe, clean, comfortable homelike environment. 1. The HSG Account Manager, upon notification of the soiled privacy curtain in room 110 changed it out with a clean fresh privacy curtain. Upon notification the HSG Account Manager, cleaned the toilet bowl in room 102 and made it free from gray color build-up. The HSG Account Manager, upon notification of discolored tiles and grout around the toilets in rooms 307 and 314 cleaned the bathrooms floor and ensuring they were free from discolored tiles and grout. 2. An audit was conducted on all resident rooms on May 17, 2013, HSG District Manager for any soiled privacy curtains and any concerns were immediately changed out with clean fresh privacy curtains.	7/13/2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Thomas Blum Executive Director* TITLE: *Executive Director* DATE: *6-18-2013*

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 team participation.

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F 252	<p>Continued From page 1</p> <p>Interview with the Account Director for Housekeeping, on 05/17/13 at 11:30 AM, revealed there was no cleaning checklist or policy related to daily cleaning of resident rooms. The Account Director stated she followed behind staff members and checked the cleanliness of the two rooms daily using a Quality Control Inspection form.</p> <p>Review of the facility's form, "Quality Control Inspection-Housekeeping", undated, revealed privacy curtains, toilet bowls, and floors were checked by the person conducting the quality control inspection.</p> <p>Observation, on 05/16/13 at 10:30 AM, revealed an odorous brown substance was smeared on the privacy curtain in room 110, which was visible from the hallway. Another observation, on 05/17/13 at 10:31 AM, revealed the brown substance was still present on the privacy curtain in room 110.</p> <p>Observation during environment rounds, on 05/17/13 at 1:00 PM, revealed resident bathrooms 307 and 314 contained discolored tile and grout around the base of the toilet. In addition, the toilet bowl in room 102 had a gray ring visible with a gray colored build-up present inside the toilet bowl.</p> <p>Interview, on 05/17/13 at 10:42 AM, with Resident #15 in room 102, who the facility assessed as being cognitively intact, revealed the bathroom was not cleaned well. He/She stated the toilet was stained and most of the time it looked dirty. He/She further stated sometimes housekeeping came in and cleaned the toilet and it looked clean</p>	F 252	<p>An audit was conducted on all resident bathroom toilets in the facility on May 17, 2013 by HSG District Manager. All resident bathroom toilets in the facility were cleaned to ensure they were free from any gray color build-up.</p> <p>An audit was conducted on all resident bathroom floors on May 17, 2013 by HSG District Manager. All resident bathroom floors were scrubbed and cleaned to ensure they were free from discolored tiles and grout around the base of the toilets.</p> <p>3. The HSG Account Manager educated all housekeeping staff on 6-14-2013 on the process to daily clean resident rooms and resident bathrooms daily to ensure they are free from soiled privacy curtains and bathroom toilets are free from stain and bathroom floors are clean and free from stain and all new hires forward.</p> <p>The Staff Development Coordinator on 6-14-2013 initiated education for all staff on keeping resident rooms as clean as possible and to report any issues with cleanliness of the resident rooms, resident bathrooms, privacy curtains and facility to the housekeeping manager and/or their direct supervisor.</p> <p>The HSG Account Manager, educated housekeeping staff on 6-14-2013 on the process to deep clean resident rooms and the deep clean schedule and a check list will be put in place.</p>	

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F 252	<p>Continued From page 2</p> <p>and other times after they cleaned the toilet it still looked dirty.</p> <p>Interview with the Maintenance Director, on 05/17/13 at 1:00 PM, revealed the contracted housekeeping company was responsible for cleaning grout/tile throughout the building. The Maintenance Director agreed the tile/grout in rooms 314 and 307 needed to be cleaned. The Maintenance Director stated the toilet bowl in room 102 looked like it contained a build-up that needed to be brushed off.</p> <p>Interview with Housekeeper #3, on 05/17/13 at 10:45 AM, revealed resident rooms and bathrooms were cleaned daily. Housekeeper #3 stated there was no checklist or chart used to clean rooms and bathroom. Instead, Housekeeper #3 reported the Account Manager for Housekeeping would inspect a few rooms each day to ensure the cleanliness of the rooms. Housekeeper #3 reported tile/grout were to be cleaned when noted to be discolored. Lastly, Housekeeper #3 reported cleaning toilet bowls and checking privacy curtains for cleanliness was to be conducted daily.</p> <p>Interview with Housekeeper #1, on 05/17/13 at 2:00 PM, revealed the housekeepers were instructed to use a brush to scrub bathroom tiles when discoloration was noted. Housekeeper #1 stated housekeepers were to check privacy curtains for stains and removed them as needed while cleaning resident rooms. However, Housekeeper #1 stated she was responsible for cleaning room 110, but had been in a rush and did not notice any stains on the privacy curtain. Housekeeper #1 stated she should have replaced</p>	F 252	<p>4. As part of the weekly environmental rounds conducted by the Executive Director or designee a random check of minimum of 20 rooms to ensure privacy curtains and resident bathroom toilets and floors are clean and all toilets and bathroom floors are clean and free from discoloration along with monitoring the overall cleanliness of the facility.</p> <p>The HSG Account Manager will conduct weekly rounds for 3 months to audit the resident privacy curtains, bathroom floor tile and bathroom toilets to ensure they are clean along with monitoring the overall cleanliness of the facility. Any concerns will be immediately addressed.</p> <p>The HSG Account Manager will conduct random audits of minimum of 20 resident rooms and resident bathrooms daily for cleanliness along with monitoring the overall cleanliness of the facility.</p> <p>The facility will utilize resident council monthly to interview residents regarding any concerns they may have related to resident room and bathroom cleanliness</p> <p>The HSG Account Manager and/or Executive Director will bring any concerns identified to the monthly Performance Improvement (PI) Committee meeting for the next three months and as needed thereafter. Further interventions/corrective actions will be implemented as necessary.</p> <p>Completion Date 7/13/2013</p>	

