

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

PRINTED: 09/01/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/01/2015
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NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT HAMBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2531 OLD ROSEBUD ROAD LEXINGTON, KY 40509
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{F 000}	INITIAL COMMENTS Based on the acceptable Plan of Correction, the facility was deemed to be in compliance as alleged on 08/28/15.	{F 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 000 INITIAL COMMENTS

F 000

An Abbreviated Survey investigating complaint KY00023592 was initiated on 08/10/15 and completed on 08/13/15. KY00023592 was unsubstantiated with unrelated deficiencies cited at the highest Scope and Severity of an "E".

F 323 483.25(h) FREE OF ACCIDENT
SS=E HAZARDS/SUPERVISION/DEVICES

F 323

Corrective action for residents to have been affected on August 13, 2015. The bio-hazard and clean linen room were unlocked in the Legacy building therefore accessible to ambulatory and wheelchair residents.

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

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 residents' environment remained as free of accident hazards as possible as evidenced by the biohazard room door and linen room door observed to be unlocked. In addition, observation revealed a resident from another level of care, who resided in the facility attempted to enter the unlocked linen room door.

The findings include:

Review of the facility's policy titled, "General Safety Practices", revised 06/21/15, revealed staff were responsible for reporting all potential hazards to the supervisor in a timely manner. Continued review revealed staff should always be "vigilant" in looking for potential hazards which

1. The Director of Plant Operations (DPO) in co-ordination with the manufacturer (Stanley) evaluated the key pad lock system on August 13, 2015 after discovery of the deficient locks. The key pad program required re-programming and reset to factory defaults. The re-programming eliminated the possibility of double coding and unlocking the code.
2. All key pad doors were reset and recoded on August 13, 2015 by the DPO. All doors were checked for security of the lock system and found compliant.
3. Education of the team members in nursing, housekeeping, maintenance and life enrichment began on August 13, 2015 and completed by August 27, 2015 to check security of door before entering code and locked after entrance.
4. Daily monitoring of key pad locked doors will be conducted by the Plant Operations staff and weekend manager staff. The QA committee will review results of all audits. The committee will monitor the effectiveness and compliance with

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

TITLE

(X6) DATE

Beth Blair, Executive Director

8-31-2015

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F 323 Continued From page 1
needed attention to ensure resident safety. Further interview revealed staff should report any defective equipment.

Observation, on 08/12/15 at 3:30 PM, revealed the facility's biohazard room door was unlocked with no staff observed to be present in the area. Continued observation at 3:32 PM, revealed the linen room door was unlocked with no staff present and a resident from another level of care sitting in a chair near the linen room. Further observation at 3:35 PM, revealed the Administrator checked the biohazard room door and confirmed the door was unlocked, as the key pad on the door was not working correctly. Observation at 3:37 PM, revealed the resident from the other level of care attempted to enter the unlocked linen room and was stopped by the Administrator.

Observation, on 08/13/15 at 4:00 PM, revealed the contents of the linen room included the following products: one (1) Diversey Oxivir Five 16 Concentrate (a disinfectant cleaner); thirty-two (32) McKesson Anti-Perspirants; one (1) opened Equate Shave Foam; two (2) Dawn Mist After Shave Lotion; two (2) McKesson perineal and skin cleanser; two (2) Remedy Skin Repair Cream; thirty (30) McKesson Medi-Pak Shaving Cream; four (4) McKesson Baby Lotion; two (2) Remedy Nurtrashield (a skin protectant cream); five (5) Remedy Calazime; two (2) Thera Calazinc Bodyshield (a skin protectant cleanser); two (2) Hand and Body Moisturizing Lotion; five (5) Perineal Spray (cleansing product); one and half containers of McKesson Body Wash; one (1) McKesson hand sanitizer; and one (1) Phytoplex Hydrating Cleanser.

F 323 the plan and update and develop plans of action to be carried out as indicated.
5. August 28, 2015

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Review of the facility's MSDS for the Diversey Oxivir Five 16 Concentrate, dated 01/13/09, revealed the product might cause eye or skin irritation if it came into contact with the eyes or skin. Continued review revealed if ingested the product might be harmful to the mouth, throat or stomach. Further review of the MSDS revealed if ingested to call a Physician, medical attendant or poison control center immediately.

Review of the facility's Material Safety Data Sheets (MSDS) for the Remedy Skin Repair Cream, dated 02/22/08, revealed if ingested give three (3) to four (4) glasses of water and contact a Physician or poison control center immediately.

Review of the facility's MSDS for the Medi-Pak Shaving Cream, dated 09/02/10, revealed if the product came into contact with the eyes it could cause mild, transient irritation. Continued review of the MSDS revealed if ingested dilute with fluids, treat symptomatically and a Physician or emergency room should be consulted if anything unusual occurred or appeared necessary.

Review of the facility's MSDS for the McKesson Baby Lotion, dated 07/19/13, revealed if ingested the product could cause possible gastrointestinal irritation or disturbance if ingested. Continued review revealed if ingested to dilute by drinking large quantities of water, allow vomiting to occur and get medical attention.

Review of the facility's MSDS for the McKesson Body Wash, dated 07/19/13, revealed the product could cause possible gastrointestinal irritation or disturbance if ingested. Continued review revealed if ingested to dilute by drinking large quantities of water, allow vomiting to occur and

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get medical attention.

F 323

Review of the facility's MSDS for the Medi-Pak Hand Sanitizer, dated 07/28/09, revealed if the product came into contact with the eyes it could cause possible watering, burning or redness. Continued review revealed in the product was ingested it could cause possible gastrointestinal irritation or disturbance. Further review of the MSDS revealed if ingested dilute by drinking large quantities of water, allow vomiting to occur and get medical attention.

