

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

PRINTED: 07/30/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/15/2013
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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 E. THIRD STREET RUSSELLVILLE, KY 42276
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F 000 INITIAL COMMENTS

F 000

As a result of the Informal Dispute Resolution (IDR) conducted on 06/24/13, F-490 was deleted. An amended Statement of Deficiencies (SOD) was issued on 07/30/13.

AMENDED

A recertification/extended survey was initiated 03/26/13 and concluded on 03/29/13 to determine the facility's compliance with Federal requirements. Immediate Jeopardy was identified on 03/27/13 and determined to exist on 03/27/13 at 483.25 Quality of Care at F323 and 483.75 Administration at F490 with a S/S of "J". Substandard Quality of Care (SQC) was identified at 483.25 Quality of Care at F323.

The facility identified four residents as utilizing the beauty shop hair dryer, while wearing oxygen; however, the facility failed to assess each resident to ensure appropriate and safe use of oxygen in the beauty shop. On 03/27/13, one resident, (#11) was observed, under the operating hair dryer, with a portable oxygen tank and oxygen infusing per nasal canula, at five (5) liters per minute (L/m). The facility staff had not been trained on the potential fire hazards regarding oxygen and the accident hazards of the heating elements used in the beauty shop. The facility was notified of the Immediate Jeopardy on 03/27/13.

An acceptable Allegation of Compliance (AoC) was received on 03/29/13 with the facility alleging the IJ was removed on 03/29/13; however, through interview and record review the State

Preparation and/or execution of this plan of correction does not constitute admission or agreement in full or in part, by the provider, of the truth of the fact, or the conclusions set forth in this statement of deficiencies. This plan of correction is prepared and executed solely because it is required by the provisions set forth in Federal and State Law



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Elizabeth M. King</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8/1/13</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 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 000	Continued From page 1 Survey Agency (SSA) Identified one staff was not in-serviced, prior to returning to work, on 03/29/13 per the AoC. The education was provided to this employee by the Staff Development Coordinator and validated by the SSA, on 03/29/13. The SSA determined the Jeopardy continued through 03/29/13. The scope and severity was lowered to a "D" at 42 CFR 483.25 (F323) and 42 CFR 483.75 (F490,) while the facility develops and implements a plan of correction (PoC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.  Additional deficiencies were cited during the survey 483.25 F315 at a S/S of a "D", and 483.65 Infection Control F441 at a S/S of a "D".  After supervisory review, the survey date of 03/29/13 was aborted, and the health survey was continued for further investigation. The health survey concluded on 04/15/13. An additional deficiency was cited at 483.20 Resident Assessment F280 at S/S of a "D" and the S/S for 483.65 Infection Control F441 was changed to an "E".	F 000			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an	F 280			

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F 280	<p>Continued From page 2</p> <p>interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and review of the facility's policy/procedure, it was determined the facility failed to ensure that appropriate update and revisions were made to residents' care plans related to diagnosis and contact isolation requirements for three residents (#18, #23, and #26), in a selected sample of twenty-seven (27) residents.</p> <p>Findings include:</p> <p>A review of the facility's "Policy and Procedure for Comprehensive Care Plans," revised 06/14/11, revealed that care plans will be developed based on assessed needs. Care plan approaches will be communicated to staff, for use in providing direction for care and the plan of care will be reviewed and revised as indicated, based on the resident's response.</p> <p>1. A record review revealed the facility admitted Resident #23 on 05/17/11 with diagnoses to</p>	F 280	<p>F280</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>It is the normal practice of Creekwood Place Nursing and Rehab Center to ensure appropriate updates are revisions are made to residents' care plans related to diagnosis and contact isolation requirements.</p> <p>Corrective Measures for Resident Identified in the deficiency:</p> <p>The care plans for residents #18 and #23 were updated on 4/16/13 by the MDS Coordinator to reflect their current condition and infection control interventions, including proper transmission based isolation precautions. The Norovirus infection experienced by Resident #26 has resolved, that care plan was reviewed to verify that the remaining interventions were appropriate.</p> <p>How other residents who may have been affected by this practice were identified:</p> <p>The infection control report was reviewed to identify all residents having infections that had the potential to require isolation. Rounds were made by the Assistant Director of Nursing on 4/15/13 to assure that appropriate precaution were in place. The care plans for each of these residents were checked to verify or update to assure that the condition and appropriate precautions were included on the plan of care. This was done by the MDS Coordinator on 4/15/13.</p> <p>Measures Implemented or Systems Altered to Prevent Re-occurrence:</p> <p>A care plan problem which addresses the infectious condition, and infection control precautions to be utilized, was developed and added to the Interdisciplinary Care Plan Library on 4/15/13 by the MDS Coordinator. The Unit Managers and MDS assistant were educated on its presence and use on 4/16/13 by the Director of Nursing.</p>

