

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

PRINTED: 11/09/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105455	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2010
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NAME OF PROVIDER OR SUPPLIER OAKLAWN NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 SHELBY STATION DRIVE LOUISVILLE, KY 40245
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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 Survey and Abbreviated survey investigating KY00014738 were conducted 10/12/10 through 10/14/10 with deficiencies cited with the highest scope and severity of an "F". A Life Safety Code Survey was conducted on 10/12/10 and no deficiencies were cited related to the Life Safety Code Survey.	F 000		
F 309 SS=D	463.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined the facility failed to follow a physician order for one (1) of twenty-four (24) sampled residents (Resident #6). Resident #6 had a laboratory order for a C-difficile, which was not obtained and sent to the laboratory. The findings include: Record review of Resident #6's physician order dated 10/03/10 revealed an order to test the stool for C-difficile. Review of the nurse's notes dated 10/03/10 revealed documentation that an order had been received to obtain a stool specimen for	F 309	F309 Oaklawn strives to provide care and services for attaining the highest level of well being. 1. Physician's Order was immediately written to discontinue the C-difficile laboratory order on Resident #6, due to resident no longer needing the lab. All Nurses caring for resident #6 were immediately retrained on the policy and procedure for following a Physician Order for a lab. The Unit Manager completed the training on October 14, 2010. 2. All current lab orders in the facility were reviewed to ensure physician's orders are followed. All other lab orders have been obtained and sent to the lab, or discontinued by physician's order, effective October 14, 2010. 3. To ensure the deficient practice will not recur, a log sheet has been developed to track all lab orders and specimens. All nursing staff will receive training on the updated policy and procedure, including the new lab tracking log. The training will be conducted by the Director of Education or her designee, and	11/12/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>X. M. Burke Stephens</i>	TITLE <i>X administrator</i>	(X6) DATE <i>X 11/13/10</i>
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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 patient. (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 309	Continued From page 1 the C-difficile. Further review of the record did not reveal any results of the lab work. Interview with Chestnut Oak Terrace Unit Manager on 10/12/10 at 2:00pm revealed there were no laboratory results for the C-difficile in the chart as was ordered by the physician on 10/03/10. She stated that after the lab order was received and before they could get a specimen, Resident #6's diarrhea had stopped. She stated the nurse should have gotten a discontinue order for the C-difficile laboratory order once the resident no longer had diarrhea and the specimen was not obtained.	F 309	will be completed by November 12, 2010. 4. To monitor the above to ensure the solution is sustained the Director of Nursing or designee, on a monthly basis, will monitor a random sample of at least 10% of resident charts for compliance with this standard. Results will be reported at the quarterly QA committee meeting until compliance is achieved and sustained for two quarters.	
F 371 SS=F	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 record review it was determined that the facility failed to store, prepare, distribute, and serve food under sanitary conditions as evidenced by multiple food items in the freezer and refrigerator that were found open, undated, and unsealed. Also, an orange/brown unidentified residue was observed on the lip of the ice machine under the lid and brown particles frozen in the ice. One of three	F 371	F371 Oaklawn strives to procure, prepare and serve food under sanitary conditions. 1. All opened, undated, and/or unsealed items were immediately securely sealed, dated, or discarded, Oct. 14, 2010 The ice was discarded and the ice machine thoroughly cleaned, Oct 12, 2010. The food service prep area near the hand washing sink was immediately made unavailable for future food prep, Oct 20, 2010. 2. The entire inventory of food was observed for appropriate sealing, dating, and storage. All	10/28/10

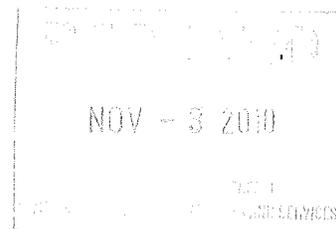
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F 371	<p>Continued From page 2</p> <p>hand washing sinks in the kitchen was in close proximity to the food preparation area in which soap and water were splashing onto the food preparation area, which created a potential for contamination with chemicals and bacteria.</p> <p>The findings include:</p> <p>Record review of the facility policy regarding food preparation and safety stated: chilled leftovers are placed in a shallow container with secure fitting lids or tight fitting covers. Leftovers are labeled, dated, and used within 3 days or discarded. The facility policy regarding frozen food storage stated: foods that have been removed from their original containers should be clearly marked with contents, dated, and wrapped to exclude as much air as possible. All foods should be wrapped in moisture-proof materials. The policy regarding environmental sanitation/infection control in the kitchen did not include information involving cleaning of the ice machine. A policy regarding hand washing sink placement in relation to food preparation area was requested but not provided.</p> <p>On 10/12/10 at 8:10am during the initial tour of the kitchen multiple food items were found in the walk-in freezer that were open, undated, and unsealed which included: one (1) box of beer battered fish, one (1) box of tiramisu, two (2) boxes of cookie dough, two (2) boxes of hamburger patties, two (2) boxes of battered chicken tenders, one (1) box of fish cod loin, one (1) box of breaded green tomatoes, one (1) box Ready to Bake muffins, and one (1) box of pancakes. In the walk-in refrigerator one (1) container of vegetable soup, one (1) container of cranberry juice, and a 1/2 gallon of buttermilk were found to be undated when opened. One (1)</p>	F 371	<p>food items are stored appropriately effective October 15, 2010.</p> <p>All ice machines in the building were observed on October 16, 2010 for presence of residue, or specks of matter in the ice. No other ice machine or ice in the building was affected.</p> <p>All hand washing sinks in the food service department were observed on October 15, 2010, for potential splashing onto food prep areas. No other hand sink was affected.</p> <p>3. To ensure the deficient practice will not recur, all dietary staff was retrained in kitchen sanitation including daily ice machine inspecting and cleaning, Oct 20, 2010, hand washing, Oct 28, 2010, and dating and sealing opened foods, Oct 20, 2010.</p> <p>An updated log was placed on the ice machine to be initialed daily by the kitchen staff responsible for cleaning. In addition to daily cleaning, the food service director confirmed that our policy for environmental sanitation/infection control includes a monthly schedule of emptying and thoroughly cleaning out the ice machine. The monthly cleaning schedule</p>	



