

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

PRINTED: 06/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/05/2014
NAME OF PROVIDER OR SUPPLIER CARMEL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075		
(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 A Complaint Survey investigating KY00021765 was conducted on 06/3/14 through 06/05/14. KY00021765 was unsubstantiated with an unrelated deficiency cited at a Scope and Severity a "D".	F 000	Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state laws.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (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.	F 441	The toothbrushes for residents in rooms 135, 138, 141, 142, 143, 145, 151, 152 and 153 have been labeled and stored in the proper locations in the resident bathrooms. Toothbrushes for all residents in the facility have been labeled. Those brushes unable to be identified for a specific resident were discarded and new ones issued. All resident toothbrushes have been stored in the residents' personal medicine cabinet or designated top drawer of cabinet in the resident's bathroom. A Quality Assurance audit will be completed by the Director of Nursing or Nurse Manager weekly for four weeks, then bi-weekly for eight weeks, then monthly for twelve months and then quarterly thereafter to assure compliance.	6/28/14	

JUN 24 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

State Diane Mack

TITLE

Administrator

(X6) DATE

06/24/14

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	Continued From page 1 (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and review of the facility's policy, it was determined the facility failed to ensure a safe, sanitary environment to help prevent the development and transmission of disease and infection as evidenced by failure to ensure toothbrushes were labeled and stored to prevent the spread of disease and infection for twenty (20) of twenty (20) unsampled residents. The findings include: Review of the facility's policy titled, "Infection Control", undated, revealed the facility's Infection Control Program was ongoing to provide a safe and sanitary environment for all residents. Interview with the Director of Nursing (DON) on 06/05/14 at 4:05 PM, revealed the facility did not have a specific policy and procedure for the care and storage of residents' toothbrushes. Observation during the initial tour of the facility on 06/04/14 at 9:30 AM revealed: in the bathroom of semi-private room 135, an uncovered, unlabeled toothbrush lying on the sink; in the semi-private room 150, an unlabeled toothbrush positioned upside down in an empty disposable water bottle on a window shelf; in the bathroom of semi-private room 152 an unlabeled, uncovered	F 441	All nursing, housekeeping and rehabilitation staff have been in-serviced by the Director of Nursing and Director of Staff Development on 6/18/14, 6/19/14, 6/24/14, and 6/26/14, regarding the proper labeling and storage of residents' personal care items, specifically toothbrushes. The policy and procedure pertaining to resident's personal care items has been revised and updated to reflect proper labeling and storage of resident toothbrushes.	

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F 441 Continued From page 2
toothbrush lying on the bathroom sink; in the bathroom of semi-private room 153 an uncovered, unlabeled toothbrush lying on the bathroom sink; in the bathroom of semi-private room 151 an unlabeled, uncovered toothbrush lying on the sink; in the bathroom of semi-private room 138 an uncovered, unlabeled toothbrush lying on the bathroom sink; in the bathroom of semi-private room 142 three (3) unlabeled, uncovered toothbrushes lying on the bathroom sink; in the bathroom of semi-private room 145 two (2) unlabeled, uncovered toothbrushes lying on the bathroom sink; in the bathroom of semi-private room 143 three (3) uncovered, unlabeled toothbrushes lying on the bathroom sink; and in the bathroom of semi-private room 141 two (2) uncovered, unlabeled toothbrushes lying on the bathroom sink.

F 441

Interview with Certified Nursing Assistant (CNA) #1 on 06/05/14 at 9:30 AM, revealed all residents' toothbrushes were to be stored in drawers in the bathroom. CNA #1 stated all resident personal care items, including toothbrushes were to be labeled the resident's first and last name and the room number.

Interview with CNA #2 on 06/05/14 at 2:55 PM, revealed toothbrushes and toothpaste should be stored in the resident's drawer in the bathroom. CNA #2 stated all toothbrushes were to be labeled with the resident's first initial and last name.

