

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

PRINTED: 09/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185358	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/03/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF TRIMBLE COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 50 SHEPHERD LANE BEDFORD, KY 40006		
(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>revealed the dip stem of the thermometer would be sanitized for ten (10) seconds before placing the thermometer in the center of the food being tempted. It further stated after the thermometer was removed from the food that had been recorded, the thermometer would be wiped clean with a clean paper towel before proceeding to tempt the next food.</p> <p>Observation, on 09/02/15 at 7:10 AM, revealed the Cook took the temperatures of food items on the steam table without sanitizing the thermometer stem, and proceeded to take the temperature of the scrambled eggs, then proceeded to take the temperature of the oatmeal on the breakfast steam table without wiping the stem of the thermometer between taking the temperatures and before reusing the thermometer.</p> <p>Interview with the Cook, on 09/03/15 at 9:43 AM, revealed the process they followed on how and when to take food temperatures on the steam table was to calibrate the thermometer, sanitize the stem of the thermometer, and then tempt the next food item. The Cook stated she had been trained on food temperature practices and continued to be inserviced at least once a year. She also stated she probed the food before each meal was served and the thermometer stem should be wiped clean in between taking the temperature of the foods. The Cook stated she did not complete the initial sanitation and to wipe the thermometer clean in between taking the temperatures because she was nervous. The Cook stated the failure to sanitize and clean the thermometer between taking the temperature of foods could contaminate the food and make the residents ill.</p>	F 371	<p>1.) After observation on 09/02/15 Dietary Manager initiated steps to ensure proper sanitation practices when conducting food tempature checks with a thermometer probe. Re-education with Cook was completed by Dietary Manager on the process of checking food temps and the dangers of cross-contamination. Individually wrapper sanitizer wipes were made available to Dietary Staff to be used to clean thermometer stem prior to use and between foods.</p> <p>2.) All residents of the facility who consume food prepared by the kitchen are potentially affected.</p> <p>3.) Registered Dietition conducted a department review on 9/15/15. Dietary Manager educated all Dietary Staff on the facility's policy and procedure as it relates to conducting food temperature checks and the risks involved in cross contamination. Additional inserving will be conducted annually, and to all new hires during dietary's orientation process.</p>	9/22/15	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 456	<p>Continued From page 3</p> <p>Review of the facility's policy regarding Food Temperatures, not dated, revealed foods would be maintained at proper temperatures to insure food safety.</p> <p>Review of the kitchen's glass door reach-in refrigerator temperature record, dated July 2015-August 2015, revealed the morning temperature, on 07/26/15, was recorded as "down" without an actual temperature noted and the evening temperature recorded was 44.6 degrees Fahrenheit (F). The temperature record further stated the food was removed from the refrigerator after the evening temperature reading and the refrigerator remained unused until the evening temperature recording on 07/28/15 of 34 degrees (F).</p> <p>Review of the facility's invoice from a Heating Ventilation and Air Conditioning (HVAC) company, dated 05/14/14, revealed the HVAC technician worked on the kitchen's glass door reach-in refrigerator. The invoice further stated the refrigerator's drain line and pan was unclogged, a piercing valve was installed, and charged with one (1) pound of refrigerant. The HVAC technician recorded on the invoice the kitchen staff told him the refrigerator froze up once a week. The HVAC technician also recorded the refrigerator would need an expansion valve and filter drier replaced if the refrigerator froze up again and he recorded he informed the Maintenance Director.</p> <p>Review of the facility's purchase order from the HVAC company, dated 09/03/15, revealed the HVAC technician worked on the kitchen's glass door reach-in refrigerator and charged the</p>	F 456	<p>2.) All residents in the facility that obtained milk or juice that were stored in the glass door reach-in refrigerator had the potential to be affected.</p> <p>3.) On 9/9/15 a new refrigerator was purchased for the kitchen to replace the reach-in glass refrigerator. The new refrigerator was installed on 9/10/15. Prior to installation of new refrigerator the glass reach-in refrigerator had been shut down and all items stored in a different refrigerator as of 9/1/15</p> <p>Maintenance completed an audit of all Dietary equipment to ensure proper functioning. On 09/17/15 all facility staff were inserviced on reporting any issues with equipment to the Maintenance Director or their direct supervisor.</p> <p>4.) The Maintenance Director under the supervision of the Administrator will conduct weekly audits on all the equipment in Dietary for the next three (3) months and will complete an audit every two weeks on all other facility equipment for the next three (3) months.</p> <p>Maintenance Director and Administrator will review both audits within the same day they are completed to immediately</p>	9/22/15
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MICHIGAN DEPARTMENT OF HEALTH CARE FACILITIES AND SERVICES

