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

PRINTED: 01/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185179		C 01/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-NORTHFIELD	6000 HUNTING RD. LOUISVILLE, KY 40222

(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 An abbreviated survey was conducted 01/09/12 through 01/11/12 to investigate KY17630 and KY17648. The Division of Health Care substantiated the allegation as verified by the evidence. Federal and State deficiencies were cited.	F 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or 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 provisions of federal and state law.*	02-03-2012
F 252 SS=E	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to provide a clean and homelike enviroment in the bathrooms. One (1) of two (2) units (South) bathrooms had a thick black sticky substance between the commode bases that adhered to the tile floors, the bathroom commode base had caulking that was missing, cracked and/or dirty, the bathroom floor corners had a black sticky substance and the bathroom tub had stains. During the month of November - December 2011 the facility received five (5) written complaint/concerns regarding the care of the bathrooms. The findings include: Review of the facility's policy	F 252	**F252** **Safe/Clean/Comfortable/Homelike Environment** 1) Rooms #24 and #32 black substance was cleaned thoroughly from commode base and tile on 01-09-12 by Housekeeping Supervisor. Room #27 commode base was cleaned and removal of black substance from base of commode and tile by Housekeeping Supervisor on 01-10-12. Room #28 commode base caulking was removed and cleaned by Housekeeping Supervisor on 01-10-12. Room #32 bathroom wall on left side was cleaned of brown mark, commode base was cleaned of black substance by Housekeeping Supervisor.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Paula Rim	Executive Director	2-3-12

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 252	Continued From page 1 Complaint/Concerns, Revised 04//28/09, revealed a complaints/concerns process was in place to address resident and/or family member/responsible party's concerns. Record review of the facility's policy on Bathroom Cleaning, Job To Be Done, Dated 01/01/2000, revealed housekeeping was to sanitize the commode, bowl base, spot clean walls, and damp mop behind the commode. No policy on cleaning or maintenance logs were provided as requested. Record review of the November - December 2011 Complaint/Grievances revealed five complaints regarding room/bathroom's not being clean. Observation during initial tour, on 01/09/12 at 3:30 PM, revealed room #24 and #32's bathrooms had a thick black substance between the commode and the tile floor. Observation, on 01/10/12 at 8:00 AM thru 10:00 AM, in Room 27 revealed the front of the commode base adhered to the floor tiles with a black sticky substance. In Room 28 the front of the commode base the caulking was cracked. Further observation of Room 32 revealed bathroom revealed brown, dry stains going down the left side of the wall, and a black sticky substance around the base of commode. In Rooms 21-26 there was no caulking around commode base. Continued observation of Room 1B's bathroom revealed the corners with a black sticky substance. In Room 7A's bathroom the floor had a black substance and the tub had brown stains.	F 252	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or 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 provisions of federal and state law.* Room 21-26 commode base were all cleaned and caulked on 01-11-12 by Housekeeping and Maintenance Supervisor. Room #1 bathroom corners was cleaned and removal of black substance on 01-10-12 by Housekeeping Supervisor. Room #7A floor and bath tub was cleaned and removed black substance and brown stain on 01-10-12 by Housekeeping Supervisor. An audit of all bathrooms was conducted by ED and Housekeeping Supervisor on 01-11-12 to identify other residents who could be affected by alleged deficient practice. Any identified concerns were corrected by 2/3/12.	02-03-12

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F 252	Continued From page 2 Interview, on 01/10/12 at 2:00 PM, with Un-sampled Resident C revealed the bathroom floor corners could be cleaned better. Interview, on 01/10/12 at 3:00 PM, with Un-sample Resident B revealed housekeeping had cleaned the bathroom; however, the floor corners remained dirty. The side and base of the tub had visible brown stains and was not use to living with dirt. Interview with LPN #1, on 01/11/12 at 4:12 PM, revealed residents had complained about floors in the bathroom and she stated she would immediately get housekeeping to clean the floors. Interview, on 01/10/12 at 2:10 PM, with Housekeeper #2 revealed the floors were cleaned every day. No matter what was done to some of the floors they would not come clean. She stated the bathroom floors would need to be replaced. Interview, on 01/11/12 at 2:20 PM, with the Director of Maintenance, in Room #24's bath area, revealed his description of a black substance around the commode base as "nasty". Interview, on 01/11/12 at 2:25 PM, with the Floor Technician in room #32, revealed the bathroom commode base needed to be cleaned and re-caulked. He further stated the bathroom floor didn't look clean and needed to be deep cleaned. Interview, on 01/11/12 at 2:30 PM, with the Director of Housekeeping in room #9, revealed the bathroom floor and commode base didn't look	F 252	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or 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 provisions of federal and state law.* 3) Housekeeping staff were educated on proper cleaning techniques of bathroom floors and commode bases. This education was completed on 01-11-12 by Housekeeping Supervisor. 4) The Executive Director, Asst. Executive Director and Housekeeping Supervisor will conduct weekly environmental rounds reviewing the bathroom floors and commode bases for cleanliness. All findings will be reported to PI Committee monthly for next 90 days, and as needed thereafter, by Housekeeping Supervisor and Executive Director.	02-03-12

