

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

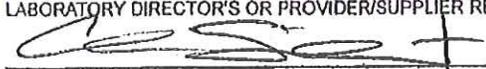
PRINTED: 04/21/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185048	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/08/2011
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NAME OF PROVIDER OR SUPPLIER  COLONIAL MANOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2366 NASHVILLE ROAD BOWLING GREEN, KY 42101
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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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted on 04/06/11 through 04/08/11 to determine the facility's compliance with Federal requirements. The facility was not in compliance with Federal regulations with deficiencies cited at the highest S/S of an "E".</p> <p>F 365 SS=D 483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS</p> <p>Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, it was determined the facility failed to ensure diets were provided in accordance with the residents' likes and dislikes, for one resident (#3), in the selected sample of 12, and for five residents (#13, #14, #15, #16 and #17), not in the selected sample. Findings include: A review of the facility's policy "Food Preferences," dated 07/08, revealed "It is the center's policy that individual food preferences are identified for all residents."</p> <p>A review of Resident #3's food information card revealed he/she disliked ground sausage. An observation of the breakfast meal, on 04/06/11 at 7:15 AM, revealed Resident #3 received ground sausage on his/her meal tray.</p> <p>A review of Resident #13's food information card revealed he/she disliked gravy. An observation of</p>	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Colonial Manor Care and Rehabilitation Center does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F365 Food in form to meet individual needs</p> <p>The Registered Dietician and Nutrition Services Director have conducted food preference interviews with residents # 3, 13, 14, 15, 16 and 17 on 04/25/11. Preferences were added to tray cards on 04/26/11. CNA # 3 was re-educated by Director of Nursing Services on 04/06/11 regarding reading tray cards and honoring food preferences.</p> <p>The Registered Dietician and Nutrition Services Director conducted food preference interviews with residents and updated tray cards on 04/26/11.</p>	
F 365 SS=D	<p>A review of Resident #3's food information card revealed he/she disliked ground sausage. An observation of the breakfast meal, on 04/06/11 at 7:15 AM, revealed Resident #3 received ground sausage on his/her meal tray.</p> <p>A review of Resident #13's food information card revealed he/she disliked gravy. An observation of</p>	F 365	<p>On 04/06/11 the Regional Director of Nutrition Services re - educated dietary staff on food preferences and tray accuracy. The nursing staff was re-educated by Director of Nursing Services on 04/27/11 regarding reading tray cards and honoring food preferences.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 04/28/2011
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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 365	Continued From page 1 the breakfast meal, on 04/06/11 at 7:15 AM, revealed Resident #13 received gravy on his/her meal tray and the resident did not eat the gravy.  A review of Resident #14's food information card revealed he/she disliked sausage. An observation of the breakfast meal, on 04/06/11 at 7:15 AM, revealed Resident #14 received sausage on his/her meal tray and the resident revealed he/she did not like sausage.  A review of Resident #15's food information card revealed he/she disliked green peas. An observation of the lunch meal, on 04/06/11 at 11:40 AM, revealed Resident #15 received green peas on his/her meal tray.  A review of Resident #16 and #17's food information card revealed he/she disliked chicken livers. An observation of the lunch meal, on 04/06/11 at 11:40 AM, revealed Resident #16 and #17 received chicken livers on his/her meal tray, but he/she did not eat the chicken livers.  An interview with Certified Nurse Aide (CNA) #3, on 04/06/11 at 7:20 AM, revealed she noticed the residents were served food on other occasions that was listed on his/her dislike lists.  An interview with the Registered Dietician (RD), on 04/08/11 at 9:15 AM, revealed there was a food preference and dislike list available and the cook should catch the residents' dislikes when the food tray was filled. The aides who served the meal trays should also check to ensure residents were not served food they disliked. The RD stated she could not explain why so many residents received dislikes on his/her trays and started educational teaching when she learned it	F 365	The Nutrition Services Director will conduct tray audits for accuracy honoring food preferences five times a week for four weeks, then weekly times two months. The Nutrition Services Director will report audit results to the Performance Improvement Committee monthly for review and further recommendations.  Compliance date:	04/28/11

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F 365 F 371 SS=E	Continued From page 2 was an issue. 483.35(l) 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 observations and interviews, it was determined the facility failed to store and serve food under sanitary conditions. Findings include:  A policy/procedure to address opened food storage, steam table well water, labeling of opened food products and storage of broom and dust pans, could not be provided by the facility.  Observations of the kitchen, on 04/06/11 at 6:15 AM and on 04/07/11 at 11:05 AM, revealed the following:	F 365 F 371	<b>F371 Sanitary Conditions – Food Prep &amp; Service</b>  The facility must store, prepare, distribute, and serve food under sanitary conditions.  The carton of egg product and gallon of milk were discarded on 04/06/2011 by the Nutrition Services Director. The Nutrition Services Director discarded the 2-liter bottle of soda from the milk cooler on 04/06/2011. The dust pan and broom were removed and placed outside in storage by the Nutrition Services Director on 04/06/2011. The vent on the ice machine in the dining room was cleaned on 04/21/11 by the Maintenance Director. The steam table water was changed and well was cleaned by the Nutrition Services Director on 04/06/2011.  A sanitation audit of the kitchen was conducted by the Administrator and identified issues were addressed on 04/21/2011.  The Regional Director of Nutrition Services has re – educated dietary staff on labeling and dating food products and proper storage of the dust pan and broom on 4/06/11. The Nutrition Services Director re – educated dietary staff on proper storage of personal items on 04/25/11. The Maintenance Director was re-educated by Administrator on 04/25/2011 on cleaning vent to the ice machine. The Nutrition Services Director re – educated dietary staff on cleaning steam table on 04/25/11.	
	1. A carton of egg product and a gallon of milk were opened and were not labeled with the open date.  2. A 2-liter bottle of soda which belonged to an employee was in the residents' milk cooler.  3. A dust pan and broom were observed to be			

