

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

PRINTED: 12/03/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2010
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NAME OF PROVIDER OR SUPPLIER VILLASPRING OF ERLANGER	STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018
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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)	(X6) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>A Recertification Survey and an Abbreviated Survey investigating AROs KY00014250, KY00014366, KY00015004; and, KY00015353 was conducted 11/16-18/10. A Life Safety Code Survey was conducted 11/18/10. Deficiencies were cited, with the highest scope and severity of a "F". AROs KY00014250 and KY00015353 were substantiated with no deficiencies cited. AROs KY00014366 and KY00015004 were unsubstantiated with no deficiencies cited.</p> <p>F 371 SS=E 483.35(j) 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>	F 000	<p>Without admitting or denying the validity or existence of the alleged deficiencies, Villaspring Health Care and Rehabilitation ("Villaspring") provides the following plan of correction. However, the law requires us to prepare a plan of correction for the citation regardless of whether we agree with it.</p> <p>This plan of correction is not meant to establish any standard of care, contract, obligation or position and Villaspring 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 VILLASPRING'S CREDIBLE ALLEGATION OF SUBSTANTIAL COMPLIANCE AS OF DECEMBER 20, 2010.</p>	
	<p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review It was determined the facility failed to prepare, distribute and serve food under sanitary conditions. Observation during initial tour revealed pans were stored wet and the meat slicer stored dirty. Observation during the dining service revealed temperatures of some of the food items served on the trayline were not taken before the food was served to residents. A server's hair net did not fully cover their hair while they were preparing resident trays for the lunch time meal</p>	F 371	<p>This facility ensures that food is stored, prepared, served and distributed under sanitary conditions.</p> <p>The dinnerware, including pans, is being stored dry. The meat slicer has been cleaned and is being cleaned on a routine basis. The temperatures of all food items served on the tray line are being taken prior to service. Finally, all servers are wearing hairnets that fully cover their hair.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12-13-2010</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.

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F 371	<p>Continued From page 1</p> <p>The findings include:</p> <p>1. Observation on 11/16/10 at 10:18 AM revealed four (4) quarter size hotel pans stored wet.</p> <p>Interview, on 11/16/10 at 10:18 AM, with the Dietary Manager revealed the pans should not be stored wet; they should be air dried before being stored.</p> <p>Review of a checklist which was provided along with facility's policies titled, Kitchen/Food Service observation dated 09/07, Form CMS-20055, revealed dishes should be allowed to air dry and stored in a clean and dry location.</p> <p>2. Observation on 11/16/10 at 10:25 AM revealed the meat slicer was stored with particles of meat around the cutting surface.</p> <p>Interview, at that time, with the Dietary Manager revealed the meat slicer was to be cleaned after each use and not stored in this manner.</p> <p>Review of a checklist which was provided along with facility's policies titled, Kitchen/Food Service observation dated 09/07, Form CMS-20055, revealed food preparation equipment should be cleaned to prevent food borne illness.</p> <p>3. Observation on 11/17/10 at 12:10 PM revealed the temperatures were not taken for the following food items roast beef, noodles, gravy, chicken noodle soup, hamburger patties, cottage cheese, ground hamburger, coleslaw and pureed green beans.</p> <p>Interview with Dietary Aide #7 on 11/17/10 at 1:08</p>	F 371	<p>The dietary staff received additional in-service education to reinforce their knowledge of the proper storage, preparation, distribution and serving of food under sanitary conditions by the Dietary Manager and Registered Dietician on December 9th & 10th, 2010. The education included; 1) the storing all dinnerware, including pans, completely dry, 2) all equipment, including the meat slicer, stored clean, 3) taking and recording of the temperatures of each food item in the kitchenette immediately prior to Resident meal service, and 4) review of the dress code that includes as part of the uniform that hair nets are to be worn, completely covering all hair, while in the kitchen and kitchenettes.</p> <p>The policy for the cleaning of dietary equipment and the dress code was reviewed and the dietary staff received in-service education on the policy by the Dietary Manager on December 9th & 10th, 2010.</p>	

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F 371	<p>Continued From page 2</p> <p>PM revealed she usually does check temperatures of all of the food and probably just forgot to check the temperatures of these items.</p> <p>Review of the facility's policy titled, Temperature checks of hot and cold foods dated 10/08, revealed once food is placed in the steam wells, the dietary aide will take the temperature of the foods and record on the temperature check Worksheet in the serving kitchens.</p> <p>4. Observation on 11/17/10 at 12:00 PM until 1:10 PM revealed Dietary Aide #6 was observed to be wearing her hair net in a manner which left much of her hair in the back and on the sides of her head uncovered.</p> <p>Interview with the Dietary Manager on 11/18/10 at 3:30 PM revealed the aide's hair should be entirely covered by the hair net.</p> <p>Review of the facility's policy titled, Dress code and conduct dated 06/02, revealed hairnets will contain hair including ponytails, and facial hair extending below the chin line.</p>	F 371	<p>Observation audits of the dietary staff during the preparation, distribution and serving of food including the cleanliness of the dietary equipment and dress code are being conducted by the Dietary Manager and the Registered Dietician daily for 2 weeks (Exhibit A) and monthly thereafter. Observation audits of the dietary staff taking and recording the temperatures of each food item immediately prior to service shall be conducted by the Dietary Manager daily (Exhibit B). The findings of the audits are being reported to the Quality Assurance Committee as part of the facility's Quality Assurance Program for review, additional recommendations and the need for ongoing formal monitoring.</p>	12/20/2010	

