

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

PRINTED: 07/16/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185383	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/01/2010
NAME OF PROVIDER OR SUPPLIER  HIGHLANDSPRING OF FT THOMAS			STREET ADDRESS, CITY, STATE, ZIP CODE 960 HIGHLAND AVENUE FORT THOMAS, KY 41075	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to provide a safe, hazard free environment for residents as evidenced by an unlocked housekeeping cart left unattended.</p> <p>The findings include:</p> <p>Observation on 06/29/10 at 1:00 PM revealed an unlocked housekeeping cart left unattended on the 1300 hallway. The housekeeper was cleaning an unsampled resident's bathroom during lunch. The cart contained the following chemicals: Comet Disinfecting Bathroom Cleaner (MSDS - Keep out of Reach of Children, Caution: May be Harmful If Swallowed, Causes eye irritation, Do not mix with bleach or mildew stain removers as irritating fumes may result, May</p>	F 323	<p><b>F323 Free of Accident Hazards/supervision/Devices</b></p> <p>The facility provides a safe, hazard free environment for residents. Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>The facility has policies and procedures in place to monitor cleaning carts while in use.</p> <p>The Housekeeper immediately stored chemicals properly and locked her cart on June 29, 2010.</p> <p>An in-service was completed by the Environmental Service Supervisor on June 30, 2010 with all housekeepers, on the proper usage, storage and safety of chemicals and housekeeping carts. Carts must be locked when unattended and out of view of residents.</p> <p>A audit is being completed by the Environmental Service Supervisor or designee, on cleaning cart usage, including but not limited to, proper usage, storage and safety of chemicals and housekeeping carts, weekly for four (4) weeks, twice monthly and then monthly thereafter (Exhibit A). The PI worksheet results will be reported to the performance Improvement Committee for additional comments/interventions and for a determination of the need of continued formal ongoing monitoring.</p> <p>Compliance will be monitored by the Environmental Service Supervisor</p>	August 5, 2010

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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 323	<p>Continued From page 1</p> <p>result in gastrointestinal irritation with nausea, vomiting and diarrhea if ingested, May irritate mucous membranes, respiratory and skin), Hillside Pink Glo Bowl and Tile Cleaner (Harmful if swallowed, Eye and skin Irritant, May cause permanent damage if not treated promptly, Get medical attention if comes in contact with eyes, is inhaled or is ingested, Avoid breathing spray, vapor or mist, Keep out of Reach of Children), Dust-Off ( Contact with the liquid may cause frostbite, Overexposure by inhalation may cause nausea, headache, weakness, dizziness, headache, confusion, incoordination, and loss of consciousness, coughing, difficulty breathing, shortness of breath, irregular pulse, palpitations or inadequate circulation, abnormal kidney function, Gross overexposure may be fatal), Dispatch Hospital Cleaner Disinfectant with Bleach (Avoid contact with eyes, skin, and clothing as this product may produce irritation, do not allow this product to contact acidic materials as hazardous chlorine gas may be released). Dispatch Hospital Cleaner Disinfectant Towels with Bleach were on the bottom shelf of the carts in a container that resembles baby wipes (same warnings as Dispatch Hospital Cleaner Disinfectant with Bleach).</p> <p>Interview on 06/29/10 at 1:00 PM with Housekeeper #1 revealed the cleaning cart door should be locked when she was away from the cart to keep chemicals out of resident's reach. Further interview revealed sometimes she "gets in a hurry" and doesn't lock her cart.</p> <p>Interview on 06/29/10 at 3:55 PM with the Housekeeping Supervisor revealed the cleaning cart should have been locked when it was out of the housekeeper's sight. Further interview</p>	F 323			