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F 280	<p>Continued From page 3</p> <p>Include malaise/fatigue, chronic airway obstruction, urinary tract infection, dementia with behavior disturbance, difficulty walking, and muscle weakness.</p> <p>Review of the nurses' notes, dated 04/08/13, revealed a physician's order was obtained for a follow up urinalysis related to post antibiotic therapy. Further review of the Nurses' Notes, dated 04/14/13, revealed the culture and sensitivity from the urinalysis revealed Vancomycin Resistant Enterococci (VRE) was in the urine and the resident was to be moved into an isolation room due to his/her diagnosis.</p> <p>Review of the Physician's orders, dated 04/08/13 and 04/14/13, written consecutively, revealed Resident #23 was to have a follow up urinalysis related to post antibiotic treatment for UTI; and to be on an antibiotic, a probiotic, and to be on contact isolation with the diagnosis of VRE.</p> <p>However review of the care plan, dated 03/28/13, revealed Resident #23 with a diagnosis to include Vancomycin Resistant Enterococci (VRE) and received antibiotics. There was no evidence of updated information related to the renewed diagnosis of VRE on 04/14/13, nor from the orders or the interventions which revealed contact isolation was needed.</p> <p>Interview with the Director of Nursing (DON), on 04/15/13 at 3:12 PM, revealed residents on contact precautions should have his/her care plan updated. The DON further stated "I do expect their care plan to be updated with the contact isolation or contact precautions on it when there's a diagnosis of Vancomycin Resistant Enterococci (VRE). The unit managers, and all the</p>	F 280	<p>F280 (cont)</p> <p>Additional education was presented to the licensed nurses beginning on 4/15/13 by the MDS Coordinator and MDS Assistant to reinforce it's use when MDS staff are not present. Repeat sessions are planned for 3/8/13 and 5/17/13, and 5/20/13. After the last session, the inservicing will continue to be provided to all oncoming nursing staf prior to working their assigned shift until all staff are re-educated.</p> <p>The inservicing will be provided by the DON, ADON, Staff or Unit Managers. The Assistant Director of Nursing will be responsible to arrange or provide the additional education.</p> <p>The process for communicating a resident's need for isolation was enhanced. The names of residents who have a condition requiring isolation precautions will be presented in the Morning Quality Assurance Performance Improvement (QAPI) Meeting, to assure that members of the interdisciplinary team are aware of the infection control measures that are indicated. The Unit Managers will communicate the names of residents, and will review with the ADON, who has oversight of the Infection Control Program, to verify that the appropriate measures are in place. The nurse who obtains the order for precautions, is responsible for updating the plan of care. The Unit Manager is responsible to confirm that the care plan and Nurse Aide Data Sheet was updated with appropriate information.</p> <p>Monitoring Measures to Maintain On-going Compliance:</p> <p>Upon receipt of the initial report in the QAPI and MDS Coordinator/MDS Assistant will audit the care plans of the identified residents to verify that the measure were accurately added to the interdisciplinary care plan and Nurse Aide Data Sheet. Any discrepancy identified will be immediately remedied by the MDS Coordinator or MDS Assistant. Findings will be reported in the next QAPI meeting. The QAPI committee will study findings and make recommendations for further action based on results.</p>	5/22/13

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F 280	<p>Continued From page 4</p> <p>department heads should monitor completion of precautions."</p> <p>2. A record review revealed the facility admitted Resident #26 on 04/14/08 with diagnoses to include OT-Rehabilitation, Chronic Kidney Disease, Anemia, HTN, CHF, Diabetes, UTI, Urinary incontinence, Urinary spasms, Bowel incontinence, Dementia, History of falls, Depression, Osteoarthritis, GERD, and Hyperlipidemia.</p> <p>Record review revealed, on 03/07/13, a stool specimen was collected and, on 03/11/13, the result of the stool specimen was reported as positive for the Norovirus GII. The results of the stool specimen was telephoned to an unidentified facility staff member on 03/11/13 at 9:31 PM by hospital lab staff and faxed to the Physician by Licensed Practical Nurse (LPN) #1, on 03/12/13. However, record review revealed there was no revision or update to the comprehensive care plan for Resident #26.</p> <p>An interview, on 04/15/13 at 2:00 PM, with MDS Coordinator #1 revealed the primary nurse of the resident who received the lab report notified the MD of the results of the lab report; placed the resident in the facility recommended infection control precautions; and, notified the nursing and nursing assistant staff in shift report. Per interview, MDS Coordinator #1 should have updated the resident's plan of care.</p> <p>An interview, at 3:00 PM on 04/15/13, with the DON revealed a resident's nursing care plan should be updated when a resident was placed on or taken off infection control precautions.</p>	F 280			

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F 280	<p>Continued From page 5</p> <p>Neither the MDS Coordinator # 1 nor the DON were unable to explain why the care plan was not up-dated when Resident #26 stool specimen was positive for Norovirus.</p> <p>3. A record review revealed Resident #18 was originally admitted to the facility on 04/11/12. The resident was transferred to the hospital on 03/30/13 and was readmitted on 04/10/13. The resident was placed on contact precautions due to a diagnosis of Escherichia Coll (E-Coll) Extended Spectrum Beta-Lactamase (ESBL) in the urine.</p> <p>A review of the comprehensive plan of care, dated 04/10/13, revealed the resident was diagnosed and received antibiotics for a urinary tract Infection (UTI); however, the care plan did not indicate the resident was on contact precautions.</p> <p>An interview with the Registered Nurse (RN)/Minimum Data Set (MDS) Coordinator, on 04/15/13 at 1:45 PM, revealed the Nurse who received the order for contact precautions should have indicated this information on the resident's care plan; however, it was the MDS Coordinator's responsibility to update the care plan. However, he was unaware Resident #18 was on contact precautions.</p> <p>An interview with the Licensed Practical Nurse (LPN)/MDS Coordinator, on 04/15/13 at 2:05 PM, revealed the nurse should have updated the care plan for Resident #18 to indicate contact precautions; however, ultimately, it was her responsibility. She was also unaware Resident #18 was on contact precautions.</p>	F 280		

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F 280	Continued From page 6 An interview with the DON, on 04/15/13 at 3:10 PM, revealed the care plans should reflect when a resident was on contact precautions.	F 280		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review it was determined the facility failed to ensure appropriate catheter care and per-care to prevent urinary tract infections was provided for two (2) residents (#6 and #8), in the selected sample of twenty-seven (27) residents.  Findings include:  A review of the facility's Infection Control /Handwashing policy, dated 01/27/11, revealed handwashing should be done, but was not limited to the following times: after handling equipment that was contaminated and whenever hands were obviously soiled. The inside of the sink and faucet handles were considered dirty so do not touch the inside of the sink or faucet handles with	F 315	F 315  483.25(d) No Catheter, Prevent UTI, Restore Bladder  It is the normal practice of Creekwood Place Nursing and Rehab to ensure that a resident who enters the facility, who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  <u>Corrective Measures for those Residents Identified in the Deficiency:</u>  Residents #6 and #8 have been provided with appropriate and thorough incontinent care by staff.  CNA'S were re-educated on proper procedure for providing incontinent care beginning on 4/1/13 by the DON, ADON and Staff Development Coordinator.  Direct care staff assigned to Residents #6 and #8 on the days observations were made by the survey staff, were provided re-education and required to demonstrate competency in providing incontinent care to these identified residents on 4/1/13 utilizing the incontinent care skills checklist.  <u>How other Residents who may have been affected by the Practice were Identified:</u>  A list of residents was developed by the DON of Residents who are dependent for incontinent care utilizing the MDS Assessment 11/22/11.	

