

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

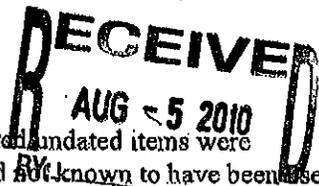
PRINTED: 07/26/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2010
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NAME OF PROVIDER OR SUPPLIER GRANT MANOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 KIMBERLY LANE WILLIAMSTOWN, KY 41097
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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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS A Recertification/Abbreviated Survey was conducted 07/13-15/10, and a Life Safety Code Survey was conducted 07/14/10. Deficiencies were cited, with the highest Scope and Severity of a "F". ARO KY00014496 was unsubstantiated with no deficiencies cited.	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Grant Manor Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F 371</p> <p>1. The outdated undated items were discarded and not known to have been used for residents. Wet and/or dirty dishes were removed, re-washed, and dried prior to use. Staff have been re-educated on the proper procedure for changing gloves and washing hands on 7/13/2010 - 7/27/2010 by the Nutritional Services Director and/or Regional Dietician. The items noted with frost covering were discarded. Freezer inspected by service contractor on 7/20/2010, found to be functional. The freezer enters defrost mode twice daily per normal operation. Freezer temperatures are recorded twice daily per policy.</p> <p>2. All residents had the potential to be affected. A Sanitation Audit was completed on 7/19/2010 by the Nutritional Services</p>	
F 371 SS=F	483.36(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions. During initial tour the three (3) day emergency food supply was noted to be stored with items having expiration dates from 2009. Dishes were noted to be stored wet and or dirty along with clean dishes. Staff was observed not following the proper procedure for changing gloves and washing hands. The freezer was also noted to be at twenty-eight (28) degrees Fahrenheit (F) with condensation dripping from the ceiling. The findings include:	F 371		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* Director to include all identified areas. (X8) DATE 8/5/10

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 60 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 371	<p>Continued From page 1</p> <p>1. Observation on 07/13/10 at 10:50 AM revealed in the dry storage, a section of foods marked as three (3) day emergency supply foods, had several items which were noted to have expiration dates from 2009.</p> <p>One (1) box of Precision Foods/Thick-it Seasoned Chicken puree was noted to be labeled in permanent marker 05/12/09. The box contained cans, the manufacturer had printed no expiration date on the cans or boxes.</p> <p>One (1) box of Precision Foods/Thick-it Sweet Corn puree was noted to be labeled in permanent marker 05/12/09. The box contained cans, none of which had a printed expiration date from the manufacturer.</p> <p>Further observation revealed one (1) box of Juice Base Org., 12/25 ounces, was noted to be labeled in permanent marker 05/07/09. The box was noted to have a printed expiration date from the manufacturer of 07/28/09.</p> <p>Interview, on 07/14/10 at 10:30 AM with the Dietary Manager, who was serving at this facility while the facility's Dietary Manager was on vacation revealed that normally foods from the three (3) day emergency supply were rotated on a six (6) month basis. The Dietary Manager stated in response to inquiry about the policy/method for rotation of emergency food, "I would think that it should be rotated out every six (6) months, that's what we do at my facility." She further indicated she would have the staff go through the emergency stock and dispose of anything without an expiration date or that had been labeled from the year 2009, stating "just don't want to chance it." The Dietary Manager then called the facility</p>	F 371	<p>3. The Nutritional Services Department was re-educated on July 27, 2010, by the Nutritional Services Director. Content of education included proper procedure for washing, drying, and storage of dishware, proper procedure for handwashing and changing gloves, and storage of food items in the freezer. Food items stored in the three (3) day emergency food supply will be checked monthly to ensure items are within expiration date by the Nutritional Services Director. The freezer will be inspected during dietary rounds by the Nutritional Services Director weekly; any ice build up will be removed at that time.</p> <p>4. The Nutritional Services Director and/or Dietician will conduct sanitation rounds three (3) times weekly. The Nutritional Services Director will review trends in the Performance Improvement Committee meeting monthly for three (3) months for discussion and review.</p> <p>5. Date of Compliance: August 5, 2010.</p>		

