

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



PRINTED: 02/23/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/11/2011
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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 STERLING DR. HOPKINSVILLE, KY 42240
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F 000 INITIAL COMMENTS

A annual recertification survey was conducted on 02/9/11 through 02/11/11, to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S "E".

F 157 483.10(b)(11) NOTIFY OF CHANGES  
SS=D (INJURY/DECLINE/ROOM, ETC)

A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).

The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2), or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

F 000

The provider wishes this plan of correction to be considered as our allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.

F 157

**What corrective action will be accomplished for those residents found to have been affected?**

3/07/2011

Resident #1's physician was notified of all weight changes.

**How the facility will identify other residents having the potential to be affected by the same deficient practice?**

All residents with significant weight change will have the potential to be affected.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*James M. Marko*

TITLE

*Administrator*

(X5) DATE

3/4/11

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.

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F 157 Continued From page 1

F 157

**What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?**

This REQUIREMENT is not met as evidenced by:  
Based on interviews and record review, it was determined the facility failed to immediately consult with the resident's physician regarding a significant change in the resident's physical status for one resident (#1), in the selected sample of 21, related to a significant weight loss.  
Findings include:

A review of the policy, "Notification of Change in Resident's Condition or Status", dated as revised 04/2007, revealed the charge nurse/supervisor would notify the resident's attending physician when there was a significant change in the resident's physical status, and when deemed necessary or appropriate in the best interest of the resident.

A review of the policy, "Weight Monitoring Protocol", dated as revised 10/10/10, revealed responsibilities of the charge nurse included comparison of newly obtained weights with all previously recorded weights, to determine if there was a change in status for the resident. The policy required suspicious weights to be re-weighed. If the weigh was accurate and was a significant weight change or a high-risk for developing a significant weight change, the Director of Nursing (DON), the attending physician, and the responsible party were to be notified. The policy stated, "Regulation defines Significant Weight Loss as 5% weight loss in the last 30 days, 7.5% weight loss in the last 90 days, or 10% weight loss in the last 6 months."

Resident #1 was admitted to the facility on

1. Resident 24 Hour Condition/MD Notification Report has been revised to include significant weight changes and documentation of physician notification. (See attached form #1)
2. The Resident 24 Hour Condition/MD Notification Report is distributed daily to Director of Nursing (DON), Assistant Director of Nursing (ADON), Dietitian, Administrator, Charge Nurses, MDS Nurse and Social Service Director for review.
3. In Service of all Licensed Nursing Staff on 3/3/2011 and 3/4/2011 by DON regarding:
  - A. Changes to the Resident 24 Hour Condition Report showing notification of the physician of significant change;
  - B. Review of Christian Health Center's Weight Monitoring Protocol;
  - C. Review of documentation requirement in resident record regarding notification of physician of significant weight change.

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F 157	<p>Continued From page 2</p> <p>12/23/10, with diagnoses to include Fracture of Left Femur, Left Leg Pain, Left Pulled Hamstring, Congested Heart Failure (CHF), Hypertension (HTN), Weakness, Difficulty in Walking and Left Lung Mass.</p> <p>A review of the "Nursing Assessment", dated 12/23/10, revealed the resident's admission weight was 203.8 pounds and the resident was assessed to have 1+ pitting edema to the left hip. A review of the Minimum Data Set (MDS) assessment information, dated 01/05/11, revealed the facility assessed Resident #1 as cognitively intact and required supervision with setup assistance for eating</p> <p>The "Weight Record", dated 01/02/11, revealed the resident weighed 191.4 pounds. A review of the "Medical Nutrition Therapy Notes" per the Registered Dietician, dated 01/03/11, revealed the resident had a weight loss of ten pounds since admission related to probable fluid loss. Weight loss was expected to stabilize. The note revealed the resident's appetite remained good and was able to eat independently. There was no documentation in the medical record related to physician notification, due to the significant weight loss (6.08%).</p> <p>The "Weight Record", dated 01/16/11, revealed the resident weighed 180.4 pounds. A review of the "Medical Nutrition Therapy Notes" per the Registered Dietician, dated 01/18/11, revealed the resident's appetite had been slightly decreased with some meals refused. The note also revealed the resident had no edema. There was no documentation in the medical record of physician notification, due to the significant weight loss (11.48%).</p>	F 157	<p><b>How does the facility plan to monitor its performance to ensure that solutions are sustained?</b></p> <ol style="list-style-type: none"> <li>1. Review and sign off of Resident Condition Report by DON, ADON or Unit Manager daily for significant change and notification of physician.</li> <li>2. Weekly audit in Assessment Team of random charts of residents with documented significant weight change for recorded notification of physician in resident's chart.</li> <li>3. The DON will report monthly at QA results of these audits for recommendations and continued monitoring.</li> </ol>	