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F 315	<p>Continued From page 7</p> <p>clean hands. Turn off faucet with paper towel and discard towel.</p> <p>A review of the facility's Urinary Indwelling Catheter Clinical Practice Guidelines, dated 09/17/09 revealed to prevent urinary tract infections to remove gloves and wash hands before and after caring for catheter, tubing, and drainage bag.</p> <p>A review of the facility's Infection Prevention and Control policy, last revised 01/17/13, revealed it was the policy of this facility to provide a safe, sanitary, and comfortable environment. This facility should investigate, control, and attempt to prevent the development and transmission of infections. Proper hand washing would be emphasized during orientation in addition to infection control practices regarding precautionary measures.</p> <p>1). A record review revealed Resident #6 was admitted to the facility on 01/14/13 with diagnoses to include Dementia, Urinary Retention and a history of Urinary Tract Infections. A review of quarterly Minimum Data Set (MDS) assessment, dated 01/01/13, revealed the facility assessed Resident #6 as having an indwelling catheter and incontinent of bowel. A review of the Comprehensive Care Plan for Condition Indwelling Urinary Catheter, dated 07/23/12, revealed interventions for staff to provide catheter care every shift and as needed and to provide incontinent care.</p> <p>A review of a time line completed by the Director of Nursing, on 03/29/13 at 11:20 AM, revealed Resident #6 was identified with Urinary Tract Infections (UTI) on 10/23/12, 11/24/12, 12/06/12,</p>	F 315	<p>F 315 (continued)</p> <p><u>Measure Implemented or Systems Altered to Prevent Re-Occurrence:</u></p> <p>All CNA'S were re-educated on appropriate incontinent care beginning on 4/1/13 with the DON, Staff development Nurse and LPN Supervisor. Any CNA'S that could not attend one of the scheduled sessions, will be in-serviced at additional sessions scheduled thru 5/21/13. The DON will be responsible to provide or assure provision of the education. CNA's responsible for providing care will be observed for competency. The Observations will be conducted by the DON, ADON and Unit Managers.</p> <p><u>Monitoring Measures to Maintain Ongoing Compliance:</u></p> <p>The DON, ADON and Unit Managers will conduct random observations of peri care delivery on 8 residents in the facility who are dependent for incontinent care. (approx 10%) of residents. Two residents from each hall will be selected for observation of perineal /catheter care including hand hygiene and use of gloves. The observations will be conducted weekly X 8 weeks, then monthly X 3 months. Results will be reported to the DON, and the Quality Assessment and Assurance Committee. If any areas of concern are identified, the frequency or duration of the audit may be increased.</p>
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F 315	<p>Continued From page 8 02/22/13, 03/07/13, and 03/21/13.</p> <p>Observation, on 03/27/13 at 2:02 PM, revealed Certified Nursing Assistant (CNA) #4 was providing peri-care and catheter care for Resident #8. The CNA removed the soiled brief from underneath the resident and proceeded to provide catheter care without removing the contaminated gloves and washing hands.</p> <p>Interview with CNA #4, on 03/27/13 at 2:12 PM, revealed she should have changed gloves and washed hands after removing the soiled brief and cleaning the resident.</p> <p>Interview with Licensed Practical Nurse (LPN) #4, on 03/27/13 at 2:17 AM, revealed staff should remove their gloves and wash their hands after providing bowel movement care, then re-glove and do catheter care, then remove gloves and wash hands again.</p> <p>2. A record review revealed Resident #8 was admitted to the facility on 08/25/12 with diagnoses of Alzheimer's Disease and Muscle Weakness. A review of the quarterly MDS assessment, dated 02/12/13, revealed the facility assessed Resident #8 as frequently incontinent of bladder and occasionally incontinent of bowel. A review of the Comprehensive Care Plan for Condition has a history of UTIs, dated 09/03/12, revealed an intervention to provide incontinent care.</p> <p>A review of a time line completed by the Director of Nursing, on 03/29/13 at 11:20 AM, revealed Resident #8 was diagnosed with UTIs on 08/30/12, 09/12/12, 12/20/12, and 02/02/13.</p> <p>Observation, on 03/28/13 at 3:35 PM, revealed</p>	F 315	

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F 315 Continued From page 9  
CNA #5 was providing peri-care for Resident #8. The CNA applied gloves and then went to the sink and turned the water faucet on, touching the faucet with gloved hands, wet a wash cloth, and then proceeded to wipe the anal and vaginal area of Resident #8. After completing the peri-care, the CNA applied moisture barrier to the anal, sacrum area, and the labia and vaginal area of the resident without changing her gloves and washing hands.

Interview with CNA #5, on 03/28/13 at 4:05 PM, revealed she should have changed her gloves and washed hands in between providing peri-care and applying moisture barrier. In addition, she stated she should have obtained the wet wash cloth prior to applying her gloves to provide peri-care.

Interview with the Director of Nursing, on 03/29/13 at 1:45 PM, revealed she expected staff to remove their dirty gloves, wash hands, and to apply clean gloves after peri-care and before applying aloe vista. She expected them to apply clean gloves after handling faucets handles and expected them to clean the residents after a bowel movement and to wash hands and apply clean gloves in between providing incontinent care and catheter care.

F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  
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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.

