

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

PRINTED: 07/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2013
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NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF SHELBYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 711 FRANKFORT ROAD SHELBYVILLE, KY 40066
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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 A standard health survey was initiated on 07/01/13 and concluded on 07/03/13 and a Life safety Code survey was conducted on 07/02/13 with deficiencies cited at the highest scope and severity of an "F". The facility had the opportunity to correct the deficiencies before remedies would be recommended for imposition.	F 000	The preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.	
F 258 SS=D	483.15(h)(7) MAINTENANCE OF COMFORTABLE SOUND LEVELS The facility must provide for the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the Resident Information Packet, it was determined the facility failed to provide a comfortable sound level in the Bistro dining room during the lunch meal on 07/02/13. The noise from two (2) televisions were at an uncomfortable level for one (1) of twenty-one (21) sampled residents, Resident #13. The findings include: Review of the Resident Information Packet provided to the residents upon admission, revealed under the Resident's Rights section the resident would be treated with consideration, respect, and with full recognition of the resident's dignity and individuality. Observation, on 07/02/13 at 11:20 AM, revealed two television sets on, both approximately three	F 258	1. Resident # 13 was identified as having been affected by the T.V. volume in the dining area as stated on the S.O.D. An Interview was held with Resident #13 on July 4th by Central Nursing Coordinator to determine the television volume which he desired during the meal service. A second interview was conducted with Resident #13 on July 9th by the Social Service Assistant. The facility has implemented corrective actions to address the issue identified in items 3, 4, and 5 below. 2. No other residents were determined to be affected by the identified issue. However, the facility has implemented corrective actions to address the issue identified in items 3, 4, and 5 below. 3. The Facility has initiated the following corrective measures to assure the identified deficient practice does not reoccur as follows: • SSA led Resident Council Meeting was held on 7/12/13 to discuss resident control over the television volume in the dining areas during meal service. • QA Committee met on 7/15/13 to discuss the findings of the Resident Council Meeting and Interview findings with Resident # 13.	

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *X Robert N. Cozart* TITLE: *X Administrator* (X6) DATE: *X 7-26-2013*

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.

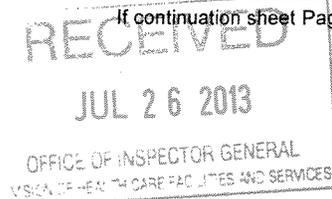
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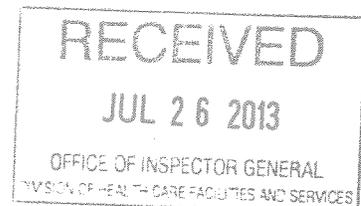
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/03/2013
NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF SHELBYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 711 FRANKFORT ROAD SHELBYVILLE, KY 40066		
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F 258	<p>Continued From page 1</p> <p>feet apart, were on different channels with the volume on at a level in which both televisions could be heard at the same time. The residents were entering the dining room for their noon meal. Residents were observed being asked what they would like for their lunch; however, at no time were the residents asked if they wanted the televisions on, if the sound was too loud, or if it was distracting to have two (2) different stations playing different programs at the same time.</p> <p>Continued observation revealed Resident #13 entered the Bistro in a wheelchair. Resident #13 was then placed at a table directly in front of one of the televisions, with his/her back to the television and the sound near his/her ears. Resident #13 was not asked if he/she wanted the television on or if the volume was too loud for the resident.</p> <p>Interview, on 07/02/13 at 11:25 AM, with Resident #13 revealed the resident was not hard of hearing. Resident #13 stated, related to the television behind him/her and the sound level, he/she didn't see the remote here or he/she would have turned it off. Following his/her statement, which was heard by staff present in the dining room, a staff member tried three (3) different remotes before the sound was lowered on the television next to Resident #13. Resident #13 continued by stating that's a whole lot better. Resident #13 stated he/she did not watch much television. In addition, Resident #13 had not been asked if the sound was too loud or if he/she minded sitting with his/her back to the television while it was on.</p> <p>Interview, on 07/03/13 at 3:00 PM, with the</p>	F 258	<p>4. The facility has implemented the following interventions to monitor the corrective action to ensure that performance is sustained as follows:</p> <ul style="list-style-type: none"> • The Dining Process QA Audit (N-21) and Customer Dining Satisfaction Audit (D-3) were revised to reflect comfortable sound level during meal services in the dining areas. • The Resident Council Committee agenda was revised by SSD to allow residents' ongoing input to determine the volume of the televisions in the dining areas of the facility. • The Dietary and Nursing CQI Calendars were revised under recommendation of the QA Committee to ensure monthly monitoring of comfortable sound levels. • Re-education was provided to all employees on 7/12/13 to assure maintenance of comfortable sound levels by Staff Development. • QA Committee reviewed New Employee Orientation Agenda to ensure inclusion of comfortable sound level. <p>5. The Quality Assurance Committee will review required audits and supportive documentation to ensure the effectiveness of the compliance plan and make revisions as necessary on an ongoing basis completed by</p>	7-26-2013	



