

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/11/2012
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NAME OF PROVIDER OR SUPPLIER  ST CHARLES CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 800 FARRELL DRIVE COVINGTON, KY 41011
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F 000	INITIAL COMMENTS	F 000		
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must 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>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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>	F 441	<p>St. Charles recognizes that an Infection Control Program must be established and maintained designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <div data-bbox="1037 1139 1372 1346" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED MAY 29 2012 BY: _____</p> </div>	6/15/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Dr. Tracy Lynn Bender, MD</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>5/25/2012</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1</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 review of the facility's policy, it was determined the facility failed 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. This was evidenced by the failure of staff to follow their facility's infection control processes related to the performance of skin assessments and urinary catheter care for two (2) of ten (10) sampled residents (Residents #4 and #6). Observation of a skin assessment, on 05/09/12 at 3:35 PM, for Resident #6 revealed staff failed to perform hand hygiene after assessing the peri-annal area during the assessment. Observation of peri-care and urinary catheter care for Resident #4, on 05/10/12 at 1:50 PM, revealed staff failed to follow the facility's procedure related to washing hands and then donning gloves prior to urinary catheter care. In addition, tour observation revealed two (2) distilled water jugs, used for oxygen concentrator humidifiers, in resident rooms (213 and 220) on the floor and beyond the facility's thirty (30)-day change out date once opened.</p> <p>The findings include:</p>	F 441	<p>The Director of Nursing will lead an Infection Control in-service addressing proper handwashing, which will include the procedure for changing gloves and washing hands after using gloves. This in-service will be mandatory for all nursing personnel. All newly hired nursing personnel will be educated to proper handwashing/infection control procedures by the DON at the time of their initial orientation.</p> <p>At this in-service, nursing personnel will be given copies of St. Charles' procedure on handwashing(see attached) and Infection Control pamphlet (see attached). In addition, a one-on-one handwashing and glove demonstration will be required to confirm an understanding of proper procedure and technique.</p> <p>The Nursing Supervisor will implement weekly handwashing/glove technique observations of 3 nursing service personnel utilizing handwashing/glove technique log (see attached) and follow-up as necessary.</p> <p>A report will be presented quarterly by the Director of Nursing to the Quality Management Committee for twelve (12) months to ensure compliance.</p>	

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NAME OF PROVIDER OR SUPPLIER  ST CHARLES CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 FARRELL DRIVE COVINGTON, KY 41011	
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F 441	Continued From page 2  Review of the facility's policy entitled, "Handwashing Procedures", effective date 02/2009, revealed since hand washing was the single most effective way to reduce the spread of infection, it was to be carried out correctly. Under section # 9 the policy stated employees were to wash hands after removing gloves.  Interview with the Director of Nursing (DON)/Infection Control Nurse (ICN), on 05/11/12 at 12:15 PM, revealed the expectation when skin assessments were performed was, after staff touched any areas considered dirty, such as the peri-anal area, they were to remove gloves and wash hands prior to touching any other parts of the resident, or clothing or linens.  1. Observation, on 05/09/12 at 3:35 PM, revealed Licensed Practical Nurse (LPN) #1 performed a skin assessment for Resident # 6 using improper hand hygiene. The nurse performed a skin assessment of the peri-anal area (considered a dirty area) and then continued on with her skin assessment without washing hands and donning clean gloves. Prior to examining the residents lower extremities the nurse changed gloves after examining the peri-vaginal area, but did not perform hand hygiene until the skin assessment was completed.  Interview, on 05/09/12 at 3:50 PM with LPN #1, revealed she should have changed gloves after assessing the peri-anal area before continuing on with more of the skin assessment to the resident's upper trunk area. She stated it was an infection control issue and she was nervous. The	F 441	The jug of distilled water in room # 213 was removed on 5/11/12 and discarded. A new jug of distilled water was marked with the resident's name and date opened and placed in resident's cabinet according to procedure.  The jug of distilled water in room # 220 was removed on 5/11/12 and discarded. A new jug of distilled water was marked with the resident's name and date opened and placed in resident's cabinet according to procedure.  All rooms with resident's utilizing distilled water for Oxygen concentrators were inspected to ensure that distilled water was properly stored and compliant with date procedure (discarded after 30 days of opening).  The changing oxygen supplies procedure was revised by the Director of Nursing to include proper storage and removal of opened jugs (after 30 days) of distilled water (see attached). The Director of Nursing will lead an in-service on 6/6/12 on proper storage and removal of opened jugs (after 30 days) of distilled water in resident's rooms. This in-service will be mandatory for all nursing personnel. At this in-service, nursing personnel will be given a copy of the changing oxygen supplies procedure.	

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F 441	<p>Continued From page 3</p> <p>LPN stated she did not think she needed to wash her hands after removing her gloves prior to donning the new gloves during the assessment.</p> <p>Interview with the Director of Nursing (DON)/Infection Control Nurse (ICN), on 05/11/12 at 12:15 PM, regarding the skin assessments revealed it was not appropriate for staff to have assessed the peri-area and then to had touched another part of the body or the resident's clothing. The concern was the chance of contaminating other parts of the body or clothing with an organism that would cause an infection. They would be expected to remove their gloves and wash hands prior to continuing with the assessment.</p> <p>2. Review of the facility's policy entitled, "Care of Resident With Urinary Catheter", effective date 08/2005, revealed prior to performing urinary catheter care staff was to wash hands and then don gloves.</p> <p>Observation, on 05/10/12 at 1:50 PM, revealed Certified Nursing Assistant (CNA) #2 performed peri-neal care for Resident #4. She cleansed stool from the rectal area with her gloved hands, and then proceeded to reposition the resident and touched the resident's shirt. The CNA then performed care to the urinary catheter using the same gloves.</p> <p>Interview with CNA #2, on 05/10/12 at 2:20 PM, revealed she should have changed her gloves before the catheter care and not touched the residents shirt with her dirty gloves.</p> <p>Interview, on 05/10/12 at 2:30 PM, with LPN #2,</p>	F 441	<p>The Nursing Supervisor will monitor weekly the storage and removal of open jugs (after 30 days) of distilled water using the Storage and Removal distilled water log (see attached). The Director of Nursing will review the logs on a monthly basis. A report will be presented quarterly by the Director of Nursing to the Quality Management Committee for twelve (12) months to ensure compliance</p>		