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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 683 E. THIRD STREET RUSSELLVILLE, KY 42276		
(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 323	Continued From page 10  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review, it was determined the facility failed to ensure the resident environment remained as free of accident hazards as is possible for four (4) residents (#11, #13, #14 and #15), in the selected sample of twenty-seven (27) residents.  The facility failed to identify identify the hazards related to the resident's use of Oxygen (O2) while using the hairdryer, in the beauty shop. The facility failed to ensure all staff assisting residents to the beauty shop and the beautician were educated on the dangers of O2 with heat and ignition sources. On 03/27/13, Resident #11 was observed under the running hair dryer while being administered O2 at five (5) liters per minute (L/m) per the nasal cannula and a portable O2 tank.  This failure to ensure the residents' environment remained as free from accidents as is possible, was likely to cause serious injury, harm, impairment or death. The facility was notified of the Immediate Jeopardy on 03/27/13. An acceptable Allegation of Compliance (AoC) was received on 03/29/13 with the facility alleging the Immediate Jeopardy was removed on 03/29/12; however, through interview and record review the State Survey Agency (SSA) identified one staff was not in-serviced, prior to returning to work, on 03/29/13 per the AoC. The education was provided to this employee by the Staff	F 323	<b>F323</b>  <b>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISOR/DEVICES</b>  It is the routine practice of Creekwood Place Nursing and Rehab to maintain the facility in a manner that the resident environment remains as free of hazards as is possible; and each resident receives adequate supervision and assistance to prevent accidents.  <u>Corrective Measure for Resident Identified in the Deficiency:</u>  The Beautician removed Resident #11 from under the dryer immediately. Residents #3 and #12 were also assisted from the beauty shop by the beautician. In recognition of the potential hazard the Administrator directed that the Beauty Shop operation be temporarily suspended pending development of new procedures. The care plan for Resident #11 was revised to reflect the need to follow oxygen safety precautions and not to utilize standard beauty shop hair driers. A bonnet hair dryer, whose electrical and heating components are more than twelve inches from the Site of Intentional Expulsion, is now being utilized for resident # 11.  <u>How other residents who may have been affected by this practice were identified:</u>  Beauty shop records were reviewed to identify residents who had received styling services over the past six months. Of those receiving services, four residents- #11, #13, #14, and #15 were noted to have orders for oxygen. Each of these residents had their oxygen saturation levels with and without oxygen, reviewed by licensed nurses, and communicated to each resident's attending physician, to be utilized in determining if the resident's oxygen could be removed during future salon services. Based on this information one resident, #14, was permitted to have oxygen removed while hair is being dried. The remaining residents will utilize the bonnet system to provide a safe environment for drying hair.  <u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u>		

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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 883 E. THIRD STREET RUSSELLVILLE, KY 42276	
(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)
F 323	<p>Continued From page 11</p> <p>Development Coordinator and validated by the SSA, on 03/29/13. The SSA determined the Jeopardy continued through 03/29/13. The scope and severity was lowered to a "D" while the facility develops and implements a plan of correction (PoC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>A review of the facility's Policy and Procedure for "Oxygen Safety", dated 02/02/10, revealed the staff was to keep flammable materials away from the oxygen equipment; keep oxygen equipment away from open flames and electrical appliances; and to keep oxygen equipment in a well ventilated area, at all times.</p> <p>A review of the facility's list of residents provided by the Administrator revealed four residents (Resident #11, #13, #14 and #15) who had a history of oxygen use while under the hair dryer in the beauty shop.</p> <p>1. An observation of Resident #11, on 03/27/13 at 9:30 AM, revealed the resident was seated under the hard plastic, helmet-type hair dryer that contained the heating element in the helmet. Oxygen was infusing, per the nasal cannula tubing and a portable oxygen tank at five (5) L/m. Two other residents, (#3 and #12,) were in the beauty shop and receiving services.</p> <p>A record review revealed Resident #11 was admitted on 03/23/12 and readmitted on 08/07/12, with diagnoses to include Chronic Airway Obstruction, Cardiomegaly, Chronic Heart</p>	F 323	<p>On 3/27/13, a sign was posted in the Beauty Shop stating, "DO NOT USE OXYGEN IN THIS AREA" and another on the door to the salon stating "NO OXYGEN BEYOND THIS POINT". The previous salon was small, making it difficult to consistently meet the limitation of being no closer than 12 inches from an electrical appliance, therefore oxygen was no longer permitted in the previous salon. After relocating to the new facility on 4/9/13, the salon is large enough that residents can partake of salon services within the salon and easily maintain a safe distance from electrical appliances, such as dryers and curling irons. A specific area has been designated to safely provide services to residents utilizing oxygen in accordance with regulatory guidelines.</p> <p>On 3/27/13, after determining that a bonnet type hair dryer would meet the criteria of being more than 12 inches away from the electrical components of the device, different models were purchased for use by the beautician for residents who are deemed not to be appropriate for withholding oxygen during salon services.</p> <p>A "Beauty Shop Plan" was developed on 3/27/13 by the Administrator and Quality management Nurse, to assure that the beautician knows whether the physician authorized for the oxygen to be removed for hair drying and if so for what amount of time. The information regarding removal of oxygen for salon services, provided by the physicians of residents #13, #14, and #15 will be utilized to complete a "Beauty Shop Plan" for each. The written plan will be provided to the beautician, by the Unit Manager or Clinical Supervisor. If a resident arrives for service without a plan, he/she will be redirected until appropriate information is available from the physician. A list of acceptable methods of styling/drying the hair of residents using oxygen, was developed by the Administrator in conjunction with the beautician. Only one resident's physician approved for oxygen to be stopped for services, so use of the individual plan was modified. The evaluation and summary of saturations with request for removal of oxygen during drying, will only be completed and submitted at resident/family request; in the event they prefer not to use one of the other acceptable methods for styling.</p> <p>The policy regarding Safe Oxygen use was revised on 3/28/13 by the Administrator and Administrative Staff. All staff members were</p>