Interview with CNA #3 on 06/05/14 at 3:00 PM, revealed each resident had their own personal care items in their cabinet in their bathroom. CNA #3 stated the toothbrushes were usually stored in a cup or container and labeled with the resident's

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F 441	<p>Continued From page 3 name.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 06/05/14 at 2:45 PM, revealed residents' toothbrushes should be stored in each resident's room. LPN #1 stated the toothbrushes should be labeled with the resident's name and room number, as well as, the denture cups and toothpaste.</p> <p>Interview with Registered Nurse (RN) #1/Nurse Manager on 06/05/14 at 1:15 PM, revealed in semi-private rooms residents' toothbrushes were kept on each resident's side of the bathroom. She stated she would have to check on whether the CNA's labeled the residents' toothbrushes or not.</p> <p>Interview with the Director of Nursing (DON) on 06/05/14 at 4:05 PM, revealed he did check, during his daily and weekly rounds of the residents' rooms, to see if toothbrushes were stored and labeled in the semi-private rooms as they should be. He indicated if the toothbrushes were not stored appropriately it would be an infection control issue.</p>	F 441		

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/05/2014
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RECEIVED
JUN 24 2014

NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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N 000	INITIAL COMMENTS A Complaint Survey investigating KY00021765 was conducted on 06/3/14 through 06/05/14. KY00021765 was unsubstantiated with an unrelated deficiency cited.	N 000	Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state laws.	
N 144	902 KAR 20:300-6(7)(b)2.a. Section 6. Quality of Life (7) Environment. (b) Infection control and communicable diseases. 2. The facility shall establish an infection control program which: a. Investigates, controls and prevents infections in the facility; This requirement is not met as evidenced by: Based on observations, interviews and review of the facility's policy, it was determined the facility failed to ensure a safe, sanitary environment to help prevent the development and transmission of disease and infection as evidenced by failure to ensure toothbrushes were labeled and stored to prevent the spread of disease and infection for twenty (20) of twenty (20) unsampled residents. The findings include: Review of the facility's policy titled, "Infection Control", undated, revealed the facility's Infection Control Program was ongoing to provide a safe and sanitary environment for all residents. Interview with the Director of Nursing (DON) on 06/05/14 at 4:05 PM, revealed the facility did not have a specific policy and procedure for the care and storage of residents' toothbrushes.	N 144	The toothbrushes for residents in rooms 135, 138, 141, 142, 143, 145, 151, 152 and 153 have been labeled and stored in the proper locations in the resident bathrooms. Toothbrushes for all residents in the facility have been labeled. Those brushes unable to be identified for a specific resident were discarded and new ones issued. All resident toothbrushes have been stored in the residents' personal medicine cabinet or designated top drawer of cabinet in the resident's bathroom. A Quality Assurance audit will be completed by the Director of Nursing or Nurse Manager weekly for four weeks, then bi-weekly for eight weeks, then monthly for twelve months and then quarterly thereafter to assure compliance.	6/28/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sandra Marie Mack

TITLE

Administrator

(X6) DATE

06/24/14

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/05/2014
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NAME OF PROVIDER OR SUPPLIER CARMEL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 CARMEL MANOR ROAD FORT THOMAS, KY 41075
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N 144 Continued From page 1

Observation during the initial tour of the facility on 06/04/14 at 9:30 AM revealed: in the bathroom of semi-private room 135, an uncovered, unlabeled toothbrush lying on the sink; in the semi-private room 150, an unlabeled toothbrush positioned upside down in an empty disposable water bottle on a window shelf; in the bathroom of semi-private room 152 an unlabeled, uncovered toothbrush lying on the bathroom sink; in the bathroom of semi-private room 153 an uncovered, unlabeled toothbrush lying on the bathroom sink; In the bathroom of semi-private room 151 an unlabeled, uncovered toothbrush lying on the sink; in the bathroom of semi-private room 138 an uncovered, unlabeled toothbrush lying on the bathroom sink; in the bathroom of semi-private room 142 three (3) unlabeled, uncovered toothbrushes lying on the bathroom sink; in the bathroom of semi-private room 145 two (2) unlabeled, uncovered toothbrushes lying on the bathroom sink; in the bathroom of semi-private room 143 three (3) uncovered, unlabeled toothbrushes lying on the bathroom sink; and in the bathroom of semi-private room 141 two (2) uncovered, unlabeled toothbrushes lying on the bathroom sink.

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N 144

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The policy and procedure pertaining to resident's personal care items has been revised and updated to reflect proper labeling and storage of resident toothbrushes.

Office of Inspector General

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