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F 157 Continued From page 3

F 157

The Weight Record, dated 01/23/11, revealed the resident weighed 176 pounds. A review of the Physician's Telephone Orders, dated 01/28/11, revealed an order for a dietary consultation.

Interviews with Registered Nurse #1, on 02/10/11 at 3:45 PM and 02/11/11 at 2:00 PM, revealed she had been the charge nurse for the Rehab Unit (where Resident #1 resided) since the end of January 2011. She revealed Resident #1 had edema on admission and a new diagnosis of cancer. The resident had also made statements related to wanting to lose weight. There was no documentation regarding Resident #1's weight loss because the loss was expected. RN #1 stated the physician should have been notified of a significant weight loss, even if the resident had fluid loss related to edema.

Interviews with the Registered Dietician, on 02/10/11 at 4:10 PM and 02/11/11 at 12:50 PM, revealed Resident #1 had generalized edema on admission. A couple of weeks later, the resident found out he/she had cancer and became more depressed. She stated that nursing staff was responsible for notifying the physician regarding a significant weight loss. She revealed the physician should have been notified, prior to 01/28/11, regarding the resident's weight loss.

An interview with the DON, on 02/11/11 at 4:30 PM, revealed the physician should be notified if the resident had a fluid loss related to edema. She was aware of the resident's weight loss and felt the physician had been informed. She expected the nursing staff to document in the medical record when notifying a physician about a significant weight loss.



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F 157 Continued From page 4

F 157

Attempts to notify the resident's physician for interview, on 02/11/11, were unsuccessful.

F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

F 280

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:  
Based on interviews and record review, it was determined the facility failed to ensure each resident's comprehensive care plan was revised for two residents (#1, #6), in the selected sample of 21, related to the "Nutrition" care plan.  
Findings include:

A review of the policy, "Care Plans-Comprehensive", (undated), revealed care

**What corrective action will be accomplished for those residents found to have been affected?**

3/07/2011

1. Care plan for resident #1 was updated to reflect change in diet, new goal and new goal date.
2. Care plan for resident #6 was updated to reflect current diet order.

