

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

PRINTED: 11/29/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2011
NAME OF PROVIDER OR SUPPLIER BAPTIST HOSPITAL NORTHEAST			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031	
(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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS A standard health survey was conducted 11/15/11 through 11/17/11. The Life Safety Code survey was conducted on 11/15/11. Deficiencies were cited with the highest scope and severity of a "E" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.	F 000	This Plan of Correction is not an Admission of any deficiency contained in the Statement of Deficiencies; however, the Facility remains committed to the delivery of quality healthcare services and will continue to make whatever changes and improvements may be necessary to satisfy this objective and ensure CMS and the State that services are being provided in compliance with the applicable condition of participation.	
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	F 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *X Maisha Bowen* TITLE: *X Administrator* (X8) DATE: *X 12-22-11*

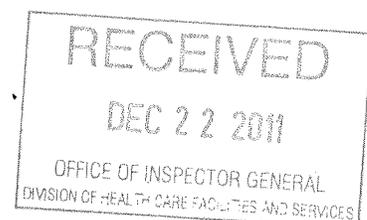
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable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

DEC 22 2011
If continuation sheet Page 1 of 5
OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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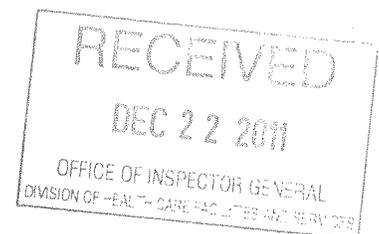
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F 441	<p>Continued From page 1 hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's infection control policy, it was determined the facility failed to properly transport soiled linens for one (1) of three (3) sampled residents in isolation. Resident #4.</p> <p>The findings include:</p> <p>Review of the facility's policy for Infection Control, Policy #29-032, revision dated 3/10, entitled "Management of Residents Colonized or Infected with Multiple Resistant Organisms" stated laundry and waste disposal and equipment are handled as for any other resident and all equipment has to be disinfected thoroughly between uses. The facility was unable to provide a policy on the proper transporting of soiled linen for all residents.</p> <p>Interview, on 11/17/11 at 6:55 PM, with RN#1 revealed that CNAs are trained to roll up soiled linens in a clean towel and then take them directly to the laundry bin. CNAs are trained not to put soiled linens on the floor or on the furniture. During orientation and throughout the year they</p>	F 441	<p>F441</p> <ol style="list-style-type: none"> 1. Patient affected was not harmed. 2. All residents had the potential of being affected; however, none have evidenced any new infection. 3. At the time of the survey, a policy entitled Linen (IC-041) was in place but not Provided to the survey team. In-service content included demonstration and training using clean barrier for soiled linen (Attachment A) and review of Policy IC-041. (Attachment B) in addition, all CNA's completed competency training on the handling of soiled linen. (Attachment C) 4. Unit Safety Point Person and director will perform five (5) observations per month of resident care and proper disposal of soiled linen. (Attachment D) Results will be reported through the Evidence Based Committee monthly for Two months and quarterly thereafter. <p>ADDENDUM - F441 - 12/22/2011</p> <p>The Director of Nursing, in consultation with the Infection Control nurse, conducted in-services on December 1, 5 and 7. Competency training was also conducted by the DON. It was completed on December 8.</p>	12/9/11



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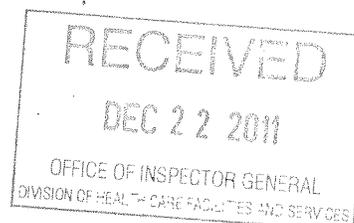
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F 441	<p>Continued From page 2</p> <p>are trained on the proper disposal of soiled linens. CNAs are trained on how to handle soiled linens when they take their original training for certification.</p> <p>Review of the record for Resident #4 revealed the facility admitted the resident on 09/01/11 with a Coccyx Wound Positive for Escherichia Coll, Proteus Mirabilis, Klebsiella Pneumoniae, and Methicillin Resistant Staph Aureus, and was maintained in contact isolation precautions during the three (3) days of the survey.</p> <p>Observation, on 11/16/11 at 10:45 AM, revealed a green contact isolation sign on the resident's door and a Personal Protective Equipment (PPE) cart inside the resident's room. Certified Nursing Assistant (CNA) #1 used PPE (gloves and plastic gown) while performing urinary drainage catheter care and colostomy care. CNA #1 performed the catheter care and then placed the soiled wash cloths in the towel she had used to dry the resident's body and catheter tubing. She then performed the colostomy care and placed the soiled wash cloths and towel on the soiled towel on resident's bed and then rolled up the linens in the soiled towel and placed the roll on the pressure mattress control box attached to the foot of the resident's bed. CNA #1 then carried the roll of soiled linens to the PPE Cart by the door, placed the soiled linens on the top of the PPE cart, opened the door, and transported the soiled linens to the laundry bin in the hallway.</p> <p>Interview, with CNA #1, on 11/17/11 at 6:50 PM, revealed she was aware she had placed the soiled linens on the resident's bed, on the control box at the foot of the bed, and on the top of the</p>	F 441			



