

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

PRINTED: 11/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF LOUISVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4200 BROWNS LANE LOUISVILLE, KY 40220</b>	
(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 253 SS=D	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>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 maintain an uncluttered, neat, and well-kept environment for three (3) of twenty-four (24) Sampled and five (5) Unsampled Residents, (Unsampled Residents A, B and E).</p> <p>The findings include:</p> <p>Review of the facility's policy Support Service (presented as the housekeeping policy), dated May 2013, revealed effective and efficient cleaning schedules were necessary to maintain a healthy environment.</p> <p>1. Observation of Unsampled Resident A's room on the 300/400 Unit, on 10/27/15 at 2:31 PM, revealed multiple clothes were hanging on both sides of the bathroom door and the door would not close. Unsampled Resident A's chair was full of clothes, white towels, and plastic bags, several cardboard boxes were on the floor and under the chair. Further observation revealed a small chest</p>	F 253	<p>The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p>	

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

TITLE (X6) DATE

*X Benark M. Edwards*

*X Administrator X 11/18/15*

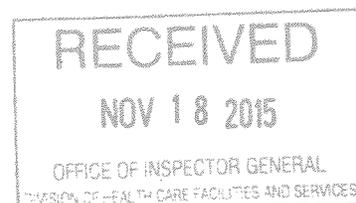
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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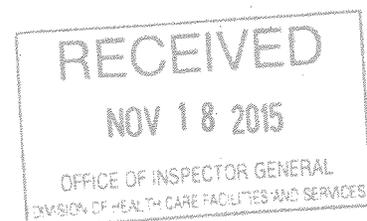
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F 253	<p>Continued From page 1</p> <p>of drawers beside the bed with Kleenex boxes, books, a radio, and four (4) used cups with straws in them. Two (2) five (5) drawer clear containers were sitting directly on the floor which contained multiple personal items, papers and figurines on top of the clear containers, one (1) five (5) drawer clear container was in the bathroom next to the sink by the door with rolls of toilet paper and multiple hair products on top of it. In addition, multiple boxes of personal items were on the floor along with shoes, plastic bags, blankets, and disposable briefs. Observation of Unsampld Resident A's room further revealed the window sill was covered with twelve (12) flower vases full of artificial flowers, papers, and plastic bags containing white linens and the heat/air conditioning unit had a red and black cloth bag, papers, a moisture wipe container sitting on top of it.</p> <p>Review of Unsampld Resident A's clinical record revealed the facility assessed the resident with a score of thirteen (13) of fifteen (15) on the Brief Interview for Mental Status (BIMS), on 09/24/15, which meant the resident was interviewable. Review of the Comprehensive Care Plan for Unsampld Resident A, dated 09/23/11, revealed the resident had hoarding tendencies with food, blankets, clothing, etc.</p> <p>Interview with Unsampld Resident A, on 10/28/15 at 4:30 PM, revealed the room was cluttered because there wasn't enough room in his/her room to accommodate his/her belongings. Unsampld Resident A stated he/she had talked with the Unit Manager requesting to get more space to place his/her belongings, but the Unit Manager never responded to the request for more room. Unsampld Resident A also stated</p>	F 253	<p>F253</p> <p>1. Housekeeping is provided by Housekeeping aides to Resident's A, B, and E's room daily. Resident A, and B's room was deep cleaned by housekeeping aide on 10/29/15. On 11/12/15, resident B agreed to have a large portion of her personal belongings boxed and stored by Nursing and/or House Keeping staff. Resident B's belongings will be boxed and stored by nursing and/or housekeeping staff by 11/19/15. On 11/12/15 and 11/13/15, the Social Services Director contacted Resident A's Guardian to assist the center in de-cluttering Resident A's room. On 11/13/15, Resident A's Guardian agreed to assist in de-cluttering resident A's room. A storage container will be purchased by center nursing and/or activity staff for Resident E to store her belongings. A large portion of Resident A, B, and E's belongings will be removed and or properly stored by the resident's responsible party, Nursing and/or Housekeeping Staff to assist in maintaining a well-kept environment by 11/19/15.</p> <p>11/20/15</p>



