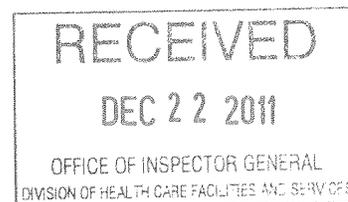


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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185422	R CONSTRUCTION Niff a mis ODE		(X3) DATE SURVEY COMPLETED 11/23/2011
NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF		STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004		
(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



<p>F 323</p>	<p>Continued From page 1 corkscrew.</p> <p>Observation of the activity room, on 11/22/11 at 11:30 AM, revealed six (6) residents sitting at the large table eating lunch. The Activities Director walked to the drawer, retrieved a knife, and sliced fruit while discussing trivia questions.</p> <p>Observation of the activity room, on 11/22/11 at 3 PM, revealed a visitor and a resident in the</p> <p>Observation of the activity room, on 11/23/11 at 10:25 AM, revealed the three (3) knives and the corkscrew still in the drawer.</p> <p>Interview with the Activities Director, on 11/23/11 at 1:40 PM, revealed she did not bring the knives into the building and did not know where the knives had come from, although, she did use the knives when needed. She did not realize there was a corkscrew in the drawer. The Activities Director stated a potential for the residents or visitors to access the knives without a staff member present, and could result in someone getting hurt.</p> <p>Interview with the Unit Manager, on 11/23/11 at 1:55 PM, revealed she was not aware of the knives and corkscrew accessible in the activities room. She stated she did not monitor the drawers and revealed a potential for someone to get hurt.</p> <p>2. Review of the Material Safety Data Sheet (MSDS) for Hillyard M.C.P. Multi Purpose Cleaner and Polish revealed the effects of acute exposure include: eye irritation, skin irritation, drowsiness,</p>	<p>^a g air housekeeping</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice? Sharps were removed 11/23/11. Director of SNU educated all staff on security of sharp objects at mandatory annual competencies on 12/6/11 and 12/7/11.</p> <p>Manager of Housekeeping provides education for staff on the importance of ensuring cleaning cart safety via Learn module to be completed by 12/31/2011 and mandatory for all housekeeping. Manger of Housekeeping will educate staff at 12/14/2011 staff meeting.</p> <p>3. What measurements are put into place or systemic changes made to ensure that the deficient practice will not occur? Director of SNU educated all staff on security of sharp objects at mandatory annual competencies on 12/6/11 and 12/7/11.</p> <p>Manger of Housekeeping will educate staff of importance of cart security in staff meeting on 12/14/2011 and during rounding starting on 12/12/2011.</p> <p>4. Indicate how facility plans to monitor its performance to ensure that the solutions are sustained, and include dates when corrective action will be complete. Director of SNU and Manager of Housekeeping will complete education by 12/31/11 for nursing and housekeeping. Nursing director of skilled nursing unit or charge nurse will make daily rounds for 2 weeks then weekly rounds to ensure housekeeping carts are safely secured and activity room free of sharps and knives starting 12/12/2011. Rounds will be documented and retained for review. Manager of Housekeeping or charge staff will also make daily rounds for 2 weeks then weekly rounds to ensure cart safety, rounds will be documented and retained for review starting 12/12/2011..</p>	<p>12/7/2011</p> <p>12/31/2011</p> <p>12/14/2011</p> <p>12/31/2011</p>
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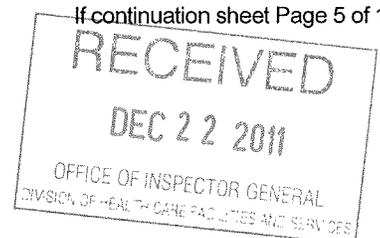
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185422	WE A BWBIG	CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/23/2011
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NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF	STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004
