

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

PRINTED: 04/29/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/15/2010
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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41018
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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 Recertification Survey and an Abbreviated Survey investigating ARO# KY00014659 was conducted 04/13/10 through 04/15/10. A Life Safety Code Survey was conducted 04/19/10. Deficiencies were cited with the highest scope and severity of a "E". ARO #KY00014659 was unsubstantiated.	F 000	PLAN OF CORRECTION:  The filing of the Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility's intent to comply with the requirements of participation to provide quality resident care.	
F 309 SS=D	483.25 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 observation, interview and record review, it was determined the facility failed to ensure residents were provided the necessary care and services for one (1) of thirty (30) sampled residents (Resident #1).  The findings include:  Review of Resident #1's medical record revealed diagnoses which included Bipolar Disorder and Rheumatoid Arthritis. Review of the Quarterly Minimum Data Set (MDS) dated 03/16/09 revealed the facility assessed the resident as having no short or long term memory loss and as requiring supervision and limited assistance with most Activities of Daily Living.	F 309	F309 483.25 PROVIDE CARE / SERVICES FOR HIGHEST WELL BEING  Rosedale Manor is committed to ensuring that each resident receives the necessary care and services to attain or maintain their highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  Therefore, with regards to resident #1, the physician was notified by the Nurse Manager about the skin tear on 4/14/10 and a treatment order was obtained. A skin assessment was completed and documented in the nurse's notes by the Nurse Manager on 4/14/10 which included documentation of the area on the left elbow. A follow up skin assessment was completed by the charge nurse on 4/19/10 which revealed an improvement in the area on the left elbow.	5/4/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ronda Knollman</i>	TITLE Administrator	(X6) DATE 5/4/10
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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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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41015		
(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 309	<p>Continued From page 1</p> <p>Review of the Resident Resident Assessment Protocol Summary (RAPS) dated 12/23/09 revealed the resident had no areas of skin breakdown, was able to propel the wheelchair throughout the building, and had a tendency to lightly bump objects.</p> <p>Review of the Comprehensive Plan of Care dated 12/18/09 revealed a problem of bruising easily when bumping hands and arms with interventions to watch the resident's skin when assisting with routine care every day for any early signs of problems/breakdown.</p> <p>Observation of a skin assessment on 04/14/10 at 9:50 AM by Licensed Practical Nurse (LPN) #1 revealed the resident had an old dressing on the left elbow which was undated. LPN #1 removed the dressing which was dried to the resident's skin using Normal Saline. The soiled dressing was observed to have old dried blood. LPN #1 described the area on the left elbow as emacrated and one (1) centimeter (cm) in length and one and a half (1- 1/2) cm in width, with no depth.</p> <p>Interview with the resident at the time of the skin assessment revealed the wound happened while staff were transferring the resident; however the resident did not remember when the incident occurred.</p> <p>Interview with LPN #1 at the time she removed the soiled dressing, revealed she was unaware the resident had any skin breakdown. LPN #1 reviewed the Physician's Orders as well as the Treatment Administration Record and stated there were no orders related to the wound. Further review of the medical record with LPN #1</p>	F 309	<p>Inservices on the policy regarding the completion of skin assessments, which includes, but is not limited to, the proper way to complete and document a skin assessment will be completed by the Nurse Managers, Staff Development Coordinators and the ADON for all nurses on 5/24/10.</p> <p>Inservicing of nursing staff on the policy regarding the reporting of newly acquired skin issues will be completed by the Nurse Managers, Staff Development Coordinators and the ADON on 5/24/10.</p> <p>An audit will be completed by the charge nurses and nurse managers on 5/8/10 of all residents to insure that there were no other skin issues noted that were not being treated. To date, no other areas have been identified.</p> <p>Random audits will be completed on 6 residents per unit weekly x 4 weeks, then monthly x 2 months, then quarterly x 2, then as needed as determined by the Quality Assurance Committee.</p>		

