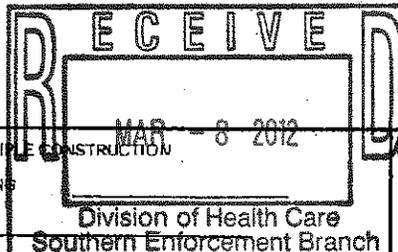


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 02/28/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185322	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED  02/16/2012
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NAME OF PROVIDER OR SUPPLIER  ROSE MANOR HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3057 NORTH CLEVELAND ROAD LEXINGTON, KY - 40516
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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  A standard health survey was conducted on 02/14/12 through 02/16/12. Deficient practice was identified with the highest scope and severity at "E" level.	F 000		
F 371 SS=E	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, and a review of policies, the facility failed to ensure food was stored, prepared, and distributed under sanitary conditions. On 02/14/12, at 4:30 PM, a Dietary Department aide dropped a face mask on the floor, picked the mask up from the floor with gloved hands, and proceeded to prepare the meal without changing the soiled gloves and/or washing his hands. In addition, on 02/14/12, at 5:00 PM, the dietary aide was observed to open the refrigerator door wearing gloves and proceed to resident tray assembly, without changing gloves or washing his hands.  The findings include:  A review of the facility's Infection Control policy	F 371	F371  <u>Immediate Corrective Action:</u> The Dietary Manager gave instruction, to the dietary aide regarding sanitary practices required for food service workers. A memo was posted by the Dietary Manager, to inform all dietary staff of a mandatory training session regarding infection control with food service.  <u>Residents Potentially Affected:</u> All residents have the potential for foodborne illnesses when proper sanitation and food handling practices are not maintained by all dietary service staff.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE <i>Alfred T. McGlynn</i>	TITLE Owner	(X6) DATE 3-5-12
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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.

Received Time Mar. 8, 2012 9:11AM No. 5948

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F 371	<p>Continued From page 1</p> <p>(undated) revealed dietary personnel were required to follow all rules and regulations set forth by local, state, and federal governments.</p> <p>A review of the Kentucky Food, Drug and Cosmetic Act/State Retail Food Code (KRS 217.005 to 217.215) page 19, revealed employees should thoroughly wash their hands and the exposed portions of their arms with soap/detergent and warm water before starting to work and during work, and as often as it was necessary to keep the employee's hands clean and to prevent cross-contamination.</p> <p>Observation of the Dietary Department tray line assembly on 02/14/12, at 4:30 PM, revealed a dietary aide dropped a soiled/used facial mask to the Dietary Department concrete floor. The dietary aide picked the mask up from the floor and placed the soiled/used mask on a stainless steel table in the Dietary Department. The dietary aide was further observed to return to his task of thickening liquids for the residents and failed to wash his hands or change his soiled gloves utilized to pick up the soiled mask. Further observation of the dietary assembly line on 02/14/12, at 5:00 PM, revealed the dietary aide opened the refrigerator door with gloved hands and proceeded to assemble the cool/chilled foods to be served to the facility's residents without changing his gloves or washing his hands.</p> <p>An interview conducted with the dietary aide on 02/14/12, at 5:00 PM, revealed he knew to wash hands and apply new gloves after touching unsanitized equipment in the kitchen; however, he had "forgotten" to remove the soiled gloves, wash his hands, and to reglove after he had</p>	F 371	<p><u>Systemic Changes:</u></p> <p>A mandatory training session was presented for all dietary workers by the Dietary Manager (DM) on 02/20/12. Detailed instruction was presented by the DM and acknowledged by all dietary service workers (see addendum). A requirement to ice down all dairy products was implemented by the DM. Dietary service workers were informed of ice down practice to maintain proper temperature and prevent potential contamination during meal service. All new hires will be instructed by the DM regarding safe food service. Infection control training will be acknowledged and added to personnel folder (see addendum) for all food service workers.</p>	

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F 371	Continued From page 2 handed unsanitized equipment during preparation of the meals.  An interview was conducted with the Dietary Manager (DM) on 02/14/12, at 5:15 PM, revealed the dietary aide had been trained to wash his hands and to reglove to minimize potential contamination of his hands and potentially hazardous foods. The DM further stated the dietary aide was nervous and forgot to remove his gloves and wash his hands.	F 371	<u>Monitoring:</u> The DM will monitor dietary personnel infection control practices when on duty. The Registered Dietician will continue to conduct a review of sanitary practices (see addendum) with each visit. Periodic documented evaluation (see addendum) will be conducted by the DM, Quality Assurance Director, and the Asst. Adm. for team review at monthly QA meetings.	
F 441 SS=E	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	F 441	"Completion date" 03-05-12  F441  <u>Immediate Corrective Action:</u> The QA Director/LPN gave verbal instruction to all Certified Nursing Assistants (CNAs) on 02-14-12 and 02-15-12 of need to assure use of hand sanitizer and/or hand washing practice between each tray served. The QA Director provided all CNAs on duty with individual containers of instant hand sanitizer for use between each resident contact.	