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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 603 E. THIRD STREET RUSSELLVILLE, KY 42276		
(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 323	<p>Continued From page 12</p> <p>Failure and Emphysema. A review of the annual Minimum Data Set (MDS) assessment, dated 02/12/13, revealed the facility assessed Resident #11 as independently cognitively intact, needing the extensive assistance of one staff member with Activities of Daily Living (ADLs) and was short of breath with minimal exertion, at rest and with lying flat. A review of the physician's orders for March 2013, revealed the resident required O2 at five (5) L/m per nasal cannula, the O2 saturation rate assessed three to four times a day and as needed and weekly checks without O2, on room air. A review of the O2 saturation rates on room air revealed the resident dropped into the 70 percentile, without O2. A review of the Comprehensive Care Plan, dated 02/25/13, revealed staff members were to administer O2, as ordered.</p> <p>Interviews with Resident #11, on 03/27/13 at 2:25 PM and 8:20 PM, revealed he/she went to the beauty shop "almost every Wednesday and sat under the dryer." The resident had always worn oxygen when having his/her hair done, had been wearing O2 constantly since 1998 and "had never been able to go without it".</p> <p>2. A record review revealed Resident #14 was readmitted to the facility on 01/03/13 with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). A review of the admission MDS assessment, dated 01/11/13, revealed the facility assessed Resident #14 as severely cognitively impaired. A review of the Physician's Orders, dated March 2013, revealed an order for continuous oxygen at three (3) L/m per nasal cannula. A review of the Comprehensive Care Plan, dated 01/11/13, revealed staff were to administer oxygen "as ordered".</p>	F 323	<p>trained regarding the policy by the Staff Development Coordinator (SDC) and Quality management Nurse. Training was completed to all staff on 3/29/13, except to staff on extended leave. Policy was mailed to those employees by the Administrator and will be reviewed with the employees prior to their return to work. The Director of Nursing will be responsible to assure that the training is provided prior to returning to duty. A post test was administered to persons trained, to verify their understanding of the information.</p> <p>The beautician was provided training on Oxygen Safety Guidelines, the practice of oxygen not being permitted in the old salon, and the Beauty Shop Plan on 3/27/13, by the Administrator and the Quality Management Nurse.</p> <p>Prior to beginning services in the new salon, the Beautician was oriented by the Administrator to the new salon and shown designated area for residents receiving oxygen. A stand was purchased for fixed placement of a blow dryer so that a 12 inch distance away from resident can be easily and consistently maintained.</p> <p><u>Monitoring Measures to Maintain On-going Compliance:</u></p> <p>Rounds will be conducted at unannounced times, at least weekly, for 2 months, by the Administrator, Director of Nursing, or QMS to verify that residents receiving services in the beauty salon are not using oxygen within 12 inches of electrical equipment. If no concerns are identified, then rounds will be conducted monthly for 6 months.</p> <p>The Administrator or Quality Assurance Committee representative from the Administrative Nursing team, will review 100% of the orientation records for new hires for one month, to verify Oxygen Safety training is provided and post test is successfully completed. After one month, a random selection of 50% of new hire records from across all departments will be audited for three months, then 25% for three months, then 10% for three months. The findings of monitoring audits will be reported to the Quality Assurance and Assessment Committee. Based on findings the quantities and frequency of audits may be increased by the committee.</p>	

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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 683 E. THIRD STREET RUSSELLVILLE, KY 42278	
(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)
F 323	<p>Continued From page 13</p> <p>3. A record review revealed Resident #15 was readmitted to the facility on 02/23/12 with a diagnosis of Hypoxia. A review of the quarterly MDS assessment, dated 03/03/13, revealed the facility assessed Resident #15 as moderately cognitively impaired and on O2 therapy. A review of the Physician's orders, dated March 2013, revealed an order for continuous oxygen at two (2) L/m per nasal cannula. A review of the Comprehensive Care Plan, dated 03/21/13, revealed for staff to administer O2 as ordered; however, the care plan did not identify and address the hazards associated with the continuous use of oxygen.</p> <p>An interview with Resident #15, on 03/27/13 at 3:40 PM, revealed he/she went to the beauty shop, "whenever he/she wanted to".</p> <p>An interview with LPN #2, on 03/27/13 at 3:35 PM, revealed Resident #15 went to the beauty shop once a week.</p> <p>4. A record review revealed Resident #13 was admitted to the facility on 03/16/04 with diagnoses to include Cerebral Vascular Accident, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease. A review of the physician orders, dated 03/01/13, revealed an order for O2 at 2 L/m per nasal cannula. A review of the Comprehensive Care Plan, dated 02/08/12, revealed to provide oxygen as ordered.</p> <p>An interview with the Beautician, on 03/28/13 at 10:30 AM, revealed she had not been trained about not having residents on oxygen sit under the dryer or about oxygen use in the beauty shop and stated she "didn't think anyone ever thought</p>	F 323	<p>The Quality Management Specialist or Regional Director of Operations will audit documentation of the facility's monitoring and training activities to validate ongoing compliance. Initial audit was conducted on 3/27/13 by the Quality Management Specialist. Repeat audits will be conducted weekly for 4 weeks, then every two weeks for 8 weeks, then monthly for three months.</p> <p>4/16/13</p>

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F 323	<p>Continued From page 14 about this being dangerous."</p> <p>Interviews with the MDS Coordinator, Licensed Practical Nurse (LPN) #5, LPN #3, Certified Medication Aide (CMA) #1, Certified Nurse Aide (CNA) #4, CNA #1 and CNA #7 on 03/27/13 at 11:03 AM, 11:05 AM, 11:08 AM, 11:15 AM, 11:18 AM, and 4:15 PM respectively, revealed they were unaware of the dangers involved with oxygen use and had not been trained on oxygen hazards in the beauty shop and/or keeping oxygen sources away from hair dryers and electrical appliances.</p> <p>An interview with the Administrator, on 03/27/13 at 2:33 PM, revealed the facility had no type of training on the safety of oxygen. She stated the facility did have an oxygen safety precaution policy but there had been no training conducted at the facility that included this policy. She revealed that while the residents were in the beauty shop the beautician was responsible for the residents, but ultimately the facility was always responsible for them.</p> <p>**The facility implemented the following actions to abate the Immediate Jeopardy:</p> <p>* On 03/27/13 at approximately 9:45 AM, the Beautician removed Resident #11 from under the hair dryer and Residents #3 and #12, were also assisted out of the area. Beauty shop operation was suspended until investigation of circumstances, development of alternative service provision, completion of training for the beautician and review/revision of the beautician contract could be completed.</p>	F 323		