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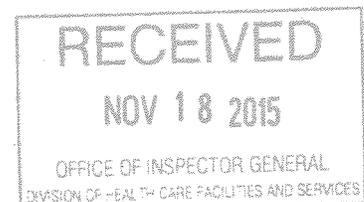
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F 253	<p>Continued From page 2</p> <p>housekeeping staff weren't allowed to move her belongings because they were his/her personal items.</p> <p>Interview with Housekeeping Staff #1, on 10/27/15 at 2:31 PM, revealed Unsampld Resident A didn't like for the housekeeping staff to move items and things in her room and the resident only allowed them to clean around his/her personal items. Housekeeping Staff #1 stated if Unsampld Resident A allowed the housekeeping staff to clean only where there was an open pathway and clean the bathroom. Housekeeping Staff #1 also stated it was difficult to clean Unsampld Resident A's room because of all the clothes and papers in her room and he had spoken to the Housekeeping Director about Unsampld Resident A not allowing his/her room to be cleaned by housekeeping staff.</p> <p>Interview with Certified Nursing Assistant (CNA) #1, on 10/28/15 at 4:44 PM, revealed she had spoken with Unsampld Resident A about the clutter in his/her room and had suggested to the resident that she would help the resident straighten up the room, but Unsampld Resident A refused to allow the CNA to assist in the room cleaning.</p> <p>2. Observation of Unsampld Resident B's room, on the 300/400 Unit, on 10/27/15 at 3:03 PM, revealed a white three (3) open-shelf chest which contained opened uneaten food items, lotions and cups of plastic silverware and straws. Unsampld Resident B's recliner chair contained multiple items of clothing, some which were loose and others in plastic bags. Five (5) cardboard boxes were observed sitting directly on the floor</p>	F 253	<p><b>F 253 Continued</b></p> <p>2. The Director of Care Delivery (DCDs), Housekeeping aides and/ or Maintenance Staff will audit 100% of resident rooms to ensure that they are uncluttered, neat and well-kept by 11/19/15.</p> <p>3. On 11/10/15, the ADNS began training staff on the importance of keeping resident rooms uncluttered, neat and well-kept. The ADNS, DCDs, Department Heads, Administrator and/or Assistant Administrator will educate staff on the importance of keeping resident rooms uncluttered, neat and well-kept. They will also educate staff to inform their supervisor of rooms that are cluttered and untidy. Staff education will be completed by 11/19/15.</p> <p>4. Housekeeping Supervisor, Housekeeping Aide, DCD, and/or licensed nurse (s) will randomly audit 5 % of resident rooms daily x 5 days x 1 month, and then weekly x 2 months, then monthly x 3 months to ensure resident rooms are uncluttered, neat and well-kept. The ADNS, Assistant Administrator and/or Administrator will report the results of the audits to Quality Assurance committee monthly for further review and recommendation.</p> <p>5. Corrective Measures will be completed by 11/20/15.</p> <p>11/20/15</p>



