

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/22/2013
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NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT HAMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2531 OLD ROSEBUD ROAD LEXINGTON, KY 40509
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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
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F 000	INITIAL COMMENTS During a licensure survey, on 03/13/13, at a co-owned facility, it was determined the facility's kitchen was used to serve both buildings. During the food service portion of the survey, deficient practice was identified and a complaint was entered by the State Agency. KY00019996 was substantiated with deficient practice cited.	F 000	DISCLAIMER: THE COMPLETION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION THAT THE FACILITY AGREES WITH THE DEFICIENCIES AS STATED IN THE 2567. THE FACILITY IS COMPLETING THE PLAN OF CORRECTION BECAUSE IT IS REQUIRED BY STATE AND FEDERAL LAW. THE FACILITY DISAGREES AND DISPUTES THE DEFICIENCIES STATED IN THE 2567. FURTHER, THE FACILITY DISPUTES AND DISAGREES WITH THE ACCURACY OF STATEMENTS AND OTHER INFORMATION RELIED UPON IN THE 2567 IN SUPPORT OF THE ALLEGED DEFECIENCIES. THIS INCLUDES, BUT IS NOT LIMITED TO, THE ALLEGED CONTENT/SUMMARY OF MULTIPLE INTERVIEWS, THE TRAINING AND EXPERIENCE OF STAFF INVOLVED, THE TIMING SEQUENCE OF EVENTS AND CONTACT WITH HEALTH CARE PROFESSIONALS AND THE CARE AND SUPREVISION PROVIDED TO THE RESIDENTS. THE FACILITY PRESENTED CONTRARY EVIDENCE DURING THE SURVEY ITSELF WHICH WAS NOT ACKNOWLEDGED BY THE CABINET AND WILL DO SO THROUGH THE DISPUTE RESOLUTION PROCESS AS WELL.	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions 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 ensure sanitary conditions in the kitchen. Observation and interview revealed the sanitizer solutions were not at the appropriate levels to ensure food utensils and equipment was effectively sanitized and staff were not knowledgeable of the appropriate sanitizing levels. The findings include: Review of the policy titled "Nutrition Services Sanitation Guidelines and Terminology", dated	F 371		3/23/13

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BY: APR - 8 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert Hallen</i>	TITLE Executive Director	(X6) DATE 4/8/13
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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 371	<p>Continued From page 1</p> <p>2009, revealed the facility would follow sanitation guidelines. Continued review revealed quaternary disinfectants mixed for cleaning and sanitizing hard surfaces should be tested for the appropriate concentration of the solution. Test strips were to be used to ensure the final concentration was at least 200 PPM (parts per million).</p> <p>Observation, on 03/22/13 at 9:45 AM, revealed there was no documented evidence sanitizer solution checks were completed per policy. Continued observation revealed there were no test strips available for staff to use.</p> <p>Interview with Food Service Assistant #1, on 03/22/13 at 9:45 AM, revealed the sanitizer solutions were to be checked every four (4) hours. She stated the last time she had checked it was about a week ago. She further stated she could not find the test strips.</p> <p>Interview with the Assistant Food Service Director, on 03/22/13 at 9:50 AM, revealed the sanitizing solutions should be tested when prepared "for sanitation reasons". She stated the solution had not been checked on 03/22/13, but should have been.</p> <p>Interview Food Service Assistant #2, on 03/22/13 at 9:50 AM, revealed it had probably been a week and a half since she had last tested the sanitizing solution.</p> <p>Interview with Food Service Assistant #3, on 03/22/13 at 9:55 AM, revealed she had never tested the sanitizing solution. She stated she had not been educated on the policy and procedure.</p>	F 371	<p>F 371</p> <ol style="list-style-type: none"> Residents residing in the facility who receive meals have the potential to be affected. The Food Services Director received in-service Education provided by the Home Office Support Specialist for Food Services on 3/22/2013 related to the facility Nutrition Services Sanitation Guidelines including the use of Quaternary Test Strips. All Dietary staff received in-service education on 3/22/2013 conducted by the Director of Food Services related to the facility Nutrition Services Sanitation Guidelines including the use of Quaternary Test Strips. (See Attachment #1). An audit tools were put into place on 3/22/2013 (see attachment #2 and #2A) requiring the Director of Food service, or designee (Assistant Director of Food Service) to bring the chem. strip sanitizer documentation (See exhibit #2) to the "Morning Stand-Up Meeting so that the recording of the results of the sanitizer test strip reading could be verified by the Executive Director or designee (Director of Health Services, Assistant Director of Health Services or Business Office Manager) as having been completed. 	
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F 371	Continued From page 2 Observation, on 03/22/13 at 10:00 AM, revealed test strips were obtained from an office, and the solution in the sanitation bucket located by the stove was tested. Continued observation revealed the solution concentration was 150 PPM, less than the required 200 PPM. Interview with the Dietary Manager, on 03/22/13 at 10:45 AM, revealed he and all but two dietary staff were newly hired. He stated he did not know why there were no strips in the kitchen, or whether they had been used up or misplaced. He stated he kept a supply of test strips in his office. He further stated he or his Assistant Director normally checked the sanitizing solution whenever it was changed, approximately every two to three hours, but did not document the checks. Continued interview revealed the solution concentration should be at least 200 PPM. On further interview, the Dietary Manager revealed it had been difficult to get everybody trained on all aspects of food service since almost every worker was new. He stated he had focused thus far on food preparation, handling and storage, not sanitizing solutions.	F 371	4. An initial Quality Assurance Meeting was conducted on 3/22/2013 and attended by the Executive Director, Director of Health Services, Home Office Clinical Support Specialist, Home Office Food Services Support and Assistant Director of Food Services to discuss the survey findings and resultant plan of correction. The Director of Food Services or designee (Assistant Director of Food Service) will report daily monitoring findings and bring the "Trilogy Health Services Daily Data Sheet" to the Morning Stand-Up Meeting for verification of sanitizer test strip completion and documentation for three months. The Director of Food Services or designee (Assistant Director of Food Services) will present a summary of the daily monitoring findings to the Quality Assurance Committee, which is attended by the Medical Director, Executive Director and Director of Health Services) Monthly for three months. Based on results and trends, the Quality Assurance Committee will then determine the need for continued monitoring. 5. Completion date 3/23/2013		

