

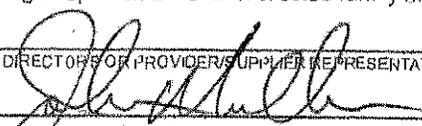
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  04/12/2013
NAME OF PROVIDER OR SUPPLIER  VILLASPRING OF ERLANGER			STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018		
(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 Recertification Survey was conducted 04/09/13 through 04/12/13. Deficiencies were cited with the highest Scope and Severity of a "D".	F 000	Without admitting or denying the validity or existence of the alleged deficiencies, Villaspring Health Care and Rehabilitation ("Villaspring") provides the following plan of correction. However, the law requires us to prepare a plan of correction for the citation regardless of whether we agree with it.		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.  The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	This plan of correction is not meant to establish any standard of care, contract, obligation or position and Villaspring reserves all rights to raise all possible contentions and defenses in any civil or criminal claim action or proceeding.  THIS PLAN OF CORRECTION SERVES AS VILLASPRING'S CREDIBLE ALLEGATION OF SUBSTANTIAL COMPLIANCE AS OF APRIL 20 <sup>TH</sup> , 2013.  <u>F157</u>  The facility ensures the resident, resident's Physician, and the resident's legal representative or an interested family member is notified when there is a change in a resident's physical health.  Resident #3 currently resides in the facility. The MD was notified of the weight change with no new orders. The Dietitian and Nurse Manager have reviewed Resident #3's nutritional status and it is stable, the resident currently has a normal and acceptable BMI of 24.1. The resident will continue to be monitored for weight change by the nursing staff and dietitian.		

RECEIVED  
MAY 1 2013  
BY: \_\_\_\_\_

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



TITLE

Administrator

(X6) DATE

5/6/2013

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 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy it was determined the facility failed to ensure the Physician was notified when there was a change in a resident's physical health and a need to alter treatment for one (1) of of twenty-four (24) sampled residents (Resident #3).</p> <p>Resident #3 sustained a significant weight loss of 7.5 % in one (1) month from 03/02/13 through 04/03/13; however, there was no documented evidence the facility notified the Physician of the weight loss.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Change of Condition", revised 08/07, revealed staff were to recognize and report significant changes in resident's status. Documentation of the condition would be noted in the nurses charting or interdisciplinary charting as indicated. Physician's would be notified of significant changes in resident's conditions by phone or fax as appropriate.</p> <p>Review of Resident #3's clinical record revealed diagnoses which included Alzheimer's Disease, and Chronic Kidney Disease.</p> <p>Review of the Quarterly Nutrition Note completed by the Registered Dietitian (RD), dated 03/01/13, revealed the resident had an average intake of 75-100 % of most meals and consumed 240-480 milliliters (ml's) of fluids at most meals.</p>	F 157	<p>The Dietitian has reviewed the weight loss of each resident. When necessary, the Dietitian notified the MD of any significant weight loss of 7.5% or greater. Additionally, the Nursing Unit managers audited lab results twice weekly to ensure licensed nursing staff were appropriately notifying the physician of any abnormal, or significantly changed, lab values. The results demonstrated compliance.</p> <p>The LNHA re-educated the Dietitian and Nursing Management team on the regulation related to notification and nutrition on April 11<sup>th</sup>, 2013. Additional education by the LNHA and DON and then discussion of notification of significant changes, including weight changes, occurred in Department Leadership meeting April 16<sup>th</sup>, 2013 and in the facility quarterly QA meeting on April 19<sup>th</sup>, 2013. Both meetings included the Dietitian and Nursing Management. The RN Unit Managers and Dietitian shall communicate and discuss any residents identified with significant weight loss of 7.5% or greater and ensure the physician was appropriately notified. The Dietitian will print out and review the facility weight report from the Task Manager program weekly and review for any significant weight loss. If significant weight loss has occurred, the Dietitian will review the nutritional status, notify the physician and family, and review the resident status with the interdisciplinary team.</p>	