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F 323	<p>Continued From page 2 dizziness, lung damage, chemical pneumonitis.</p> <p>Observation of the Skilled Nursing Unit hall, on 11/22/11 at 9:10 AM-9:25 AM, revealed a Housekeeping cart parked at the end of hall by room 310 with an aerosol can of M.C.P quick and clean multipurpose cleaner sitting on top of the cart. The housekeeper was at the other end of the hall cleaning the elevator doors.</p> <p>Interview with Housekeeper #1, on 11/23/11 at 9:50 AM, revealed she was trained to keep all chemicals locked up when not near the cart due to visitors, children that may be visiting, and residents. She stated the cleaner was used to clean stainless steel and the chrome faucet in the bathroom. The Housekeeper revealed she did not usually lock it up in the cart due to its frequent use and convenience. The housekeeper stated a potential for visitors and residents to accidentally get ahold of the cleaner could be poisonous. She further revealed residents don't usually bother her cart, but there could always be the first time.</p> <p>Interview with the Director of Facility Management (DFM), on 11/23/11 at 1 PM, revealed the housekeeping supervisor was on leave, but does directly report to him. The DFM revealed all housekeeping carts have a lock box in which chemicals are to be stored when the cart is left unattended. This information and training was part of the initial orientation. The carts should be with the housekeepers and not left unattended. The Housekeeping Supervisor does make rounds and does utilize a rounding tool; however, the supervisor had been out for several weeks. The DFM stated he had made rounds in the supervisors absence but has not utilized the</p>	F 323	The Nursing Home Administrator role will verify and monitor the completion of the action plans set by the Director of SNU and Manager of Housekeeping through the Quarterly Quality Improvement meeting and monthly operation reviews.	1/5/2012
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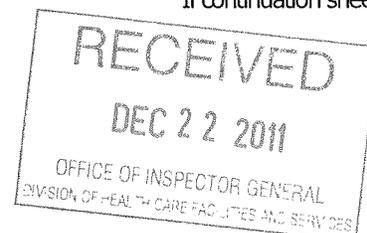
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NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF	STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004
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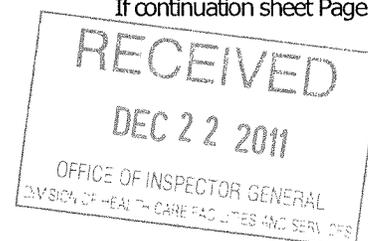
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F 323	<p>Continued From page 3 required tool.</p> <p>Review of the Rounding tool, utilized by the Housekeeping Supervisor, revealed it did not include inspecting carts for safe storage of chemicals.</p> <p>Further interview with the DFM, on 11/23/11 at 1:45 PM, revealed monitoring of the housekeeping carts for safe storage of chemicals was not on the rounding tool and nothing had been recorded on checking the carts for months. He did not know if safe storage of chemicals was being monitored.</p> <p>F 371 SS=F 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy, the facility failed to ensure proper dating and storage of food for two(2) of two(2) kitchens that supplied foods to the residents. The dietary kitchen had items ready for use in the refrigerator that were outdated based on the facility policy. The kitchen used on units utilized by the activities department had multiple open</p>	F 323	<p>Plan of correction We ask that the plan of correction be accepted as our written credible allegation of compliance.</p> <p>Prefix Tag:F 371 (SS=F) 483.35(i) Food Procure, Store/Prepare/Serve-Sanitary</p> <p>1. How the corrective action will be accomplished for those residents found to have been affected by the same deficient practice. Food not stored properly was disposed of on 11/23/11. Future storage of food will follow hospital policy for storage, including; date, container, etc.</p>	11/23/2011



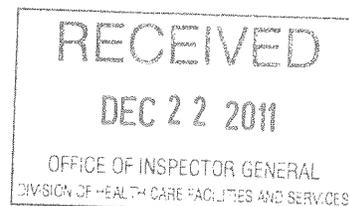
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NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF			STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004		
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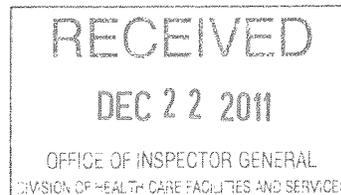
<p>F 371</p>	<p>Continued From page 4 items that were not dated or sealed.</p> <p>The findings include:</p> <p>Review of the facility policy Leftover Food from Meals Served, revised 03/11, indicated food used from previous meals must be correctly handled, stored, and dated properly and used within forty-eight (48) hours of refrigeration.</p> <p>Observation, on 11/21/11 at 1:45 PM, revealed ham covered in foil was dated 11/17/11, beets in a clear container with a lid was dated 11/16/11, and macaroni salad in a box was dated 11/14/11.</p> <p>Interview with the Dietary Cook, on 11/21/11 at 1:45 PM, revealed the opened items were good for seven (7) days.</p> <p>Interview with the Dietary Manager, on 11/22/11 at 12:00 PM, revealed currently the policy stated opened items should be discarded within forty-eight (48) hours. She went on to say they just recently went over the new food code; however, had not changed the policy at this time.</p> <p>L/</p> <p>Review of the facility's policy, Activity Infection Control, revised 12/07, indicated the activities department would practice infection control policies... to prevent the development and transmission of disease and infection.