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F 280	Continued From page 5 plans were revised as changes in the resident's condition dictated.  1. Resident #1 was admitted to the facility on 12/23/10, with diagnoses to include Left Hip Fracture, Left Leg Pain, Left Pulled Hamstring, Congested Heart Failure (CHF), Hypertension (HTN), Weakness, Left Lung Mass and Tachycardia.  Review of the "Nutrition" care plan, dated 12/30/10, revealed the resident was on a "two gram sodium" diet. The care plan goal specified the resident was to maintain a weight of 181 pounds, by 02/01/11.  A review of the "Medical Nutrition Therapy Notes", dated 02/01/11, revealed a recommendation was made by the Registered Dietician (RD) to change the resident's diet from a "two gram sodium" diet to a "regular" diet for more variety. A review of the "Physician's Telephone Orders", dated 02/04/11, revealed an order to change the resident's diet to "regular". The "Nutrition" care plan was not updated to reflect the resident's change in diet.  The "Weight Record", dated 01/30/11, revealed the resident weighed 168.2 pounds. The resident did not meet the care plan goal by 02/01/11, and the care plan was not updated to reflect a new goal date.  An interview with the RD, on 02/11/11 at 4:10 PM, revealed she was responsible for updating the "Nutrition" care plan for Resident #1 and did not. She revealed nursing could have made the changes to the care plan, however, ultimately it was her responsibility.	F 280	<b>How the facility will identify other residents having the potential to be affected by the same deficient practice?</b>  All Residents with changes in diet or care plan goal will have the potential to be affected.  <b>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</b>  1. The Policy on Care Plans will be updated to indicate that the Dietitian or Dietary Manager will be responsible to update the Nutritional Care Plans as changes in diet, or nutritional needs occur.  2. In service of Dietitian, Dietary Manager and the Licensed Nursing staff on 3/3 and 3/4/2011 by DON regarding:  A. It is the primary responsibility of the Dietitian and/or Dietary Manager to update Nutritional Care Plans as changes in the resident's condition dictate. B. Licensed Nursing staff will document changes on the 24hour Resident Condition Report. C. The Dietitian will receive a copy daily of the report.		

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F 280	Continued From page 6 An interview with the Director of Nursing (DON), on 02/11/11 at 4:45 PM, revealed she depended on the RD to update the "Nutrition" care plan.  2. Resident #6 was admitted, on 02/05/07 and readmitted on 06/07/10, with diagnoses to include Subdural Hematoma and Chronic Heart Failure (CHF.) The quarterly assessment, dated 12/08/10, revealed the resident required extensive assistance of one staff member with his/her activities of daily living (ADLs) and supervision and one staff member physical assistance with meals.  A review of the Nutritional Risk Assessment, dated 06/07/10, revealed the resident received a Pureed, Low Fat, Low Cholesterol Diet. A review of the Dietary Progress Note, dated 06/21/10, revealed the resident's diet was upgraded to Mechanical Soft (MS,) No Concentrated Sweets (NCS,) Low Cholesterol Diet. A review of the resident's care plan for nutrition, dated 06/07/10 and updated on 12/08/10, revealed the resident was on a Pureed, Low Fat, Low Cholesterol Diet and the resident's diet had not been revised and updated to reflect the diet change on 06/21/10.  An observation of the breakfast meal, on 02/11/11 at 8:07 AM, revealed the resident was served a MS, NCS, Low Cholesterol Diet with tray set-up and staff supervision. The resident consumed the meal without any chewing or swallowing difficulties.  An interview, on 02/11/11 at 1:35 PM, with the Registered Dietician revealed she did assist with the care plans, however, she was unsure why the resident's care plan had not been revised.	F 280	<b>How does the facility plan to monitor its performance to ensure that solutions are sustained?</b>  A. Two (2) Care Plans per wing will be reviewed in Assessment Team weekly for accuracy of Nutritional Care Plans.  B. Random audits of four (4) Nutritional Care Plans will be completed by MDS nurse monthly.  C. Results of all audits will be reported to QA monthly for compliance and recommendations.		
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET	F 281			