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 101136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/22/2013
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NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT HAMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2531 OLD ROSEBUD ROAD LEXINGTON, KY 40509
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N 000	<p>INITIAL COMMENTS</p> <p>During a licensure survey, on 03/13/13, at a co-owned facility, it was determined the facility's kitchen was used to serve both buildings. During the food service portion of the survey, deficient practice was identified and a complaint was entered by the State Agency. KY00019996 was substantiated with deficient practice cited.</p>	N 000	<p>DISCLAIMER: THE COMPLETION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION THAT THE FACILITY AGREES WITH THE DEFICIENCIES AS STATED IN THE 2567. THE FACILITY IS COMPLETING THE PLAN OF CORRECTION BECAUSE IT IS REQUIRED BY STATE AND FEDERAL LAW. THE FACILITY DISAGREES AND DISPUTES THE DEFICIENCIES STATED IN THE 2567. FURTHER, THE FACILITY DISPUTES AND DISAGREES WITH THE ACCURACY OF STATEMENTS AND OTHER INFORMATION RELIED UPON IN THE 2567 IN SUPPORT OF THE ALLEGED DEFECIENCIES. THIS INCLUDES, BUT IS NOT LIMITED TO, THE ALLEGED CONTENT/SUMMARY OF MULTIPLE INTERVIEWS, THE TRAINING AND EXPERIENCE OF STAFF INVOLVED, THE TIMING SEQUENCE OF EVENTS AND CONTACT WITH HEALTH CARE PROFESSIONALS AND THE CARE AND SUPREVISION PROVIDED TO THE RESIDENTS. THE FACILITY PRESENTED CONTRARY EVIDENCE DURING THE SURVEY ITSELF WHICH WAS NOT ACKNOWLEDGED BY THE CABINET AND WILL DO SO THROUGH THE DISPUTE RESOLUTION PROCESS AS WELL.</p>	
N 283	<p>902 KAR 20:300-10(8)(b) Section 10. Dietary Services</p> <p>(8) Sanitary conditions. The facility shall: (b) Store, prepare, distribute, and serve food under sanitary conditions; and</p> <p>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 ensure sanitary conditions in the kitchen. Observation and interview revealed the sanitizer solutions were not at the appropriate levels to ensure food utensils and equipment was effectively sanitized and staff were not knowledgeable of the appropriate sanitizing levels.</p> <p>The findings include:</p> <p>Review of the policy titled "Nutrition Services Sanitation Guidelines and Terminology", dated 2009, revealed the facility would follow sanitation guidelines. Continued review revealed quaternary disinfectants mixed for cleaning and sanitizing hard surfaces should be tested for the appropriate concentration of the solution. Test strips were to be used to ensure the final concentration was at least 200 PPM (parts per million).</p>	N 283	<p>3/23/13</p>	