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NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF SHELBYVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 711 FRANKFORT ROAD SHELBYVILLE, KY 40066		
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F 258	Continued From page 2 Director of Nursing (DON) revealed residents had asked for the televisions to be on in the morning and evening in order to watch the news. She revealed the noise level of the televisions were not monitored.	F 258		
F 371 SS=F	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 authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions 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 was served to all residents under sanitary conditions. Five (5) of six (6) Dietary employees failed to observe the facility's hand washing policy while washing their hands. The findings include: Review of the facility's Hand Washing Policy, dated 05/2012, revealed hands were washed before and after handling food. During the hand washing procedure, hands were to be vigorously rubbed together for twenty (20) seconds, generating friction on all surfaces of the forearms, hands, and fingers.	F 371	1. No residents were identified has having been affected by the issue identified. However, the facility has implemented corrections actions to address the identified issues as stated under item 3, 4, and 5 below. 2. No other residents were determined to be affected by the issue identified. However, the facility has implemented corrective actions to address the identified issues as stated under item 3, 4, and 5 below. 3. The facility has initiated the following corrective measures to assure the identified deficient practice does not reoccur as follows: • Handwashing policy was revised by the Infection Control Committe to assure compliance with the CDC handwashing recommendations • New Hire Orientation Agenda was reviewed by the Infection Control Committee to assure inclusion of Proper Hand Hygiene • Handwashing Procedures and Proper Hand Hygiene In-servicing for dietary staff re-education on 7/2/13 and 7/5/13 by Dietary Director. • Handwashing Procedures and Proper Hand Hygiene In-servicing re-education for all employees was held by Staff Development on 7/10/13 and 7/12/13.	



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F 371 Continued From page 3

Observation of the lunch meal in the main dining room kitchen, on 07/02/13 at 11:15 AM, revealed Dietary Aide (DA) #1 was observed to leave the serving line and open drawers and the refrigerator to obtain supplies. Prior to returning to the serving line, she removed her gloves and washed her hands. She was noted to rub hands together with soap and water and timed for six (6) seconds.

Observation of the lunch meal in the main dining room kitchen, on 07/02/13 at 11:19 AM, DA #2 was observed to leave the serving line and open cabinets and drawers obtaining supplies. Prior to returning to the serving line, she removed her gloves and washed her hands using soap and water. She rubbed her hands with soap and water and was timed for eleven (11) seconds.

Observation of the lunch meal in the main dining room kitchen, on 07/02/13 at 11:25 AM, the Dietary Manager was observed to enter the kitchen and wash her hands. She was noted to rub her hands with soap and water and timed for ten (10) seconds.

Interview with DA #1, on 07/02/13 at 11:30 AM, revealed she had received training on hand washing several months ago. She stated hands were to be washed with soap and water for twenty (20) seconds. She stated she did not time the length of time she performed this task. She stated hands were washed to prevent the spread of infection.

Interview with DA #2, on 07/02/13 at 11:36 AM, revealed she was trained on hand washing in the

F 371

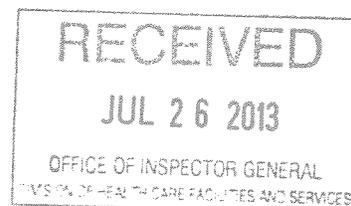
- Infection Control Committee revised Hand-washing Return Demonstration Audit to assure compliance with current CDC recommendations
- Revised CQI Calendars under recommendation by QA Committee to include quarterly Handwashing Return Demonstration of employees in all departments

4. The facility has implemented the following interventions to monitor the corrective action to ensure that performance is sustained as follows:

- Department Directors will assure applicable QA audits are conducted per CQI calendar and submitted to QA Committee for review and recommendation.