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<p>F 281 SS=D</p> <p>Continued From page 7 PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, it was determined the facility failed to ensure services provided by the facility met professional standards of quality for two residents (#1 and #22), in the selected sample of 21.</p> <p>The facility failed to notify the physician regarding dietary recommendations for Resident #1.</p> <p>The facility failed to assess the residual gastric contents prior to medication administration for Resident #22. Findings include:</p> <p>Review of the policy, "Interdepartmental Notification of Diet (Including Changes and Reports)", (undated), revealed nutritional recommendations would be discussed with Nursing and forwarded to the physician for approval or denial and orders.</p> <p>1. Resident #1 was admitted to the facility on 12/23/10, with diagnoses to include Left Hip Fracture, Left Leg Pain, Left Pulled Hamstring, Congested Heart Failure (CHF), Hypertension (HTN), Weakness, and Left Lung Mass.</p> <p>A review of the "Nutritional &amp; Risk Assessment", dated 01/03/11, revealed recommendations were made by the Registered Dietician (RD) for a multivitamin with mineral (MVI) daily and Prostat</p>	<p>F 281</p> <p><b>What corrective action will be accomplished for those residents found to have been affected?</b></p> <ol style="list-style-type: none"> <li>Resident # 1's Dietary Recommendations were discussed with MD, order received and documented in residents chart.</li> <li>Resident #22 - order requested from resident's physician for checking residual prior to medication administration in addition to checking for placement of tube. Physician declined order at this time and stated checking placement was sufficient.</li> </ol> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice?</b></p> <ol style="list-style-type: none"> <li>All Residents with Nutritional Recommendations requiring physician order will have the potential to be affected.</li> <li>All Resident's receiving medications per feeding tube with MD order to check residual will have the potential to be affected.</li> </ol>	<p>3/07/2011</p>
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F 281	Continued From page 8  (protein supplement) twice daily. A review of the "Physician's Telephone Orders", dated 02/04/11, revealed an order for the MVI with mineral daily and Prostat one ounce twice daily. The order was received 32 days after the dietary recommendation was made.  An interview with Registered Nurse (RN) #1, on 02/11/11 at 2:00 PM, revealed the RD taped a note on the phone or on the nurses' clipboard, when making dietary recommendations. The RD would usually follow up on the recommendations to ensure the physician was contacted.  An interview with the RD, on 02/10/11 at 4:10 PM and 02/11/11 at 4:10 PM, revealed she normally left dietary recommendations on a sticky note at the desk for the nurse and the nurse would call the physician for orders. She revealed she should have followed up on her recommendation, to ensure it was discussed with the physician, however, she did not.  An interview with the Director of Nursing (DON), on 02/11/11 at 4:30 PM, revealed communication between the RD and Nursing was very important. If Nursing faxed a dietary recommendation to the physician, they were expected to document it in the medical record.  A review of the facility policy for Enteral Feeding, dated December 1998, revealed nurses were to always check residual stomach content and placement of the G Tube before the water flush, medication administration and feeding.  2. Resident #22 was admitted to the facility on 08/27/07, with diagnoses to include Pituitary Gland Disorder and Visual Field Deficit.	F 281	What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?  1. New Nutrition Communication form and protocol (See Form #2 & #3) will be utilized to request MD orders for Nutrition Recommendations requiring signature.  2. Completed Communications will be sent to physician for approval or comment.  3. Policy for Enteral Feeding (Gastric) 5.7 Preventive Measures in Routine Care (See Form #4) has been revised to reflect the need for a physician's order for checking residual prior to medication administration.  4. In-service for Dietitian and Licensed Nursing Staff by DON on 3/3/2011 and 3/4/2011 regarding: A. New form and correct protocol for Nutrition Communication B. Policy revision for Enteral Feeding.		

# Nutrition Communication Form

# 2

To: \_\_\_\_\_ Date: \_\_\_\_\_ Re: Nutritional Recommendation  
 From: CHC \_\_\_\_\_ Fax: \_\_\_\_\_

- Response requested
- Please Fax (Refer to recommendations)

This form documents the nutritional status of the patient named below. Your cooperation is vital to initiate the necessary plans that will improve this patient's nutritional status.