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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41015
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F 309	<p>Continued From page 2</p> <p>revealed the last Skin Assessment was dated 04/12/10 and there was no mention of the area on the left elbow. Also, review of the Nurse's Progress Notes revealed no mention of the left elbow wound. LPN #1 stated she would notify the Physician of the skin breakdown and obtain an order for treatment.</p> <p>Review of the Physician's Order dated 04/14/10 revealed orders to cleanse the area to the left elbow with soap and water every day, and apply Adaptic cover with gauze and Kerlix until clear.</p> <p>Interview on 04/16/10 at 11:00 AM with Certified Nursing Assistant (CNA) #4, revealed she was assigned to the resident on 04/14/10 on the day shift and she was unaware of the resident having any skin breakdown or a dressing to the left elbow.</p> <p>Interview on 04/16/10 at 11:00 AM with a non-certified Nursing Assistant, revealed she was assigned to the resident on 04/11/10 when the resident was scheduled for a bath. She stated the resident had refused the bath on 04/11/10. She stated she assisted the resident with a bed bath; however was unaware of any skin breakdown or dressing on the resident. She further stated, the aides were to tell the nurses immediately if new skin breakdown was identified.</p> <p>Interview on 04/16/10 at 9:50 AM with the Director of Nursing (DON,) revealed if there was an injury requiring attention the nurse should have notified the Physician to obtain a treatment and notified the Responsible Party. Further interview revealed the skin breakdown should have been documented in the Nurse's Notes.</p>	F 309		
F 315	483.25(d) NO CATHETER, PREVENT UTI,	F 315		

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4280 GLENN AVENUE COVINGTON, KY 41016</b>
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F 315 SS=D	<p>Continued From page 3 <b>RESTORE BLADDER</b></p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide appropriate treatment and services to prevent Urinary Tract Infections (UTIs) related to improper infection control techniques during peri-care and/or catheter care for two (2) of thirty (30) sampled residents (Resident #4 and #10).</p> <p>The finding include:</p> <ol style="list-style-type: none"> <li>Review of Resident #4's medical record revealed diagnoses which included Multiple Sclerosis and Urinary Retention. Review of the Significant Change Minimum data Set (MDS) dated 10/29/09 revealed the facility assessed the resident as being totally incontinent of bowel and as having an indwelling "Foley" catheter.</li> </ol> <p>Review of the Resident Assessment Protocol Summary (RAPS) dated 10/29/09 revealed the resident was unable to recognize the "urge to go to the bathroom" related to the diagnosis of Multiple Sclerosis. Further review of the RAPS</p>	F 315	<p><b>F315 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</b></p> <p>Rosedale Manor is committed to ensuring that, based upon the resident's comprehensive assessment, that each resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Therefore, with regards to resident #4, the physician was contacted on 4/30/10 by the charge nurse to request orders for a urinalysis.</p> <p>With regards to resident #10, the physician was contacted on 4/30/10 by the charge nurse to request orders for a urinalysis.</p> <p>Other residents with indwelling catheters were assessed on 4/30/10 by the charge nurse and nurse manager for outward signs and symptoms of a urinary tract infection. No other residents exhibited signs and symptoms at that time.</p>	5/21/10
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NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4250 GLENN AVENUE COVINGTON, KY 41016</b>	
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F 315	<p>Continued From page 4</p> <p>revealed the resident was not a candidate for intermittent catheterization due to a diagnosis of Multiple Sclerosis.</p> <p>Review of the Comprehensive Plan of Care dated 10/29/09 revealed the resident was incontinent of bowels, and had an indwelling "Foley" catheter related to immobility and Urinary Retention. Further review of the Plan of Care revealed the resident had a history of UTIs with interventions to use standard precautions with all pericare, provide thorough pericare after all bowel movements, and provide catheter care every shift per policy and as needed.</p> <p>Further review of the medical record revealed the resident was diagnosed with UTIs and received orders for antibiotics related to the UTIs on 10/16/09, 01/18/10 and 03/04/10</p> <p>Observation of pericare on 04/14/10 at 4:25 PM performed by Certified Nursing Assistant (CNA) #9, revealed the CNA cleansed stool from the resident's anal area, changed wash cloths and with the same gloves cleansed the peri area front to back. The CNA then proceeded to cleanse the catheter tubing from vagina toward the urinary drainage bag with the same soiled gloves.