

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

PRINTED: 03/31/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/17/2010
NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE (ZIP CODE) 235 NEW WILSON LANE PO BOX 260 MIDDLESBORO, KY 40365	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 281 SS=D	<p>A standard health survey was conducted on March 15-17, 2010. Deficient practice was identified with the highest scope and severity being at a "D" level.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide services to meet professional standards of quality for one (1) of twenty-two (22) sampled residents. Resident #1 had a physician's order for yogurt and orange juice to be provided with each meal. However, the facility failed to provide the yogurt and orange juice during the noon meal on March 16, 2010, for resident #1.</p> <p>The findings include:</p> <p>A review of the medical record revealed resident #1 was admitted to the facility on July 31, 2003, with diagnoses of Anemia, Senile Dementia, Hypertensions, Convulsions, Esophageal Reflux, and Congestive Heart Failure.</p> <p>A review of the physician's orders dated February 24, 2010, revealed resident #1 had orders to receive a no-added salt, mechanical soft diet with thin liquids. The physician's order further directed the resident was to receive yogurt and orange juice with all meals. A review of the comprehensive care plan revealed the orange</p>	F 281	<p>Middlesboro Nursing and Rehabilitation Facility does not believe and does not admit that any deficiencies existed before, during or after survey. Middlesboro Nursing and Rehabilitation Facility reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is meant to establish any standard of care, contract obligation or position. And, Middlesboro Nursing and Rehabilitation Facility reserves all rights to raise all possible contentions and defenses or proceedings. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Middlesboro Nursing and Rehabilitation Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim action or proceeding.</p> <p>F281 It is and was on the day of the survey the policy and practice of Middlesboro Nursing and Rehabilitation Facility to meet the professional standards of quality for services provided.</p> <ol style="list-style-type: none"> <li>1. Resident #1 continues to receive orange juice and yogurt with all meals. The physician order matches the dietary tray card. During Restaurant Style Dining and hydration, the orange juice is labeled with the resident's name to assure delivery. The yogurt is delivered on the tray.</li> <li>2. The daily tray cards reflect special needs, foods, and requests and are audited prior to each meal. A list is then made to reflect any changes or additions to be made to the residents' meal/tray. This system, along with the order written on the tray card, will identify all residents who have additional therapeutic foods ordered.</li> <li>3. The facility dietary manager educated the dietary staff on April 5, 2010 regarding the protocol for</li> </ol>	

**RECEIVED**  
 Division of Health Care  
 Southern Enforcement Branch

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dee Hardy* TITLE Administrator (X6) DATE 4/8/10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	Continued From page 1 juice was prescribed to increase Vitamin C intake for the resident.  Resident #1 was observed to be consuming the noon meal in the facility dining room on March 16, 2010, at 12:00 p.m. The resident's meal tray consisted of chopped turkey, potatoes, carrots, a roll, coffee, dessert, and whole milk. However, there was no evidence the yogurt and orange juice had been provided for the resident.  An interview conducted with the Dietary Manager (DM) on March 17, 2010, at 10:15 a.m., revealed the DM was not aware resident #1 had not received the appropriate diet on March 16, 2010. The DM stated the dietary aide was responsible to "call out" the diet order to the cook who filled the residents' trays. The DM stated the dietary aide was responsible to check the tray for accuracy at the end of the tray line. The DM stated the DM could not offer an explanation for the dietary staff's failure to provide the correct diet for resident #1 other than an "oversight." The DM stated the yogurt was prescribed for resident #1 due to a history of C-diff. The dietary aide was not available for interview.	F 281	reading aloud all information posted on the tray card to assure the resident/s tray is accurate. The facility's dietary staff has a protocol for a second review before the tray is delivered to the resident. 4. Tray accuracy monitoring is a bi-monthly continuous quality assurance process. A tray accuracy list is utilized to audit resident tray accuracy compared to the tray card. (See attached CQI forms) 5. Compliance date: April 5, 2010.	
F 366 SS=D	483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE  Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to honor dislikes as specified on the resident's food	F 366	F366 It is and was on the day of the survey the policy of Middlesboro Nursing and Rehabilitation that each resident receives substitutes of a similar nutritive value.  1. Resident #12 was interviewed by the dietary manager on March 19 <sup>th</sup> and March 23 <sup>rd</sup> to update the residents likes and dislikes. The updated information is recorded in the resident's chart, dietary notes, and on the resident's dietary tray card. The resident will be re-interviewed	