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F 157	<p>Continued From page 2</p> <p>Review of the Rehab Flow Records, dated 03/01/13 through 04/09/13, revealed Resident #3 consumed 50% or less for nine (9) times at breakfast, consumed 50% or less for fourteen (14) meals at lunch and consumed 50% or less for seventeen (17) meals at dinner.</p> <p>Review of the "Dietitian Weight Report", dated 03/02/12 through 04/03/13, revealed a weight of 192 pounds on 03/02/13 and a weight of 179.6 on 04/01/13 with a reweigh of 177.6 on 04/03/13. This indicated a significant weight loss of 7.5% and 14.4 pounds in one (1) month. Observation, on 04/11/13 at 10:50 AM, revealed a weight was obtained for Resident #3 in a weight chair and the resident weighed 178.4 pounds. Record review revealed no documented evidence the facility notified the Physician or the Registered Dietitian of the weight loss.</p> <p>Interview, on 04/11/13 at 10:30 AM, with the Registered Dietitian (RD) revealed she had not yet reviewed the weights for April. She stated she reviewed the "task manager" in the computer each morning for any significant weight losses or gains and typically waited until all residents weights were obtained for the month before she started addressing weight losses. She indicated she was unaware of Resident #3's weight loss and stated she would request another re-weight before adding any other interventions.</p> <p>Interview, on 04/11/13 at 10:50 AM and 04/12/13 at 9:00 AM, with Licensed Practical Nurse (LPN) #2 revealed she was Resident #3's primary nurse and was assigned to the resident most days. She stated, the computer "task manager" alerted the</p>	F 157	<p>An audit (Exhibit A) of physician notification of any significant weight loss of 7.5% or greater will be performed weekly by the Dietitian. This audit will be performed weekly for 8 weeks then monthly for 2 months. The findings of the audit shall be reported to the QA committee for further review and recommendations.</p> <p>DON to monitor</p> <p>Completion Date: 4/20/2013</p>	4/20/13	

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F 157	<p>Continued From page 3</p> <p>nurses and the Dietitian to get a re-weight if a weight was noted to be a five (5) pound loss or gain. Continued interview revealed if the re-weight indicated an actual loss or gain of 5 pounds the nurse was to notify the physician. LPN #2 indicated there was no documented evidence the physician was notified of this resident's significant weight loss from 03/02/13 to 04/03/13 even though it had been eight (8) days since the re-weight had been obtained.</p> <p>Interview, on 04/12/13 at 9:00 AM, with the Director of Nursing (DON) and Registered Nurse (RN) #3/Unit Manager revealed it took two (2) weeks to get all the monthly weights completed and in the meantime if a resident had a five (5) percent gain or loss in weight the Unit Manager, DON and RD would be alerted by the "task manager". Further interview revealed the physician would be notified of weight losses because the RD placed the monthly weight reports in the physician's binder for the physicians to review and most physician's checked their binders while they were in the facility once or twice a week. Continued interview revealed the physician was to be notified of significant weight gains or losses after the RD had completed her assessment of the weight gain or loss. RN #3 indicated the physician should have already been notified.</p> <p>Interview, on 04/12/13 at 1:00 PM, with the Attending Physician revealed he was unaware of this resident's weight loss of 14.4 pounds from 03/02/13 until 04/03/13 and would have liked to have been notified. The Physician stated the resident had Advanced Dementia and he would need to investigate the medications to see if that</p>	F 157			