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F 371	<p>Continued From page 2</p> <p>food vender who stated that the shelf life was typically one (1) to two (2) years. The facility was unable to provide evidence that these items were within the one (1) to (2) year limit given no definite expiration date from the food item manufacturer was established.</p> <p>2. Observation on 07/13/10 at 11:15 AM revealed twelve (12) plate covers which were stored wet along with clean and dry covers.</p> <p>Interview with the Cook on 07/13/10 at 11:16 AM revealed the plate covers should not be stored wet. The Cook stated, "they should be air dried on the rack." Observation revealed the facility had a special rack made for the plate covers that was adequate for air drying.</p> <p>3. Observation on 07/13/10 at 11:18 AM revealed ten (10) resident serving trays were stored wet along with clean and dry trays.</p> <p>Interview with the Cook on 07/13/10 at 11:18 AM revealed the trays should be air dried. The Cook stated, "they should be air dried".</p> <p>4. Observation on 07/13/10 at 11:20 AM revealed five (5) white dinner plates stored wet in the warming unit along with clean and dry plates.</p> <p>Interview with the Cook on 07/13/10 at 11:20 AM revealed the plates should be dry prior to storage. The Cook stated, "they should be air dried".</p> <p>5. Observation on 07/13/10 at 11:22 AM revealed ten (10) white single serve bowls stored wet and dirty along with clean and dry single serve bowls.</p> <p>Interview with Dietary Aide #16 on 07/13/10 at</p>	F 371		

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F 371	<p>Continued From page 3</p> <p>11:22 AM revealed the single serve bowls should not have been stored wet or dirty with the clean bowls. Dietary Aide #16 stated, "they should not be stored dirty or wet, we all know that."</p> <p>6. Observation on 07/13/10 at 11:25 AM revealed one (1) half-sized pan with a thick greasy substance covering it was stored on the shelf with clean pans.</p> <p>Interview with the Cook on 07/13/10 at 11:25 AM revealed the pan should not be stored dirty with the clean pans. The Cook stated, "the pan is dirty, it shouldn't be stored on the rack for clean pans".</p> <p>7. Observation on 07/13/10 at 5:15 PM during the evening meal service revealed a Resident Feeding Assistant passing a pitcher from the resident dining area into the kitchen to be refilled. Dietary Aide #11 took the pitcher from the Feeding Assistant and passed the pitcher to Dietary Aide #10 to refill. Further observation revealed Dietary Aide #10 refilled the pitcher and passed it back to Dietary Aide #11 who passed the pitcher back to the Feeding Assistant in the hallway. Both Aides returned to the line without changing gloves or washing their hands.</p> <p>Interview with Dietary Aides #10 and #11 on 07/13/10 at 5:15 PM revealed their hands should have been washed and gloves changed. Dietary Aide #11 stated, "I did not realize that I had done that."</p> <p>Observation on 07/13/10 at 5:25 PM revealed Dietary Aide #9 assembling plates for resident dinners, then stepped away to turn on the stove and start the microwave. She returned to the line and picked up a clean dinner plate while wearing</p>	F 371		

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F 371	<p>Continued From page 4</p> <p>the same gloves used to touch the knob on the stove and microwave.</p> <p>Interview with Dietary Aide #9 on 07/13/10 at 5:25 PM revealed Dietary Aide #9 should have washed her hands after stepping away from the dinner tray line. Dietary Aide #9 stated, "hands should be washed and gloves changed anytime I step away from the tray line to perform other tasks touching surfaces that may not be clean." She then changes her gloves and washes her hands.</p> <p>Observation on 07/13/10 at 5:35 PM revealed Dietary Aide #10 left the tray line and went into the walk-in refrigerator. Dietary Aide #10 opened the refrigerator and proceeded inside and brought a gallon of milk back to the tray line. She began to change her gloves without washing her hands first.</p> <p>Interview with Dietary Aide #10 on 07/13/10 at 5:35 PM about the process of changing gloves revealed she should have washed her hands before changing gloves. Dietary Aide #10 stated, "I should have washed my hands before putting new gloves on."</p> <p>Observation at 07/13/10 at 6:30 PM revealed Dietary Aide #10 rubbed her eye with the side of her gloved hand and proceeded to put a plate cover on a resident plate.</p> <p>Interview with Dietary Aide #10 on 07/13/10 at 6:30 PM revealed she should have washed her hands and changed her gloves before continuing on the tray line. Dietary Aide #10 stated, "I didn't even notice that I had done that, sorry," she removed the plate cover and washed her hands and changed gloves.</p>	F 371			