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F 366	<p>Continued From page 2</p> <p>tray cards for resident #12. On March 16, 2010, resident #12 received turkey, broccoli, and coffee for the noon meal, when the resident's food tray cards specified the resident disliked turkey, broccoli, and coffee.</p> <p>The findings include:</p> <p>Observation of the noon meal trays on March 16, 2010, revealed resident #12 was served turkey, broccoli, potato wedges, coffee, roll, and cherry crisp. The food tray card for resident #12 specified the resident disliked turkey, broccoli, and coffee.</p> <p>Interview on March 17, 2010, at 3:30 p.m., with resident #12 revealed resident #12 frequently received foods the resident disliked. Resident #12 stated staff would obtain a substitute when the resident asked and the resident frequently requested chicken noodle soup. Review of the list of dislikes on the food tray card with resident #12 revealed the resident liked cabbage and any bread; however, these items were listed on the resident's dislikes. Resident #12 stated she liked to have coffee with the breakfast and noon meal, but not with the evening meal. The resident's food tray card listed the resident disliked coffee.</p> <p>Interview with the Dietary Manager (DM) at 3:50 p.m. on March 17, 2010, revealed the DM inquired upon admission if a resident had any food allergies. The DM stated the DM obtained further dietary information from the resident or responsible party within 48 hours of admission. The DM stated the resident's likes and dislikes were discussed at that time. The DM stated the likes and dislikes of all residents were reassessed quarterly. The DM was unable to provide</p>	F 366	<p>quarterly regarding likes and dislikes. The resident will be informed timely by the CNA regarding each meal substitute in order for the resident to choose an equal nutritive value food.</p> <p>2. All interviewable residents have their food preferences and dislikes identified and updated quarterly per the care plan schedule. Residents and/or family members are also interviewed by the dietary manager during the admission process. This information is updated for all residents in the tray card system and in the medical record by the dietary manager. Residents who request substitutes will be informed of the daily meal substitute, which is equivalent in nutritive value. The SRNAs and nurses were educated on April 7, 2010 regarding nurse communication of substitutes. The dietary staff was inserviced on April 5, 2010 regarding substitutes.</p> <p>3. The residents' likes and dislikes are forwarded to the tray card system as changes or requests occur. Daily substitutes are posted at the nurse's station to alert nursing staff to inform residents who may request a choice or a different food, item.</p> <p>4. Resident likes/preferences are obtained upon admission and are updated quarterly as part of the quality assurance process. Changes are reflected on the residents' tray cards. See attached CQI forms.</p> <p>5. Date of Compliance: April 5, 2010.</p>		

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F 366	Continued From page 3 documentation of the reassessment of likes and dislikes for resident #12. The DM stated the dietary aide failed to read all the dislikes for resident #12 at the noon meal on March 16, 2010. The DM stated the DM monitored the tray line on a daily basis.	F 366			
F 431 SS=D	<b>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</b>  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can	F 431	<b>F431</b>  It is and was on the day of the survey the policy of Middlesboro Nursing and Rehabilitation Facility to have all drugs and biologicals labeled in accordance with currently accepted professional principles.  <b>1.</b> Date of Compliance April 7, 2010. <b>2.</b> The bottles of liquid medication for residents #19, #20, #21 and #22 have been discarded. The liquid medication in use is properly labeled, including date opened. <b>3.</b> The medication rooms and carts have been audited to ensure that liquid medications are properly labeled. Liquid medications in use reflect the date opened. <b>4.</b> The licensed staff members have been educated regarding the practice of dating liquid medication when opened. The most recent inservice dates were March 25, 2010 and April 7, 2010. <b>5.</b> The medication rooms and medication carts are audited weekly to ensure medications are labeled and stored according to currently accepted professional practices. See attached audit form.		