</p> <p>There was no evidence the CNA washed her hands and changed gloves after cleansing the stool from the resident's anal area and prior to performing pericare and "Foley" care.</p> <p>Interview on 04/14/10 at 4:30 PM with CNA #9 revealed the CNA should have washed her hands after cleansing the resident's anal area and prior to performing pericare and "Foley" care to prevent the spread of infection.</p>	F 315	<p>Rosedale Manor's policy and procedure(s) on handwashing, incontinence care, catheter care, and perineal care were updated on 4/15/10 by the Director of Nursing to more clearly identify the proper way to complete perineal care / catheter care when a resident has had a bowel movement; to include (1) the fecal material should be removed prior to initiating perineal / catheter care, (2) Once the stool has been sufficiently removed, the nursing assistant should remove the gloves, wash their hands, apply clean gloves, and then follow the procedure for completing the perineal care / catheter care, (3) Once perineal care / catheter care has been completed, if the gloves being used are not visibly soiled, the nursing assistant should apply any protective barriers as indicated by the residents plan of care, and (4) If the gloves are visibly soiled, the gloves should be removed, the hands washed, clean gloves donned, and then the protective barrier should be applied, (5) that it is not appropriate to wipe off soiled gloves and continue to use them when a change of gloves and handwashing is indicated, and (6) that they should not be touching items such as call lights, door knobs, with soiled gloves.</p>	

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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41015		
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F 315	<p>Continued From page 5</p> <p>2. Review of Resident #10's medical record revealed diagnoses which included Senile Dementia and a History of Urinary Tract Infections. Review of the Significant Change Minimum Data Set (MDS) dated 03/11/10 revealed the facility assessed the resident as incontinent of bowel once a week and as being frequently incontinent of bladder.</p> <p>Review of the Resident Assessment Protocol Summary dated 03/11/10 revealed the resident had functional incontinence of bladder related to impaired mobility. The RAPS further revealed the resident was hospitalized from 01/17/10 through 01/19/10 with diagnoses including UTI.</p> <p>Further review of the medical record revealed a Urine Culture collected 01/11/10 revealed Escherichia Coli. Physician's Orders were received on 01/12/10 for Bacrim DS (antibiotic medication) by mouth twice a day for seven days for a UTI.</p> <p>Review of the Comprehensive Plan of Care dated 03/11/10 revealed the resident had a history of UTIs with interventions to continue with every two hour incontinence checks and provide peri-care as needed.</p> <p>Observation on 04/14/10 at 10:35 AM revealed the CNA #4 assisted the resident off the bed pan, used a wet wash cloth to cleanse stool from the resident's anal area, then proceeded to pick up a tube of Sensicare Ointment with the soiled gloves and apply the Ointment to the resident's rectal area. CNA #4 then wiped off her soiled gloves with a wet wash cloth and proceeded to cleanse the peri-area with the same soiled</p>	F 315	<p>Nursing assistants #4 and #9 were immediately educated by the Nurse Manager during the survey, on 4/14/10, on the proper way to complete perineal care / catheter care, which included, but was not limited to, that if a resident has had a bowel movement, the fecal material should be removed prior to initiating perineal / catheter care. Once the stool has been sufficiently removed, the nursing assistant should remove the gloves, wash their hands, apply clean gloves, and then follow the procedure for completing the perineal care / catheter care. Once perineal care / catheter care has been completed, if the gloves being used are not visibly soiled, the nursing assistant should apply any protective barriers as indicated by the residents plan of care. If the gloves are visibly soiled, the gloves should be removed, the hands washed, clean gloves donned, and then the protective barrier should be applied.</p> <p>Inservices will be completed on 5/24/10 for all nursing assistants by the staff development coordinator and nurse managers regarding the proper way to complete perineal care / catheter care, which included, but was not limited to, that if a resident has had a bowel movement, the fecal material should be removed prior to initiating perineal / catheter care.</p>		

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NAME OF PROVIDER OR SUPPLIER  ROSDALE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41015		