Review of the facility's MSDS for the McKesson Anti-Perspirant, revised 09/02/08, revealed if swallowed get medical help or contact a poison control center immediately.

Observation on 08/13/15 at 4:30 PM, of the biohazard room revealed the contents included the following: of one (1) bottle of furniture polish; one (1) box of McKesson Denture Cleanser Tablets forty (40) tablets; PDI Sani-Cloth AF3 Germicidal Disposable Wipes; one (1) box of Nice and Clean Baby Wipes; two (2) Castile Soap Towelette tubs.

Review of the facility's MSDS for the McKesson Denture Cleanser Tablets, dated 07/01/09, revealed the product might cause moderate to severe irritation of the eyes if exposure occurred. Continued review revealed the product should not be ingested; however, if ingestion occurred do not induce vomiting, give large amounts of water, call a poison control center and get medical attention. Further review of the MSDS revealed possible symptoms from ingesting the product included damage to the esophagus, abdominal pain, burns, breathing problems, seizures, blood in

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F 323	<p>Continued From page 4</p> <p>urine, internal bleeding and vomiting.</p> <p>Review of the facility's MSDS for the furniture polish, dated 01/19/15, revealed the product caused "serious eye irritation", might cause an allergic skin reaction and might cause irritation to the mouth, throat or stomach. Continued review of the MSDS revealed avoid breathing the spray.</p> <p>Review of the facility's MSDS for the PDI Sani-Cloth AF3 Germicidal Disposable Wipes, dated 04/04/11, revealed the product was to be kept out of reach of children, avoid contact with the eyes or skin, and might cause moderate eye irritation. Continued review of the MSDS revealed if the product came into contact with the eyes to rinse and call a poison control center or Physician for treatment advice. Further review revealed if ingested do not induce vomiting and obtain medical attention.</p> <p>Review of the facility's MSDS for the Nice and Clean Baby Wipes, dated, 01/22/07, revealed if ingested the product might cause stomach distress, and nausea or vomiting. Continued review of the MSDS revealed in ingested to not induce vomiting, rinse the mouth, drink water and obtain medical attention.</p> <p>Review of the facility's MSDS for the Castile Soap Towelette, revised July 2000, revealed the product might sting the eyes if it came into contact with the eyes.</p> <p>Interview, on 08/12/15 at 6:10 PM, with the Director of Health Services (DHS) revealed residents who could ambulate or use a wheel chair could enter the unlocked biohazard room or linen closet. Per interview, if confused residents</p>	F 323		
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F 323 Continued From page 5
enter those areas they could ingest the products stored there which would cause harm to them, such as, a mild or severe reaction or possibly death. The DHS stated those areas should be locked at all times to prevent residents from entering.

Interview, on 08/12/15 at 6:45 PM, with the Executive Director (ED) revealed if left unlocked the biohazard and linen rooms could be harmful to residents due to the products stored there which could possibly be ingested. Per interview, the locks on the biohazard and linen rooms were not working; however, should have been. The ED stated the expectation for the staff was they were to check locked doors regularly and ensure the door locks were functioning appropriately.

F 356 483.30(e) POSTED NURSE STAFFING INFORMATION
SS=E

The facility must post the following information on a daily basis:

- o Facility name.
- o The current date.
- o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:
 - Registered nurses.
 - Licensed practical nurses or licensed vocational nurses (as defined under State law).
 - Certified nurse aides.
- o Resident census.

The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:

- o Clear and readable format.

F 323

The facility on August 13th 2015 posted the staffing on the 700 hall in Legacy. The staffing information was not posted on the 600 hall.

F 356

1. The staffing information was moved to the entrance credenza on August 13th 2015 allowing public review. The staffing information is updated per shift.
2. The Policy on Guidelines for Staff Posting was presented to staff for re-in-service began on August 13th 2015 and completed on August 27, 2015
3. Identification of residents potentially to be affected by deficient practice. There are 32 residents in the Legacy campus.
4. Monitoring of the staffing posting on the credenza and 700 hall weekly X 30 days by the DHS, ADHS, ED, Administrator then monthly X 3 months to assure compliance. The QA committee will review results of all audits. The committee will monitor the effectiveness and compliance with the plan and update and develop plans of action to be carried out as indicated.
5. August 28th 2015.

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F 356 Continued From page 6 F 356:

o In a prominent place readily accessible to residents and visitors.

The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was determined the facility failed to post the daily staff assignment list in a prominent place readily accessible to residents and visitors as evidenced by the daily staff assignment list was posted on the skilled unit in the back hall away from the main entrance.

The findings include:

Interview on 08/12/15 at 6:10 PM, Director of Health Services (DHS) revealed the facility had no policy specific to posting of daily staffing.

Observation, on 08/12/15 at 9:00 AM, during the initial tour of the facility revealed the Daily Staff Posting was located on the skilled unit on the nurse's desk of the back hall, and not visible from other resident areas.

Interview on 08/12/15 at 11:30 AM, with Licensed Practical Nurse (LPN) #1/Supervisor revealed the list for staffing was posted daily at the beginning

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F 356	Continued From page 7 of each shift. The staffing list was always posted on the skilled unit.	F 356		
	Continued interview on 08/12/15 at 6:10 PM, with the DHS revealed the Daily Staff Posting list should be in a visible location at the front of the building and reflect the current staffing for the facility.			
	Interview, on 08/12/15 at 6:45 PM, with the Executive Director (ED) revealed staffing for the facility was based on the acuity of residents. Per interview, the Daily Staff Posting list should be located visibiy in the front of the facility and should reflect the current staff in the facility.			