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F 371	Continued From page 5 Review of the facility's policy on handwashing titled, "Food Preparation" dated 07/2008, revealed that all foods were to be prepared in accordance with the guidelines of the USDA Food Code. 8. Observation of walk-in freezer on 07/14/10 at 10:45 AM revealed a temperature of twenty-eight (28) degrees Fahrenheit and condensation dripping from the ceiling. Observation on 07/13/10 at 11:00 AM revealed an empty box of whipped topping with several areas of ice build-up, hamburger patties wrapped in aluminum foil with some ice build-up and a box of pork tenderloins with spots of ice build-up, all stored underneath the condenser unit. Interview with the Dietary Manager on 07/14/10 at 10:45 AM revealed the freezer was apparently in defrost. The Dietary Manager stated, "I don't know why it is doing that, I'll call maintenance." The Dietary Manager reported that per maintenance the freezer was in defrost mode.	F 371		
F 469 SS=E	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain an effective pest control program so the facility remained free of pests and rodents.	F 469	F 469 1. Pest control company returned to center on 7/19/2010, after being contacted by the center's Maintenance Director on 7/16/2010. Signage was posted on kitchen service door reminding staff to not prop door open to help prevent insects from entering kitchen area on 7/16/2010. Signage also placed at center exits on 7/23/2010, to remind residents, guests, and staff to not prop doors open to help control summer flies and other insects from entering center.	

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F 469	<p>Continued From page 6</p> <p>Observations during the initial tour and throughout the survey, flies and gnats were observed to be present in the facility.</p> <p>The findings include:</p> <p>Observation on 7/13/10 at 10:55 AM revealed multiple flies and gnats were present in the kitchen. While observing the lower shelf of a storage area, observation revealed several gnats in the area.</p> <p>Observation on 07/13/10 at 5:55 PM revealed during the evening meal service, flies had been present landing around food on staff.</p> <p>Observations of the conference room, on 07/13/10 at 3:00 PM; and, on 07/14/10 at 10:38 AM and 1:54 PM, revealed flies in the room.</p> <p>Interview, on 07/15/10 at 9:47 AM, revealed the facility had monthly pest control performed the third Tuesday of each month.</p> <p>Review of the facility's "Integrated Pest Management Detailed Service Report" revealed the last pest control service had been completed on 08/22/10. The service report detailed the presence of flies, spiders, and ground beetle within the facility. Additionally, the service reported revealed there were no devices used to control pest within the facility.</p>	F 469	<p>Chemical-Free flying insect control devices were purchased and installed in the center on 8/2/2010. Fans were purchased and installed on 8/3/2010 in the center kitchen area to help prevent flies and other flying insects from entering this area.</p> <p>2. All residents had the potential to be affected.</p> <p>3. All Staff were re-educated by the Administrator on 8/2/2010 – 8/5/2010 on pest control, prevention, surveillance, and reporting.</p> <p>4. Environmental care rounds will be completed by the Administrator and/or Environmental Services Director weekly to include pest control. The Environmental Services Director will review trends in the Performance Improvement Committee meeting monthly for three (3) months for discussion and review.</p> <p>5. Date of Compliance: August 5, 2010.</p>	

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K 072	<p>Continued From page 1 emergency. The Maintenance Director was present during the observations.</p> <p>Interview on 07/14/10 at 8:47 AM, with the Maintenance Director, revealed these items were routinely left in the hall way and the facility was under the impression that if the carts were placed to one side of the hallway they were meeting code.</p> <p>Reference: NFPA 101 (2000 edition) 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>CMS S&C 10-18-LSC</p>	K 072	<p>include storage of linen carts and resident lift equipment. The Environmental Services Director will review trends in the Performance Improvement Committee meeting monthly for three (3) months for discussion and review.</p> <p>5. Date of Compliance: August 5, 2010.</p>	