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-NORTHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 6000 HUNTING RD. LOUISVILLE, KY 40222	

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F 252	Continued From page 3 clean. He further stated the bathroom corners needed detailed cleaning. Interview with the Administrator, on 01/11/12 at 4:51 PM, revealed she was not pleased with the cleanliness of the bathrooms. When complaints would arise, she would ensure bathrooms were cleaned by going behind the housekeeping staff to make sure bathrooms were cleaned. Interview, on 01/11/11 at 3:25 PM, with the Area Executive Director in room #7, #16, and #32 revealed the conditions of the bathrooms were unacceptable.	F 252	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or 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 provisions of federal and state law.*	02-03-12
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, record review and the facility policy, it was determined the facility failed to follow the Medical Doctors orders as it related to keeping the Gastric tube (G-tube) open to gravity. The findings include: The faciltiy could not provide evidence of a policy Physician orders.	F 309	**F309 Provide Care /Service for the Highest Well Being** 1) Resident #1's G-Tube was unclamped on 1/9/12. The g-tube is monitored each shift by floor nurse and validated by Unit Manager and Weekend supervisor. Validation will continue by Unit Manager and Weekend supervisor for the next 30 days and than weekly for 90 days until solution is sustained. 2) An audit was conducted by Director of Nursing, Unit Manager and Weekend Managers on 01/10-11-12 on all residents to ensure to validate that care and services, to include but not limited to G-Tubes, are provided in accordance w/ assessment and care plans. 3) Education was conducted by Director of Nursing and Unit managers on 01-13-12 for all licensed nurses on g-tube, comprehensive assessment, care plan and following physicians order.	

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F 309	Continued From page 4 Record Review of Resident #1's record revealed the facility admitted the resident on 04/13/11 with diagnoses of Aspiration Pneumonia, Bronchitis, Severe Oropharyngeal Dysphagia, Respiratory Failure and Esophageal Reflux. Review of Resident #1's orders for the month of 12/1/11- 12/31/11 revealed Resident #1 had an order for a G-Tube to drainage bag. Interview with Resident #1's Physician, on 01/11/12 at 1:48 PM, revealed Resident #1 was a high aspiration risk because his/her stomach sphincter could not close appropriately and everything came up when Resident #1 coughed. The Doctor stated Resident #1's gastric tube had to be replaced a few months ago because of incorrect placement which caused some aspiration. The hospital placed a jejunum tube (j-tube located in the small intestine) and a new g-tube. The Doctor stated the rational behind placing the j-tube, was since Resident #1 was a high aspiration risk, the J-tube would receive the feeding and the g-tube would hang to gravity to catch anything that would come up in Resident #1's stomach and cause Resident #1 to aspirate. Review of the Resident Progress Notes, revealed on 01/09/12 at 1:30 AM, Licensed Practical Nurse (LPN) #3 wrote; "G-tube drainage found to be locked, drain was opened and thirty (30) milliliters of black fluid drained". Interview with Licensed Practical Nurse (LPN) #3, on 01/11/12 at 2:15 PM, revealed the family had complained Resident #1 felt warm. Resident #1's temperature was running 99.1 degrees. He did a full body assessment of Resident #1 and	F 309	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or 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 provisions of federal and state law.* 4) Unit Manager and Weekend Supervisor will conduct daily rounds to validate all care and services in accordance with comprehensive assessment and care plan to include, but not limited to, physician orders being followed. Rounds will be conducted and signed off by Unit Manager and Weekend Supervisor on the C.N.A. care sheet daily for the next 30 days and then weekly for the next 90 days or until solutions are sustained. 5. Director of Nursing will monitor system by reviewing 5 residents' comprehensive assessment and plan of care to ensure solutions are sustained. All findings will be reported to PI Committee monthly for next 90 days or until solutions are sustained.	2/3/12

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HEALTH CARE FACILITIES AND SERVICES

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

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F 309	Continued From page 5 observed Resident #1 dry heaving and his/her stomach distended. He went to retrieve some Tylenol for the resident's temperature and some Zofran for the nausea. The family of Resident #1 complained there was no drainage coming from Resident #1's G-Tube drain. Observations made by LPN #3 verified the G-tube had been clamped and there was no drainage observed in the G-tube drainage bag. He had worked the whole weekend and could not remember assessing the g-tube drainage bag or the contents of the g-tube bag. Interview, with LPN #4 on 01/11/12 at 3:16 PM, revealed the g-tube was always connected to bedside drainage. There was no order to clamp the g-tube. If the g-tube was clamped, what ever was in the system would not be able to move through. Interview with the Director of Nursing (DON), on 01/11/12 at 4:51 PM, revealed she was there the night Resident #1's g-tube was clamped. She questioned the Certified Nursing Assistants and nursing staff if they had clamped the g-tube. All staff denied clamping the g-tube. No event report was completed because the guidelines for the event report did not address g-tubes. The DON further stated she was not thinking potential harm for the g-tube being clamped.	F 309		

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