</p> <p>Observation of the activity room cabinets, on 11/21/11 at 1:56 PM, revealed a 2-pound bag of Great Value brown sugar opened, not sealed or labeled, a 10 oz bag of marshmallows opened and not sealed or labeled, an 8 oz bottle of vanilla not dated, an 18 oz jar of Clover Valley creamy</p>	<p>F 371</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practices. All food not dated or stored properly was removed on 11/23/11.</p> <p>3. What measures are put into place or systemic change made to ensure that the deficient practice will not recur? Director of Dietary will provide education for activity director on food storage and preparation on 11/28/2011. Director of Dietary will also provide education for dietary staff on food storage policy on 11/28/2011.</p> <p>4. Indicate how facility plans to monitor its performance to ensure that the solutions are sustained, and include when corrective action will be completed. Director of Dietary will round daily for 2 weeks then weekly to ensure foods are stored and dated per policy and appropriately, to be initiated by 12/12/11. Director of SNU or charge nurse will make weekly rounds to ensure foods are stored and dated per policy, rounds will be documented and retained for review. Director of Dietary will make rounds daily for 2 weeks then daily in the dietary department to ensure foods are stored and dated per policy. To be initiated by 12/12/11. Infection Control policy updated to include food preparation and storage on 11/28/11. Medical Director approved revisions to the policy on 11/29/2011.</p> <p>The Nursing Home Administrator role verifies and monitors the completion of action plans set by the Director of SNU and Director of Dietary through the Quarterly Quality Improvement Program meeting and monthly operation reviews.</p>	<p>11/25/11</p> <p>11/28/2011</p> <p>12/12/2011</p> <p>1/5/2012</p>
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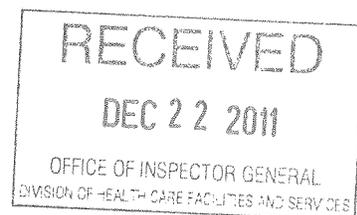
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NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF			STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 371	Continued From page 5 peanut butter not dated, a 10 pound bag of buttermilk pancake mix opened and not dated, a 5 pound bag of flour opened, not sealed or dated, a 4 pound bag of sugar not sealed or dated. Interview with the Dietary Manager, on 11/23/11 at 10:55 AM, revealed she had no idea there were items in the pantry or the refrigerator in the actives room. She stated no one had asked her for assistance or to train/educate the activities staff. Interview with the Activities Director (AD), on 11/23/11 at 11:10 AM, revealed she had a monthly budget to spend on activities supplies. She did not consult with anyone when purchasing the food products. She stated she was not aware of the policy for foods from outside resources and had not been trained on the food code for the proper storage of food. Interview with the Unit Manager, on 11/23/11 at 12:10 PM, revealed she did not know what food products were in the cabinets in the activities kitchen and the Activities Director did not have any training in the food code. She stated the AD was responsible for the cabinets and the food in the cabinets. She stated there was no system to monitor the food supplies in the activities kitchen cabinet.	F 371		
F 441 SS=F	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.	F 441	Plan of Correction We ask that the plan of correction be accepted as our written credible allegation of compliance. Prefix Tag:F (SS=F) 483.65 Infection control, prevent spread, linens	



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185422	RBN CONSTRUCTION A _____ BWNG ED _____		(X3) DATE SURVEY COMPLETED 11/23/2011
NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF		STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004		