Patient's Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

	<u>Status</u>	
Height:	Weight:	BMI:
<input type="checkbox"/> Significant Weight change <input type="checkbox"/> Malnutrition <input type="checkbox"/> Moderate or Mild Malnutrition <input type="checkbox"/> Other: _____ Current Nutritional RX: _____		

Goals

- Prevent Nutrient Deficiencies
- Promote Weight Gain
- Improve Oral Intake
- Maximize Nutrient Intake
- Prevent Malnutrition
- Stabilize Lab Values
- Other: \_\_\_\_\_

Notable Clinical Features

- Ascites
- Decubitus
- Edema
- Other: \_\_\_\_\_

Notable Health Conditions

- Cancer
- Diabetes
- Heart Disease/HTN
- Kidney Disease
- Liver Disease
- Malabsorption
- Other: \_\_\_\_\_

Symptoms Affecting Intake

- Anorexia
- Decreased Functional Capacity
- Difficulty Chewing/Swallowing/Oral Pain
- Food Intolerance
- Food Dislikes
- Gastrointestinal Distress
- Nausea/Vomiting/Diarrhea
- Mental/Cognitive Impairment
- Other: \_\_\_\_\_

Other Increased Nutritional Risk Indicators

- Altered Laboratory Parameters
- Chemotherapy
- Evidence of Vitamin/Mineral Deficiency
- Inadequate Calorie/Protein Intake
- Inadequate Fluid Intake
- Medication Side Effects
- Nutrient/Drug Interactions
- Other: \_\_\_\_\_

Recommendations Requiring Physician's Order

- Antioxidant/Nutritional Supplementation
- G.I. Complications (appetite stimulant, proton pump inhibitor, etc.)
- Vitamin/Mineral Supplementation
- Please consider order for: \_\_\_\_\_

Comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Initials	Initials	Initials
On MD Order Sheet		Med/Tx Sheet	
Pharmacy		Nurses Notes	
		Date & Time	
		Pt. Care Plan	
		Communicated/Read Back	
		Signed	

## **Nutrition Communication Form Protocol**

### **Purpose:**

To establish communication between the Registered Dietitian, Nursing, and Physicians regarding nutritional recommendations.

### **Procedure:**

- 1.) Nutrition Communication Form will be completed by the Registered Dietitian.
- 2.) The Registered Dietitian will send the Nutrition Communication Form to the Physician for orders.
- 3.) The returned signed Nutrition Communication Form will then be reviewed by the charge nurse, noted and placed in the records.
- 4.) The Registered Dietitian will follow up with the returned order and update the records.

# Enteral Feeding (Gastric)

## 5.7

This procedure may involve potential and/or direct exposure to blood, body fluids, infectious diseases, air contaminants, and hazardous chemicals.

### Protective Barriers

- Handwashing
- Gloves (as indicated)
- Gown (as indicated)
- Designated Waste Disposal (as indicated)
- Mask (as indicated)
- Goggles (as indicated)
- Face Shield (as indicated)

### Purpose

The purposes of this procedure are to promote aseptic, therapeutic nutritional support for resident's unable to tolerate oral feeding for any reason.

### Key Procedural Points

1. Physician orders for enteral feeding residents should include:
  - a. Type and strength of formula ;
  - b. Prescribed rate of flow (if pump is used for delivery);
  - c. Specific amount of water per shift;
  - d. NPO (if NO ATTEMPT at oral feeding is prescribed);
2. All nursing staff must be aware of their roles in routine care
3. All tube-fed residents should be weighed at least weekly
4. Gastric tube site should be cleaned every shift; soap and warm water are appropriate
5. Nursing Assistants must be instructed on care required in position the resident to prevent occlusion of the feeding tube by laying on the tube or by contracted upper extremities and to observe and report any noted leakage of formula during routine nursing care
6. The feeding tube must be plugged by a Licensed staff person for shower care; **Note:** For the purpose of assuring proper asepsis of the equipment and to assess resident before and after the feeding interruption.
7. **Hint:** To assure asepsis of the feeding delivery system during medication administration, flushing of the tube, disconnection from the feeding pump, etc., try using the plastic protector cap provided with each new pump tubing set, tape it upside down to the I.V. pole holding the feeding pump/bag. Label the tape with the date and time changed. Place the pump tubing tip into this cap during any procedure requiring disconnection of the pump tubing from the feeding tube. (This prevents the clean tubing tip from coming into contact with bed linens, bedrail, floor, dresser drawer, etc. while disconnected from the feeding tube).
8. If using an open feeding system, never hang more than four (4) hours to assure that bacterial growth will not contaminate the formula. The hanging container and the tubing must be thoroughly rinsed with each new formula hung; **never add new formula to old formula in the feeding bag.**
9. Pre-filled (Ready to Hang) formula may hang up to 48 hours as it is a closed system. Label the bottle AND tubing with date, time and nurse initials each time the equipment is changed. Bottle should be agitated during at least every four (4) hours of hang time to prevent separation and flow problems.
10. Irrigation sets must be replaced every 24 hours, also, to assure aseptic technique with flushing and medication administration.

