

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

PRINTED: 07/22/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  TWINBROOK NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 DUTCHMANS LANE LOUISVILLE, KY 40205
--	--

(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	F 000		
F 366 SS=D	<p>A standard survey was conducted 07/07/10 through 07/09/10 with deficiencies cited at the highest scope and severity of a "D". A Life Safety Code survey was initiated and concluded on 07/09/10 with deficiencies cited at the highest scope and severity of an "F". The facility has the opportunity to correct before remedies would be recommended for imposition.</p> <p>483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE</p> <p>Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, it was determined the facility failed to assure that food served to three (3) of eighteen (18) sampled residents (#6, #9, #19) was specific to their preferences and dietary requirements.</p> <p>The findings include:</p> <p>Observation of the lunch meal for Resident #6, on 07/07/10 at 12:00 Noon, revealed the resident was served a taco salad with tortilla chips, tomatoes, and a cup of cantaloupe. Record review of the tray ticket indicated Resident #6's preferences as "no bananas, mashed potatoes, no nuts, seeds, corn, no raw fruit or vegetables."</p> <p>Observation on 07/07/10 at 12:00 Noon, revealed Resident #9 was served a lunch tray with strawberry ice cream. Record review of the tray ticket for Resident #9 indicated the resident's</p>	F 366	<p>F366 <u>Corrective Action-</u> The food preferences of the residents #6, #9 and #19 have been reviewed with those residents to ensure that they are recorded accurately. Dietary and nursing staff will receive in-service training on the importance of verifying the food being served with the preferences listed on the diet card.</p> <p><u>Identification of other residents affected-</u> The Dietary Manager will review the food preferences of each resident and make any necessary corrections to the diet card.</p> <p><u>Systemic Changes-</u> Nursing and dietary staff members will receive in-service training on verifying the preferences listed on the diet card with the items being served on the tray or at the table. The Dietary Manager or designee shall perform</p>	8/20/2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Bradford A McCoy TITLE: X Administrator (X6) DATE: 7/30/2010

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.

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

PRINTED: 07/22/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2010
NAME OF PROVIDER OR SUPPLIER  TWINBROOK NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3526 DUTCHMANS LANE LOUISVILLE, KY 40205	
(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)
F 366	<p>Continued From page 1 preference as "lactose intolerance."</p> <p>The lunch tray delivery observed for Resident #19, on 07/08/10 at 11:50am in the Dining Room, revealed this resident was served peas with carrots. Record review of the tray ticket for Resident #19 stated the resident's preference as, "no carrots."</p> <p>An interview on 07/09/10 at 1:45pm, with Certified Nursing Aide (CNA) #4, revealed that Dietary is responsible to ensure correctness of all tray items. She further stated the person who delivered the tray is ultimately responsible for ensuring correctness. The CNA added she was trained during orientation to check the tray ticket for accuracy of diet and preferences.</p> <p>An interview on 07/09/10 at 1:50pm, with Licensed Practical Nurse (LPN) #1 revealed that, the person who delivers the tray is supposed to look at the ticket and verify for correctness before delivery to the resident. The LPN added that the person who delivers the tray is responsible to ensure the proper diet.</p> <p>An interview on 07/09/10 at 1:55pm, with LPN #3, revealed that the person who delivers the tray is responsible to check the tray ticket for accuracy and added if "we serve it, we check it."</p> <p>An interview on 07/09/10 at 2:00pm, with CNA #5 revealed the trays are supposed to come out correct from the kitchen, but CNA's are supposed to check them before delivery. The CNA said she was told to check the trays in this way during orientation. In addition, the CNA also stated that if a tray is found to be incorrect, it should be returned to the kitchen for correction.</p>	F 366	<p>random Q.A. checks on one meal weekly on 10% of the trays and/or plates served to ensure compliance.</p> <p><u>Monitoring Performance:</u> The Dietary Manager will report the results of her Q.A. checks to the Q.A. Committee at the quarterly Q.A. meeting.</p>



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

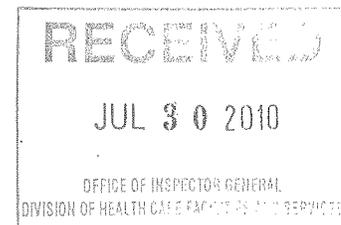
PRINTED: 07/22/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER  TWINBROOK NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 DUTCHMANS LANE LOUISVILLE, KY 40205
--	--

(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
--------------------	--	---------------	---	----------------------