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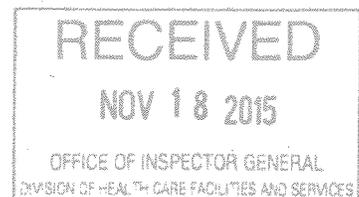
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F 253	<p>Continued From page 3</p> <p>alongside the heat/air unit, which contained articles of the resident's clothing. In addition, the resident's shoes and house shoes were stored under the bedside table and plastic cups and air fresheners were sitting on top of the heating/air conditioning unit.</p> <p>Review of Unsampled Resident B's clinical record revealed the facility assessed the resident with a score of thirteen (13) of fifteen (15) on the Brief Interview for Mental Status (BIMS), on 09/25/15, which meant the resident was interviewable.</p> <p>Review of the Nursing Notes for Unsampled Resident B, dated 06/23/15, revealed the resident had a history of hoarding items in his/her room that required occasional checks for expired or spoiled items.</p> <p>Interview with Unsampled Resident B, on 10/29/15 at 8:37 AM, revealed he/she was aware the room was cluttered due to personal items things but he/she needed a container to store his/her personal items. Unsampled Resident B stated housekeeping staff had rarely cleaned the room and staff had never offered to assist with containers for storage in his/her room.</p> <p>Interview with Housekeeping Staff #1, on 10/27/15 at 2:31 PM, revealed there were other residents on the hall who wouldn't allow them to clean their rooms either, such as Unsampled Resident B and Unsampled Resident E. Housekeeping Staff #1 stated it was impossible to adequately clean Unsampled Residents' A, B, and E's rooms because of the clutter in their rooms and because they wouldn't allow the housekeeping staff to move the clutter to clean under it.</p>	F 253	



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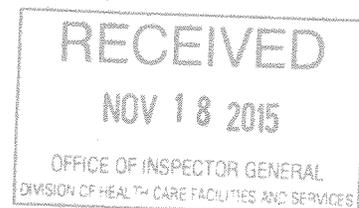
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F 253	Continued From page 4  3. Observation of Room 418-2, on 10/27/15 at 9:21 AM, during the initial tour, revealed Unsampld Resident E was out of the room and the resident's room was full of plastic bags stored on the floor, on top of the bedside table and in the bed. There were eleven (11) plastic bags full of yarn and knitting supplies stored on the floor by the bed. There were other knitting supplies in six (6) smaller plastic bags of supplies on the resident's bed and on top of the resident's bedside table. Hair and dust were noted balled up in a corner by the closet and under the bedside table.  Interview with Licensed Practical Nurse (LPN) #2, on 10/27/15 at 9:21 AM, revealed Unsampld Resident E's room was very cluttered with piastic bags full of yarn and knitting supplies. She stated there was no place to store the supplies as the resident had a tiny closet and a bedside table. She stated the resident needed something to store belongings up off the floor to ensure no clutter and free the area for housekeeping to clean.  Interview with Unsampld Resident E, on 10/27/15 at 10:00 AM, revealed the facility made no efforts to find a piace for his/her craft supplies. The resident stated the floor was the only area where there was space to store items. The resident stated he/she was usually in therapy and did not observe how the room was cleaned by housekeeping.  Interview with Certified Nursing Assistant (CNA) #1, on 10/28/15 at 4:44 PM, revealed all the residents on the unit have been told that nothing was allowed to be on the heating/air conditioning	F 253			



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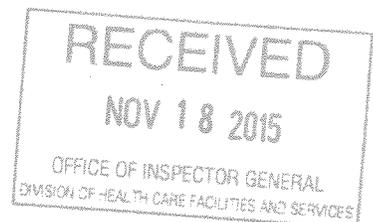
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F 253	<p>Continued From page 5</p> <p>unit, but CNA #1 often finds items in Unsampled Residents' A, B, and E's rooms on the heating/air conditioning units. CNA #1 also stated it wasn't safe for Unsampled Residents A, B, and E to be in the room with that much clutter because it was probably a fire hazard.</p> <p>Interview with Unit Manager (UM) #1, on 10/28/15 at 5:03 PM, revealed she was aware of the clutter in the rooms of Unsampled Residents A and B and E and had spoken to the residents about hoarding items, but the residents weren't willing to have items removed from their rooms. UM #1 stated Unsampled Resident A had refused to allow staff to assist him/her to clean in the room and it was difficult to clean the room because of the clutter.</p> <p>Interview with the Housekeeping Director, on 10/27/15 at 3:13 PM, revealed Unsampled Residents A, B and E's rooms were difficult to clean because of all the clutter on the tables, furniture, and floors. The Housekeeping Director stated he had spoken with the Unit Manager of the 300/400 Unit about the clutter that had kept housekeeping staff from properly cleaning the resident's room and maintaining a healthful environment.</p> <p>Further interview, on 10/29/15 at 8:45 AM, revealed no specific schedule or plan for cleaning the cluttered rooms of Unsampled Resident A, B and E prior to the survey. He indicated he had not discussed the issue of cluttered, unclean resident rooms with his supervisor.</p> <p>Interview with the Director of Nursing (DON), on 10/29/15 at 9:14 AM, revealed she was aware of</p>	F 253	



