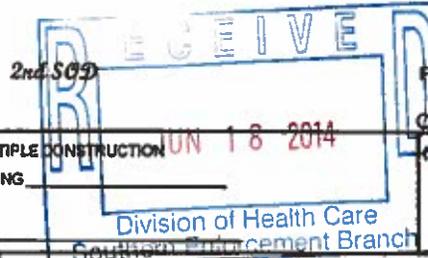


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2014
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NAME OF PROVIDER OR SUPPLIER SOMERSET NURSING AND REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GOVER STREET SOMERSET, KY 42602
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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
F 000	INITIAL COMMENTS A standard health survey was conducted on 05/13-15/14. Deficient practice was identified with the highest scope and severity at "D" level.	F 000	Somerset Nursing and Rehabilitation Facility does not believe nor does the facility admit that any deficiencies exist.	
F 441 SS=D	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. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (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. (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. (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. (c) Linens	F 441	Somerset Nursing & Rehabilitation reserves all rights to contest the survey findings through the informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard of care, contract, obligation or position. Somerset Nursing and Rehabilitation reserves all rights to raise possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Somerset Nursing and Rehabilitation does not waive, and reserves the right to asset in any administrative, civil or criminal claim, action or proceeding. Somerset Nursing and Rehabilitation offers its response, credible allegations of compliance and plan of correction as part of its on-going effort to provide quality care to residents. Somerset Nursing and Rehabilitation strives to provide the highest quality care while ensuring the rights and safety of all residents.	

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

TITLE

(X6) DATE

[Signature]

Administrator

6/18/14

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 SOMERSET NURSING AND REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 106 GOVER STREET SOMERSET, KY 42502		
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F 441	<p>Continued From page 1</p> <p>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 record review it was determined the facility failed to maintain an infection control program that provided a sanitary environment to help prevent the development and transmission of disease and infection for one (1) of twenty-four (24) sampled residents (Resident #2). Observation on 05/14/14 revealed facility staff provided incontinence care and catheter care for Resident #2 and came in contact with bowel movement with their gloved right hand; although staff removed the soiled glove from the right hand and put on a clean glove, staff failed to sanitize/wash their hands before putting on the clean glove and touching the resident's catheter tubing and bedding.</p> <p>The findings include:</p> <p>A review of the facility infection policy and procedure manual for infection control, page 26, revealed handwashing/hand hygiene was required when hands were visibly dirty or contaminated with blood or body fluids and after providing care to a resident.</p> <p>Review of the medical record revealed Resident #2 had diagnoses that included Benign Prostrate Hypertrophy, Urinary Retention, and Dementia. According to Resident #2's Annual Comprehensive Assessment dated 04/01/14, the</p>	F 441	<p>F441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>It is and was on the date of the survey, the policy of Somerset Nursing and Rehabilitation to provide a safe, sanitary environment to help prevent the development and transmission of disease and infection.</p> <ol style="list-style-type: none"> 1. The SRNA who was involved was promptly educated and in-serviced on standard precautions, prevention of spreading infection and on appropriate hand washing during care by the Director of Nursing. This was completed on May 14, 2014. 2. To ensure a similar situation will not occur, all facility SRNAs were re-educated on infection control by the House Supervisor and the Director of Nursing. This was completed on May 14, 2014. All nursing staff will be in-serviced by the Director of Nursing on standard precautions, prevention of spreading infections and on appropriate hand washing during care. This will be completed on June 27, 2014. 3. The Director of Nursing, House Supervisor and Unit Coordinators will do a total of at least ten monthly audits to 		

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F 441	<p>Continued From page 2</p> <p>resident was always incontinent of bowel and utilized an indwelling urinary catheter (a tube inserted into the bladder to drain urine).</p> <p>A review of the Plan of Care developed for Resident #2, dated 05/01/14, revealed staff was to provide catheter care to the resident. A review of interventions on the care plan revealed staff was to provide the catheter care at least every two hours.</p> <p>On 05/14/14 at 11:00 AM, staff was observed to provide incontinence and catheter care to Resident #2. Observation revealed State Registered Nurse Aide (SRNA) #1 put on gloves, provided catheter care, and cleaned stool from the resident's buttock area. The SRNA's right glove became visibly soiled with the bowel movement and the SRNA removed the right glove; however, the SRNA failed to wash or sanitize her hands and applied a clean glove on her right hand. SRNA #1 was then observed to obtain a clean incontinence brief from a closet, place the incontinence brief on Resident #2, and then adjust the resident's catheter, bed sheets, and pillow while she continued to wear the gloves used to provide the incontinence care.</p> <p>An interview conducted with SRNA #1 on 05/14/14 at 12:55 PM revealed the facility had provided in-service training related to infection control. However, SRNA #1 stated she became "nervous" during the observation and acknowledged her right glove became contaminated with bowel movement, she removed the glove, and put a clean glove on her right hand. The SRNA also acknowledged she failed to remove both of her gloves and sanitize her hands before she completed the incontinence</p>	F 441	<p>observe proper hand washing techniques for the next twelve months. Audits will be done on all shifts. Nurses, CMTs and SRNAs will be audited. If problems are identified, staff will be re-educated immediately.</p> <p>4. As a part of the ongoing Continuous Quality Improvement program, the committee will review above mentioned audits and corrective actions monthly for twelve months to monitor these areas and ensure that correction is achieved.</p> <p>5. June 28, 2014.</p>		

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F 441	Continued From page 3 care. An interview conducted with the Director of Nursing (DON) on 05/15/14 at 5:45 PM, revealed she conducted observations on a random basis of staff when they provided resident care in an effort to ensure staff maintained infection control practices. The DON stated she had not identified any concerns related to providing care in accordance with each resident's plan of care or with infection control practices.	F 441			