

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

PRINTED: 06/13/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2013
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NAME OF PROVIDER OR SUPPLIER MADONNA MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017
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F 000	INITIAL COMMENTS A Standard Recertification Survey was initiated on 05/29/13 and concluded on 05/31/13. Regulatory violations were identified, with deficiencies cited at 42 CFR 483.15 Quality of Life and 42 CFR 483.65 Infection Control with the highest scope and severity of an "E".	F 000	The completion and submission of this plan of correction does not constitute an admission that the facility agrees with the cited 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 alleges compliance as of 6/12/2013.	
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. 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 provide an ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident. Activities were not provided as scheduled on the B Household. Also on the B Household, there was no documented evidence related to resident participation in an activity program.	F 248	F-248 Activities meet interest/needs of each resident. Staff were re-educated by the Director of Activities on June 11, 2013 on activities and documentation see (attachment 1 activities documentation form and attachment 3 In-service agenda). Staff was also reminded that residents can go to activities on other households and to document on each residents activities sheet when this occurs. This information is also covered in orientation of new staff. An activates assistant was hired and started on June 5, 2013 to support the Activities Director in promoting activities throughout the campus. The Activities Director will do weekly audits for six weeks after the June 11 th in-service to monitor for compliance of documentation of offered activities. The sample size will be 100% of the residents on Household B. Audits will be turned into the	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The findings include: 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,	F 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Executive Director (X6) DATE: 6-18-13

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 MADONNA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017		
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F 441	<p>Continued From page 1 of disease and infection.</p> <p>(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.</p> <p>(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.</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, it was determined the facility failed to ensure the infection control program was</p>	F 441	<p>Director of Nurses and be reviewed by the facility Quality Assurance Committee to determine if further audits will be needed. The Quality Assurance Committee is made up of the Medical Director, Director of Nurses, Administrator, Pharmacist, Therapy Manager, Director of Dining, Facility Manager, MDS Nurse, and Social Worker.</p>	6-12-13

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F 441 Continued From page 2

followed to prevent the spread of infection. During observation of the medication pass, the nurse failed to disinfect the blood glucose monitoring device in accordance with facility policy.

The findings include:

- Review of the facility's policy titled, "Glucometer Cleaning Policy and Procedure", dated 11/10/12, revealed it was the policy of the facility to provide a safe and sanitary environment through proper cleaning of glucose monitoring machines. Continued review revealed the machines were to be wiped with Gluco wipes or Sani-wipes after each procedure.
- Observation of the medication pass, on 05/30/13 at 4:30 PM, revealed Licensed Practical Nurse (LPN) #1 performed a blood glucose check on an unsampled resident. Continued observation revealed the nurse wiped the monitoring device with an alcohol swab after completing the procedure. Observation of the medication cart revealed Gluco Chlor wipes were readily available.
- Interview with LPN #1, on 05/30/13 at 4:35 PM, revealed she was newly hired at the facility and had received training related to proper disinfection of medical equipment, including the glucose monitoring devices. She stated she knew all medical equipment was to be cleaned with the Gluco Chlor wipes, but she had always used alcohol wipes to clean equipment. She further stated she did not like other bleach-based products (like the Gluco Chlor), because some products left a film on the disinfected surface, and

F 441

F441 infection Control, Prevent Spread, Illness

A Teaching Moment was given by the Director of nurses on Glucometer cleaning. (See attachment 2). An in-service was also held on June 11, 2013 at which time the DON did re-educate the staff on the cleaning of all medical equipment including glucometers. (See attachment 3) Education on cleaning of the glucometers as well as all other medical equipment is covered in orientation of new nurses. The DON did review the facilities Glucometer cleaning policy with LPN # 1 and # 2 prior to the June 11th teaching moment. The Director of Nurses and or designee will do weekly rounds for three weeks to monitor for compliance of cleaning the glucometers. The results of audit will be reported to the facilities Quality Assurance Committee. Further audits will be assigned at the discretion of the QA committee. The Quality Assurance Committee is made up of the Medical Director, Director of Nurses, Administrator, Pharmacist, Therapy Manager, Director of Dining, Facility Manager, MDS Nurse, and Social Worker.

6-12-13

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F 441 Continued From page 3
alcohol did not.

Interview with LPN #2, on 05/31/13 at 10:40 AM, revealed the glucose monitoring devices were to be cleaned with Gluco Chlor wipes. She stated it would be inappropriate to use alcohol wipes instead.

Interview with the Director of Nursing (DON), on 05/31/15 at 11:15 AM, revealed all medical equipment was to be disinfected with the Gluco Chlor wipes. The DON stated she had been informed LPN #1 did not follow the proper procedure for cleaning the glucose monitoring device. She further stated LPN #1 had received training related to the proper disinfecting of the machines, but she was new at the facility and "very nervous".

F 441

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K 000	INITIAL COMMENTS CFR: 42 CFR §483.70 (a) BUILDING: 02 PLAN APPROVAL: 04/06/2010 SURVEY UNDER: 2000 New FACILITY TYPE: SNF/NF TYPE OF STRUCTURES: One (1) story, Type V (111) SMOKE COMPARTMENTS: Four (4) smoke compartments. FIRE BARRIER: The non-certified facility and the Skilled Nursing Facility were separated by a two-hour fire barrier. FIRE ALARM: Complete automatic fire alarm system with heat and smoke detectors. SPRINKLER SYSTEM: Complete automatic (wet and dry) sprinkler system. The dry sprinkler system covers the exterior canopies. GENERATOR: Type II generator, fuel source is diesel. A standard Life Safety Code survey was conducted on 05/30/13. Madonna Manor was found to be in compliance with Title 42, Code of Federal Regulations, 483.70 (a) et. seq. (Life Safety from Fire). Requirements for Participation in Medicare and Medicaid.	K 000	

RECEIVED
JUN 20 2013
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Tom McElroy* TITLE *Executive Director* (X8) DATE *6-12-13*

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