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F 157  F 325 SS=D	<p>Continued From page 4 was contributing to the weight loss.</p> <p>483.25(j) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and review of facility's policy it was determined the facility failed to ensure a resident maintained acceptable parameters of nutritional status unless the resident's clinical condition demonstrated it was unavoidable for one (1) of twenty-four (24) sampled residents (Resident #3). Resident #3 had a significant weight loss of 7.5 % in one (1) month from 03/02/13 through 04/03/13; however, there was no documented evidence the facility followed their Significant Weight Loss policy and notified the interdisciplinary team to initiate a thorough review of the resident or notified the Physician or Dietitian in an attempt to prevent further weight loss.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Significant</p>	F 157  F 325	<p><u>F325</u></p> <p>The facility ensures residents maintain an acceptable parameter of nutritional status unless unavoidable.</p> <p>Resident #3 has been identified as a significant weight change. The Dietitian and Nursing have thoroughly reviewed Resident #3 status, reviewing interventions to prevent further weight loss. The MD was notified of the significant weight change with no new orders.</p> <p>The Dietitian has reviewed the weight loss of each resident. In order to determine contributing factors and, when necessary, modified approaches in residents with significant weight loss of 7.5% or greater.</p>	

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F 325	<p>Continued From page 5</p> <p>Weight Loss", revised 08/11, revealed the Dietitian and nursing staff would be responsible for evaluating and monitoring all resident's weight status in order to provide appropriate nutritional therapy. Monthly weights would be completed in the first two weeks of the month and the Dietitian would compare weights to monitor for significant weight loss. The Physician would be notified if a resident had experienced a significant weight loss and the communication would be documented in the resident's clinical record.</p> <p>Review of the facility "Task Manager" overview, undated, revealed the Task Manager software was a system designed with the goal of improving resident care. "It will alert the proper staff of relevant issues in the form of tasks that it creates and it monitors the progress of tasks themselves and escalates them to direct supervisors if these tasks are not handled in a timely manner". Further review revealed there was a number of events and patterns that would trigger the Task Manager system to create alert tasks including; if a resident had eaten less than 50% of food which was an average of 50% for the day's three meals for three (3) consecutive days, or if the resident had not eaten at all for three (3) consecutive days, if the resident's weight changed by five (5)% on two (2) consecutive measurements, and if the resident's weight changed by five (5) pounds on two (2) consecutive measurements.</p> <p>Review of Resident #3's medical record revealed diagnoses which included Alzheimer's Disease and Chronic Kidney Disease. Review of the Significant Change Minimum Data Set (MDS), dated 03/04/13, revealed the facility assessed the resident as having a Brief Interview for Mental</p>	F 325	<p>The LNHA re-educated the Dietitian and Nursing Management team on the regulation related to nutrition on April 11<sup>th</sup>, 2013. Additional education and discussion by the LNHA and DON on nutritional approaches for those with significant weight changes occurred in Department Leadership meeting April 16<sup>th</sup>, 2013 and in the facility quarterly QA meeting on April 19<sup>th</sup>, 2013. Both meetings included the Dietitian and Nursing Management. The RN Unit Managers and Dietitian shall communicate and discuss any residents identified with significant weight loss of 7.5% or greater and ensure appropriate nutritional interventions are in place. The Dietitian will print out and review the facility weight report weekly from the task manager program and review for any significant weight loss. If significant weight loss has occurred, the Dietitian will review the nutritional status, notify the physician and family, and review the resident status with the interdisciplinary team.</p> <p>An audit (Exhibit A) of any significant nutritional status/weight loss of 7.5% or greater will be performed weekly by the Dietitian. This audit will be performed weekly for 8 weeks then monthly for 2 months. The findings of the audit shall be reported to the QA committee for further review and recommendations.</p> <p>Administrator to monitor.</p> <p>Completion Date: 4/20/2013</p>	4/20/13	