(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 315	<p>Continued From page 6 gloves.</p> <p>There was no evidence CNA #4 washed her hands and changed gloves after cleaning the stool from the resident's anal area and prior to cleansing the peri-area.</p> <p>Interview on 04/14/10 at 10:45 AM with CNA #4 revealed she should have washed her hands and changed gloves after cleansing stool from the resident's anal area and prior to cleansing the peri-area.</p> <p>Interview on 04/16/10 at 2:00 PM with the Infection Control Nurse revealed she had identified an increase in UTIs in the facility in February 2010 and inservices were presented related to UTI prevention, Peri-care and "Foley" Catheter Care 03/10 through 03/19/10. She further stated, the CNAs were observed to demonstrate proper peri-care and "Foley" care following the inservices. Continued interview revealed UTIs had decreased in 03/10 and she was unaware staff were using improper infection control techniques related to the peri-care and "Foley" care.</p> <p>Review of the facility Incontinence Care Policy revealed; for a female resident wash perineal area wiping front to back, separate labia and wash area downward from front to back, continue to wash the perineum moving outward to and including thighs, rinse perineum thoroughly in the same direction using fresh water and a clean washcloth, instruct and assist the resident to turn on her side, rinse wash cloth and apply soap, wash the rectal area thoroughly wiping from the base of the labia and extending over the buttocks. For a male resident wash perineal area starting</p>	F 315	<p>Once the stool has been sufficiently removed, the nursing assistant should remove the gloves, wash their hands, apply clean gloves, and then follow the procedure for completing the perineal care / catheter care. Once perineal care / catheter care has been completed, if the gloves being used are not visibly soiled, the nursing assistant should apply any protective barriers as indicated by the residents plan of care. If the gloves are visibly soiled, the gloves should be removed, the hands washed, clean gloves donned, and then the protective barrier should be applied.</p> <p>Inservices will be completed on 5/24/10 by the staff development coordinator and nurse managers for all nursing staff educating that it is not appropriate to wipe off soiled gloves and continue to use them when a change of gloves and handwashing is indicated. Also, that they should not be touching items such as call lights, door knobs, with soiled gloves.</p> <p>As part of the inservicing process, each nursing assistant will be required to do a return demonstration with the staff development nurse, charge nurse, MDS / RAI nurse, Nurse Manager or the ADON on the proper way to complete perineal care / catheter care, specifically to include the proper procedure to follow when the resident has had a bowel movement. All return</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4250 GLENN AVENUE COVINGTON, KY 41015</b>		
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F 315	Continued From page 7 with urethra and working outward, thoroughly rinse perineal area in same order, using fresh water and clean washcloth, instruct or assist the resident to turn on his side, rinse washcloth and apply soap, wash and rinse the rectal area thoroughly including the area under the scrotum, the anus, and the buttocks.	F 315	demonstrations will be completed on 5/24/10.		
F 371 SS=E	<b>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</b>  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 and interview, it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions. Observation during the initial kitchen tour revealed food not covered or dated in the stand-up refrigerator.  The findings include:  Observation during the initial kitchen tour on 04/13/10 at 5:35 AM revealed six (6) bowls of fruit cocktail not covered or dated in the stand-up refrigerator.  Interview on 04/15/10 at 9:38 AM with the Director of Dietary revealed the facility's policy was that all	F 371	<b>F371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</b>  Rosedale Manor is committed to storing, preparing, distributing and serving food under sanitary conditions.  Dietary Food Storage Policy states that food items that are not stored following established procedure for covering, labeling and dating will be discarded. During the morning rounds made by the early Dietary manager, 6 cups of fruit cocktail were found to be stored improperly. The manager disposed of the items immediately on 4/13/10 at approx. 5:45 am.  All other items stored in refrigeration units were observed by the dietary manager on 4/13/10 to ensure that they were properly covered, labeled, and dated. No other items were found to be out of compliance.	5/17/10	

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F 371	Continued From page 8 food in the refrigerator should be dated and covered, to ensure everybody knows how long it has been in there, and to prevent something dripping on it causing contamination. "Somebody didn't follow our policy".	F 371	All dietary staff were inserviced by the dietary manager on the departmental policy for covering, labeling, and dating leftovers on 5/6/10.		