RECEIVED
APR - 8 2013
ST. _____
TITLE
Executive Director

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

(X6) DATE
4/8/13

Office of Inspector General

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N 283	Continued From page 2 staff were newly hired. He stated he did not know why there were no strips in the kitchen, or whether they had been used up or misplaced. He stated he kept a supply of test strips in his office. He further stated he or his Assistant Director normally checked the sanitizing solution whenever it was changed, approximately every two to three hours, but did not document the checks. Continued interview revealed the solution concentration should be at least 200 PPM. On further interview, the Dietary Manager revealed it had been difficult to get everybody trained on all aspects of food service since almost every worker was new. He stated he had focused thus far on food preparation, handling and storage, not	N 283	4. An initial Quality Assurance Meeting was conducted on 3/22/2013 and attended by the Executive Director, Director of Health Services, Home Office Clinical Support Specialist, Home Office Food Services Support and Assistant Director of Food Services to discuss the survey findings and resultant plan of correction. The Director of Food Services or designee (Assistant Director of Food Service) will report daily monitoring findings and bring the "Trilogy Health Services Daily Data Sheet" to the Morning Stand-Up Meeting for verification of sanitizer test strip completion and documentation for three months. The Director of Food Services or designee (Assistant Director of Food Services) will present a summary of the daily monitoring findings to the Quality Assurance Committee, which is attended by the Medical Director, Executive Director and Director of Health Services) Monthly for three months. Based on results and trends, the Quality Assurance Committee will then determine the need for continued monitoring. 5. Completion date 3/23/2013		



SANITIZER CONCENTRATION LOG (PPM)

FOR THE MONTH OF: _____ YEAR: _____

DATE	BREAKF.	LUNCH	DINNER	INITIALS	CORRECTIVE ACTION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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24					
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27					
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29					
30					
31					

Attachment 2A

DATE: _____

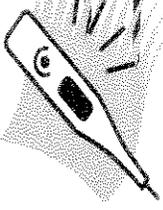
FOOD TEMPERATURES

BREAKFAST		NOON MEAL		EVENING MEAL	
	TEMP		TEMP		TEMP
HOT CEREAL		ENTRÉE/MEAT		ENTRÉE/MEAT	
EGGS		PUREE ENTRÉE/MEAT		PUREE ENTRÉE/MEAT	
PUREE EGGS		MECHANICAL ENTRÉE/MEAT		MECHANICAL ENTRÉE/MEAT	
OTHER		STARCH/POTATO		STARCH/POTATO	
OTHER		PUREE STARCH/POTATO		PUREE STARCH/POTATO	
OTHER		VEGETABLE		VEGETABLE	
MILK		PUREE VEGETABLE		PUREE VEGETABLE	
JUICE		DESSERT		DESSERT	
		PUREE DESSERT		PUREE DESSERT	
		OTHER:		OTHER:	
		OTHER:		OTHER:	
		MILK		MILK	

Please initial after taking temps _____ >

TEMPERATURE DANGER ZONE 40°F to 140°F

FOOD SAFETY FIRST



Please initial after taking temps _____ >

**** DO NOT SERVE FOODS AT INAPPROPRIATE TEMPERATURE... NOTIFY SUPERVISOR.**

DISH MACHINE TEMPERATURES

BREAKFAST		NOON MEAL		EVENING MEAL	
	TEMP		TEMP		TEMP
WASH		WASH		WASH	
RINSE		RINSE		RINSE	

WASH TEMPERATURE NEEDS TO BE AT LEAST 150°F..... RINSE TEMPERATURE AT LEAST 180°F



FOOD SAFETY FIRST

****NOTIFY MAINTENANCE AND SUPERVISOR IF TEMPERATURES NOT APPROPRIATE