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F 325	<p>Continued From page 6</p> <p>Status (BIMS) score of 02 which indicated the resident was severely impaired in cognitive skills for decision making. Further review revealed the facility assessed the resident as requiring total dependence on staff for eating.</p> <p>Review of the Comprehensive Plan of Care, revised 03/01/13, revealed the resident was at nutritional risk and had the potential for dehydration related to chronic pain and the potential for decreased intake. The goal stated the resident would maintain weight between 190 plus or minus five (5) pounds with approaches which included to monitor for weight fluctuations and monthly weights.</p> <p>Review of the Quarterly Nutrition Note, dated 03/01/13, completed by the Dietitian revealed the resident consumed an average of 75-100 % of most meals and consumed 240-480 milliliters (ml's) of fluids at most meals.</p> <p>Review of the Rehab Flow Records, dated 03/01/13 through 04/09/13, revealed the resident consumed 50% or less for nine (9) times at breakfast, consumed 50% or less for fourteen (14) meals at lunch, and consumed 50% or less for seventeen (17) meals at dinner.</p> <p>Review of the "Dietitian Weight Report", dated 03/02/13 through 04/03/13, revealed Resident #3 weighed 192 pounds on 03/02/13 and 179.6 on 04/01/13 with a reweigh of 177.6 on 04/03/13 (a significant weight loss of 7.5% and 14.4 pounds in one (1) month). Observation, on 04/11/13 at 10:50 AM, revealed a weight was obtained of Resident #3 in a weight chair and the resident weighed 178.4 pounds. Record review revealed</p>	F 325			

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F 325	<p>Continued From page 7</p> <p>no documented evidence the facility notified the Physician or the Registered Dietician of the weight loss.</p> <p>Interview, on 04/12/13 at 8:45 AM, with State Registered Nurse Aide (SRNA)#3 who was assigned to Resident #3 revealed the SRNA's documented food and fluid intakes in the computer and if the residents did not eat anything or ate minimal they were to notify the nurses.</p> <p>Interview, on 04/11/13 at 10:30 AM, with the Registered Dietitian (RD) revealed she had not yet reviewed the April weights. She stated she reviewed the "task manager" in the computer each morning for any significant weight losses or gains and typically waited until all residents weights were obtained for the month before she started addressing weight losses. She indicated she was unaware of Resident #3's weight loss and stated she would request another re-weight before adding any other interventions because this resident was already on supplements.</p> <p>Interview, on 04/11/13 at 10:50 AM and 04/12/13 at 9:00 AM, with Licensed Practical Nurse (LPN) #2 revealed she was Resident #3's primary nurse and was assigned to the resident most days. She stated the computer "task manager" was reviewed daily and alerted the nurse if a resident consumed less than 50% for three (3) consecutive meals. She further stated, the computer "task manager" alerted the nurses and the Dietitian to get a re-weight if a weight was noted to be a five (5) pound loss or gain. Continued interview revealed if the re-weight indicated an actual loss or gain of 5 pounds the nurse was to notify the physician. She indicated</p>	F 325			

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F 325	Continued From page 8 there was no documented evidence the physician was notified of this resident's significant weight loss from 03/02/13 to 04/03/13 even though it had been eight (8) days since the re-weight had been obtained.  Interview, on 04/12/13 at 9:00 AM, with the Director of Nursing (DON) and Registered Nurse (RN) #3/Unit Manager revealed the computer "task manager" alerted staff if a resident consumed less than 50% for three (3) meals for three (3) consecutive days or if the resident did not eat at all for three (3) consecutive meals and the "task manager" was reviewed daily by the nurse, Unit Manager, DON, and RD. Further interview revealed it took two (2) weeks to get all the monthly weights completed and in the meantime if a resident had a five (5) percent gain or loss in weight the Unit Manager, DON and Dietitian would be alerted by the "task manager". Continued interview revealed the physician would be notified of weight losses because the RD placed the monthly weight reports in the physician's binder for the physicians to review and most physician's checked their binders when they were in the facility once or twice a week. Further interview revealed the physician was to be notified of significant weight gains or losses after the RD had completed her assessment of the weight gain or loss. RN #3 indicated the physician should have been notified.  Interview, on 04/12/13 at 1:00 PM, with the Attending Physician revealed he was unaware of this resident's weight loss of 14.4 pounds from 03/02/13 until 04/03/13 and would have liked to have been notified. He stated the resident had Advanced Dementia and he would need to	F 325			

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F 325 Continued From page 9  
Investigate the medications to see if that was contributing to the weight loss.