(Enteral Feeding (Gastric), con't.)

## Key Procedural Points (continued)

11. Oral care using gauze squares soaked in mouthwash is a very effective method of maintaining a clean mouth, reducing mouth odor, examining the oral cavity, and identifying loose teeth or dental problems.  
Oral care must be provided at least every shift, but every four (4) hours provides the best care and can be organized with medication administration, tube flushing, etc.
12. Accurate Intake and Output is very important. Make sure that the water for tube flushing is included in the amount of water ordered by the physician per shift.
13. HANDWASHING REMAINS THE MOST IMPORTANT ASPECT OF ALL CARE.

## Preventive Measures in Routine Care

1. Maintain head of bed elevation of at least 30 degrees at all times
2. Use smallest bore N/G tube possible
  - a. Dobhoff, Jejunostomy tubes, etc. require close monitoring, x-ray for placement verification.  
(Not best choice for LTC setting)
  - b. Note: Small-bore tubes reduce risk of aspiration, vomiting, nasal/pharyngeal comfort
3. Gastrostomy tube feedings reduce risk and increase comfort for resident
4. Always check placement of tube before water flush, medication administration, feedings, etc.
5. Check residual stomach content per attending Physician's order.
6. Always flush tube before and after medication administration
  - a. certain medications contribute to tube occlusion
    - 1) Carafate = combined with formula, without proper flush BEFORE and AFTER instillation, cause the medication to harden inside the tube and occlude formula flow
    - 2) Feosol = curdles formula
    - 3) K-Dur = congeals formula on inner surface of tube
    - 4) Any syrup based medications (liquid vitamins, etc.) cause formula to curdle
    - 5) Cranberry Juice or Soft Drinks can cause formula to curdle

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/11/2011
NAME OF PROVIDER OR SUPPLIER  CHRISTIAN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 STERLING DR. HOPKINSVILLE, KY 42240	
(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 281	Continued From page 9  An observation during the medication administration pass on 02/09/11 at 9: 40 AM, revealed Resident #22 was given medications per Gastric Tube (G Tube.) LPN #1 checked for placement prior to administering medication, however, she did not check for residual gastric contents.  An interview on 02/09/11 at 9:50 AM, with LPN#1 revealed she was unsure what the facility policy required for checking residuals and stated she usually assessed for both residual and placement each time she administered medications.  An interview on 02/09/11 at 12:00 PM, with the DON revealed LPN #1 had been trained regarding the need to check residuals.	F 281	<b>How does the facility plan to monitor its performance to ensure that solutions are sustained?</b>  1. The Dietitian will maintain a file of all Nutrition Communication forms and physician response 2. The Dietitian will Audit Nutrition Communication forms weekly for completion. 3. Two random audits per month of Medication Administration per tube will be completed by Nursing Supervisors and results reported to the DON. 4. DON will report audit results to QA monthly for compliance and recommendations.	
F 371 SS=E	483.35(j) 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 record review, it was determined the facility failed to store prepare, distribute and serve food under sanitary conditions.	F 371		

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F 371 Continued From page 10

Observation, on 02/09/11 at 12:30 PM, revealed temperatures of the sliced roast beef, zucchini squash, two containers of pureed corn, and three bowls of soup were not checked, prior to service.

