

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

PRINTED: 11/14/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185211	(X2) MULTIPLE CONSTRUCTION A. BUILDING 17 2014  B. WING	(X3) DATE SURVEY COMPLETED  10/30/2014
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NAME OF PROVIDER OR SUPPLIER  MCCREARY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 58 CAL HILL ROAD PINE KNOT, KY 42636
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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
F 000	INITIAL COMMENTS	F 000		
F 364 SS=D	<p>A standard health survey was conducted on 10/28-30/14. Deficient practice was identified with the highest scope and severity at "D" level.</p> <p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>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 food served to residents was palatable and at the proper temperature for two (2) of seventeen (17) food trays delivered to C-Hall.</p> <p>The findings include:</p> <p>A review of the facility's policy titled "Meal Service," dated 2006, revealed trays were to be delivered to the appropriate locations within ten minutes in order to maintain proper food temperatures.</p> <p>Observation of the evening meal on 10/28/14 revealed an enclosed food cart containing 17 trays was delivered to C-Hall at 5:20 PM. At 5:45 PM there were two trays left on the food cart which were intercooled and food temperatures were obtained with facility staff. The nectar-thickened milk was 56 degrees</p>	F 364	<p>No residents were identified as being adversely affected by deficient practice.</p> <p>All residents who received milk on 10/28/14 had the potential to have been affected by the deficient practice.</p> <p>Through review of nursing 24 Hour Report by D.O.N from 10/28/14 thru 10/31/14 showed no resident to be affected by deficient practice.</p> <p>All nursing staff was in serviced on the correct procedure for delivering trays including the time allowed for meal trays to be on cart after delivery to hall.</p> <p>Administrators or designee will audit random meal tray pass including temperatures 3X a week for 30 days then 1X week for 3 months with the results being reported to the QA Committee</p>	11/25/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11/17/14
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

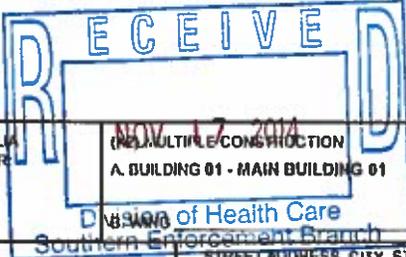
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  10/30/2014
NAME OF PROVIDER OR SUPPLIER  MCCREARY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 68 CAL HILL ROAD PINE KNOT, KY 42635		
(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)	(X4) COMPLETION DATE	
F 364	<p>Continued From page 1</p> <p>Fahrenheit; the pureed oriental vegetables were 107 degrees Fahrenheit; the pureed rice was 122 degrees Fahrenheit; and the sweet and sour chicken was 109 degrees Fahrenheit. The rice was warm to taste; however the oriental vegetables and sweet and sour chicken were cool to taste.</p> <p>Interview with Certified Nurse Aide (CNA) #1 on 10/28/14 at 5:50 PM, revealed trays need to be delivered within 10 to 15 minutes after the food cart is brought out of the kitchen. If trays are out longer than 15 minutes the trays should go back to the kitchen and new trays should be prepared for the remaining residents.</p> <p>Interview with the Dietary Manager on 10/28/14 at 5:55 PM revealed that C-Hall was operating with one less CNA to assist in passing out the food trays on this date.</p> <p>Interview by phone on 10/30/14 with the Registered Dietitian at 4:37 PM, revealed trays need to be passed out within 30 minutes; audits were done quarterly and no issues of concern had been identified.</p> <p>Interview with the Director of Nursing (DON) on 10/30/14 at 11:00 AM, revealed the facility did not have a nursing policy addressing the delivery of meal trays.</p>	F 364			

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NAME OF PROVIDER OR SUPPLIER  MCCREARY HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 58 CAL HILL ROAD PINE KNOT, KY 42635
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K 000	INITIAL COMMENTS  CFR: 42 CFR §483.70 (a)  BUILDING: 01  PLAN APPROVAL: 1988  SURVEY UNDER: 2000 Existing  FACILITY TYPE: SNF/NF  TYPE OF STRUCTURE: One story, Type V (111)  SMOKE COMPARTMENTS: 3  COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM  FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)  EMERGENCY POWER: Type II diesel generator  A life safety code survey was initiated and concluded on 10/30/14. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not to be in substantial compliance with the Requirements for Participation for Medicare and Medicaid.	K 000	No residents were found to be adversely affected.  15 residents had the potential to be affected. A new double bulb light fixture has been ordered and will be installed upon delivery.  Administrator or designee will complete walking rounds 1X week for 90 days to ensure lighting is working.  There after random walking rounds will be completed to ensure compliance with results being reported to QA Committee	11/25/14
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in	K 045		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  Administrator	(X6) DATE  11/17/14
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NAME OF PROVIDER OR SUPPLIER  MCCREARY HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 68 CAL HILL ROAD PINE KNOT, KY 42635	
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K 045	<p>Continued From page 1</p> <p>darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain exterior exit lighting according to National Fire Protection Agency (NFPA) standards. This deficient practice affected one (1) of three (3) smoke compartments, staff, and approximately fifteen (15) residents. The facility has the capacity for 60 beds with a census of 60 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code survey on 10/30/14, at 9:45 AM, observation with the Director of Maintenance (DOM) revealed an exterior exit located near the Therapy department with a single bulb light fixture. At least double bulb fixtures are required at exits to help ensure the area outside is not left in total darkness in case one bulb burns out. This type of light is also required to be connected to the emergency generator.</p> <p>An interview with the DOM on 10/30/14 at 9:45AM revealed there was no other emergency lighting in the vicinity of this exit. The DOM stated he was not aware of the lighting requirement.</p> <p>The findings were revealed to the Administrator upon exit.</p>	K 045		