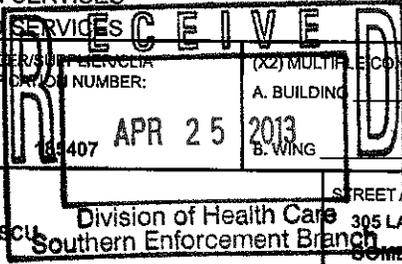


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

2nd SOD

PRINTED: 04/03/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/26/2013
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NAME OF PROVIDER OR SUPPLIER LAKE CUMBERLAND REGIONAL HOSPITAL-SCU	STREET ADDRESS, CITY, STATE, ZIP CODE 305 LANGDON STREET SOMERSET, KY 42502
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 371 SS=D	<p>A standard health survey was conducted on 02/24-26/13. Deficient practice was identified with the highest scope and severity at 'E' level.</p> <p>483.35(I) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure foods stored in the facility were safe for consumption. Five dented cans containing food products from a food distributor were observed to be stored with regular food stock and available for use. The facility failed to ensure the food products were stored to maintain the integrity of packaging until they were ready for use.</p> <p>The findings include: According to the "U.S. Food and Drug Administration" manual, 2009, Chapter 3, "FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances,</p>	F 371	<p>I. No residents were noted in the deficiency to have been adversely affected by this practice.</p> <p>II. To make sure that food products are stored to ensure that they are safe for consumption, maintaining the integrity of packaging until they are ready for use, a review was completed of all food storage areas on 2/26/13. At this time all dented cans were removed from food storage area preventing use for meal preparation.</p> <p>III. To ensure that food products are consistently maintained so that they are safe for consumption, dietary team members will observe cans for denting and will remove these as well as any other food items with compromised appearance/packaging, from food storage areas so that damaged food items cannot be utilized for meal preparation. Additionally, all food storage areas within the department will be observed to ensure that food products are consistently maintained for safe consumption. All dietary team members will be inserviced regarding this process. Education</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *RAJ BSN NHA* (X6) DATE: *4/22/13*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER LAKE CUMBERLAND REGIONAL HOSPITAL-SCU			STREET ADDRESS, CITY, STATE, ZIP CODE 305 LANGDON STREET SOMERSET, KY 42502		
(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 371	Continued From page 1 rusted and pitted or dented cans may also present a serious potential hazard." During the sanitation audit conducted on 02/25/13 at 4:00 PM, five dented cans of food products (two cans of pineapple slices, two cans of tomatoes, and one large can of chicken noodle soup) were observed in the facility food stock room and available for use to serve to the residents. An interview was conducted at 4:15 PM on 02/25/13 with the facility's Dietitian. The Dietitian stated the dented cans had a breached seal and acknowledged the food products in the dented cans should not have been available for resident use.	F 371	will be completed for dietary team members by the Dietary Supervisor. All education will be completed by 4/12/13. IV. The food services team will be responsible for reviewing foods received and stored, removing any items from storage areas that should not be utilized for patient meal preparation. To validate this process, a food storage audit will be completed bi-weekly by the food services team and reviewed by the Dietary Supervisor. Additionally, the Dietary Director, or Dietary Supervisor, will audit food storage areas weekly to ensure that all foods are consistently maintained so that they are available for use in patient meal preparation. The outcome of this audit will be reported to the Quality Assurance Committee each month for three months for additional review and follow up as indicated.		
F 456 SS=E	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain all essential electrical equipment in safe operating condition. Observation of the chest-type ice cream freezer on 02/25/13 at 4:00 PM revealed a buildup of frost and ice around the interior walls of the freezer. The findings include: According to the "U.S. Food and Drug	F 456	I. No residents were noted in the deficiency to have been adversely affected by this practice. II. To make sure that essential electrical equipment is in safe operating condition, the ice cream freezer was defrosted on 3/4/13.	4/12/13	

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NAME OF PROVIDER OR SUPPLIER LAKE CUMBERLAND REGIONAL HOSPITAL-SCU			STREET ADDRESS, CITY, STATE, ZIP CODE 305 LANGDON STREET SOMERSET, KY 42502		
(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 456	<p>Continued From page 2</p> <p>Administration" manual, dated 2009, Chapter 4, "Proper maintenance of equipment to manufacturer specification helps ensure that it will continue to operate as designed. Failure to properly maintain equipment could lead to violations of the associated requirements of the Code that place the health of the consumer at risk. For example, refrigeration units in disrepair may no longer be capable of properly cooling or holding potentially hazardous (time/temperature control for safety) foods at safe temperatures."</p> <p>Observation of the facility ice cream chest-type freezer during the final sanitation audit on 02/25/13 at 4:00 PM revealed a thick buildup of frost and ice located on the interior walls of the chest-type freezer.</p> <p>The facility's Dietitian acknowledged in interview conducted on 02/25/13 at 4:00 PM the freezer needed to be defrosted. The facility Dietitian further stated he/she could not remember when the freezer had been defrosted last.</p>	F 456	<p>III.</p> <p>To ensure that electrical equipment, specifically the ice cream freezer, is in safe operation, dietary team members will observe the freezer weekly for frost build up, establishing a routine defrosting schedule to be completed monthly, or more frequently, if indicated based on review. Additionally, all electrical and mechanical equipment within the dietary department and the skilled nursing unit will be observed to ensure that equipment is in safe operating condition. Dietary team members and skilled nursing team members will be inserviced regarding this process. Education will be completed for dietary team members by the Dietary Supervisor. The skilled nursing manager will complete education for nursing team members. All education will be completed by 4/12/13.</p> <p>IV.</p> <p>The Dietary Director, or Dietary Supervisor, will monitor electrical equipment within the dietary department and the skilled nursing manager, or designee will monitor equipment on the skilled nursing unit to ensure that equipment is maintained in safe operating condition. These audits will be completed weekly for one month, then completed monthly for an additional two months. The outcome of this audit process will be reported to the Quality Assurance Committee each month for three months for additional review and follow up as indicated.</p>	4/12/13	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185407	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2013
NAME OF PROVIDER OR SUPPLIER LAKE CUMBERLAND REGIONAL HOSPITAL-SCU			STREET ADDRESS, CITY, STATE, ZIP CODE 305 LANGDON STREET SOMERSET, KY 42502		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1992</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF</p> <p>TYPE OF STRUCTURE: 4-story, Type 11 (222)</p> <p>SMOKE COMPARTMENTS: 2</p> <p>FIRE ALARM: Complete automatic fire alarm system</p> <p>SPRINKLER SYSTEM: Complete automatic (wet) sprinkler system</p> <p>GENERATOR: Type I diesel generator</p> <p>A life safety code survey was initiated and concluded on 02/25/13, for compliance with Title 42, Code of Federal Regulations, 483.70(a) and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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