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F 323	Continued From page 2 revealed the Dispatch wipes and all chemicals should be in the locked compartment on the cleaning cart.	F 323			
F 371 SS=D	483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  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  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions. During the initial tour a food item was noted to be stored in the refrigerator with no date label. Pans were observed to be stored wet. In the walk in refrigerator and freezer items were stored with expired dates. In the walk-in freezer unit ice was noted to be accumulating on food containers, the wall and floor. Additionally, dietary staff failed to change gloves or wash hands after handling items placed into the serving area from the dining room.  The findings include: 1, Observation on 06/29/10 at 10:25 AM revealed a container of Hollandaise sauce which had been opened was stored in the stand alone refrigeration unit with no date labeled. Interview with the Head Cook at 10:25 AM on 06/29/10	F 371	F371 Food Procure, Store/Prepare/Serve-Sanitary  Highlands stores, prepares, distributes and serves food under sanitary conditions.  Highlands has policies in place for proper labeling and storage of food items used during the meal preparation and service. All items within the kitchen and serving kitchens were checked by the Chef on June 30, 2010 for proper labeling and use by dates.  Highlands washes pans used during the meal service, and allows for them to full air dry prior to re-use and storage. The facility has made adjustments to the workspace in the kitchen to accommodate the drying process to ensure the materials used during the meal service are dry prior to storing.  Dietary staff were in-serviced on July 1, 2010, by the Chef, on the proper techniques for washing, drying and storing of pans used, as well as the importance of labeling open items, and checking expiration dates on materials used during the cooking and serving process.  A PI Worksheet is being completed by the Chef or designee to assure that the pans are dry before storing after each use and items are labeled and used or discarded within appropriate time frame after opening. Audits are being completed weekly for four (4) weeks, twice monthly and then monthly thereafter (Exhibit B). The PI worksheet results will be		

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F 371	<p>Continued From page 3</p> <p>revealed she had opened the container last night and should have dated the sauce.</p> <p>Observation on 06/29/10 at 10:35 AM revealed seven (7) metal half-size hotel pans stored wet and six (6) quarter size metal hotel pans stored wet. Interview with the Executive Chef at 10:35 AM on 06/29/10 revealed the pans should not be stored wet, he stated the pans were to be air dried before being stored and this was the reason for the extra shelf that was purchased. Review of the facility's policy titled "Washing and Drying", revealed all pots, pans, hotel pans, sheet trays are to be washed, sanitized and fully dried prior to being stored. The policy was not dated.</p> <p>Observation on 06/29/10 at 10:45 AM revealed a package of Roast Beef labeled with the date of 06/20/10. Interview with the Executive Chef at 10:45 AM on 06/29/10 revealed items were to be used or discarded within seven (7) days of the open date labeled on the food items in the refrigerator.</p> <p>Observation on 06/29/10 at 10:50 AM revealed a large icicle hanging from a pipe on the condensing unit in the walk-in freezer. There was ice build-up on a box of food, the food storage shelves, the wall beside the food storage shelves and on the floor of the freezer.</p> <p>Interview with the Executive Chef on 6/29/10 at 10:55 AM revealed a contract company had changed the insulation, he stated the company couldn't seem to get the ice to stop accumulating. The Chef further stated, "it always happens during the defrost cycle". The Chef stated, "I never use food stored under the ice, those boxes are basically there to collect it, to keep the ice</p>	F 371	<p>reported to the performance Improvement Committee for additional comments/interventions and for a determination of the need of continued formal ongoing monitoring.</p> <p>The walk in freezer was serviced and repaired on July 6, 2010. Dietary was in-serviced by the Maintenance Director and Chef on the importance of reporting items found to not be working properly to the proper supervisor.</p> <p>Highlands has policies in place to assure the proper handling of items by the serving kitchens after the meal service has begun. Dietary and Nursing staff were in-serviced on July 1, 2010 by the Chef on the appropriate way to serve/handle food and nonfood items during the meal service process.</p> <p>A PI Worksheet is being completed by the Chef or designee on varying meals in the dietary department to assure proper practices are being followed. Audits are being completed weekly for four (4) weeks, twice monthly and then monthly thereafter (Exhibit B). The PI worksheet results will be reported to the performance Improvement Committee for additional comments/interventions and for a determination of the need of continued formal ongoing monitoring.</p> <p>Chef will monitor for compliance.</p> <p>Date of Compliance:</p>	August 5, 2010

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F 371	<p>Continued From page 4 from getting on the floor and the wall."</p> <p>Observation on 06/29/10 at 10:55 AM revealed a container of batter stored in the walk-in freezer with an expiration date of 05/16/10. Interview with the Chef revealed the batter should have been discarded he stated, "That is my fault; I'm the one who uses this."</p> <p>2. Observation, on 06/29/10 at 5:53 PM, revealed packages of vinegar were delivered to the second floor kitchen area. The Dietary Aide #1, who was serving residents, picked up the packages of vinegar with her gloved hands and put it into the storage bin. The dietary aide resumed serving residents without changing her gloves or washing hands.</p> <p>Interview, on 06/29/2010 at 6:38 PM, with Dietary Aide #1 revealed she did not change gloves when took vinegar from other Chief Cook. The dietary aide stated she should have washed her hands and changed her gloves.</p> <p>Review of the facility's policy entitled, "Meal Service" dated December 09 revealed the policy did not address when to change gloves after handling items that had been handled by other staff.</p> <p>3. Observation, on 06/29/10 at 6:05 PM, revealed Dietary Aide #2 took a bowl of mashed potatoes from a Certified Nursing Assistant (CNA), placed gravy on the potatoes and resumed serving residents without changing her gloves or washing her hands.</p> <p>Additional observations on 06/29/10 at 6:15 PM, revealed the dietary aide took a coffee pot from a CNA and resumed serving residents without</p>	F 371			