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F 371	Continued From page 3 stored directly on the floor in the dry storage room.  4. The ice machine in the dining room, which was utilized for resident use, had a build-up of dust in the vent.  5. The steam table well was noted to have discolored brown water with food chunks floating in it.  An interview with the Dietary Manager (DM), on 04/06/11 at 9:40 AM, revealed opened food products were to be labeled with the opened date and he could provide no explanation as to why they were not labeled. Additionally, he stated that staff's personal food and drink items were not to be stored in the residents' refrigerators. Food that was opened should have an opened date on them, and brooms, mops and dust pans were not to be stored directly on the floor.  An interview with the Registered Dietician (RD), on 04/07/11 at 11:25 AM, revealed "I expected the water in the steam table well to be changed daily and as needed." She also stated staff were not to store personal food and drinks in the residents' refrigerators, food that was opened should have an opened date and brooms and dust pans were not to be stored directly on the floor.	F 371	The Maintenance Director will audit the vents on the ice machine weekly. The Food Services Director will audit weekly that the steam table water is changed and well is cleaned. The Administrator and Nutritional Services Director will complete a sanitation audit 3 times per week for three weeks and then monthly for two months.  The results will be reported to the Performance Improvement Committee monthly for further review and recommendations.  Compliance date:	04/28/11	
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.	F 441			

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F 441	Continued From page 4 (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 infection.	F 441	<b>F 441 Infection Control</b>  Resident # 4 was assessed by the Registered Nurse on 04/07/11. The Infection Control Coordinator re- educated Registered Nurse #1 on performing routine hand washing before and after resident contact and use of gloves for potential or actual exposure to blood or body fluids.  Current residents were re-assessed by licensed nurses on 04/21/2011 and the infection control coordinator audited infection control reports with no findings.  Staff were re-educated by the Infection Control Coordinator on performing routine hand washing before and after resident contact and use of gloves for potential or actual exposure to blood or body fluids on what date 4/26/11  The Director of Nursing will observe resident care by staff three times a week for four weeks, then monthly times two months. The observations will include performing routine hand washing before and after resident contact and use of gloves for potential or actual exposure to blood or body fluids. The results of the observations will be brought to the Performance Improvement Committee for review and further recommendations.  Compliance date:	04/28/11
	This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to follow an established infection control program for one resident (# 4), in the selected sample of 12. This was evidenced by Registered Nurse (RN)			

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F 441	<p>Continued From page 5</p> <p>#1's failure to wash her hands or wear gloves while flushing a Gastric Feeding Tube (G-tube), and then completed a head to toe skin assessment on Resident #4. Finding include:</p> <p>A review of the facility's policy and procedure for "Infection Control," dated October 2009, revealed the staff were required to perform routine hand washing before and after every resident contact and use barrier protection, such as gloves for potential or actual exposure to blood or body fluids.</p> <p>A record review revealed Resident #4 was admitted to the facility on 03/21/11 with diagnoses to include Right Side Hemiparesis, History of Stroke, Gout, Hypertension, Aphasia, Arterial Occlusion, Coronary Artery Disease, Dementia and Gastric Feeding Tube.</p> <p>A review of the admission Minimum Data Set (MDS) assessment, dated 03/27/11, revealed the resident's cognition to be severely impaired. He/she was incontinent of bowel/bladder and totally dependent for mobility and activities of daily living.</p> <p>A review of the comprehensive care plan, dated 04/06/11, revealed interventions for water (H2O) flushes to the G-tube as ordered and to turn/reposition the resident every two hours and as needed (prn).</p> <p>An observation, on 04/06/11 at 12:05 PM, revealed RN #1 did not wash her hands or wear gloves prior to the provision of resident care. The RN flushed Resident #4's G-tube with H2O, reconnected the tube to the feeding pump, and</p>	F 441		
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F 441	Continued From page 6 then left the room. She returned with the Assistant Director of Nursing (ADON) to complete a head to toe skin assessment, which included an assessment of the perineal area, without washing her hands or wearing any gloves. The ADON, who wore gloves, assisted the RN with the skin assessment.  An interview with RN #1, on 04/06/11 at 12:40 PM, revealed she was aware that she did not wear gloves when she flushed the resident's G-tube or while she completed the skin assessment. She stated she did not wear any gloves because they were too big and she did not routinely wear gloves.  An interview with the ADON, on 04/06/11 at 1:00 PM, revealed she was aware RN#1 did not wear gloves during the head to toe skin assessment; however, she was not aware the RN had not washed her hands upon re-entrance to the room. The ADON stated she expected the RN to wash her hands and wear gloves before and after each resident contact. She revealed the nurse had been in-serviced on these issues.	F 441			

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K 000	INITIAL COMMENTS  A Life Safety Code survey was initiated and conducted on 04/07/11 to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to be in compliance with NFPA 101 Life Safety Code 2000 Edition. No deficiencies were identified during this survey.	K-000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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