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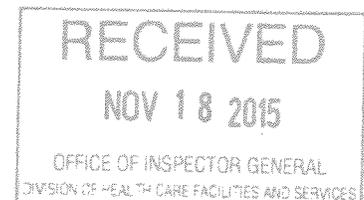
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F 253	Continued From page 6 several residents' hoarding tendencies and of the unorganized clutter in the residents' rooms. The DON stated she had not been informed of the housekeeping staff concerns regarding having difficulty cleaning the residents' rooms. The DON also stated she had never educated the residents or staff about hoarding.  Interview with the Administrator, on 10/29/15 at 3:15 PM, revealed Resident A, B, and E's rooms were cluttered with multiple items and they had been educated on not hoarding items in their rooms. The Administrator stated the residents' families, guardians, and Powers of Attorney had been educated on hoarding; however, the residents continued to accumulate things. The Administrator also stated staff had been able to come in and out of the residents' rooms without being harmed so she felt the rooms were safe.	F 253			
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.	F 441	F 441  1. Housekeeper #1 was immediately trained by the Housekeeping Director on the facility's Infection Control Practice Guide to include Transmission based Precautions and Standard Precautions on 10/27/15. CNA #1 was trained by the Administrative Director of Nursing Services (ADNS) on the facility's Infection Control Practice Guide to include Transmission based Precautions and Standard Precautions on 11/12/15. Resident C was discharged from the facility on 11/7/15. Resident D was assessed on 11/10/15 by the DCD or licensed nurse to ensure there were no negative outcomes related to break in isolation.  2. The ADNS and/or licensed nurse reviewed residents with isolation precautions on 11/10/15 utilizing the Infection QAPI Audit Tool with identified corrections to be made on or before 11/19/15. Residents admitted after 11/10/15 with isolation precautions will be reviewed by licensed nurse (s) utilizing the Infection QAPI Audit Tool with identified corrections made by licensed nurse (s) on or before 11/19/15.	11/20/15	



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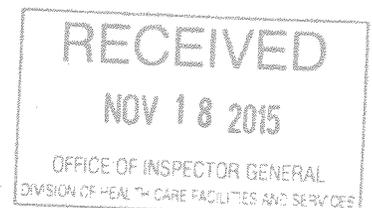
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F 441	<p>Continued From page 7</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility 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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy for Contact Precautions, it was determined the facility failed to ensure Nursing and Housekeeping staff followed Contact Precautions for two (2) of twenty-four (24) sampled residents and five (5) unsampled residents, Unsampled Residents D and C. A Certified Nurse Aide (CNA) was observed in a Contact Precautions room for Unsampled resident C changing the bed linen and holding a pillow up against her uniform wearing gloves and no gown. A Housekeeper was observed cleaning a Contact Precautions room for Unsampled Resident D wearing gloves and no</p>	F 441	<p><b>F 441 Continued</b></p> <p>3. On 11/10/15, the ADNS began training staff on the infection Control Practice Guide to include Transmission Based Precautions and standard precautions. The ADNS, Director of Care Delivery (DCDs), Department Heads, Administrator and /or Assistant Administrator will complete staff education on the Infection Control Practice Guide to include transmission based precautions and Standard Precautions by 11/19/15.</p> <p>4. The DCDs, licensed nurse (s), House Keeping Supervisor and/or ADNS will collectively audit 10 Nursing and Housekeeping employee's care and cleaning for residents daily x 5 days x 1 month, and then 2 x weekly x 2 months, then weekly x 3 months to ensure that the Infection Control Practice Guide to include transmission based precautions and standard precautions are utilized during contact with residents. The ADNS, Assistant Administrator and/or Administrator will report the results of the audits to Quality Assurance committee monthly for further review and recommendation.</p> <p>5. Corrective Measures will be completed by 11/20/15.</p> <p style="text-align: right;">11/20/15</p>