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F 431	Continued From page 4 be readily detected.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to label all drugs and biologicals in accordance with currently accepted professional principles. Four (4) bottles of liquid medications were observed to have previously been opened; however, the labels on these bottles did not contain the date when the bottles had been opened.  The findings include:  Observation of the facility's medication rooms and medication carts on March 17, 2010, from 10:00 a.m. to 11:00 a.m., revealed the Northwest wing medication cart contained four bottles of liquid medications that had been opened. However, the bottles were not dated as to when the bottles had been initially opened. Observation revealed a liquid multi-vitamin for resident #19 was dispensed from the pharmacy on March 12, 2010; a liquid iron supplement was dispensed for resident #20 on March 8, 2010; a liquid cough suppressant was dispensed for resident #21 on March 10, 2010; and an antacid was dispensed for resident #22 on November 25, 2009. The labels on the bottles of liquid medications for residents #19, #20, #21, and #22 did not contain the dates the bottles had been opened.  Interview conducted on March 17, 2010, at 10:45 a.m., with LPN #1 revealed the facility's policy directed staff that all liquid medications were required to be dated when opened for use.	F 431			

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F 431	Continued From page 5  Interview conducted on March 17, 2010, at 11:00 a.m., with RN #1 revealed all liquids should be dated when first opened.  Interview on March 17, 2010, at 2:30 p.m., with the Director of Nursing (DON) revealed the facility did not have a policy regarding the labeling of liquid medications. The DON stated recent in-services directed staff of the need to label all liquid medications to ensure accurate dosage to residents.  Review of the in-services dated February 9, 2010 and February 26, 2010, revealed staff was instructed to date all liquid medications when opened.	F 431			
F 465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON  The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide effective housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  The findings include:  Observation of the facility during the environmental tour on March 15, 2010 and March 16, 2010, revealed the following items were in need of repair:	F 465	F465 It is and was on the day of the survey the policy of Middlesboro Nursing and Rehabilitation Facility to provide a safe, functional, sanitary and comfortable environment.  1. The bedside chair has been removed and replaced in room 113. The towel bar has been repaired in room 118. The sink has been replaced in room 135. The chipped Formica in room 122 is being custom made. The bedside table in room 110 has been removed and replaced. The over bed lights in rooms 102, 103, 112, 113, 115, 119, 132, 135, 140, 143 and 151 have been cleaned.  2. A survey of all resident rooms by the housekeeping and maintenance supervisors was conducted on 3/18/2010 to check for items that need to be repaired, replaced or cleaned.		