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F 323	<p>Continued From page 15</p> <p>*On 03/27/13, all current residents, who required oxygen and utilized The Beauty Shop, in the last six months, had their oxygen saturation levels, with and without oxygen, reviewed by the Administrative Staff comprised of the Administrator, Director of Nursing, Assistant Directors of Nursing, Unit Managers, the MDS Coordinator and the Staff Development Coordinator (SDC). This information was forwarded to the residents' physicians to review to determine if and how long the oxygen could be removed for future salon uses.</p> <p>* A Beauty Shop Plan for physician authorization, was created by the Administrative Staff, on 03/27/13 to ensure assessment of residents with oxygen, who utilized the salon services had the approval of the physician, for these services. The written plan will be provided to the Beautician, by the Unit Manager or Clinical Supervisor. The Beauty Shop Plan would ensure the beautician knows whether the physician authorized for the oxygen to be removed for hair drying and if so for how long. If a resident arrives for service without a plan, he/she will be redirected until appropriate information is available from the physician. The information regarding removal of oxygen for salon services, provided by the physicians of Resident #13, #14, and #15 will be utilized to complete a Beauty Shop Plan for each resident.</p> <p>* On 03/27/13, it was determined bonnet type hair dryers would meet the criteria of being more than 12 inches away from the electrical components of the device. Six devices were purchased on 03/27/13, for use with residents who were deemed not appropriate for withholding of oxygen during salon services.</p>	F 323		

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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 883 E. THIRD STREET RUSSELLVILLE, KY 42276		
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F 323	<p>Continued From page 16</p> <ul style="list-style-type: none"> <li>* On 03/27/13, a sign was posted in the Beauty Shop stating, "DO NOT USE OXYGEN IN THIS AREA" and another on the door to the salon stating "NO OXYGEN BEYOND THIS POINT". After relocation, the salon will be large enough to ensure the oxygen is not closer than 12 inches of a electrical appliance. This will eliminate the need for the signs after relocation.</li> <li>* On 03/27/13, staff education was initiated, to include training that no resident was to be in the Beauty Shop while using oxygen and that blow dryers were not to be used on residents utilizing oxygen until a safer alternative could be determined. The training was provided by the Administrator, Staff Development Coordinator, and Quality Management Nurse.</li> <li>* The Oxygen Safety Awareness Guideline/Policy was reviewed and revised by the Administrative Staff on 03/28/13 and additional training was provided to the staff. A post test, covering contents of training materials, was given to persons who were educated to verify comprehension, beginning 03/27/13. Staff members who work PRN (as needed) and two that were on medical leave were sent letters informing them of the need for training prior to beginning work duties. The SDC had a facility listing and staffing reports, and was to ensure and validate training was complete for all shifts, to include PRN and staff on medical leave, as well as post tests to be completed.</li> <li>* The Beautician was provided training by the Administrator and Quality Management Nurse on 03/27/13, on oxygen not being permitted in the Beauty Shop and on the Beautify Shop Plan and</li> </ul>	F 323		

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F 323	<p>Continued From page 17</p> <p>the Oxygen Safety Awareness Guidelines.</p> <ul style="list-style-type: none"> <li>* Educational material on oxygen safety, a post-test and a statement of acknowledgement was added to the orientation material by the Administrator and is to be covered with future new hires.</li> <li>* Unannounced rounds will be conducted during beauty shop hours or resident/staff interviews will be conducted each day the salon is open to assure that no oxygen is in use in the salon and to verify the planned method of salon services established in the Beauty Shop Plan are being followed. Follow-up training sessions to reinforce safety guidelines will be conducted monthly during the all staff meeting for three months, then quarterly at all staff meetings in September and December by the Administrator, Director of Nursing or Staff Development Coordinator.</li> <li>* In the event there is a change in the Beautician, training on all processes will be provided by the Administrator or Director of Nursing.</li> <li>* On 03/28/13, Education was provided to the Administrator to review the responsibilities of effectively administering and managing the day to day operation of the facility in a manner that meets and exceeds the minimum licensure standards, promotes the safety and well-being of the residents entrusted to her care. The training was provided by the Quality Management Specialist.</li> <li>* Beauty shop appointments will be reviewed in an Abbreviated Quality Assurance Meeting to identify if residents using oxygen are scheduled for appointments and validate that a Beauty Shop</li> </ul>	F 323		

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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 E. THIRD STREET RUSSELLVILLE, KY 42276
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F 323	<p>Continued From page 18</p> <p>Plan has been developed to manage the resident's oxygen needs safely during salon service, or that if none is present, the default plan for no rinse shampoo or bonnet hair dryer is scheduled to be used. This will be monitored daily by the Administrator or Director of Nursing for four weeks, during the week when Beauty Shop appointments are scheduled. Unannounced rounds will be conducted by the Administrator, Director of Nursing, or ADON to verify that residents receiving services in the beauty salon are not using oxygen within 12 inches of electrical equipment.</p> <ul style="list-style-type: none"> <li>* Administrator or Quality Assurance Committee representative from the Administrative Nursing team will review 100% of the orientation records for new hires for one month, to verify Oxygen Safety training is provided and post test successfully completed. After one month, a random selection of 50% of new hires records from across all departments will be audited for three months, then 25% for three months, then 10% for three months. The finding of the monitoring audits will be reported to the Quality Assurance and Assessment Committee. Based on the findings, the quantities and frequency of the audits may be increased by the committee.</li> <li>* The Quality Management Specialist or the Regional Director of Operations will audit documentation of the facility's monitoring and training activities to validate ongoing compliance. Initial audit was conducted on 03/27/13 by the Quality Management Specialist. Repeat audits will be conducted weekly for four weeks, then every two weeks for eight weeks, then monthly times three months.</li> </ul>	F 323		
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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 E. THIRD STREET RUSSELLVILLE, KY 42276
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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)	(X5) COMPLETION DATE
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Continued From page 19

**\*\*The surveyors validated the corrective action taken by the facility as follows:**

Observations verified Beauty Shop operations were suspended, on 03/27/13 at approximately 12:15 PM, and that signs were posted to prevent oxygen use in this area. The Beauty Shop was not reopened, as of the completion of the survey, on 03/29/13 at 4:30 PM.

A copy of the Oxygen saturation records was received by the survey team and included in the record review for Resident #11, #13, #14 and #15, who were identified by the Administrator, as having utilized oxygen and the hair dryer, in the Beauty Shop.

Record review for Residents #11, #13, #14 and #15 (who were identified as the residents who used the hair dryer in the beauty shop while each resident was receiving oxygen) revealed the residents were reviewed on 03/28/13, to determine if resident oxygen safety concerns were met.