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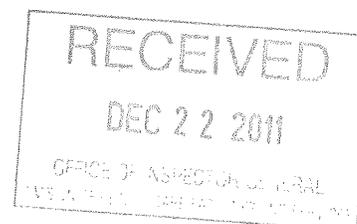
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F 441	Continued From page 3 PPE cart. CNA #1 was trained to take the soiled linens directly to the laundry bin and laying soiled linens on the resident's bed and on the PPE cart could be potential for contamination and could cause a spread of diseases and illnesses. Interview, with the DON, on 11/17/11 at 7:10 PM, revealed the CNAs are trained to take the laundry bins into the resident's room when bathing or changing linens. The DON said usually the linens are changed immediately after urinary catheter or colostomy care is given. The DON reported she was aware she was responsible for seeing that soiled linens are transported in a safe and sanitary way. The DON said the CNAs are trained to put soiled linens directly into the laundry bins. The DON confirmed that placing soiled linens on the PPE cart and on the controller on the foot of the resident's bed could cause contamination.	F 441		
F 463 SS=E	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to install and maintain a fully functional call light system in one (1) of one (1) resident accessible bathroom on the unit near the nurses station.	F 463	F463 1. No residents were affected. 2. All residents have private rooms and private bathrooms and do not access the bathroom cited. No residents will be allowed to use the bathroom unless accompanied by staff until the alarm placement is completed. 3. Quote was received and purchase order sent to Alliant Integrators. (Attachment E). Installation was Completed on 12/22/2011 (Attachment F) 4. Monitoring of bathroom emergency call light has been added to monthly preventative maintenance checks and will be reported to the hospital Safety Committee for the next three months.	12/23/11



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F 463	<p>Continued From page 4</p> <p>Observation, on 11/16/11 at 2:25 PM and on 11/17/11 at 9:30 AM, revealed the resident accessible bathroom located on the unit near the centrally located nurses station did not have an emergency call light system available in the bathroom.</p> <p>Interview, on 11/17/11 at 6:50 AM, with Licensed Practice Nurse (LPN) #1 reported the bathroom near the nurses station was available for the residents and for public use.</p> <p>Interview, on 11/17/11 at 7:25 AM, with Certified Nurses Aide (CNA) #2 revealed the residents were able to use the bathroom near the nurses station if they choose.</p> <p>Interview, on 11/17/11 at 7:45 AM, with the Director of Nurses revealed the bathroom near the nurses station was accessible for the residents use if a resident chose to use it. She reported each resident had their own bathroom in his/her assigned resident room. She reported this was the only bathroom available for the public and the bathroom was handicap accessible. She reported an emergency call light had never been installed.</p>	F 463			



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NAME OF PROVIDER OR SUPPLIER BAPTIST HOSPITAL NORTHEAST	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 NEW MOODY LANE LA GRANGE, KY 40031
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1987</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: Hospital with a SNF/NF wing.</p> <p>TYPE OF STRUCTURE: Three (3) stories, Type II Construction.</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartments.</p> <p>FIRE BARRIER: The non-certified facility and the Skilled Nursing Facility were separated by a two-hour fire barrier.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic (wet) sprinkler system.</p> <p>GENERATOR: Type I generator. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 11/15/11. Baptist Hospital Northeast SNF/NF 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).</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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