

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

PRINTED: 07/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2011
NAME OF PROVIDER OR SUPPLIER LITTLE SISTERS OF THE POOR			STREET ADDRESS, CITY, STATE, ZIP CODE 16 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217	
(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=F	<p>A standard health survey was conducted on 07/06/11 through 07/08/11. A Life Safety Code inspection was completed on 07/07/11. Deficiencies were cited with the highest scope and severity of an "F" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.</p> <p>483.35(l) 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, review of the facility's policy, and review of the facility's Cleaning Checkoff List it was determined the facility failed to ensure the sanitizing water and bleach solution for two (2) of three (3) buckets used in the kitchen was periodically checked, and maintained at the proper concentration level.</p> <p>The findings include: Review of facility policy for Dietary Sanitation and Maintenance, undated, revealed it was the duty of the Food Service Supervisor to maintain the kitchen in a clean and sanitary condition at all</p>	F 371	<p>The deficiency cited has been corrected by inservicing all Dietary department personnel on the necessity and importance of preparing cleaning solution with the recommended chlorine concentration and Quat with San-Plus solution. All Dietary department personnel have been counseled on the importance of testing and maintaining the correct chemical concentrations in the cleaning solution by acceptable methods throughout their respective shifts. These inservices were conducted by our Food Service Supervisor on 07/11/2011 and 08/01/2011.</p>	08/01/2011

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

TITLE

(X6) DATE

X. L. Maureen A. Courtney

X. Administrator

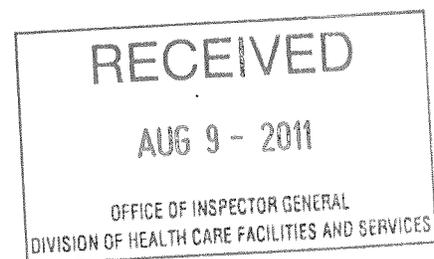
X 08/04/11

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 required to continued program participation.

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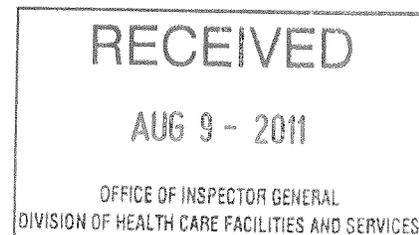
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F 371	<p>Continued From page 1</p> <p>times. A sample Daily Sanitizing Checklist stated the chlorine concentration must be between 50 and 100 parts per million (PPM), and the Quat concentration of San-Plus solution must be between 200 and 300 PPM.</p> <p>Review of the Cleaning Checkoff List for AM and PM cooks revealed the AM cooks prepare the buckets of bleach and sanitizing water. The PM cooks empty the buckets of sanitizing water and bleach. There was a section to document date and initials but no indication to check or document the chemical concentration levels.</p> <p>Observation, on 07/07/11 at 9:30 AM, revealed two gray buckets sitting on the bottom level of a table. One bucket was labeled bleach and the other labeled chemical. Cook #1 checked the chemical concentration and revealed the bleach solution was 10 PPM and the Quat chemical concentration was 100 PPM.</p> <p>Interview with Cook #1, on 07/07/11 at 9:35am, revealed she made up the chemical and bleach solutions for the entire kitchen in the morning. Cook #1 did know the chemical concentration should be 200-300 PPM but was unsure of what the bleach concentration should be. The sanitizing solutions were not at the correct concentration mixture and things were not getting properly sanitized when wiped down with the chemical solution. Cook #1 went on to say they don't usually do periodic checks to ensure proper chemical concentration or change the disinfection solution throughout the day.</p> <p>Interview with Cook #2 and Cook #3, on 07/07/11 at 12:30 PM, revealed no one was really assigned</p>	F 371	<p>The facility's Daily Sanitizing Checklist and Cleaning Check off List will be used by designated Dietary personnel when they prepare acceptable sanitizing solutions and to record the amount of chemicals used to prepare acceptable sanitizing solutions for the Dietary department.</p>	08/01/2011



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F 371	Continued From page 2 duties, everyone just did their work. They both stated they did not do periodic checks of the chemical solutions used for wiping down food prep tables and tray tables used to transport food dishes. Interview with the Dietary Manager, on 07/08/11 at 12:45 PM, revealed the staff mixed the chemical disinfection solution in the AM and disposed of the solution in the evening. They did not document the chemical concentration when the solution was made up but staff was aware the water should be changed if used often or dirty and the chemical solution should be tested to ensure proper concentration. In addition, if the sanitizing solution is not at the proper concentration there was a risk to the residents for food borne illnesses.	F 371	The facility's Certified Dietary Manager or designate will daily monitor the Daily Sanitizing Checklist and Cleaning Check off List and randomly observe Dietary personnel preparing the solution for a period of two weeks and then randomly every week	08/01/2011	