F 441 483.65 INFECTION CONTROL, PREVENT SS=D 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  
Personnel must handle, store, process and transport linens so as to prevent the spread of

F 325

F 441

The facility has established and maintains an Infection Control Program that provides a sanitary environment to help prevent the development and transmission of disease and infection.

Resident #7 and #9 have been observed in the dining room without any recurrence of staff touching the food during a meal. Resident #7 and #9 have been and remain free from signs or symptoms of infection. Resident #5 has been observed during dressing change and staff maintained correct dressing change technique, particularly related to hand washing during the change. Resident #5 has been and remains free from signs and symptoms of infection.

Dining room audit of meal service and infection control practices in the dining room were conducted and revealed no instances of staff touching food. Chef educated staff in dining room during meal rounds and audits April 12<sup>th</sup> and April 15<sup>th</sup> through 19<sup>th</sup>, 2013 about infection control concerns throughout the whole meal service, in particular not to touch any food with bare hands during resident meal service. The Nursing Management team, in particular the ADON, collected a sample of residents who received dressing changes to ensure the licensed nurses were following the policy and using appropriate infection control techniques.

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185447	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/12/2013
NAME OF PROVIDER OR SUPPLIER  VILLASPRING OF ERLANGER			STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018	
(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	Continued From page 10 infection.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of facility policy it was determined the facility failed to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help the development and transmission of disease and infection.  Observation during meal service revealed staff picked up bread with their bare hands and served it to Resident #7 and Resident #9.  Observation of wound care and dressing changes for Resident #5 revealed the nurse used poor infection control technique.  The findings include:  1. Observation, on 04/10/13 at 1:00 PM, of the second floor dining room revealed Licensed Practical Nurse (LPN) #2 picked up bread with her bare hands and served it to Resident #9.  Interview, on 04/10/13 at 4:20 PM, with LPN #2 revealed she was unaware she could not touch bread with her bare hands if she had sanitized her hands.  Interview with the Director of Nursing, on 04/12/13 at 9:00 AM, revealed the State Registered Nursing Aides (SRNA's) received training in feeding residents upon hire. She stated	F 441	LNHA provided education to the Department Leadership on the infection control program, infection control and food handling in the meal service, and a review of the dressing change policy and procedure in the Department Leadership meeting on April 16 <sup>th</sup> , 2013. The Chef has conducted audits in the dining room related to infection control, particularly emphasizing to staff not to touch any food with bare hands. ADON began education to licensed nurses, including LPN #2, on infection control techniques, following the dressing change and hand washing policy on April 10 <sup>th</sup> , 2013. Facility staff, including LPN #2, began education using the facility wide training system, a one hour class titled, <i>Hand washing: The Latest CDC Recommendations</i> on April 16 <sup>th</sup> , 2013.  An audit of the meal service (Exhibit B), with attention to infection control techniques and	