Observation, on 02/10/11 at 12:40 PM, revealed there was an orange-brown substance observed in the drip pan of the stove and in the bottom of the oven.

Observation on 02/10/11 at 1:17 PM, revealed the server left the tray line, removed gloves, picked up a basket of fried okra with her bare hand and dumped the okra into the serving pan and returned to the tray line to serve food without washing her hands.  
Findings include:

A review of the policy entitled, "Handwashing" dated 12/98, revealed the purpose of this procedure is to provide guidelines to employees for proper and appropriate handwashing techniques that will aide in the prevention of the transmission of infections. Appropriate 10 to 15 second handwashing must be performed under the following conditions: after removing gloves.

A review of the policy entitled, "Food Temperature Policy" dated 02/01/10, revealed temperature of all foods would be taken at time of meal service, including milk by the AM cook or 11:30 aide. The temperature of the food would be taken 10 minutes prior to meal service after the food is placed on the line. If the food does not reach appropriate temperature, the food would be reheated until it reached the correct temperature.

1. Observation, 02/09/11 at 12:49 PM, revealed the cook left the tray line and plated sliced roast

F 371

**What corrective action will be accomplished for those residents found to have been affected?** 3/07/2011

No specific residents identified.

1. All foods heated in the microwave are tested for proper temperature prior to serving.
2. Orange brown substance in the drip pan and in the oven was cleaned.
3. Dining Staff educated to wash hands each time prior to applying new gloves.

**How the facility will identify other residents having the potential to be affected by the same deficient practice?**

Residents receiving meals from the kitchen have the potential to be affected.

**What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?**

1. A Daily Food Temperature Log (#5) for foods heated in the microwave will be utilized to record proper temperature of items before serving.

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NAME OF PROVIDER OR SUPPLIER  CHRISTIAN HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 STERLING DR. HOPKINSVILLE, KY 42240	
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F 371	<p>Continued From page 11</p> <p>beef and zucchini without checking the temperature.</p> <p>2. Observation on 02/09/11, at 1:00 PM, revealed the cook heated and served three bowls of soup, without checking the temperature.</p> <p>3. Observation on 02/09/11, at 1:05 PM, revealed the dietary manager heated two containers of pureed corn and gave it to the cook for the tray line service, without checking the temperature.</p> <p>4. Observation, on 02/10/11 at 1:17 PM, revealed there was an orange-brown substance spilled in the bottom of the oven and on the drip pan.</p> <p>5. Observation on 02/10/11 at 1:17 PM, revealed the cook left the tray line, obtained additional fried okra, removed her gloves, picked up a basket of fried okra and poured it into a pan, reached into her smock for gloves and retrieved a pair of gloves from a box, without washing her hands.</p> <p>An interview with the cook, on 02/10/11 at 1:00 PM, revealed if a person was on the tray line they were not supposed to leave the area, during food service. She stated she expected staff to check the food temperatures, prior to the food service. Additionally, she stated staff were supposed to wash their hands between glove changes.</p> <p>An interview with the Dietary Manager, on 02/10/11 at 2:53 PM, revealed staff were supposed to be in the kitchen by 12:25 PM. Food temperatures should be checked, prior to tray line at 12:35 PM. She revealed the alternate foods items (sliced roast beef and zucchini squash) did not have the temperature checked prior to plating the food, however, the temperature should have</p>	F 371	<p>2. All Dining staff will clean work area prior to leaving by the end of shift and initial off on the daily sheet(#6).</p> <p>3. All Dining Staff were in serviced 3/2/2011, by Dietary Manager and Dietitian regarding:</p> <p>A. new protocol for Daily Food Temp Log;</p> <p>B. new Daily Cleaning log and procedure for equipment cleaning;</p> <p>C. proper hand washing and glove use.</p> <p>4. Gloves for single service use will be available at the tray line and at the hand washing sink to eliminate storage of gloves in pockets.</p> <p>5. Policy on Hand Washing has been revised to include glove change (#7).</p> <p><b>How does the facility plan to monitor its performance to ensure that solutions are sustained?</b></p> <p>1. Dietary Manager will audit compliance of Daily Food Temp Log for microwave and report variance to the Quality Assurance Committee monthly for recommendations.</p>