A review of the letter sent to the physicians revealed the letter was sent to the physicians and addressed the removal of oxygen for salon services. A review of the Beauty Shop Plan procedures and plan revealed it addressed the the procedures that should be followed when a resident on oxygen expressed the desire to use the beauty shop. The plan identifies the resident's name, MD orders on whether to remove oxygen while the hair dryer is in use and for how long or the hair dryer cannot be used. In addition, it states the oxygen must be off for ten minutes prior to hair dryer use.

F 323

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/15/2013
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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 E. THIRD STREET RUSSELLVILLE, KY 42276
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F 323	<p>Continued From page 20</p> <p>A review of the Policies and Guidelines revealed they were revised on 03/27/13 to address the use of the hair dryer in the beauty shop on residents who used oxygen.</p> <p>Record review of inservice sign in sheets validated the completion of all training of staff on 03/29/13 related to the oxygen policies and guidelines. Interviews with the Staff Development Coordinator (SDC), Medical Record Aide, Occupational Therapy Assistant #1, Cook, RN #1, #2, and #3; Maintenance Director, LPN #1 and #2; SRNAs #1, #2, #11, #12, #13 and #14; Dietary Aide (DA) #1; Certified Medication Technician (CMT) #1 and #3; and Laundry Aide #1, on 03/29/13 at 11:00 AM, 11:05 AM, 2:35 PM, 2:44 PM, 2:45 PM, 2:55 PM, 3:00 PM, 3:05 PM, 3:10 PM, 3:15 PM and 3:25 PM respectively, revealed the staff received the training related to the oxygen policy and procedures regarding the need to prevent oxygen related fire hazards and completed the post-test. The survey team identified one laundry worker had not been trained prior to working the floor. The SDC had failed to train a laundry worker, who started the shift at 2:00 PM on 03/29/13. The education was provided to this employee, by the SDC, on 03/29/13. Interviews of the above staff, completed by the survey team on 03/29/13, revealed the staff was able to verbally demonstrate understanding of the new policy.</p> <p>The Beautician was interviewed on 03/29/13 at 2:00 PM, and was able to verbalize understanding of the policies. Further interview with the Beautician and Administrator revealed six bonnet type hair dryers were purchased.</p> <p>The survey team reviewed new material included</p>	F 323		
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NAME OF PROVIDER OR SUPPLIER  GREEKWOOD PLACE NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 883 E. THIRD STREET RUSSELLVILLE, KY 42276		
(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 323	Continued From page 21 In the orientation process and the SDC was interviewed regarding the changes for new employees on 03/29/13.  Interview with the Administrator and Quality Management Specialist on 03/29/13 revealed training was completed with the Administrator to review the responsibilities of effectively administering and managing the day to day operation of the facility.  Interviews with the Administrator, Director of Nursing and Staff Development Coordinator on 03/29/13 revealed they were aware of the rounds, audits, review of new hire records and monitoring they were responsible for to ensure the actions put in place were being followed.  A review of the audit conducted on 03/27/13 related to the documentation of the facility's monitoring and training activities revealed no concerns were identified. An interview with the Quality Management Specialist on 03/29/13 revealed she was aware she would be auditing the facility's monitoring and training activities documentation to ensure ongoing compliance.  Interviews with the Administrator and Director of Nursing, on 03/29/13, confirmed there was a Quality Assurance Committee meeting held on 03/29/13 to review the alleged deficient practice as well as the plan for removal and no further recommendations were identified.	F 323			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a	F 441			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/15/2013
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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 863 E. THIRD STREET RUSSELLVILLE, KY 42276
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F 441	<p>Continued From page 22</p> <p>safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the</p>	F 441	<p>F441</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>It is the normal practice of Creekwood Place Nursing and Rehab Center to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p><u>Corrective Measures for Resident Identified in the deficiency:</u></p> <p>Resident #18 completed her course of antibiotics, and has no signs/symptoms of a UTI. Contact precautions were discontinued. No residents were specified regarding storage of personal care equipment.</p> <p><u>How other residents who may have been affected by this practice were identified:</u></p> <p>Lab &amp; infection control reports were audited by the DON and ADON to identify residents having a condition that warranted transmission based isolation precautions. Rounds were conducted by the ADON on 4/15/13 to identify residents with posted isolation precaution signs to assure that appropriate Personal Protective Equipment was present as specified on posted precaution signs; and to identify any bedpans, bath basins and urinals that were not properly labeled and stored. Equipment rounds were conducted by the ADON on 3/26/13. Any equipment not properly labeled and stored was discarded and replaced. Additionally all personal hygiene equipment such as bed pans, wash basins and urinals were discarded on 4/9/13 at the time of relocation to the new facility. The items were replaced with new ones upon arrival in their new rooms. All personal care items were labeled, covered and stored appropriately by the assigned care givers on 4/9/13.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>Education was conducted with nursing staff, including licensed nurses, medication aides and nursing assistants on 4/1/13 and 4/2/13 by the Staff Development Coordinator and housekeeping staff on 4/1/13 by the Staff Development Coordinator to reinforce the requirement to label personal hygiene equipment, to cover bedpans and store all equipment in the designated locations for each item. Additional education was provided by the Unit Managers beginning on 5/8/13 to be completed by 5/21/13. Anyone not trained by 5/21/13 will be trained prior to working their next scheduled shift.</p> <p>The Nursing Administrative leaders including the DON, ADON, and Unit Managers as well as the Rehab Director were provided training on 5/3/13 regarding utilization of CDC Guidelines for determining appropriate precautions to be implemented, provision and storage of Personal</p>	
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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 683 E. THIRD STREET RUSSELLVILLE, KY 42276	
(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 441	<p>Continued From page 23</p> <p>facility failed to ensure proper infection control procedures were followed for one resident (#18) in the selected sample of twenty-seven (27) residents. Resident #18 was diagnosed with Escherichia Coli (E-Coli) Extended Spectrum Beta-Lactamase (ESBL) in the urine with a "Contact Precautions" sign in place outside his/her room which specified to wear gloves and gown when entering a room or cubicle; however, there was no evidence of gloves or gowns outside the resident's room. Registered Nurse (RN) #2 was observed entering the resident's room without a gown.</p> <p>In addition, the facility failed to ensure bedpans, bath basins, and urinals were labeled, bagged and stored properly in six resident rooms to prevent the possible spread of infections.</p> <p>The findings include:</p> <p>A review of the facility's Infection Prevention and Control policy, last revised 01/17/13, revealed the facility would investigate, control, and attempt to prevent the development and transmission of infections. The facility would identify any resident with a potential infection and should provide appropriate nursing intervention. The facility should provide precautionary measures to prevent the spread of potential infection, while monitoring resident's progress and isolation precautions should be followed when indicated.</p> <p>1. A record review revealed Resident #18 was originally admitted to the facility on 04/11/12. The resident was transferred to the hospital on 03/30/13 and was readmitted on 04/10/13, with a diagnosis of Escherichia Coli (E-Coli) Extended Spectrum Beta-Lactamase (ESBL) in the urine.</p>	F 441	<p>(F441 cont)</p> <p>Protective Equipment (PPE) and were provided with copies of Appendix A of the CDC's 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. The Administrative Nurses, under the leadership of the DON will provide further education to Licensed Nurses beginning on 5/6/13 and be conducted with nurses prior to the beginning of their next shift. A post test will be completed to assure understanding of information. The Director of Nursing will be responsible to provide or arrange for planned education for staff prior to their next shift worked.</p> <p><u>Monitoring Measures to Maintain On-going Compliance:</u></p> <p>Rounds will be conducted by the Unit Managers daily on scheduled work days, to monitor for the presence of PPE when indicated by an infectious condition and to observe for personal equipment storage. 100% of residents with known infections processes will be observed during the rounds, and 10% of the remaining rooms will be monitored three times/week. If concerns are identified re-education will be provided. Findings of rounds will be brought to the QAPI meeting for review and modification of the plan as indicated.</p> <p>5/22/13</p>