5. The Quality Assurance Committee will review required audits and supportive documentation to ensure the effectiveness of the compliance plan and make revisions as necessary on an ongoing basis completed by

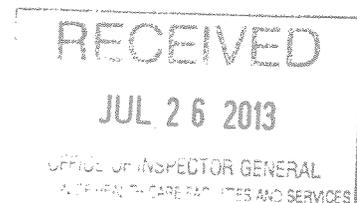
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F 371	<p>Continued From page 4</p> <p>past. She stated hand washing with soap and water was needed for twenty (20) seconds to stop infection.</p> <p>Interview with the Dietary Manager, on 07/02/13 at 11:45 AM, revealed she did supervise the staff to ensure procedures were followed regarding hand washing. She stated hand washing should be done for twenty (20) seconds to prevent the spread of infection. She stated everyone was nervous because surveyors were observing and so mistakes were made.</p> <p>Observation of the Bistro Dining Room, on 07/02/13 at 11:42 AM, revealed the serving line for lunch was in progress. DA #4 was noted to leave the serving line and go to a back area. When he returned, he removed his gloves and washed his hands with soap and water timed for six (6) seconds. He then returned to the serving line.</p> <p>Continued observation of the Bistro Dining Room, on 07/02/13 at 11:55 AM, revealed DA #5 left the serving line and opened the refrigerator and several drawers for supplies. Prior to returning to the serving line, she was noted to wash her hands with soap and water and timed rubbing hands for five (5) seconds.</p> <p>Interview with DA #4, on 07/02/13 at 12:05 PM, revealed he had been trained on hand washing for twenty (20) seconds in the past. He stated he did not time the amount of time spent rubbing hands with soap and water. He stated germs were spread if hands were not washed correctly.</p> <p>Interview with DA #5, on 07/02/13 at 12:10 PM,</p>	F 371			



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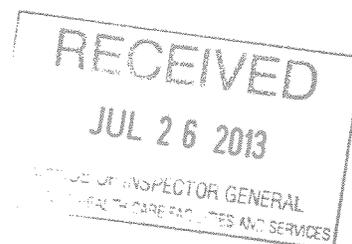
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NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF SHELBYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 711 FRANKFORT ROAD SHELBYVILLE, KY 40066
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F 371	<p>Continued From page 5</p> <p>revealed she had received training on hand washing in the past. She stated she had not timed herself during the hand washing. She stated hand washing prevented the spread of disease.</p> <p>Interview with the In-service Coordinator for the facility, on 07/03/13 at 10:00 AM, revealed all staff were trained on hand washing during orientation. She stated she and the Dietary Manager were both responsible to train staff on hand washing and the Dietary Manager was responsible to monitor the staff in the kitchen. She stated hands must be rubbed with soap and water for twenty (20) seconds to prevent the spread of infection.</p>	F 371		
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NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF SHELBYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 711 FRANKFORT ROAD SHELBYVILLE, KY 40066		
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{F 000}	INITIAL COMMENTS Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 07/26/13 as alleged.	{F 000}			

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

TITLE

(X6) DATE

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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NAME OF PROVIDER OR SUPPLIER MASONIC HOME OF SHELBYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 711 FRANKFORT ROAD SHELBYVILLE, KY 40066
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K 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) BUILDING: 01 PLAN APPROVAL: 1902, 1930, 1951 SURVEY UNDER: 2000 Existing FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: Two (2) stories, Type II (222) SMOKE COMPARTMENTS: Eight (8) smoke compartments FIRE BARRIER: The non-certified facility and the Skilled Nursing Facility were seperated by a two-hour fire barrier. FIRE ALARM: Complete fire alarm system with heat and smoke detectors SPRINKLER SYSTEM: Complete automatic wet and dry sprinkler system. GENERATOR: Type II generator. Fuel source is diesel. A standard Life Safety Code survey was conducted on 07/02/13. Masonic Home of Shelbyville was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *x Robert N. Cooper* TITLE: *x Administrator* (X6) DATE: *7-26-2013*

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