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F 252	Continued From page 3 the curtain immediately, but stated she did not notice the brown substance on the privacy curtain because she did not check it. Housekeeper #1 stated the cleaning carts contained a bathroom cleaner that was used to remove mildew stains. Interview with the Account Manager of Housekeeping, on 05/17/13 at 11:30 AM, revealed privacy curtains should be checked daily by the housekeeping staff. Continued interview with the Account Manager of Housekeeping, on 05/17/13 at 1:35 PM, revealed the toilet bowl in room 102 contained stains because the housekeeper responsible for cleaning the toilet had not taken the time to remove the stains. The Account Manager of Housekeeping stated the tile/grout in room 307 and 314 had a build-up that needed to be scrubbed with a brush. The Account Manager of Housekeeping stated it was important to keep resident rooms/bathrooms clean because it was their home. The Account Manager of Housekeeping stated she would use a Quality Control Inspection sheet to check the cleanliness of two resident rooms/bathrooms daily, but had not previously noted the concerns observed by the surveyor.	F 252	
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323	

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F 323	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of the Employee Handbook and review of Material Safety Data Sheets, it was determined the facility failed to ensure the residents' environment remained as free from accidental hazards as possible as evidenced by an unlocked housekeeping cart, in a resident area, with Clorox spray stored on it.</p> <p>The findings include:</p> <p>Review of the Healthcare Services Group Employee Handbook, dated 10/31/07, revealed that each housekeeping cart had a lockbox. All chemicals were to be stored in the lockbox. Do not leave cart unattended. Store cart properly while on break.</p> <p>Observation, on 05/15/13 at 10:30 AM, revealed that a facility cleaning cart was unlocked and unattended in the Central Hall. Further observation revealed inside the unlocked cart there were two (2) bottles Clorox spray present.</p> <p>Review of the Material Safety Data Sheet (MSDS) for Clorox undiluted Regular Bleach revealed the product may cause severe irritation or damage to eyes and skin, vapor or mist may irritate and harmful if swallowed.</p> <p>Interview with Account Director of Housekeeping, on 05/15/13 at 10:50 AM, revealed the policy was that all carts must be locked at all times. Further interview revealed there was a clip on the lock</p>	F 323	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law</i></p> <p>F323 Kindred Nursing and Rehabilitation .. 7/13/2013 Harrodsburg will continue to provide an environment free of accident hazards as is possible; and each resident will receive adequate supervision and assistance devices to prevent accidents.</p> <ol style="list-style-type: none"> 1. The HSG Account Manager upon notification that a housekeeping cart was found unlocked immediately locked the cart and educated the housekeeper. 2. The HSG Account Manager immediately checked all housekeeping carts to ensure they were locked. 3. The HSG Account Manager upon notification of the unlocked housekeeping cart pulled the housekeeping cart out of service and put into service housekeeping carts with new locking mechanisms to ensure all housekeeping carts lock properly. 4. The HSG Account Manager will conduct facility rounds to randomly check all housekeeping carts daily to ensure they are kept locked and to observe that the environment is free of accident hazards as is possible.

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F 323	<p>Continued From page 5 that didn't lock properly.</p> <p>Interview with Housekeeper #3, on 05/15/13 at 11:00 AM, revealed she was in-serviced on keeping the carts locked at all times because residents could get into them. She stated she just forgot to lock the cart when she was asked to go into a room to replace paper towels but stated she knew to always lock the cart.</p>	F 323	<p>The HSG Account Manager on 6/14/2013 initiated an education for all housekeeping staff on keeping the housekeeping carts locked at all times and to observe that the environment is free of accident hazards as is possible.</p> <p>The Staff Development Coordinator on 6/14/2013 initiated an education for all staff on keeping all carts locked and to keep the environment free of accident hazards as is possible.</p> <p>The HSG District Manager and the Executive Director or designee will randomly check all housekeeping carts weekly during rounds to ensure they are kept locked and during rounds to observe that the environment is free of accident hazards as is possible.</p> <p>The HSG Account Manager or Executive Director will bring any concerns identified to the monthly Performance Improvement (PI) Committee meeting for the next three months and as needed thereafter. Further interventions/corrective actions will be implemented as necessary.</p> <p>Completion Date: 7/13/2013</p>	

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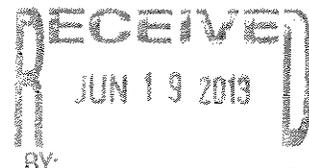
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K 000 INITIAL COMMENTS

K 000

CFR : 42CFR483.70(a)
Building: 01
Plan Approval: 12/01/75
SURVEY UNDER: 2000 Existing
FACILITY TYPE: SNF/NF
TYPE OF STRUCTURE: One Story, Type V (000) Unprotected
SMOKE COMPARTMENTS: Five (5)
COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM (original installed)
FULLY SPRINKLERED, SUPERVISED (Dry SYSTEM) updated 2005
EMERGENCY POWER: Type II Diesel installed in 2000
A life safety code survey was initiated and concluded on 05/15/13. Harrodsburg Health Care Center was in compliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found in compliance with the Requirements for Participation for Medicare and Medicaid and no deficiencies cited. The facility is licensed for one hundred twelve (112) beds and the census was ninety-eight (98) on the day of the survey.



LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sharon L. Stuenkel, Executive Director
TITLE
DATE 6/18/2013

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