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F 465	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-the bedside chair in resident room 113 had torn edges on the seat of the chair,</li> <li>-the towel bar in the bathroom of resident room 118 was loose,</li> <li>-rust was observed at the drain in the sink of resident room 135,</li> <li>-chipped formica was observed at the sink in the bathroom of resident room 122,</li> <li>-the bedside table in resident room 110 revealed chipped rough edges,</li> <li>-an accumulation of dust was observed on the resident's overbed lights in rooms 102, 103, 112, 113, 115, 119, 132, 135, 140, 143, and 151.</li> </ul> <p>Interview on March 17, 2010, at 2:10 p.m., with the Maintenance Supervisor (MS) revealed the MS made rounds in the facility every day and checked resident rooms at random for items that were in need of repair. The MS stated the items identified had been missed. The MS stated any rough edges on the items a resident would come in contact with could cause skin tears or injury to the residents.</p> <p>Interview on March 17, 2010, at 2:20 p.m., with the Housekeeping Supervisor (HS) revealed the lights over the residents' beds should be cleaned at least one time a week. The HS stated the resident rooms are deep cleaned at least three times a year and the HS would frequently schedule the deep cleaning when a resident required a hospital stay. The HS stated the HS monitors the housekeeping staff but had failed to notice the dust accumulation on the resident overbed lights.</p>	F 465	<ol style="list-style-type: none"> <li>3. Housekeeping and Maintenance rounds are completed monthly to create a "to do list" of items to be repaired, replaced or discarded for both maintenance staff and housekeeping staff. In, addition, maintenance repair requisition forms are available at each nurse's station for staff to report items in need of repair. The housekeeping staff was educated regarding proper cleaning procedures on April 8, 2010.</li> <li>4. Items needing cleaning, repairing, or replacement in resident rooms is monitored as part of the quality assurance process. See attached CQI forms.</li> <li>5. Date of Compliance: April 8, 2010.</li> </ol>		

Licensed Staff/CMT Agenda  
March 25<sup>th</sup>, 2010

I have been educated regarding the following topics and will comply with the requirements.

- 1) Medication Room Compliance
  - Dating liquid medication when opened.
- 2) MD visits/Nurse documentation
- 3) Diabetic medication administration
- 4) Noise level management
- 5) Meal service/Snack pass
- 6) Hydration follow-up

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Signature

Licensed Staff/CMT Agenda  
Wednesday, April 07, 2010  
1:30 pm

1. Medication Room/Cart Compliance
  - Labeling and dating of medication
2. Reporting items needing repair
3. Management of medical equipment and wall outlets
4. Patch Management
  - Application
  - Removal
5. Meal Service
  - Nutritional equivalents for substitutions
  - Use of tray card for reporting resident preferences/dislikes
  - Substitute-Posting system at nurses stations
  - Use of nourishment centers and dayrooms for condiments and milks
6. Procedure for Narcotic Counts
7. Medicare Documentation 7-3 and 3-11
8. Responsible Party Notification – Incident Reports
9. Nurse management of staff assignments
10. Skin Assessments
11. Post fall investigation tool
12. Miscellaneous Topics
  - Visitors in the outside break area
  - Professionalism
  - Licensed Staff-Inservice attendance and nurse responsibility for emergency management
  - Gait belt audits
  - Management of spills, meal areas in the evenings

# FORM 5a: MEDICATION ROOM/NURSING STATION INSPECTION REPORT

Med Care Pharmacy  
 "Large enough to Serve, Small enough to CARE"

