

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

PRINTED: 12/20/2010
FORM APPROVED
OMB NO. 0938-0391



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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185272 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/10/2010 |
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| NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF PADUCAH | STREET ADDRESS, CITY, STATE, ZIP CODE 867 MCGUIRE AVE. PADUCAH, KY 42001 |
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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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| F 000 | INITIAL COMMENTS | F 000 | The submission of the Plan of Correction does not constitute an admission by the provider or any fact or conclusion set forth in the Statement of Deficiencies. This Plan of Correction is being submitted because it is required by law. | |
| F 203 SS=D | <p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or</p> | F 203 | <p>Resident # 18 was discharged on May 18, 2010 and is no longer a resident at this facility.</p> <p>Audit was conducted by the Social Services Designee on December 27, 2010 to identify any resident scheduled for discharge within the next 60 days to ensure proper notice of transfer and discharge is given. All residents discharged in past 30 days were reviewed by Nursing Home Administrator on December 28, 2010 to ensure notice of transfer and discharge was provided. Department Heads and Licensed nurses reeducation to be completed on December 30, 2010 by Education and Training Director regarding requirement to provide notice of transfer or discharge. Any licensed nurse or department head that has not been in-serviced by January 7, 2011 will not be permitted to work until they have received training on the requirement to provide notice of transfer or discharge.</p> <p>Social Services designee will review all discharges for the next 90 days to ensure proper notice of transfer or discharge was given prior to discharge. Audits will be forwarded to</p> | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Marilyn Doga</i> | TITLE Administrator | (X6) DATE 12/30/10 |
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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 203 | <p>Continued From page 1</p> <p>discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, it was determined the facility failed to provide a written notice of discharge for one resident (#18), in the selected sample of 20, which included the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident was transferred or discharged; a statement that the resident has the right to appeal the action to the State and the name, address and telephone number of the State long term care ombudsman. Findings include:</p> <p>A record review revealed Resident #18 was admitted to the facility, on 01/15/10, with diagnoses to include Anxiety with Psychosis and Dementia.</p> | F 203 | the QA committee for review and further recommendations. | 1/8/2011 |

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| F 203 | <p>Continued From page 2</p> <p>A review of the Social Services Notes, dated 04/05/10 and 05/10/10, revealed the facility determined Resident #18 would be discharged to a facility that had a locked Alzheimer's Unit, due to the resident's increased behavior of wandering and confusion.</p> <p>An interview with Resident #18's family, on 12/08/10 at 1:45 PM and 2:10 PM, revealed the facility made the decision to discharge the resident to a facility with an Alzheimer's locked unit. The family questioned the necessity to discharge the resident and was told by the facility Administrator that if the family passed up the bed, the resident might have to be placed in a facility in another state. The family stated they were never given a discharge notice that informed them of their right to appeal the discharge.</p> <p>Further record review revealed no documented evidence of a written discharge notice. An interview with the Administrator and Social Worker, on 12/08/10 at 2:35 PM, revealed a written discharge notice was not given to the daughter because the discharge was planned and the daughter was in agreement.</p> <p>A review of the facility's discharge policy and procedure revealed it did not address the need to issue a written notice of discharge to the resident/family member, when the facility initiated the discharge. The policy and procedure did not address the need to include in the notice of discharge the resident's/family's right to appeal the discharge to the state or the State's long term care Ombudsman name, address and telephone number.</p> | F 203 | | |
| F 315 SS=D | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER | F 315 | | |

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| F 315 | <p>Continued From page 3</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide appropriate care and services related to incontinent care for one resident (#16), in the select sample of 20, to prevent Urinary Tract Infection (UTI). Findings include:</p> <p>A review of the facility policy, "Peri-anal and Incontinent Care", found in Lippincotts Textbook for Nursing Assistants, revealed the anal area should be cleansed after cleansing the vaginal and/or urethral areas to prevent infection.</p> <p>A review of a Urinalysis (U/A) and Culture and Sensitivity (C/S), dated 11/13/10, revealed Resident #16 had E-coll (bacteria) present in the urine, on 10/15/10 and on 11/13/10.</p> <p>An observation during provision of a shower bath for Resident #16, on 12/08/10 at 8:45 AM, revealed CNA #1 used a back and forth motion with a washcloth while cleansing the resident's perineal area.</p> | F 315 | <p>Resident #16 received treatment for UTI on November 16, 2010 CNA # 1 received retraining on peri-care on December 8, 2010 by the Education and Training Director.</p> <p>All Urinalysis results obtained in center in the past 60 days were reviewed by the Director of Nursing and no trends were identified that could be related to improper peri-care. Nursing staff to be re-educated by the Education and Training Director on policy regarding peri-care with competency testing on December 29 & 30, 2010. Any nursing staff that has not been completed training by January 7, 2011 will not be allowed to work until training and competency testing have been completed on facility policy regarding peri-care.</p> <p>Five random peri-care audits will be conducted weekly by the Director of Nursing and the Education and Training Director for six weeks including all shifts to ensure proper technique is used when providing peri-care. All UTIs will be tracked and trended by the Director of Nursing. Audits will be forwarded to the QA committee for review and further recommendations.</p> | 1/8/2011 |
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| F 315 | Continued From page 4 An interview with CNA #1, on 12/08/10 at 9:10 AM, revealed the CNA was aware of the need to use a front to back motion one time with the washcloth and to fold the cloth and use a clean surface to make the next front to back cleansing motion for incontinent care to prevent contamination from the bowel. An interview with the Director of Nursing, on 12/10/10 at 3:15 PM, revealed the facility had trained the CNAs regarding the appropriate techniques for incontinent care to prevent reintroduction of bacteria into the perineal area. An interview with the family member of Resident #16, on 12/10/10 at 3:50 PM, revealed a concern the resident would develop a UTI and confusion as a result of improper incontinent care. The family member revealed an observation of feces in the resident's vaginal area, while assisting staff with a brief change. The family member stated the Assistant Director of Nurses (ADON) was informed of the concern. An interview with the ADON, on 12/10/10 at 4:20 PM, revealed she had assessed the resident after the family concern was received and was unable to determine whether the presence of the feces in the vaginal area was the result of improper incontinent care or an unavoidable situation, due to repositioning the resident to an upright position, after having a bowel movement. | F 315 | | |
| F 371 SS=E | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local | F 371 | | |