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02/16/2012

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F 441	<p>Continued From page 3</p> <p>direct contact will transmit the disease.</p> <p>(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 REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's policy, the facility failed to ensure an infection control program was maintained to provide a safe, sanitary environment and to help prevent the development and transmission of disease and infections for residents during the delivery of the noon and evening meals served in the dining room on 02/14/12. Observations of the noon and evening meals in the dining room on 02/14/12, revealed Certified Nursing Assistants (CNAs) failed to wash/sanitize their hands between residents during the delivery of the meal trays.</p> <p>The findings include: A review of the infection control policy (undated) revealed hands should be washed before and after each contact with a resident. A review of the policy related to meal service (undated) revealed staff was to "wash hands before and after all procedures."</p>	F 441	<p><u>Residents Potentially Affected:</u> All residents have the potential for negative outcomes when efforts to prevent recognize, and control the onset and spread of infection are not assured.</p> <p><u>Systemic Changes:</u> A schedule for mandatory in-service training was posted by the DON for 02-20-12. A procedure of "Meal/Tray Service" was presented to all facility staff members by the DON. A hand out "Hand Washing Steps" was also reviewed with all staff by the DON on 02-20-12. Overview of standard precautions and continuous infection control efforts were presented (see addendum). The Asst. Adm. placed an order with the facility supplier for instant hand sanitizer dispensers for the dining area and foyers. The sanitizer dispensers were received on 02-28-12 and placed by maintenance on 02-29-12. A step lever trash container is present in dining area to assure no direct contact with the container for trash disposal.</p>
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F 441	<p>Continued From page 3</p> <p>direct contact will transmit the disease.</p> <p>(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 REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's policy, the facility failed to ensure an infection control program was maintained to provide a safe, sanitary environment and to help prevent the development and transmission of disease and infections for residents during the delivery of the noon and evening meals served in the dining room on 02/14/12. Observations of the noon and evening meals in the dining room on 02/14/12, revealed Certified Nursing Assistants (CNAs) failed to wash/sanitize their hands between residents during the delivery of the meal trays.</p> <p>The findings include: A review of the infection control policy (undated) revealed hands should be washed before and after each contact with a resident. A review of the policy related to meal service (undated) revealed staff was to "wash hands before and after all procedures.</p>	F 441	<p><u>Residents Potentially Affected:</u> All residents have the potential for negative outcomes when efforts to prevent recognize, and control the onset and spread of infection are not assured.</p> <p><u>Systemic Changes:</u> A schedule for mandatory in-service training was posted by the DON for 02-20-12. A procedure of "Meal/Tray Service" was presented to all facility staff members by the DON. A hand out "Hand Washing Steps" was also reviewed with all staff by the DON on 02-20-12. Overview of standard precautions and continuous infection control efforts were presented (see addendum). The Asst. Adm. placed an order with the facility supplier for instant hand sanitizer dispensers for the dining area and foyers. The sanitizer dispensers were received on 02-28-12 and placed by maintenance on 02-29-12. A step lever trash container is present in dining area to assure no direct contact with the container for trash disposal.</p>

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F 441	Continued From page 4  Observation of the noon meal on 02/14/12, at 11:25 AM, revealed CNAs #1, #2, and #3 were setting up meal trays in the dining room and assisting residents with opening cartons, applying condiments, and assisting with cutting the residents' food. However, the CNAs failed to wash/sanitize their hands between residents during the meal service. Observation of the evening meal service in the dining room on 02/14/12, at 4:45 PM, revealed CNAs #4 and #5 delivered and arranged the residents' meal trays, assisted residents to cut food, applied condiments, and assisted residents with the meal. In addition, the CNAs were observed to raise the lid on a garbage container (without gloves on) to dispose of trash during the meal service. However, the CNAs failed to wash/sanitize their hands between residents during the meal service or when they disposed of trash in the trash container.  Interview with CNAs #1, #2, and #3 on 02/14/12, at 12:30 PM, and CNAs #4 and #5 at 5:30 PM and 5:45 PM on 02/14/12, revealed the CNAs knew they were required to wash/sanitize their hands between residents but had "forgotten."  Interview with Licensed Practical Nurse (LPN) #1 on 02/14/12, at 5:50 PM, revealed the LPN normally worked the first shift and was required to monitor the dining room during meal services. The LPN acknowledged the CNAs failed to wash their hands between residents. The LPN stated, "I thought I saw the CNA touch the garbage can and not wash hands, but I wasn't sure." The LPN further stated that all staff was trained to wash hands before and after resident contact and	F 441	<u>Monitoring:</u> The charge nurse (RN/LPN) on duty at time of meal service will monitor staff and assure infection control efforts are maintained. The Quality Assurance Director (QAD) will assign various QA team members (DON, SS, and QAD) to conduct documented weekly reviews (see addendum) at various mealtimes to assure staff compliance with infection control practices. Documented reviews will be presented for review at monthly QA meetings.  "Completion Date" 03-05-12	