Nursing Station  
 Inspection Report

Facility: \_\_\_\_\_

Nursing Station: \_\_\_\_\_

Date: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

Met	Not Met	Criteria	Met	Not Met	Criteria
<b>GENERAL OBSERVATION</b>			<b>REFRIGERATOR</b>		
		1. Drug References available and current			26. Clean /Defrosted and no food present
		2. Absence of drug samples			27. Temperature is between 36-46°F
		3. Products properly labeled			28. Drugs are properly labeled
		4. Medication room locked			29. Multi-dose vials are dated/initialed when opened
		5. Pharmacy phone number available			30. Expired & discontinued drugs are removed
		6. Lighting/ventilation/cleanliness			31. Medication refrigerator in a locked med room or medication refrigerator is locked.
		7. Pharmacy ordering procedure adequate			32. Refrigerated controls are under double lock and key
		8a. Med Room appearance good (floor, sink, counter, etc.)			
		8b. Med Room temp ≤77 degrees			
		8c. Tube feeding storage areas temp <77 degrees			
		8d. IV Fluid Storage area temp <77 degrees			
<b>MEDICATION CARTS</b>					
		9. Carts are locked when not in use			33. Expiration date OK on refrigerated controlled drugs
		10. Drawers are neat, clean, and orderly			34. Refrigerator temperature log current
		11. D/C'ed meds are removed & stored properly	<b>EMERGENCY BOX</b>		
		12. Expired meds are removed & stored properly			35. Properly sealed
		13. Multi-dose vials are labeled properly			36. Locked when not in use/stored properly
		14. Multi-dose vials are dated when opened			37. All medications are accounted for
		15. Drawers are labeled properly			38. Medications have good exp. dates
		16. Inhalers/Eye Drops/Nasal Products/patches/nebulizers separated			38. Content of E Box list posted
		17. Internal/External medications are separated	<b>OTHER</b>		
<b>CONTROLLED DRUGS</b>					39. Pill Crusher available and clean
		18. Controlled drugs are locked when not in use			40. Adjunctive foods covered & dated
		19. Keys are with appropriate personnel			41. Ordering procedure followed
		20. Inventory is counted & signed every shift			42. Receiving medications procedure followed
		21. Inventory records balance			43. Discontinued medication stored properly
		22. Master Control Log being utilized			44. Syringes and needles disposed of properly (not recapped)
		23. D/C'ed meds are handled properly			45. Irrigation solution dated when opened/discarded 24 hours after opened
		24. Narcotics house stock are accounted for			46. Blood glucose monitoring QA being completed
		25. All narcotic emergency stock with good expiration dates			47. CLIA waiver available
					48. Policy and procedure available
					49. Policy and procedure followed
					50. MSDS sheets available

Recommendations/Comments:

\_\_\_\_\_

\_\_\_\_\_

# Housekeeping Meeting

## Agenda

Thursday April 8, 2010

### Routine:

- Daily-Task
- Expectations of each housekeeper, job performance
- Surfaces to be wiped
- Clutter- to manage/report
- Overhead lights protocol

Report: Notebook record-report to supervisor at the end of the day, keep notebook in housekeeping cart

- Torn furniture
- Rusty items, sinks, toilets, etc
- Broken items
- Pt c/o- Comments about issues, discuss examples
- Lost items/Broken items/repairs needed
- 

Medical equipment: not plugged in properly to outlets in wall

- power strips-proper use
- t.v.
- fan
- lamps
- 

Repair request: Keep work requests on carts

### Deep cleaning

### Tops of heaters cleaned

- underneath heaters-cob webs

## **Breaking down cart-Time management effective**

- before clocking out at 3
- Break time
  - when to break down cart prior to break

## **Cubicles Dirty-monitor**

## **No Drinks on HK carts-Rule**

### **Risk:**

- Unlocked cart-risk poised to residents!
- Chemicals on top of carts-risk to residents!
- Put them away-Lock cart! Always!

## **Report-Listen to nurses in AM re: new admits**

## **Corners/Cob webs/Look up!**

## **What to do before you walk out of a room**

## **Spring Schedule**

## **Doing windows**

## **Other discuss**

## **Light bulbs**

## **Dirty bed pans/urinals**

## **Other Issues**

- **Discussion:**

**Infection Control – Resident Rooms  
Housekeeping Review**

**Frequency: Monthly**

**Directions:** Members of the quality action team will review resident rooms for the following infection control related issues. Answer “YES” or “NO” to the following questions. A “NO” answer to any question may indicate a problem.

	Room #	Comments					
1. Soiled incontinence pads left in garbage can?							
2. Wheelchairs/Gerichairs are clean?							
3. Bed pans are clean, labeled and properly stored?							
4. Waste baskets are clean under plastic lining?							
5. Are over-bed lights clean and free of dust?							
6. Soap dispenser is full and without dried soap, if appropriate?							
7. Paper towel holders have towels?							
8. Hand sanitizer dispensers are stocked and are in working order?							
9. There are no dirty linens in the room?							
10. Mirrors are clean and free of spots?							
11. Cleaning supplies are either being used or stored. (Not on top of carts)							