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.  (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	F 441	Specific positions will be assigned by the dietary manager, as of 5/6/10, the responsibility of checking refrigeration units to ensure that leftovers are being stored following established procedures. Job descriptions and time activity schedules were revised and reviewed with staff on 5/6/10 by the dietary manager.  A daily Quality Assurance monitor will be done by the dietary supervisor for 30 days, then weekly for 4 weeks, then at least once per month for 6 months to ensure that the policy for covering, labeling, and dating is being followed. QA monitors will begin on 5/17/10.  F441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  Rosedale Manor has an established Infection Control Program and is committed to maintaining the Infection Control Program that is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.	5/21/10	

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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4280 GLENN AVENUE COVINGTON, KY 41016	
(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 441	<p>Continued From page 9</p> <p>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 record review, it was determined the facility failed to maintain an effective infection control program in order to prevent the development and transmission of disease and infection within the facility for two (2) of thirty (30) sampled residents (Resident #4 and #10).</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of Resident #4's medical record revealed diagnoses which included Urinary Retention, and a History of Urinary Tract Infections. Review of the Significant Change Minimum data Set (MDS) dated 10/29/09 revealed the facility assessed the resident as being totally incontinent of bowel, as having an indwelling "Foley" catheter, and required total assistance related to Activities of Daily Living.</li> </ol> <p>Review of the Resident Assessment Protocol Summary (RAPS) dated 10/29/09 revealed the resident was being treated for a UTI with antibiotics.</p> <p>Review of the Comprehensive Plan of Care dated 10/29/09 revealed the resident had a history of UTIs with interventions to use standard precautions with all pericare.</p> <p>Further review of the medical record Physician's Orders were received for antibiotics related to</p>	F 441	<p>Therefore, with regards to resident #4, the physician was contacted on 4/30/10 by the charge nurse to request orders for a urinalysis.</p> <p>With regards to resident #10, the physician was contacted on 4/30/10 by the charge nurse to request orders for a urinalysis.</p> <p>Other residents with indwelling catheters were assessed on 4/30/10 by the charge nurse and nurse manager for outward signs and symptoms of a urinary tract infection. No other residents exhibited signs and symptoms at that time.</p> <p>Rosedale Manor's policy and procedure(s) on handwashing, incontinence care, catheter care, and perineal care were updated on 4/15/10 by the Director of Nursing to more clearly identify the proper way to complete perineal care / catheter care when a resident has had a bowel movement; to include (1) the fecal material should be removed prior to initiating perineal / catheter care, (2) Once the stool has been sufficiently removed, the nursing assistant should remove the gloves, wash their hands, apply clean gloves, and then follow the procedure for completing the perineal care / catheter care, (3) Once perineal care / catheter care has been completed, if the gloves being used are not visibly soiled, the</p>	

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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4280 GLENN AVENUE COVINGTON, KY 41015
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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 441	<p>Continued From page 10</p> <p>diagnoses of UTIs on 10/16/09, 01/18/10 and 03/04/10</p> <p>Observation of pericare on 04/14/10 at 4:25 PM performed by Certified Nursing Assistant (CNA) #9, revealed the CNA cleansed stool from the resident's anal area, changed wash cloths and with the same soiled gloves cleansed the peri area front to back. The CNA then proceeded to cleanse the catheter tubing from vagina toward the urinary drainage bag with the same soiled gloves.</p> <p>Interview on 04/14/10 at 4:30 PM with CNA #9 revealed the CNA should have washed her hands after cleansing the resident's anal area and prior to performing pericare and "Foley" care to prevent the spread of infection. Further interview revealed she was hired 01/10; however, did not remember having an inservice related to peri-care or being observed to perform peri-care at the facility.