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<p>F 441</p> <p>Continued From page 6</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(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.</p> <p>(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.</p> <p>(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> <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, and review of the facility's policy, it was determined the facility failed to ensure infection control practices were</p>		<p>F 441</p>	<p>1. How the corrective action will be accomplished for those residents found to have been affected by the same Housekeepers working on the unit were notified of the deficient practice and re-educated concerning hand hygiene and changing of gloves when cleaning rooms on 11/23/11 by the Director of Facilities. Manager of Housekeeping educated staff in unit staff meeting on 12/14/2011 and daily rounding for 2 weeks then weekly rounding to begin on 12/12/2011 of hand hygiene and infection control.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All housekeepers will be re-educated on hand hygiene at the unit meeting on 12/12/2011, upon hire, and annually there after in competencies by Manager of Housekeeping. Eight housekeepers were observed daily by the Manger of Housekeeping and Director of SNU for a 2 week period on appropriate hand hygiene between patient rooms and no other housekeepers were observed wearing the same gloves from room to room.</p> <p>3. What measures are put into place or systemic changes made to ensure that the deficient practice will not reoccur? Mandatory Learn module developed by Infection Preventionist will be put into place for housekeeping staff on proper hand hygiene and infection control issues due by 12/31/11, verified completion by Manager of Housekeeping. The Manger of Housekeeping will have staff meeting review proper hand hygiene and infection control issues and minutes will reflect education on 12/14/11. Director of Housekeeping or charge personnel will round daily for two weeks to ensure compliance starting 12/12/2011, then weekly starting on 12/20/2012. Rounding will include monitoring and education of housekeeping staff to ensure changing gloves and cleaning hands between patient rooms by observation and immediate education to begin on 12/12/2011.</p>	<p>12/14/2011</p> <p>12/12/2011</p> <p>12/31/2011</p> <p>12/31/2011</p> <p>12/20/2012</p>
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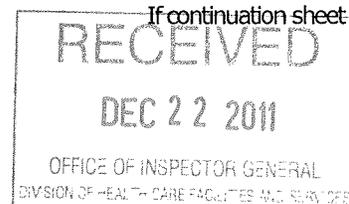
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NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL IV			STREET ADDRESS, CITY, STATE, ZIP CODE 4 305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004			
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F 441	<p>Continued From page 7</p> <p>followed during cleaning of the unit by the housekeeping staff. One (1) of two (2) Housekeeping staff were observed wearing soiled gloves while walking up and down the hallway, and failed to change gloves, and disinfect hands when emptying trash from two (2) patient rooms, and cleaning the nurses station area.</p> <p>The findings include:</p> <p>Review of the facility's step by step procedure, undated, for housekeeping staff, revealed step #6 directed housekeeping staff to change gloves when leaving and entering a room. Wash hands as often as possible.</p> <p>Observation, on 11/21/11 at 3:06 PM, revealed Housekeeper #2 walking down the hallway with gloves on. She walked into room 306, removed the trash, brought out the trash bag to the housekeeping cart, with the same gloves on. Continued observation, revealed Housekeeper #2 went into room 304, with the same gloves on, removed trash from the garbage can, replaced the bag with a new liner, and came out to the housekeeping cart with the same gloves on. She continued to the nurse's station with the same gloves on and proceeded to clean the nurse's station desk.</p> <p>Interview with Housekeeper #2, on 11/23/11 at 9:15 AM, revealed she checks and changes the trash cans at the end of the day. She stated she normally changed gloves but was busy on that day, as she was waiting for her beeper to go off to go to the Obstetrician unit after a delivery to clean. She stated she had been trained on Infection control about three (3) to six (6) months</p>	F 441	<p>4. Indicate how facility plans to monitor its performance to ensure that the solutions are sustained, and include dates when corrective action will be completed.</p> <p>Director of SNU or charge nurse and Manager of Housekeeping or charge staff personnel will make weekly rounds to ensure infection control and hand hygiene is appropriate, rounds will be documented and retained for review. Rounding will be effective 12/12/11.</p> <p>The observation of employees changing gloves between rooms and using proper hand hygiene will determine the rounding and education as successful. New hire and annual education by the Manager of Housekeeping will begin 12/14/2011. Infection Control personnel will monitor infection statistics beginning 12/31/2011.</p> <p>The Nursing Home Administrator role verifies and monitors the completion of action plans set by the Director of SNU, Manager of Housekeeping, and Infection Control through the Quarterly Quality Improvement Program meetings and monthly operation reviews.</p>	12/12/2011	12/31/2011	1/5/2012