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F 371	<p>Continued From page 3</p> <p>box of raisins, one (1) box of dried cranberries, and one (1) box of blueberries were found to be opened and unsealed. In the reach-in freezer one (1) three (3)-gallon container of raspberry sherbet and one (1) three (3)-gallon container of orange sherbet were found to be opened and undated.</p> <p>Interview with the dietary manager on 10/14/10 at 11:05am revealed the staff are trained to store refrigerated or frozen foods following the procedure that all foods that have been opened should be sealed, labeled and dated when opened. For soups, the container should state date opened, be covered, sealed, and labeled with the name of the soup. When asked how long leftovers should be kept in the refrigerator the director of food nutrition stated that leftovers are good for seven (7) days; however, he likes to use or discard them within three (3) days. He added that dairy based products are discarded after use and not saved for leftovers.</p> <p>On 10/12/10 at 8:40am, upon inspection of the ice machine, an orange/brown residue was observed on the lip of the ice machine under the lid. This was observed again on 10/14/10 at 11:05am. At the latter time brown particles were observed in some of the frozen ice.</p> <p>Interview with the dietary manager on 10/14/10 at 11:15am revealed the ice machine is inspected and wiped down daily by the kitchen staff. No log for this task was identified, just a part of the daily duties of the staff. The dietary manager was uncertain how the residue was missed during cleaning. She was unable to identify the substance after removing it. When shown the pieces of ice with brown particles frozen in them</p>	F 371	<p>has also been posted on the log located on the ice machine. A large stainless steel splash guard was installed on the hand sink next to the food prep area, Oct 18, 2010.</p> <p>4. To ensure the solution is sustained, the food service director or her designee will be responsible for checking the ice machine log, hand sinks, and food storage areas for compliance with this plan of correction on a daily basis. Results will be reported at the quarterly QA committee meeting until substantial compliance is obtained and sustained.</p>	

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F 371	Continued From page 4 she removed the particular pieces of ice and discarded them. On 10/13/10 from 12:20pm to 12:30pm six (6) kitchen staff were observed washing hands in the hand washing sink, located approximately six (6) inches to the side of the counter used for food preparation, where an open container of ham salad was sitting. Soap and water was splashing onto the counter around the salad container. At 12:30pm a dietary aide covered the ham salad with plastic wrap. Interview with the dietary manager on 10/13/10 at 12:40pm revealed acknowledgement of a problem with the food preparation area being too close to the hand washing sink because water and soap can splash into the food and contaminate it. She immediately had a dietary aide move the food farther away from the sink. The dietary manager then asked the dietary aide whether or not she had the ham salad covered the entire time it was not being served, and she replied that she tries to keep it covered but she is not always able to keep it covered at all times.	F 371		
F 465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations and interviews it was determined the facility failed to maintain a sanitary environment for residents as evidenced by the	F 465	F465 Oaklawn makes every effort to maintain a safe/functional/sanitary/comfortable environment. 1. The refrigerators on Chestnut Oak Terrace (COT) and English Oak Terrace (EOT) were cleaned October 13, 2010. The unused ice/water machine on COT was removed and discarded, October 19, 2010	11/12/10

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F 465	Continued From page 5 medication refrigerators on Chestnut Oak Terrace (COT) and English Oak Terrace (EOT) that were soiled, and in addition, the ice/water machine available for use on the COT had a white and brown substance on the back splash and grate. The findings include: Observation of the medication refrigerator on 10/13/10 at 2:20pm on the EOT unit revealed several pink and grayish substances on the bottom. Interview with RN #1 on 10/13/10 at 2:20pm revealed the refrigerator needed to be cleaned. Observation of the medication refrigerator on 10/13/10 at 2:30pm on the COT unit revealed a crusty white substance on the shelves of the refrigerator door and a dark brown substance on the bottom of the freezer. Further observation revealed the ice/water machine had a sticky substance on the grate and a sticky brown and white substance on the grate and back splash. Interview with the COT unit manager on 10/13/10 at 2:35pm revealed the refrigerator needed to be cleaned and the ice/water machine needed to be disposed of since it was not being used.	F 465	2. All other medicine refrigerators were assessed and cleaned October 13, 2010. All other unused ice/water dispensers on nursing units were removed and discarded, Oct 19, 2010. 3. To ensure the deficient practice will not recur a schedule for cleaning med room refrigerators has been implemented on third shift. All nursing staff will be in serviced by Nov 12, 2010. The 3 rd shift nurse supervisor is responsible to ensure cleaning tasks are carried out as scheduled. 4. To monitor the above to ensure the solution is sustained, the Director of Nursing or designee will monitor the cleanliness of 100% of the medication room refrigerators on a monthly basis for compliance with this standard. Results will be reported at the quarterly QA committee meeting until substantial compliance is obtained and sustained.	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.	F 514		