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| F 371 | <p>Continued From page 5 authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews, it was determined the facility failed to store, prepare and serve food under sanitary conditions. Observations revealed staff in the kitchen without a hair restraint and food items with expired dates were stored in the Resident Nourishment Center.</p> <p>Findings include:</p> <p>1. Observation, on 12/08/10 at 10:20 AM, revealed 22 cartons of milk and buttermilk with expired dates were stored in the refrigerator in the Resident Nourishment Center. Two containers of yogurt with an expiration date were stored in a plastic container which had a piece of chicken and an unknown substance in the bottom of the container. An interview with a food service employee, at the time of the observation, revealed she assumed nursing staff were responsible for rotation and removal of outdated food items.</p> <p>An interview with the Dietary Manager, on 12/08/10 at 10:30 AM, revealed she thought the housekeeping staff were responsible for removal of outdated food items from the Nourishment Center refrigerator. Review of a "Dining Services Cleaning Schedule", dated November, 2010 revealed the Nourishment Center was scheduled</p> | F 371 | <p>All milk identified with expired dates was thrown away on 12/08/10. The staff member has been reeducated on not entering the kitchen without use of a hair restraint on December 27, 2010 by the DON.</p> <p>An audit of all refrigerators was conducted on December 8, 2010 to ensure no outdated items were present. Any item that was out of date was disposed of. All meals were observed on 12/10/2010 and no staff members were noted to enter kitchen without hair restraint.</p> <p>The resident nourishment center will be checked daily by dietary staff to ensure there are no outdated items. Hair restraints will be made available outside the dining room entrance to the kitchen with a sign posted that hair restraints must be used prior to entering kitchen. All dietary staff were educated by the Nutrition Service Manager on November 17, 2010 that any person entering the kitchen must wear a hair restraint. All Dietary staff have been retrained on checking refrigerator for outdated items by Nutrition Service Manager on December 17, 2010. All other facility staff will be educated on December 29 and 30 by the Education and Training Director regarding not entering the kitchen without a hair restraint. Any employee that has not been trained by January 7, 2011 will not be allowed to work until they have been trained on not entering the kitchen without a hair restraint.</p> | |
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| F 371 | <p>Continued From page 6</p> <p>for cleaning on Fridays, which would have been November 5th, 12th, 19th and 26th. There were no verification initials for the dates.</p> <p>An interview with the Registered Dietician, on 12/09/10 at 11:30 AM, revealed she thought housekeeping was responsible for cleaning the refrigerator.</p> <p>A review of the facility procedure maintaining refrigerators, coolers and freezers, dated 07/04, revealed all outdated food would be disposed.</p> <p>2. An observation, during the tray line service for the evening meal, on 12/09/10 at 5:50 PM, revealed a staff member entered the kitchen and washed his hands at the hand sink and proceeded to stand near the tray line and conversing with dietary staff. The staff member was not wearing a hair restraint.</p> <p>An interview with the Dietary Manager and a Dietary Aide, on 12/09/10 at 6:07 PM, revealed the staff member entered the kitchen area at least one time a week, after visiting residents, and used the hand sink to wash his hands. The Dietary Manager had informed the staff member to use a hair restraint, when entering the kitchen. The staff member had responded by saying, "I'm not in the kitchen, just at the door".</p> <p>An interview with the Administrator, on 12/10/10 at 3:40 PM, revealed staff made her aware of the staff member's occasional visit to the kitchen to use the hand sink, without donning a hair restraint.</p> | F 371 | <p>Audits of nourishment center will be conducted by NSM 3 times per week for 2 weeks and then weekly thereafter. NHA, NSM or RD will conduct inspection of kitchen three times a week for two weeks to ensure all staff in area have appropriate hair restraints. Audits will be forwarded to the QA committee for review and further recommendations</p> | 1/8/2011 | |

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| NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF PADUCAH | | | STREET ADDRESS, CITY, STATE, ZIP CODE 867 MCGUIRE AVE. PADUCAH, KY 42001 | | |
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| K 000 | INITIAL COMMENTS A Life Safety Code survey was initiated and conducted on 12/07/10 to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to be in compliance with NFPA 101 Life Safety Code 2000 Edition. No deficiencies were identified during this survey. | K 000 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | (X6) DATE | |

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