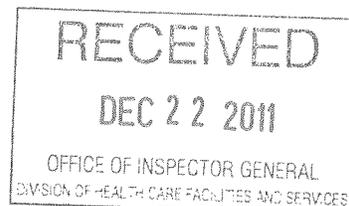
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<p>F 441</p> <p>F 465 SS= E</p>	<p>Continued From page 8 ago.</p> <p>Interview with the DFM, on 11/23/11 at 1:45 PM, revealed he was currently supervising the housekeeping department. He stated it was not acceptable to wear the same gloves and gloves should be changed after each room.</p> <p>483.70(h) SAFE/FUNCTIONAUSANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure a safe sanitary environment in the activities room. The activity room kitchen stove, sink, and cabinet under the sink was found to <i>be</i> soiled with no system to monitor.</p> <p>The findings include:</p> <p>The facility did not provide a policy on cleaning and monitoring the activity's room kitchen.</p> <p>Observation of the Activity's room kitchen, on 11/21/11 at 1:56 PM, revealed the sink with a brown dried substance on the bottom of the sink and up around the sides. The faucet had a white and green dried substance on and around the cold handle and along the base of the faucet. The cabinet under the sink had a wash basin under the pipes. A brown dried substance was on the floor of the cabinet and on all three side of</p>	<p>F 441</p> <p>F 465</p>	<p>Plan of correction</p> <p>We ask that the plan of correction be accepted as our written credible allegation of compliance.</p> <p>Prefix Tag:F 465 (SS=E) 483.70(h) Safe/Function unsanitary/comfortable environment.</p> <p>1. How the corrective action will be accomplished for those residents found to have been affected by the same deficient practice. Sink, under sink, counter, microwave, and stove were cleaned 11/23/11.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. Other care areas were checked and no issues found on 11/23/11.</p> <p>3. What measures are put into place or systemic changes made to ensure that the deficient practice will not reoccur. Director of SNU placed the activity room on cleaning schedule with housekeeping and activity director sharing duties as assigned by the Director of SNU. Director of SNU assigned a cleaning chart and posted in activity room on 11/28/11. Activity director and Manger of housekeeping trained on weekly rounds beginning 12/12/2011 and unit meeting for housekeeping on 12/14/2011.</p>	<p>11/25/2011</p> <p>11/25/2011</p> <p>12/14/2011</p>
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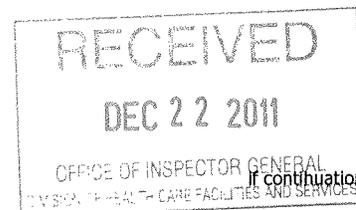
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100747	(X2) MULTIPLE A MILE B WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/23/2011
NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF		STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004		
(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) COMPLETE DATE



Jan. 9. 2012 10:58AM
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 3664 P. 2
 PRINTED: 11/28/2011
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185422	(X2) MULTIPLE A. BUILDING CONSTRUCTION 02 -3RD FLOOR SNF UNIT EWING	(X3) DATE SURVEY COMPLETED 11/22/2011
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NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF	STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004
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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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K 000	<p>INITIAL COMMENTS</p> <p>GFR: 42 CFR 483.70(a)</p> <p>BUILDING: 02</p> <p>PLAN APPROVAL: 2005</p> <p>SURVEY UNDER: 2000 New</p> <p>FACILITY TYPE: Hospital with a SNF wing on the third floor.</p> <p>TYPE OF STRUCTURE: Three (3) stories, Type II Construction.</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartments.</p> <p>FIRE BARRIER: The Skilled Nursing Facility wing was separated by a two-hour fire barrier.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic (wet) sprinkler system.</p> <p>GENERATOR: Type I generator. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 11/22/11. Flaget Memorial Hospital SNF 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).</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE <i>Lee Owens, Nursing Home Administrator</i>	TITLE President	(X6) DATE 1-9-2012
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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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