</p> <p>2. Review of Resident #10's medical record revealed diagnoses which included Alzheimers Dementia, Parkinson's Disease, and a History of Urinary Tract Infections. Review of the Significant Change Minimum Data Set (MDS) dated 03/11/10 revealed the facility assessed the resident as incontinent of bowel once a week, as being frequently incontinent of bladder, and as requiring extensive assistance with Activities of Daily Living.</p> <p>Review of the Resident Assessment Protocol dated 03/11/10 revealed the resident was hospitalized from 01/17/10 through 01/19/10 with diagnoses including UTI.</p>	F 441	<p>nursing assistant should apply any protective barriers as indicated by the residents plan of care, and (4) If the gloves are visibly soiled, the gloves should be removed, the hands washed, clean gloves donned, and then the protective barrier should be applied, (5) that it is not appropriate to wipe off soiled gloves and continue to use them when a change of gloves and handwashing is indicated, and (6) that they should not be touching items such as call lights, door knobs, with soiled gloves.</p> <p>Nursing assistants #4 and #9 were immediately educated by the Nurse Manager during the survey, on 4/14/10, on the proper way to complete perineal care / catheter care, which included, but was not limited to, that if a resident has had a bowel movement, the fecal material should be removed prior to initiating perineal / catheter care. Once the stool has been sufficiently removed, the nursing assistant should remove the gloves, wash their hands, apply clean gloves, and then follow the procedure for completing the perineal care / catheter care. Once perineal care / catheter care has been completed, if the gloves being used are not visibly soiled, the nursing assistant should apply any protective barriers as indicated by the residents plan of care. If the gloves are visibly soiled, the gloves should be removed,</p>	
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NAME OF PROVIDER OR SUPPLIER  ROSDALE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41018		
(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 441	<p>Continued From page 11</p> <p>Further review of the medical record revealed Physician's Orders were received on 01/12/10 for an antibiotic related to a UTI.</p> <p>Review of the Comprehensive Plan of Care dated 03/11/10 revealed the resident had a history of UTIs with interventions to observe for signs and symptoms of a UTI and to provide peri-care as needed.</p> <p>Observation on 04/14/10 at 10:30 AM of peri-care performed by Certified Nursing Assistant (CNA) #4 revealed the CNA used a wet wash cloth to cleanse stool from the resident's anal area, then proceeded to open the door of the closet, and open the drawer of the bedside table to look for Sencicare Ointment. She then assisted the resident to the bedpan and handed the resident the call bell with the same soiled gloves.</p> <p>Further observation on 04/14/10 at 10:35 AM revealed the CNA assisted the resident off the bed pan, used a wet wash cloth to cleanse stool from the resident's anal area, then proceeded to pick up a tube of Sencicare Ointment with the soiled gloves and apply the Ointment to the resident's rectal area. She then wiped off her soiled gloves with a wet wash cloth and proceeded to cleanse the peri-area with the same soiled gloves.</p> <p>Interview on 04/14/10 at 10:45 AM with CNA #4 revealed she should have washed her hands after cleansing stool from the resident's anal area and prior to touching objects in the room such as the closet and bedside table to prevent cross contamination. She further stated, she should have washed hands and changed gloves after cleansing stool from the resident's anal areas and</p>	F 441	<p>the hands washed, clean gloves donned, and then the protective barrier should be applied.</p> <p>Inservices will be completed on 5/24/10 for all nursing assistants by the staff development coordinator and nurse managers regarding the proper way to complete perineal care / catheter care, which included, but was not limited to, that if a resident has had a bowel movement, the fecal material should be removed prior to initiating perineal / catheter care. Once the stool has been sufficiently removed, the nursing assistant should remove the gloves, wash their hands, apply clean gloves, and then follow the procedure for completing the perineal care / catheter care. Once perineal care / catheter care has been completed, if the gloves being used are not visibly soiled, the nursing assistant should apply any protective barriers as indicated by the residents plan of care. If the gloves are visibly soiled, the gloves should be removed, the hands washed, clean gloves donned, and then the protective barrier should be applied.</p> <p>Inservices will be completed on 5/24/10 by the staff development coordinator and nurse managers for all nursing staff educating that it is not appropriate to wipe off soiled gloves and continue to use them when a change of gloves and handwashing is indicated. Also, that</p>		