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NAME OF PROVIDER OR SUPPLIER  VILLASPRING OF ERLANGER			STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018		
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F 441	Continued From page 11 she had not noticed infection control as a concern with feeding in the past.  2. Review of the facility "Dressing Changes" policy, revised 04/11/13, revealed a dressing change was done to promote cleanliness and healing, prevent infection, to protect skin surfaces from maceration and excoriation, by decreasing contact with irritating drainage, to allow for measurement of the wound and to promote resident comfort. The procedure included; set up a clean or sterile field and place supplies in that area, perform hand hygiene, apply gloves, loosen the soiled dressing, discard the dressing and gloves in the plastic bag, wash hands, put on sterile or clean gloves as indicated, cleanse the wound, remove gloves and wash hands, proceed with wound care as specified by the physician's orders, remove gloves and wash hands.  Observation, on 04/10/13 from 10:20 AM through 10:55 AM, of a skin assessment and wound care for Resident #5 revealed Licensed Practical Nurse (LPN) #2 removed the soiled dressing from the resident's right lower extremity by cutting it off with scissors and placed the soiled scissors on top of the treatment cart. The nurse then removed the soiled gloves and without washing her hands, opened the treatment cart with a key, donned new gloves and cleansed the wounds to the resident's right lateral shin and right lateral ankle with Wound Cleanser and a separate gauze pad for each wound. With the same soiled gloves, the nurse then cleansed the wound on the resident's second right toe, removed her gloves and without washing or sanitizing her hands, obtained more gauze from the treatment cart. LPN #2 then donned new gloves and measured	F 441	not handling resident food with bare hands will be performed weekly by the Chief and/or Nursing Management. This audit will be performed weekly for 8 weeks then monthly for 2 months. An audit dressing changes (Exhibit C), with attention to infection control techniques particularly hand washing, will be performed weekly by a member of the Nursing Management team. This audit will be performed weekly for 8 weeks then monthly for 2 months. An audit of general hand washing practice (Exhibit D) and techniques related to the infection control program will be performed by a member of the Nursing Management team. This audit will be performed weekly for 8 weeks then monthly for 2 months. The findings of these audits shall be reported to the QA committee for further review and recommendations.  DON to monitor  Compliance Date: 4/20/2013	4/20/13	

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NAME OF PROVIDER OR SUPPLIER  VILLASPRING OF ERLANGER			STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018		
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F 441	Continued From page 12  the wound to the resident's right lateral shin and applied Regranex with a Q-tip. With the same soiled gloves, the nurse reached into the treatment cart and obtained Puracol and applied it to the wound on the resident's left lateral shin. The nurse then without washing or sanitizing her hands, changed gloves and measured the wound to the resident's second right toe, applied Regranex with a Q-tip and puracol to the wound. The nurse then applied kerlix and ace bandage to the wounds on the right lower extremity, removed her gloves, donned new gloves, and cleaned her scissors with an alcohol pad, and washed her hands.  Interview, on 04/10/13 at 11:00 AM, with LPN #2 revealed she was unaware she had contaminated the treatment cart by placing the soiled scissors on top of the cart and by obtaining items from the treatment cart after removing her soiled gloves. She stated she was unaware of the need to wash hands after removing the soiled dressings, as long as she changed gloves prior to proceeding to cleanse and dress the wounds. Further interview revealed she was unaware of the need to wash or sanitize her hands between cleansing and dressing separate wounds.  Interview, on 04/12/13 at 3:00 PM, with the Infection Control Nurse revealed when a dressing was removed the expectation was that the nurse would remove the soiled gloves and wash their hands. She further stated staff were to wash hands and change gloves between wound sites and were not to touch the treatment cart or drawers with contaminated hands. Continued interview revealed each time gloves were removed, staff needed to wash or sanitize hands.	F 441			

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NAME OF PROVIDER OR SUPPLIER  VILLASPRING OF ERLANGER			STREET ADDRESS, CITY, STATE, ZIP CODE 630 VIOX DRIVE ERLANGER, KY 41018		
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NAME OF PROVIDER OR SUPPLIER  <b>VILLASPRING OF ERLANGER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>630 VIOX DRIVE ERLANGER, KY 41018</b>
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K 000	INITIAL COMMENTS  Building: 01  Plan Approval: 1999  Survey under: NFPA 101 (2000 Edition)  Facility type: SNF/NF  Type of structure: Two (2) Story with partial basement Type II (111) Protected  Smoke Compartment: Seven (7)  Fire Alarm: Complete Fire alarm System (Installed 1999)  Sprinkler System: Complete Sprinkler System (Wet) Installed in 1999  Generator: Type II Diesel Installed in 1999  A life safety code survey was conducted on 04/11/13. The findings revealed Villaspring of Erlanger met the requirements for compliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). No deficiencies cited.	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *5/7/2013*

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.