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F 514	<p>Continued From page 6</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined the facility failed to maintain accurate clinical records, on two (2) of twenty-four (24) sampled residents (Resident #4), in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, and systematically organized. The facility had two (2) signed Do Not Resuscitate (DNR) forms for Resident #4, one which indicated a Full Code (signed by the daughter) and the other indicating DNR (signed by the resident). Resident #1 had an incomplete telephone order on the chart.</p> <p>The findings include:</p> <p>Record review of the clinical record for Resident #4 revealed the resident was admitted on 09/16/10 with diagnoses that included; Fractured Femur and Humerus, Fall, Malaise, Gait Abnormality, Atria Fibrillation, Kidney Failure, Urinary Tract Infection, and Osteoporosis. The facility provided and obtained a signed consent for a Full Code signed by the resident's daughter on 09/16/10 and signed by the physician on 09/24/10. Also, on the chart there were two (2) DNR forms signed by Resident #4, one on 10/08/92 and the other one dated 01/13/04. The Minimal Data Set (MDS) completed on 09/29/10</p>	F 514	<p>F 514 Oaklawn makes every effort to ensure medical records are complete, accurate, secure, and accessible.</p> <ol style="list-style-type: none"> 1. Resident #4's code status was immediately clarified on 10-12-10. All Nurses caring for resident #4 were immediately updated and retrained on the policy and procedure regarding Resuscitation Designation, with emphasis on obtaining DNR preferences from alert residents. Resident #1's physician telephone order from 10-11-10 was immediately clarified, and a complete Physician's telephone order was written on 10-13-10. All Nurses caring for resident #1 were immediately updated on the order and retrained on the policy and procedure for completion of telephone orders. The Unit Manager completed the training on October 13, 2010. 2. All current residents' medical records were checked to ensure accuracy of code status. All current residents' code status is accurate effective October 12, 2010. All current telephone orders in the facility were reviewed to ensure they are accurate and complete. All orders are complete per facility policy and procedure effective October 14, 2010. 	11/12/10

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F 514	<p>Continued From page 7</p> <p>revealed Resident #4 has a cognition of zero (0). The chart was flagged for the resident to be a Full Code.</p> <p>Interview with Chestnut Oak Terrace Unit Manager on 10/12/10 at 2:00pm revealed she was unaware of the inconsistent information on Resident #4's Code Status. She acknowledged that there was confusing information in the chart and she would discuss it with Resident #4 to confirm his/her wishes. The Unit Manager clarified with the resident that he/she does not wish to be resuscitated and the Unit Manager had Resident #4 sign a DNR form which was dated today, 10/12/10, and changed the resuscitation designation on the chart. She revealed that had Resident #4 gone into a cardiac arrest he/she would have been resuscitated which was against the resident's wishes.</p> <p>Record review of the clinical record for Resident #1 revealed the resident was admitted on 07/27/10 with diagnoses that included; Fractured Femur, Hip Replacement, Heart Transplant, Atrial Fibrillation, and Gastroesophageal Reflux Disease. Record review of the physician's orders revealed a telephone order dated 10/11/10 written as "Continue 6mg po q day". The name of the medication ordered had been left off the order.</p> <p>Interview with Chestnut Oak Terrace Unit Manager on 10/14/10 at 11:10am revealed she considered this an incomplete order since there was no medication listed. She stated the resident could be adversely affected since the order was not clear.</p>	F 514	<ol style="list-style-type: none"> To ensure the deficient practice will not recur, all facility nurses will be retrained on the Policy and Procedure for Resuscitation Designation. All facility nurses will also be re-trained on accurate completion of a telephone order. All training will be conducted by the Director of Education or her designee, and will be completed by November 12, 2010. To monitor the above to ensure the solution is sustained the Director of Nursing or designee will monitor a random sample of at least 10% of residents' charts for accurate code status, and accurate, complete transcription of telephone orders. on a monthly basis for compliance with this standard. Results will be reported at the quarterly QA committee meeting until compliance is achieved and sustained for two quarters. 	

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K 000	INITIAL COMMENTS A standard Life Safety Code survey was conducted on October 12, 2010. The facility was found to be in substantial compliance with Title 42, Code of Federal Regulations, 483.70 (a) relating to NFPA 101 Life Safety Code 2000 Edition, with no regulatory violations identified on the date of the survey.	K 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 11/3/10

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