Room QA Checks

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Room Checked: \_\_\_\_\_

	Comments		Comments
<b>Room</b>		<b>Night Stand/Table</b>	
Doors		- Stain	
Floors		- Pulls	
<b>Window</b>		<b>Bathroom</b>	
- Blinds		- Toilet Seat	
- Seals		- Toilet Seal	
- Cranks		- Wall/paint	
- Screens		- Plumbing	
<b>Walls</b>		- Sink	
- Painting		- Tile	
- Scratches		- Door	
- Scruffs		- Grab bars/Rails	
- Wallpaper		- Call light	
<b>Ceiling</b>		- Caulking	
- Paint		- Equipment Soiled	
- Condition			
<b>Baseboards</b>			
- Clean			
- Dirty			
<b>Call Lights</b>			
<b>Bed</b>			
- Frame			
- Wheels			
- Side Rails			
- Mattress			
- Frame Spacing			
<b>Electrical</b>			
- Cords			
- Sockets			
- O2 Cords			
<b>Divider Curtains</b>			
- Clean			
- Hooked			
- Tracks and Rods			
<b>Heat/Smoke Detectors</b>			
<b>Heat/AC Units</b>			
- Filters Clean/Dirty			
- Working Properly			
<b>Lights</b>			
- Dusty			
- Cords			
- Bulbs			
- Emergency Light			

## Dietary In-Service

April 5, 2010

### AGENDA

- Review of Survey Deficiencies and Plan of Corrections
- Resident's dislikes honored
  - A list of dislikes provided by weeks and a master list is also provided.
- Substitutions nutritionally equal to scheduled menu
- Interruptions – creating your own interruptions by:
  - Not following tray card
  - Not stocking dining room cart with condiments and paper supplies
  - Not following list that is provided and posted for dining room cart.
- Resident preferences and diet orders followed i.e. yogurt, puddings, beverages, magic cups, adaptive equipment. These are very important to follow due to doctor orders.
- Red Dot Monitoring Policy
- Diabetic snacks are to be on a tray wrapped with saran wrap and labeled Diabetic Snacks. The following is a list from Registered Dietician of “good” diabetic snacks:
  - Sugar Free Pudding
  - Low Fat Graham Crackers
  - Sugar Free Angel Food Cake
  - Peanut Butter Sandwiches
  - Fruit
- Instant Tea for calls in the evening for residents who would like tea
- Scrambled Egg sandwiches calls at 7:30 pm resident request be fulfilled.
- Dish room air. Check for :
  - All fans on
  - Portable A/C protocol
  - Is the vent turned on in dish room?
  - Leave on fans respect and be courtesy to co-workers
- Review of Dietician Report that was completed on 3/31/10
  - Food borne illness risk factors/sanitation audit – 96%
    - Containers on shelves on bottom in dry storage “dirty” on top
    - Refrigerator sandwich not labeled dated lid slightly off of container
    - Opened employee beverage in refrigerator

Corrections:

- Containers are to be wiped off each time you use also when cleaning equipment etc you are to check dry storage are and wipe off containers.
- All food is to be labeled with date/item. Assure that all lids are closed tightly before storing product.
- NO EMPLOYEE BEVERAGES any where in kitchen. You may keep in your locker or employee breakroom refrigerator that is provided for you.
- Meal Service Audit / Food Distribution
  - Resident received corn nuggets diet order no hard crunchy foods
  - Test tray received  $\frac{3}{4}$  of pear  $\frac{1}{2}$  when dessert was to be blueberry cheesecake.

Quality Indicator:

**Tray Accuracy**

**D-1**

Directions: If Monthly Dietary Inspection is less than 95% this is to be done monthly.  
Place check in the YES Column for each item of criteria met.  
Place an "N" for each item not met. Record necessary comments.