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

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF TRIMBLE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 50 SHEPHERD LANE BEDFORD, KY 40006
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F 456	<p>Continued From page 4</p> <p>refrigerator with one (1) pound refrigerant. The HVAC technician recorded on the purchase order the temperature probe and thermostat weren't working the way they should which created an eight (8) degree difference in the refrigerator temperature readings. His note stated a new thermostat was going to be ordered and installed when received.</p> <p>Observation during the initial tour, on 09/01/15 at 10:36 AM, revealed the kitchen's glass door reach-in refrigerator's inside thermometer reading was 50 degrees (F). The refrigerator contained juice, milk, and flavored water cartons.</p> <p>Observation, on 09/02/15 at 7:10 AM, revealed all items placed in the top of the kitchen's glass door reach-in refrigerator were removed and sitting in a shallow pan of ice on a rolling carrier. A carton of milk that was sitting three (3) stacks high from the pan tempted at 44 degrees (F).</p> <p>Interview with Dietary Aide #1, on 09/02/15 at 9:37 AM, revealed usually once a week or every other week the glass door reach-in refrigerator would freeze. She stated the Dietary Manager would unplug the refrigerator when it froze, wait until it thawed and would then plug it back in once the ice was no longer visible.</p> <p>Interview with Cook #1, on 09/02/15 at 9:41 AM, revealed after the kitchen's glass door reach-in refrigerator kept freezing up the Maintenance Director looked at the refrigerator about a year ago. She stated someone from a company outside the facility came in to fix the issue at that time. However, after three (3) to four (4) months had passed the refrigerator returned to freezing again. She also stated the refrigerator would</p>	F 456	<p>address issues with equipment if necessary.</p> <p>Quality Assurance Meeting will review results of both audits monthly and will make recommendations for follow-up actions to remain in regulatory compliance. After the end of the three (3) months the Committee will determine what if any additional actions to take.</p>	
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F 456	<p>Continued From page 5</p> <p>freeze up at anytime, sometimes in the evening and sometimes they would come in the next day and find it frozen. When they would reach in the refrigerator to remove an item, they could instantly tell it wasn't working. They informed the Dietary Manager who would remove the items from it, place them in another refrigerator, and unplug it. After the coils were unfrozen the Dietary Manager would place the items back into the refrigerator.</p> <p>Interview with the Dietary Manager, on 09/02/15 at 10:30 AM, revealed the kitchen's glass door reach-in refrigerator froze up at 6:00 PM last night. She removed the milk and juice and then unplugged the refrigerator before she left to go home. She stated the refrigerator typically had to be defrosted once a week or every other week since they purchased it used over a year and a half (1-1/2) ago. When the top of the refrigerator froze they would transfer the milk and juice to another refrigerator and defrost the refrigerator. Sometimes the refrigerator froze and the temperature on the inside would go up seven to eight (7-8) degrees. She stated the temperature in the refrigerator should be at 34-36 degrees (F) and when it went above that temperature they would empty it out. She further stated the Dietary staff would keep a close eye on the refrigerator because it would freeze up, but she could not define how often keeping a close eye meant. The Dietary Manager indicated the refrigerator would be unplugged when staff noticed ice building up on the refrigerator coils. She stated the Dietary staff typically logged the refrigerator temperature before the residents' breakfast, lunch, and dinner. The Dietary Manager stated there was no set time or day she defrosted the refrigerator and she did not log the temperature, date, or time of the</p>	F 456		
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F 456	<p>Continued From page 6</p> <p>defrost or the temperature of the refrigerator prior to placing food items back into the refrigerator. The Dietary Manager stated she did not consider the refrigerator as food storage, but she had not reported the malfunctioning refrigerator to the Maintenance Director nor the Administrator.</p> <p>Interview with the Maintenance Director, on 09/02/15 at 11:00 AM, revealed he was unaware of any problems/issues with the reach-in refrigerator in the kitchen prior to today. Since May 2014, he stated he had checked the kitchen coolers quarterly and the glass door reach-in refrigerator had been okay, although he hadn't documented any temperatures of the coolers when he inspected them.</p> <p>Interview with the Administrator, on 09/02/15 at 11:03 AM, revealed the milk and juice refrigerator in the kitchen was worked on by an HVAC technician in May 2014. He stated the former Administrator put it on the "back burner" and to his knowledge nothing further was done about repairs.</p>	F 456		
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{F 000}	<p>INITIAL COMMENTS</p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance 09/22/15 as alleged.</p>	{F 000}		
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LABORATORY DIRECTOR'S 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185358	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF TRIMBLE COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 50 SHEPHERD LANE BEDFORD, KY 40006	
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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: 1977</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: S/NF DP</p> <p>TYPE OF STRUCTURE: One (1) story, Type V Unprotected.</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system.</p> <p>GENERATOR: Type II, 85 KW generator. Fuel source is natural gas.</p> <p>A Recertification Life Safety Code Survey was conducted on 09/01/15. 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		

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OFFICE OF INSPECTOR GENERAL
STATE HEALTH CARE FACILITIES AND SERVICES

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