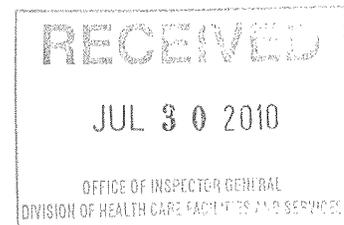
F 366	Continued From page 2	F 366	F456 Item #1 <u>Corrective Action:</u> No residents were found to have been affected by this deficient practice. All refrigerators have new thermometers and the thermostats on the refrigerators have been adjusted to maintain temperatures in accordance with Twinbrook policies.	8/20/2010
F 456 SS=D	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION  The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's logs, policies, and procedures, it was determined the facility failed to maintain all essential resident care equipment in safe operating condition. Four (4) of five (5) medication refrigerators were found to have thermometer readings below acceptable temperatures for the storage of medications. These faulty thermometers could not ensure safe storage of medications in refrigerators. In addition, the facility's crash cart was maintained without a back board (necessary for the administration of cardiopulmonary resuscitation/CPR).  The findings include:	F 456	<u>Identification of other residents:</u> Other residents who had the potential to be affected were those on B,C,D,E,F and G wings whose medication was stored in the refrigerators. <u>Systemic Changes:</u> Nursing staff will monitor the temperature in all refrigerators on a daily basis and report any out of range temperatures to Maintenance immediately. Per pharmacy recommendation, the policy on the acceptable temperature range has been changed to 33 degrees F to 46 degrees F.	



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

PRINTED: 07/22/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2010	
NAME OF PROVIDER OR SUPPLIER  TWINBROOK NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3526 DUTCHMANS LANE LOUISVILLE, KY 40205		
(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 456	<p>Continued From page 3</p> <p>1. Observation of the medication room for Units E and F on 07/08/10 at 9:40am revealed the medication refrigerator thermometer read 32 degrees Fahrenheit (32 degrees F). Present were numerous suppositories and an unopened bottle of insulin. The insulin bottle had the warning "Do not freeze" but did not appear to be frozen. Review of the temperature log for readings between 07/01/10 and 07/08/10 revealed a range of 36 to 40 degrees F temperatures.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 at this time revealed she was unaware that the thermometer read that low. She further stated that refrigerator temperatures were taken by staff on the previous shift.</p> <p>Observation of the medication refrigerator for Units C and D on 07/08/10 at 10:19am revealed the thermometer read 32 degrees F. The refrigerator contained numerous medications requiring refrigeration. Review of the temperature log revealed temperatures ranging from 34 to 38 degrees F from 07/01/10 through 07/08/10.</p> <p>Interview with LPN #2 at 10:19am revealed she was unaware the temperature in the refrigerator read that low. She stated staff on the previous shift took the temperatures and she could not account for the discrepancy between their readings and the current temperature.</p> <p>Observation of the medication refrigerator on Unit B on 07/08/10 at 10:30am revealed the thermometer read 30 degrees F. This refrigerator contained thirty (30) suppositories, one (1) 30 cc bottle of insulin, and one (1) unopened 30cc. bottle of Ativan with "Do not freeze" printed on the</p>	F 456	<p><u>Monitoring Performance:</u> The Refrigerator Temperature Log will show the allowable temperature range and instruct staff to contact Maintenance when the temperature is out of range and to move the medications to another refrigerator if necessary. Pharmacy will monitor the temperatures of each refrigerator on a monthly basis and results will be reported at the quarterly Q.A. meeting.</p>	



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

PRINTED: 07/22/2010  
FORM APPROVED  
OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2010
NAME OF PROVIDER OR SUPPLIER  TWINBROOK NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3526 DUTCHMANS LANE LOUISVILLE, KY 40205	
(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 456	<p>Continued From page 4</p> <p>label. Review of the refrigerator temperature log revealed temperatures from 32 to 34 degrees during the period of 07/01/10 through 07/08/10.</p> <p>Observation on Unit G on 07/08/10 at 11:00am revealed the thermometer read 22 degrees F. This refrigerator contained three (3) bottles of Lantus 100 insulin, two (2) bottles of Novalin insulin, and one (1) bottle of Novalog insulin, all of which were labeled, "Do not freeze". It also contained numerous suppositories. Nothing appeared to be frozen. Review of the temperatures in the log from 07/01/10 through 07/08/10 revealed a range of temperatures from 34 to 36 degrees F.</p> <p>Interview on 07/08/10 with the Pharmacist at 2:15pm revealed he checked the thermometers against new thermometers in these refrigerators. He found the old thermometers to be broken but found that none of the medication was actually frozen. He stated he could not explain the discrepancies with the temperatures logged by the night shift personnel. He explained that colder temperatures would not hurt medications as long as they did not actually freeze. However, he stated that not maintaining adequate cold temperatures (as when medications sit at room temperature) could damage the medications.</p> <p>Review of the facility's policy entitled "ID1: Storage of Medications" revealed that medications requiring refrigeration to ensure temperatures between 36 and 46 degrees F are to be kept in a refrigerator with a thermometer to allow temperature monitoring. In addition, medication storage conditions are to be monitored on a monthly basis and corrective action is to be taken if problems are identified.</p>	F 456		