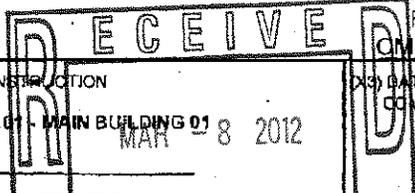
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F 441	Continued From page 5 between residents during meal tray service.  interview with the Assistant Administrator on 02/14/12, at 5:55 PM, revealed staff should wash/sanitize their hands between residents during meal time.	F 441			

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NAME OF PROVIDER OR SUPPLIER  ROSE MANOR HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3057 NORTH SOBEEBEN ENFORCEMENT BRANCH LEXINGTON, KY 40516
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K 000 INITIAL COMMENTS

SURVEY UNDER: 2000 Existing

FACILITY TYPE: SNF/NF

TYPE OF STRUCTURE: One Story, Type III (211) Unprotected

SMOKE COMPARTMENTS: Three

COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM originally installed.

FULLY SPRINKLERED, SUPERVISED (Dry SYSTEM) original

EMERGENCY POWER: Type II Diesel original

A life safety code survey was initiated and concluded on 02/15/12. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not in substantial compliance with the Requirements for Participation for Medicare and Medicaid. The facility is licensed for 34 beds and the census was 34 on the day of the survey.

K 062

The corrective action taken was to schedule a Sprinkler System Inspection. Koorsen Fire and Safety inspected the Sprinkler System on 2/21/12.

All residents have the potential to be affected when the Sprinkler System is not inspected and tested Quarterly.

The measures put into affect was to have Koorsen Fire and Security set up the quarterly Sprinkler System Inspection the same day as the Quarterly Fire Alarm Inspection.

The Asst. Administrator will document And report on the Sprinkler System Inspections At monthly QA meetings.

Date completed: 2/21/2012

K 062 SS=F

NFPA 101 LIFE SAFETY CODE STANDARD

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Colleen M. ...</i>	TITLE Owner	(X5) DATE
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K 062

Continued From page 1

K 062

This STANDARD is not met as evidenced by:  
Based on record review and interview, it was determined the facility failed to have quarterly inspections performed of the fire sprinkler system according to National Fire Protection (NFPA) standards. The deficiency had the potential to affect three of three smoke compartments, 34 residents, staff, and visitors.

The findings include:

Record review on 02/15/12, at 12:30 PM, with the Assistant Administrator revealed the facility did not have documentation for quarterly inspections of the fire sprinkler system. Components located in the fire sprinkler system must be inspected monthly and quarterly accordingly to NFPA requirements and the records for the inspection made available for the authority having jurisdiction. The annual sprinkler inspection was performed on 12/15/11.

Interview on 02/15/12, at 12:30 PM, with the Assistant Administrator revealed she thought the sprinkler company would perform the inspections as required by NFPA standards.

Reference: NFPA 25 (1998 Edition).

2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance.

Exception: Valves and fire department

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K 062	<p>Continued From page 2</p> <p>connections shall be inspected, tested, and maintained in accordance with Chapter 9.</p> <p>Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Item Activity Frequency Reference</p> <p>Gauges (dry, preaction deluge systems) Inspection Weekly/monthly 2-2.4.2</p> <p>Control valves Inspection Weekly/monthly Table 9-1</p> <p>Alarm devices Inspection Quarterly 2-2.6</p> <p>Gauges (wet pipe systems) Inspection Monthly 2-2.4.1</p> <p>Hydraulic nameplate Inspection Quarterly 2-2.7</p> <p>Buildings Inspection Annually (prior to freezing weather) 2-2.5</p> <p>Hanger/seismic bracing Inspection Annually 2-2.3</p> <p>Pipe and fittings Inspection Annually 2-2.2</p> <p>Sprinklers Inspection Annually 2-2.1.1</p> <p>Spare sprinklers Inspection Annually 2-2.1.3</p> <p>Fire department connections Inspection Table 9-1</p> <p>Valves (all types) Inspection Table 9-1</p> <p>Alarm devices Test Quarterly 2-3.3</p> <p>Main drain Test Annually Table 9-1</p> <p>Antifreeze solution Test Annually 2-3.4</p> <p>Gauges Test 5 years 2-3.2</p> <p>Sprinklers - extra-high temp. Test 5 years 2-3.1.1 Exception No. 3</p> <p>Sprinklers - fast response Test at 20 years and every 10 years thereafter 2-3.1.1 Exception No. 2</p> <p>Sprinklers Test at 50 years and every 10 years thereafter 2-3.1.1</p> <p>Valves (all types) Maintenance Annually or as needed Table 9-1</p> <p>Obstruction investigation Maintenance 5 years or as needed Chapter 10</p>	K 062		