<b>Criteria/Question</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Do all employees read and understand English?			
2. Are tray cards easy to read?			
3. Are all employees given hands on training for reading tray cards?			
4. Are systems in place to identify lost or missing tray cards before meal service?			
5. Is trayline in place?			
6. Is trayline set up efficiently?			
7. Are systems in place to prevent interruptions of trayline?			
8. Are systems in place to prevent distractions during meal service such as loud music, talking, etc?			

Signature of Assessor: \_\_\_\_\_ Date: \_\_\_\_\_



## Supplemental Assessment Information Dietary

S40	<b>DIET CATEGORY</b>	<b>TYPE OF DIET</b>				
<b>Diet category:</b> 1. General 2. Therapeutic		<b>Type of diet</b> (check all that apply):				
		1. General	7. Blend	13. 2200 cal		
		2. No added salt (4 g Na)	8. Renal	14. Tube feeding		
		3. No concentrated sweets	9. 1200 cal	15. NPO		
		4. No salt packet	10. 1500 cal			
		5. 2 g Na	11. 1800 cal			
		6. Low fat/cholesterol	12. 2000 cal	90. Other _____		
<b>CONSISTENCY</b>		<b>TRAY CODE</b>		<b>ASSISTIVE DEVICES</b>		
<b>Consistency</b> (check all that apply):		<b>Tray code</b> (check all that apply):		<b>Assistive devices</b> (check all that apply):		
1. Regular		1. Low sodium		1. Plate guard	6. Elongated utensils	
2. Mechanically altered (ground)		2. Diabetic/low cal		2. Hiwall plate	7. Special cup/glass	
3. Mechanically altered (puree)		3. Bland		3. Built-up handle	8. Straws	
90. Other _____		4. Special		4. Swivel spoon/fork	90. Other _____	
				5. Weighted utensils	97. None of above	
<b>PORTION SIZE</b>		<b>SNACKS</b>		<b>SUPPLEMENTS</b>		
<b>Portion code:</b>	<b>Meal:</b>	<b>Morning:</b>		<b>Supplemental code:</b>	<b>Specify product provided</b>	
1. Standard	Breakfast _____			1. Commercial	Morning: _____	
2. Large	Lunch _____	<b>Afternoon:</b>		2. High calorie	Afternoon: _____	
3. Small	Dinner _____	<b>Evening:</b>		3. High protein	Evening: _____	
4. Tube feed - TPN				4. Fortified pudding		
				5. Fortified shake		
				6. House supplement		
				7. Other _____		
				8. None		
<b>FOOD ALLERGIES</b>						
<b>Food allergies?</b>		<b>List food allergies</b> (more than one answer applicable)				
1. Yes		_____				
2. No		_____				
3. Information unavailable		_____				
<b>LIKES</b>						
<b>Breakfast:</b>		<b>Lunch:</b>		<b>Dinner:</b>		
<input type="checkbox"/> No preference stated		<input type="checkbox"/> No preference stated		<input type="checkbox"/> No preference stated		
<b>DISLIKES</b>						
<b>Breakfast:</b>		<b>Lunch:</b>		<b>Dinner:</b>		
<input type="checkbox"/> No preference stated		<input type="checkbox"/> No preference stated		<input type="checkbox"/> No preference stated		
<b>BEVERAGES</b>						
<b>Breakfast:</b>		<b>Lunch:</b>		<b>Dinner:</b>		
<input type="checkbox"/> No preference stated		<input type="checkbox"/> No preference stated		<input type="checkbox"/> No preference stated		
<b>BREAKFAST LOCATION</b>						
<b>Location:</b>	10. Resident's room	15. Dining room #5	20. Dining room #10	<b>Table #</b>	<b>Cart #</b>	
	11. Dining room #1	16. Dining room #6	21. Restorative dining			
	12. Dining room #2	17. Dining room #7	22. Restorative feeding			
	13. Dining room #3	18. Dining room #8	90. Other location _____			
	14. Dining room #4	19. Dining room #9				
<b>LUNCH LOCATION</b>						
<b>Location:</b>	10. Resident's room	15. Dining room #5	20. Dining room #10	<b>Table #</b>	<b>Cart #</b>	
	11. Dining room #1	16. Dining room #6	21. Restorative dining			
	12. Dining room #2	17. Dining room #7	22. Restorative feeding			
	13. Dining room #3	18. Dining room #8	90. Other location _____			
	14. Dining room #4	19. Dining room #9				
<b>DINNER LOCATION</b>						
<b>Location:</b>	10. Resident's room	15. Dining room #5	20. Dining room #10	<b>Table #</b>	<b>Cart #</b>	
	11. Dining room #1	16. Dining room #6	21. Restorative dining			
	12. Dining room #2	17. Dining room #7	22. Restorative feeding			
	13. Dining room #3	18. Dining room #8	90. Other location _____			
	14. Dining room #4	19. Dining room #9				