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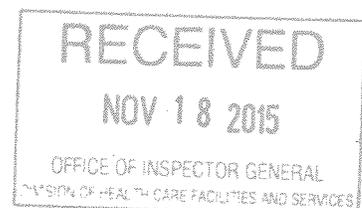
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F 441	<p>Continued From page 8</p> <p>gown. The housekeeper came into the hallway outside of the room without removing the gloves or washing her hands. She placed her gloved hands into her pants pockets and touched the housekeeping cart.</p> <p>The findings include:</p> <p>Review of the facility's policy for Transmission Based Precautions, dated May 2013, revealed transmission based precautions were designed for circumstances when additional precautions beyond standard precautions were needed. Contact transmission was the most important and frequent mode of healthcare associated infections. It was divided into two (2) subgroups: direct transmission and indirect transmission. Direct body surface to direct body surface occurs with direct contact transmission. Contact between a susceptible host and a contaminated object was indirect contact transmission. Contact precautions reduce the risk of transmission by direct or indirect contact. In addition to standard precautions, the following measures are necessary for contact precautions: wear a gown only when clothing anticipated to come in contact with the patient, environmental surfaces or items in the room.</p> <p>1. Observation of Room 407, Unsampled Resident D's room, on 10/27/15 at 10:35 AM, revealed the resident was not in the room; however, a housekeeper was in the room wearing gloves and cleaning. Her jacket was observed to touch the furniture when she leaned over to clean. The outside of the door to the room was marked with a small red sign saying see the nurse before entering the room. There was an isolation cart in the hallway at the door to the</p>	F 441			



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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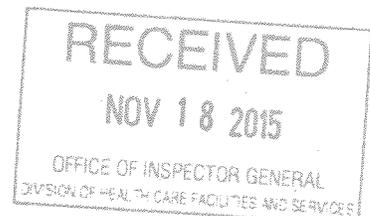
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF LOUISVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4200 BROWNS LANE LOUISVILLE, KY 40220</b>		
(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 441	<p>Continued From page 9</p> <p>room. The housekeeper came out of the room wearing the gloves and holding the cleaning cloth. She laid the cleaning cloth on top of the housekeeping cart and placed both hands in her pants pockets while the gloves remained on.</p> <p>Interview with Housekeeper #1, on 10/27/15 at 10:35 AM, revealed she was not able to provide information on the type of isolation the resident was in. She stated she did ask the nurses regarding cleaning the room and they told her to wear gloves when cleaning that room. She stated she did not know which nurse told her to wear gloves. She stated she was trained by the facility on isolation precautions.</p> <p>Interview with Registered Nurse (RN) #1, on 10/27/15 at 2:51 PM, revealed Unsampled Resident D required contact precautions related to a surgical incision with Methicillin Susceptible Staphylococcus Aureus (MSSA) and gloves and gown should be worn when entering the room. However, she stated if a microorganism was contained, no gown was required unless the dressing was being changed. She stated housekeepers relied on nurses for information on what contact precautions were required when cleaning a room. She stated nurses judgement regarding personal protective equipment was varied. She stated she was not familiar with MSSA and the environment and did not realize MSSA could live for a long time on dry surfaces. She stated housekeeping should wear gloves and gown when cleaning isolation rooms where MSSA was present.</p> <p>Interview with the Director of Environmental Services, on 10/27/15 at 3:10 PM, revealed no isolation precautions were required for</p>	F 441			