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F 371 Continued From page 12

been checked. She stated she did not check the temperature of the soup or the pureed corn, prior to the items being served. The dietary manager stated, "I've told them to heat the soup for one minute in the microwave and the temperature would be 160 degrees and two bowls should be heated for two minutes. They should be able to tell the temperature by the warmth of the bowl". She revealed never thought about checking the temperature of the soup, prior to service. The dietary manager revealed they used the guidelines set forth by the local health department. She stated they were informed, "As long as they changed gloves and put on new ones when they stepped away from the tray line for additional food, it was acceptable. If the staff left the kitchen or were handling raw meats and /or food, then they were expected to wash their hands". After the dumping the basket of okra in the pan, the cook should have washed her hands, prior to returning to the tray line. The dietary staff were assigned different cleaning duties within the kitchen on a weekly basis. The dietary manger revealed the staff should be cleaning the stove daily as they cook and the deep cleaning was conducted weekly.

- F 371
2. Dietary Manager will audit compliance for Daily Cleaning Log and report variance to the Quality Assurance Committee for recommendations.
  3. Dining Staff will be monitored for hand washing and glove use by Dictitian with 2 random demonstrations weekly. Compliance will be reported to the Quality Assurance committee monthly for recommendations.

#5

### DAILY CLEANING LIST

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Sign Off
5:30 Cook								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Sign Off
5:30 Veg. Cook								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Sign Off
7:15 Dessert								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Sign Off
7:15 Salad								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Sign Off
8:00 Prep cook								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Sign Off
11:30 Cook								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Sign Off
1:00 Aide								

# 6

## **FOOD TEMPERATURE POLICY**

### **POLICY:**

Temperatures of all foods will be taken at time of meal service, including milk, by the AM cook or 11:30 aide.

### **PROCEDURE:**

1. The thermometer will be calibrated daily by the AM head cook.
2. The temperature of the food will be taken immediately before meal service after all foods for that meal are placed on the line. If the food does not reach appropriate temperature, the food will be reheated till it reaches the correct temperature. (See log)
3. The temperatures will be logged onto the temperature log sheet.
4. The food will then be placed on the line for serving.
5. Single service food items that are heated in the microwave will be temperature tested and logged in order to make sure that the foods are to the appropriate temperature. (See microwave temperature log sheet)



**HAND WASHING****POLICY:**

Dietary staff will wash hands before starting work, when returning to work, after smoking, eating, drinking, when visiting the restroom, after handling garbage or poisonous compounds, and prior to putting on gloves and at other times hands have been soiled. Dishwashers should always wash their hands before handling clean dishes. Hand washing Facilities should be readily accessible and equipped with paper towels.

**PROCEDURE:**

1. Wet hands and forearms with warm water and apply an antibacterial soap.
2. Scrub well with soap and additional water as needed, scrubbing all areas thoroughly. Pay close attention to fingernails, Wash for minimum of 20 seconds.
3. Rinse thoroughly.
4. Dry Hands with paper towel, turn off faucets with paper towel and discard.
5. Staff in-serviced on the importance of hand washing and the need to wash hands when changing gloves.
6. Procedure for hand washing is posted at hand washing sinks.

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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 STERLING DR. HOPKINSVILLE, KY 42240</b>		
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K 000	INITIAL COMMENTS  A Life Safety Code survey was initiated and conducted on 02/10/11 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			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.