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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 883 E. THIRD STREET RUSSELLVILLE, KY 42276		
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F 441	<p>Continued From page 24</p> <p>The resident had a urinary catheter upon admission.</p> <p>An observation, on 04/15/13 at 9:45 AM, revealed a sign outside the room for Resident #18 indicating "Contact Precautions." The sign specified to do the following:</p> <p>a). Wear gloves when entering room or cubicle, and when touching resident's intact skin surfaces, or articles in close proximity.</p> <p>b). Wear a gown when entering room or cubicle and whenever anticipating that clothing would touch resident items or potentially contaminated environmental surfaces.</p> <p>An observation, on 04/15/13 at 11:00 AM, revealed gloves, gowns, and goggles were located inside the resident's bathroom. The bathroom was located on the left after entering the resident's room. There was no evidence of gloves or gowns outside the resident's room. An observation, on 04/15/13 at 11:20 AM, revealed Registered Nurse (RN) #2 entered the resident's room to perform a blood glucose test; however, did not wear a gown while in the room.</p> <p>An interview with RN #2, on 04/15/13 at 11:20 AM, revealed a gown was not necessary when entering the resident's room as the resident's infection was contained in the urinary catheter.</p> <p>An interview with the Infection Control Nurse and the DON, on 04/15/13 at 2:25 PM and 3:10 PM, respectively, revealed personal protective equipment (PPE) should be located on the door outside the resident's room, not in the bathroom. They expected staff to follow the instructions</p>	F 441		

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F 441	<p>Continued From page 25</p> <p>given related to contact precautions. Staff should wear a gown when entering the resident's room, even if the resident's infection was contained in the urinary catheter.</p> <p>2. A review of the facility's Infection and Control policy, last revised 01/17/13, revealed the facility should provide a safe, sanitary, and comfortable environment.</p> <p>Observations during the initial tour, on 3/26/13 at 9:40 AM, revealed the following items were not labeled and bagged:</p> <ul style="list-style-type: none"> <li>a. An open urinal in Room #219's bathroom.</li> <li>b. A bedpan on the shelf and a bath basin on the back of the toilet in Room #221's bathroom.</li> <li>c. A bath basin on the top of the sink in Room #303.</li> <li>d. A bath basin on the shelf in Room #304.</li> <li>e. A bath basin on the top of a chest in Room #310.</li> </ul> <p>An interview with Certified Nurse Aide (CNA) #5, on 03/27/13 at 9:47 AM, revealed the nurses and aides were supposed to label, bag and put bedpans, urinals and bath basins up after use.</p> <p>Interview with Housekeeper #1, on 03/27/13 at 9:40 AM, revealed when she found bedpans or urinals out she placed them in a bag. She stated third shift was responsible for cleaning them and the aides were responsible for labeling and bagging them after use.</p> <p>Interview with Licensed Practical Nurse #2, on</p>	F 441		
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F 441	<p>Continued From page 26</p> <p>03/27/19 at 9:44 AM, revealed the bedpans/urinals should be stored in a plastic bag in the bathroom, rinsed after every use, cleansed by night shift, and thrown away if dirty. She stated some residents kept them at the bedside if able to use. She revealed the items should be labeled with the resident's name/room number and all staff was responsible.</p> <p>Interview with the Director of Nursing, on 03/29/13 at 11:55 AM, revealed there was no policy for bed pan, bath basin or urinal storage when not in use.</p>	F 441		
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NAME OF PROVIDER OR SUPPLIER  CREEKWOOD PLACE NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 E. THIRD STREET RUSSELLVILLE, KY 42276
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 02.</p> <p>PLAN APPROVAL: 2011.</p> <p>SURVEY UNDER: 2000 New.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type II (000).</p> <p>SMOKE COMPARTMENTS: Eight (8) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 2013 with 16 heat detectors and 99 smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry and wet sprinkler system installed in 2013.</p> <p>GENERATOR: Type II generator installed in 2013. Fuel source is Diesel.</p> <p>An initial Life Safety Code survey was conducted on 04/08/13. Creekwood Place Nursing and Rehab Center was found in compliance with the requirements for participation in Medicare and Medicaid.</p> <p>The facility demonstrates compliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) 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.