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F 441	<p>Continued From page 4</p> <p>revealed CNA #2 should have changed gloves and washed hands before she touched the resident's clothing or done catheter care.</p> <p>Interview with the DON/ICN, on 05/11/12 at 12:15 PM, revealed after cleaning up a bowel movement staff was expected to remove their gloves, wash their hands, and then re-glove prior to doing the Foley care. They could expose the resident to infection if they did not wash their hands.</p> <p>3. Observation, on 05/08/12 at 11:25 AM, of room #213 revealed a plastic water jug of distilled water on the floor with a date of 03/14/12 written on the container near the oxygen concentrator which had a humidifier attached. .</p> <p>Observation, on 05/08/12 at 2:45 PM, of room 220 revealed a jug of distilled water on the floor with a date of 04/06/12 written on the container near the oxygen concentrator which had a humidifier attached.</p> <p>Interview with the DON, on 05/08/12 at 11:25 AM, revealed the distilled water was used for the humidifier. The humidifier was changed once a month.</p> <p>Interview with LPN #3, on 05/11/12 at 11:30 AM, revealed the distilled water jugs were good for thirty (30) days after they were opened. The jugs were kept in the resident's room with their name on it. She did not think they were supposed to be kept on the floor because it would be an infection control issue.</p> <p>Further interview with the DON/ICN regarding the</p>	F 441			

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F 441	Continued From page 5 distilled water jugs, on 05/11/12 at 12:15 PM, revealed a date was put on the distilled water once it was opened and it was to be changed out monthly. The water was to be changed out because of possible contamination once it was opened. There could be a chance of exposure to bacteria. The storage of the distilled water jug was in the resident's room, but it was not to be stored on the floor. They should have been stored in the closet. The concern with keeping them on the floor was infection control.	F 441			

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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1980</p> <p>SURVEY UNDER: NFPA 101 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Two (2) stories with a full basement, Type I (332)</p> <p>SMOKE COMPARTMENTS: Eleven (11) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with smoke and heat detectors</p> <p>SPRINKLER SYSTEM: No sprinkler system</p> <p>GENERATOR: Two (2) Type II generators. Fuel source is natural gas for one and diesel for the second, both installed original construction.</p> <p>A standard Life Safety Code survey was conducted on 05/09/12. St. Charles Care Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for fifty (50) beds with a census of twenty-four (24) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dr. Mary Lynn Bender, MD</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/25/2012</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000  K 147 SS=D	<p>Continued From page 1</p> <p>Deficiencies were cited with the highest deficiency identified at "D" level.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the facility had an adequate number of electrical receptacles to meet the needs of residents without the use of extension cords or multiple outlet adapters according to National Fire Protection Association (NFPA). The deficiency had the potential to affect two (2) of eleven (11) smoke compartments, all twenty-four (24) residents, staff and visitors.</p> <p>The findings include:</p> <p>Observation, on 05/09/12 at 12:02 PM, with the Maintenance Director revealed an Intravenous (IV) pump, air mattress, and bed were plugged into a multi plug adapter (power strip) located in resident room # 202. A facility must provide an adequate number of electrical receptacles to meet the needs of residents. Also during the tour, observation at 1:00 PM revealed in room #220 an oxygen concentrator was plugged into a multi plug adapter (power strip).</p> <p>Interview, on 05/09/12, at 12:02 PM, with the Maintenance Director revealed he thought the</p>	K 000  K 147	<p>St. Charles recognizes that electrical wiring and equipment must be in accordance with NFPA70, National Electrical Code.9.1.2.</p> <p>The Intravenous (IV) pump, air mattress and bed in room#202 have been plugged directly into wall electrical receptacles. The oxygen concentrator in room #220 has been plugged directly into wall electrical receptacle.</p> <p>All staff will be educated by the Human Resource Coordinator through the June, 2012 employee newsletter that extension cords and multiple outlet adapters (power strips)</p>	6/15/12

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K 147	<p>Continued From page 2 power strips could be used.</p> <p>Reference: NFPA 99 (1999 Edition).</p> <p>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.</p>	K 147	<p>may not be used to meet the needs of the residents.</p> <p>All newly hired employees will be educated to this procedure at the time of their initial orientation by the Human Resource Coordinator.</p> <p>Residents and visitors will be informed by the social Service Department upon admission and through the Social Service June, 2012 Newsletter that extension cords and multiple outlet adapters (power strips) may not be used to meet the needs of the residents.</p> <p>Environmental rounds of each occupied resident room will be made and documented weekly by the Maintenance Director to monitor that extension cords and multiple outlet adapters (power strips) are not being used to meet the needs of the residents.</p> <p>These weekly rounds will be documented on the extension cord/multiple outlet adapter log (see attached). The extension cord/multiple outlet adapter log will be reviewed quarterly by Administration. A report will be presented quarterly by the Maintenance Director to the Quality Management committee for twelve (12) months to ensure compliance.</p>	