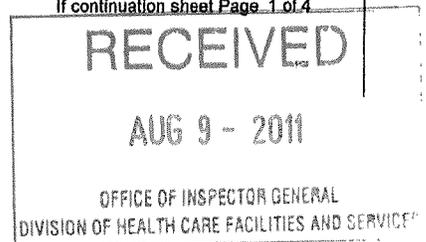
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K 000	INITIAL COMMENTS A Life Safety Code Survey was initiated and concluded on 07/07/2011. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest Scope and Severity deficiency identified was an "F".	K 000			
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure fire drills were conducted at unexpected times under varied conditions. The deficiency had the potential to affect all smoke compartments, staff and residents. The facility is licensed for thirty five (35) beds with a census of thirty four (34) on the day of the survey. The findings include: Record review, on 07/07/2011 at 1:20 PM, with the Maintenance Director revealed the fire drills were not being conducted at unexpected times under varied conditions.	K 050	Fire drills will be scheduled according to the regulations. It is understood that this will be at least quarterly on every shift. The Maintenance Engineer will report plans to the Mother Superior and the Administrator. The Maintenance Engineer will communicate plans with the Administrator for all drills. The drills conducted on the day shift will be coordinated with the Director of Nursing in addition to the Administrator and Mother Superior.	07/28/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *A. Maureen R. Courtney* TITLE: *Administrator* (X6) DATE: *08/04/11*

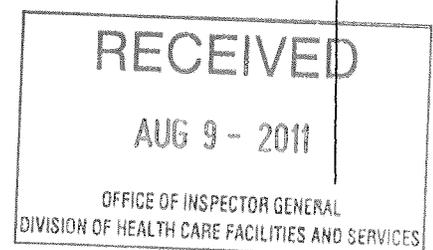
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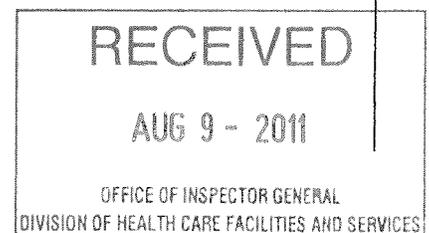
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K 050	Continued From page 1 Interview, on 07/07/2011 at 1:20 PM, with the Maintenance Director revealed that he was unaware that fire drills were not being conducted as required. Reference: NFPA Standard NFPA 101 19.7.1.2. Fire drills shall be conducted at least quarterly on each shift and at unexpected times under varied conditions on all shifts.	K 050	All fire drills will be monitored and records of the same kept in the office of the Maintenance Engineer. Mandatory fire inservice will be conducted annually.	07/28 /2011
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained according to NFPA standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, including residents, staff, and visitors. The facility is licensed for thirty five (35) beds with a census of thirty four (34) on the day of the survey. The findings include: Observations, on 07/07/2011 between 8:30 AM and 2:00 PM, with the Maintenance Director revealed the misuse of power strips, and extension cords in the following room locations:	K 147	All extension cords were removed. Misuse of powere strips were corrected in the designated areas.	07/28 /2011



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K 147	<p>Continued From page 2</p> <p>1406 Mini Nebulizer, Oxygen Concentrator, and air pump plugged into a power strip.</p> <p>1408 Mini Nebulizer plugged into a power strip</p> <p>1409 Sleep Apnea Machine, Mini Nebulizer plugged into a power strip.</p> <p>1411 Mini Nebulizer plugged into a power strip.</p> <p>1418 Wheelchair Charger plugged into a power strip</p> <p>1419 Mini Nebulizer plugged into a power strip.</p> <p>1222 An extension cord plugged into a power strip.</p> <p>1221 A resident bed was plugged into a power strip.</p> <p>1225 Mini Nebulizer plugged into a power strip.</p> <p>Dining Room had an Oxygen Concentrator plugged into a power strip.</p> <p>Clean Linen Closet had battery chargers plugged into a power strip.</p> <p>Interview, on 07/06/2011 between 8:30 AM and 2:00 PM, with the Maintenance Director confirmed all the observations.</p>	K 147	<p>1406-Power strip removed with Mini Nebulizer, Oxygen Concentrator and air pump plugged into wall outlet. 07/11/2011</p> <p>1408-Mini Nebulizer plugged into wall outlet. 07/11/2011</p> <p>1409-Sleep Apnea Machine and Mini Nebulizer plugged into wall outlet. 07/11/2011</p> <p>1411-Mini Nebulizer removed from power strip and plugged into wall outlet. 07/11/2011</p> <p>1418-Wheelchair charger removed from room. 07/11/2011</p> <p>1419- Mini Nebulizer removed from power strip and plugged into wall outlet. 07/11/2011</p> <p>1221-Resident bed no longer plugged into a power strip. 07/11/2011</p> <p>1225-Mini Nebulizer plugged into a wall receptacle. 07/11/2011</p> <p>Dining Room Oxygen concentrator plugged into a wall receptacles 07/11/2011</p>	



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K 147	Continued From page 3 Reference: NFPA 99 (1999 edition) 3-3.2.1.2 D Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 147	Battery chargers removed from the clean linen closet and placed into direct receptacles. Herrick Electric Corp installed 8new receptacles in 4 rooms. 4 of the new receptacles have been placed on the emergency generator circuits. The Maintenance Engineer or designate will assure proper use of all equipment. Maintenance personnel will check them on a daily basis for two months, bi-weekly. The Administrator with the Director of Nursing gave an instructive inservice to the Nursing staff on the proper use of power strips and wall outlets on 07/11/2011. Notification of the seriousness of this matter was posted at the Nurses Stations. Charge nurses instructed to monitor the use of power strips and wall outlets. 07/11/2011