**DIETARY**

Resident Name: \_\_\_\_\_

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

PRINTED: 03/31/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185240	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  03/16/2010
NAME OF PROVIDER OR SUPPLIER  MIDDLESBORO HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 235 NEW WILSON LANE, PO BOX 2640 MIDDLESBORO, KY 40265	
(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
K 000	INITIAL COMMENTS  A life safety code survey was initiated and concluded on March 16, 2010, for compliance with Title 42, Code of Federal Regulations, 483.70 and found the facility not in compliance with NFPA 101 Life Safety Code, 2000 Edition.  Deficiencies were cited with the highest deficiency identified at a "D" level.	K 000	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>APR 8 2010</p> <p>Division of Health Care Southern Enforcement Branch</p> </div>	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that electrical power strips were being used in an approved manner.  The findings include:  During the Life Safety Code tour on March 17, 2010, at 10:40 a.m., with the Director of Maintenance, a suction pump, feeding pump, and inflatable mattress were noted to be in use and plugged into a multi-outlet adapter (power strip) in double resident room 102. There were three receptacles available per resident bed area. Generally, power strips with surge protection may be used for resident TV's, computers, radios, etc., on an as-needed basis but not to be used with medical equipment to help prevent against electrical shock. The Director of Maintenance stated when there are two residents in a room that requires multiple medical equipment there are	K 147		K147 Life Safety  It is and was on the day of the survey the policy of Middlesboro Nursing and Rehabilitation Facility to ensure electrical power strips were being used in an approved manner.  1. The residents residing room in room 102 have 3 outlets each with the use of a power strip for medical equipment. All medical equipment is plugged directly into an electrical outlet. 2. A survey of all resident rooms was conducted on 4/05/2010 to ensure that all medical equipment used by residents is plugged directly into a wall outlet and not into a power strip. All medical equipment is plugged directly into a wall outlet to lessen the risk of electrical shock to the residents. 3. A survey of all resident rooms is scheduled monthly and rooms are assessed for the availability of wall outlets to accommodate the medical equipment used by the resident. In the event the number

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator (X5) DATE: 4/8/10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/16/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIDDLESBORO HEALTH CARE FACILITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>235 NEW WILSON LANE, PO BOX 2640 MIDDLESBORO, KY 40965</b>		
(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	
K 147	Continued From page 1 not enough receptacles available for the medical equipment without the use of the power strip. The Director of Maintenance was not aware medical equipment was not supposed to be used with power strips. During the survey, resident room 103 was also noted to be using medical equipment with a power strip.  Reference: NFPA 99 (1999 Edition).  3-3.2.1.2 D 2. Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 147	4. of machines used by the resident is in excess to the number of available wall outlets, arrangements are made to provide additional outlets in the room or to relocate the resident to a room with enough wall outlets. 5. A CQI checklist is completed monthly, to audit the compliance of the use of wall outlets only and not power strips for medical equipment/machines. See attached forms. 6. Date of Compliance: April 5, 2010.		