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F 371	<p>Continued From page 5</p> <p>changing gloves. The CNA had been walking around the dining room serving residents coffee prior to handing Dietary Aide #2 the coffee pot.</p> <p>Interview, on 06/29/10 at 6:40 PM, with Dietary Aide #2 revealed when she touched something "that was not food" she should change her gloves. Additionally, the dietary aide stated she had not changed her gloves after taking the coffee pot and bowl of mashed potatoes from the CNAs.</p> <p>Interview, on 07/01/10 at 3:15 PM, with the Chief Cook revealed the dietary aides were not to receive any dishes from the dining room while they were serving. She stated if additional items were needed they should place the items in a "monkey dish" and pass it out to the staff serving in the dining room.</p>	F 371			

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K 000	INITIAL COMMENTS	K 000	HIGHLANDSPRING OF FT THOMAS CARE CENTER SURVEY ENDED JULY 1, 2010	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined, the facility failed to ensure corridor doors were held open by an approved hold open device, according to NFPA standards.</p> <p>The findings include:</p> <p>Observations on 06/30/10 at 9:55 AM revealed the doors protecting the maintenance shop and central supply room were propped open with wooden and plastic wedges. The Maintenance Director was present during the observations.</p>	K 029	<p>Without admitting or denying the validity or existence of the alleged deficiencies, including but not limited to any determinations of scope or severity made by the Kentucky Cabinet for Health and Family Services. Highlandspring of Ft Thomas Health Care Center ("Highlandspring") provides the following plan of correction. This plan of correction is submitted as required by the state and federal guidelines and is not an admission or agreement with any of the cited information.</p> <p>This plan of correction is not meant to establish any standard of care, contract, obligation or position and Highlandspring reserves all rights to raise all possible contentions and defenses in any civil or criminal claim action or proceeding.</p> <p>THIS PLAN OF CORRECTION SERVES AS HIGHLANDSPRING'S CREDIBLE ALLEGATION OF SUBSTANTIAL COMPLIANCE AS OF AUGUST 5, 2010.</p> <p>K029 NFPA 101 Life Safety Code Standard</p> <p>Facility personnel immediately closed doors that were noted to be propped open during the life safety walk through. The doors will remain closed at all times, with signs posted on each door to remind staff of the importance of creating a fire barrier to protect hazardous areas.</p> <p>The Maintenance Director in-serviced the environmental service and maintenance staff on July 5, 2010 regarding the importance of keeping doors closed to create a fire barrier to protect hazardous areas.</p> <p>Maintenance Director will monitor.</p>	August 5, 2010

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE 7/23/10

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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K 029	Continued From page 1 Interview on 06/30/10 at 9:55 AM with the Maintenance Director, revealed he thought the doors were being propped open because people were inside the rooms working.	K 029			
K 064 SS=D	Reference: NFPA 101 (2000 edition) 19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure fire extinguishers had proper signage according to NFPA standards.  The findings include:  Observations on 06/30/10 at 10:04 AM revealed the portable "K" type extinguisher in the kitchen failed to have the required signage. The Maintenance Director was present during the observation.  Interview on 06/30/10 at 10:04 AM with the Maintenance Director revealed the facility had never had a placard for the "K" type extinguisher which stated the extinguisher was only to be used after the fire protection system .	K 064	<b>K064 NFPA 101 Life Safety Code Standard</b>  The Maintenance Director placed a placard next to the fire extinguisher on June 30, 2010, stating that the fire extinguisher in question is only to be used after the fire protection system has been activated.  The Chef and Maintenance Director in-serviced the dietary staff on July 1, 2010 to use the fire extinguisher only after the fire protection system had been activated.  Maintenance Director will monitor.	August 5, 2010	

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K 064	Continued From page 2 Reference: NFPA 10 (1998 edition) 2-3.2.1 A placard shall be conspicuously placed near the extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher.	K 064			