Quality / Continuity of Care
P.I. Worksheet

Area of Review: F 371
 Department: Dietary
 Evaluator _____
 Other: _____

Date: _____
 Unit: _____
 Time Period: _____

Identifying Information	HCI STAFF 1st shift	HCI STAFF 2nd shift	HCII STAFF 1st shift	HCII STAFF 2nd shift	%
KITCHENETTE: Hairnets fully cover the Team Members hair while preparing trays.					
KITCHEN OBSERVATION					
KITCHEN: Hairnets fully cover the Team Member hair while working in the kitchen?					
KITCHEN: was all dinnerware, including pans, completely air dried before stacking?					
KITCHEN: Was all equipment, including the meat slicer, stored clean?					

Comments:

 1-Dec

CARESPRING HEALTHCARE CENTER

EXHIBIT B

Month _____ Year _____ Kitchenette _____ Main Kitchen _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
BREAKFAST							
Hot Cereal							
Fortified Cereal							
Eggs							
Meat							
Puree Meat							
Pancakes/Fr Toast							
Milk							
LUNCH							
Soup							
Entrée							
Entrée Alt							
Mech Entrée							
Puree Entrée							
Vegetable							
Puree Veg							
Starch							
Puree Starch							
Milk							
DINNER							
Soup							
Entrée							
Entrée Alt							
Mech Entrée							
Puree Entrée							
Vegetable							
Vegetable Alt							
Puree Vegetable							
Starch							
Starch Alt							
Puree Starch							
Milk							

Holding Temperatures: Hot Foods >140° F Cold Food (Milk) <41° F
Point of Service Temperatures: Hot Foods >120° F Cold Food <45° F

IF TEMPERATURES DO NOT FALL IN THE APPROPRIATE RANGE, NOTIFY COOK IMMEDIATELY!

Quality / Continuity of Care
P.I. Worksheet

Area of Review: F 371
 Department: Dietary
 Evaluator
 Other:

Date:
 Unit:
 Time Period:

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1-Dec					

CARESPRING HEALTHCARE CENTER

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Eggs							
Meat							
Puree Meat							
Pancakes/Fr							
Toast							
Milk							
LUNCH							
Soup							
Entrée							
Entrée Alt							
Mech Entrée							
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Vegetable							
Puree Veg							
Starch							
Puree Starch							
Milk							
DINNER							
Soup							
Entrée							
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K 000	INITIAL COMMENTS A Life Safety Code Survey was initiated and concluded on November 18, 2010, for compliance with Title 42, Code of Federal Regulations, §483.70. The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition. Deficiencies were cited with the highest deficiency identified at 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 an interview and record review, it was determined the facility failed to ensure fire drills were being conducted in accordance with NFPA standards as required. This failure has the potential to affect all residents and staff in the facility. The facility had the capacity for one hundred and forty (140) beds with a census of one hundred and thirty-one (131) the day of the survey. The findings include: During the Life Safety Code Survey on November	K 050	K050 S/S=F This facility ensures fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The facility performs and documents fire drills as required. The Facility Maintenance Director performed Fire Drill on third shift on December 10 th , 2010. LNHA reviewed the Fire Drill and LSC standards for full and timely completion. The LNHA reviewed the Life Safety Code guidance related to Fire Drills with the Maintenance Director on December 8 th , 2010. The Maintenance Director provided education and clarification to the Facility Department Heads on December 14 th , 2010 and to the Night Shift Supervisor and Maintenance Assistant on December 9 th , 2010. This education reinforced Fire Drill completion per the Life Safety Code Requirements.	

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BY: _____

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

TITLE

(X6) DATE

[Signature] Administrator 12-13-2010

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K 050	Continued From page 1 18, 2010, at 12:30 PM, a record review with the Director of Maintenance (DOM) revealed from March to September 2010, the facility conducted two (2) fire drills on the third shift. Fire drills are required quarterly for each shift. An interview with the DOM on November 18, 2010, at 12:30 PM, revealed the DOM was unaware a third shift fire drill was missed.	K-050	Review of the documentation of Fire Drills is being performed by the Maintenance Director and monitored by the LNHA monthly to ensure the Facility is meeting the Life Safety Code Standard. The results are being reported to the Quality Assurance Committee at least quarterly as part of the facility's Quality Assurance Program for review, additional recommendations and a determination of the need for additional formal monitoring.	12/20/2010	