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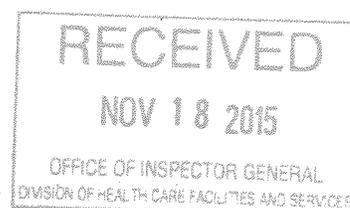
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF LOUISVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4200 BROWNS LANE LOUISVILLE, KY 40220</b>		
(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 441	<p>Continued From page 10</p> <p>Unsampled Resident D related to the wound being contained. He stated the nurses gave housekeepers information regarding contact precautions. He stated he had no knowledge regarding contact precautions and indirect microorganism transmission from the environment or items in the room. He stated he was trained by the facility on isolation precautions.</p> <p>Interview with Housekeeper #1, on 10/29/15 at 8:20 AM, revealed she should not have left the isolation room wearing the gloves she used to clean some of the furniture in Unsampled Resident D's room. She stated she should have removed the gloves and washed her hands before leaving the room. She stated she could have spread germs to other residents.</p> <p>2. Observation of Room 125-1, Unsampled Resident C's room, on 10/27/15 at 3:08 PM, revealed a CNA changing the bed linens. A small red sign on the door revealed the nurse should be seen prior to entry into the room. A large red bag was on the floor at the foot of bed one (1).</p> <p>Interview with CNA #2, on 10/27/15 at 3:11 PM, revealed Unsampled Resident C was in some type of isolation; however, she had returned to work today and she did not know the resident or the type of isolation the resident required. She stated the nurses said to wear gloves; however, she was not able to state the nurse's name. She stated she should have worn a gown and gloves to change the bed linens to prevent spreading germs. She stated she was trained by the facility to care for residents in isolation.</p> <p>Interview with LPN #1, on 10/27/15 at 3:20 PM,</p>	F 441		



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  10/29/2015
NAME OF PROVIDER OR SUPPLIER  HEARTLAND OF LOUISVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 BROWNS LANE LOUISVILLE, KY 40220		
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F 441	Continued From page 11 revealed Unsampler Resident C was in contact precautions related to a urinary tract infection with Escherichia Coli (E. Coli) with Extended Spectrum Beta Lactamase (ESBL). She stated the resident was incontinent of bladder and nursing staff should not be changing the bed linens without wearing a gown and gloves. She stated the CNA should change their gown and gloves after taking the soiled linens from the bed and use a clean gown and gloves to make the bed. She stated the microorganisms could be spread to other residents. She stated she was trained by the facility on contact precautions.  Interview with Unit Manager #1, on 10/27/15 at 3:40 PM, revealed the facility policy stated no gown was required when entering a contact precautions room if you do not touch the resident. In addition, if the source of the infection was contained, there was no need to use anything but gloves. She stated she directed staff to not touch anything in the room. She stated the facility assessed residents to determine if a gown was required to enter a contact precautions room; however, she was not able to provide evidence of that documentation.	F 441			



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/20/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF LOUISVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4200 BROWNS LANE</b> <b>LOUISVILLE, KY 40220</b>		
(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  Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 11/20/15 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185178	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/28/2015
NAME OF PROVIDER OR SUPPLIER  HEARTLAND OF LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 BROWNS LANE LOUISVILLE, KY 40220	
(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)

K 000

INITIAL COMMENTS

K 000

CFR: 42 CFR §483.70 (a)

BUILDING: 01

PLAN APPROVAL: 1970

SURVEY UNDER: 2000 Existing

FACILITY TYPE: SNF/NF DP

TYPE OF STRUCTURE: One (1) story with a partial basement, Type III (211)

SMOKE COMPARTMENTS: Eleven (11) on the Ground Floor and two (2) in the Basement.

FIRE ALARM: Complete fire alarm system with heat and smoke detectors.

SPRINKLER SYSTEM: Automatic (dry) sprinkler system, hydraulically designed. Upgraded in 2010.

GENERATOR: Type II, 150 KW generator installed in 2006. Fuel source is diesel.

A Recertification Life Safety Code Survey, utilizing the 2786S short form, was conducted on 10/28/15. The facility 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).

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

TITLE

(X6) DATE

*Ronny McEdward*      *Administrative*      *10/18/15*

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.