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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41015	
(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 441	Continued From page 12 prior to cleansing the peri-area.  Interview on 04/16/10 at 2:00 PM with the Infection Control Nurse revealed she had identified an increase in UTIs in the facility in February 2010 and inservices were presented related to UTI prevention, Peri-care and Foley Catheter Care 03/10 through 03/19/10. She further stated, the CNAs were observed to demonstrate proper peri-care and Foley care following the inservices. Continued interview revealed the UTIs had decreased in 03/10 and she was unaware staff were using improper infection control techniques related to the peri-care and "Foley" care.  Review of the facility Hand Washing/Hand Hygiene Policy revealed hands should be washed before and after significant contact with a resident, such as providing personal care. The Policy further stated, to prevent cross contamination, do not handle any equipment such as a door knob or residents personal belongings with gloves.  Review of the facility Incontinence Care Policy revealed; resident wash perineal area wiping front to back, rinse perineum thoroughly in the same direction using fresh water and a clean washcloth, instruct and assist the resident to turn on her side, rinse wash cloth and apply soap, wash the rectal area thoroughly	F 441	they should not be touching items such as call lights, door knobs, with soiled gloves.  As part of the inservicing process, each nursing assistant will be required to do a return demonstration with the staff development nurse, charge nurse, MDS / RAI nurse, Nurse Manager or the ADON on the proper way to complete perineal care / catheter care, specifically to include the proper procedure to follow when the resident has had a bowel movement. All return demonstrations will be completed on 5/24/10.  Quality Assurance audits will be completed on 3 nursing assistants weekly x 4 weeks, then monthly x 2 months, then quarterly x 2, then as needed as determined by the Quality Assurance Committee.	
F 502 SS=D	483.75(j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY  The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.	F 502	F502 483.75(j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY  Rosedale Manor is committed to providing or obtaining laboratory services to meet the needs of its residents.	5/24/10

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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41016	
(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 502	Continued From page 13  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to obtain laboratory services to meet the needs of one (1) of thirty (30) sampled residents (Resident #15).  The findings include:  Review of the clinical record revealed Resident #15 was re-admitted to the facility on 02/27/10 after a hospital stay with diagnoses which included Anemia, Pneumonia and Urinary Tract Infection with Sepsis.  Review of the Physician's Orders dated 03/26/10 revealed an order for a laboratory test of a Complete Blood Count (CBC) to be obtained on 04/02/10. However, record review failed to reveal documented evidence the laboratory test had been obtained.  Interview on 04/13/10 at 10:05 AM with the Unit Manager/Registered Nurse (RN) #3 revealed the nurse was responsible to complete a laboratory requisition form, place the form in the laboratory file for the date of the order and write to order on the Treatment Administration Record (TAR). She indicated the nurses check the TAR daily for completion of the laboratory results. The RN indicated she was unaware Resident #15's CBC laboratory test had not been obtained. She stated the laboratory order had not been placed on the TAR.  Review of the facility policy entitled "Laboratory	F 502	Therefore, with regards to resident #15, the lab was contacted by the Nurse Manager on 4/13/10 for STAT completion of the ordered laboratory test (CBC) and the lab was obtained and results were received and forwarded to the physician on 4/13/10.  All other residents charts were reviewed on April 13, 2010 by the Nurse Managers to determine if all ordered labs had been obtained. No other omissions were noted.  The policy and procedure regarding laboratory tracking was updated on 4/15/2010 by the Director of Nursing to more clearly explain that (1) once an order is received for a lab draw, the nurse is responsible to transcribe the order onto the TAR, (2) the nurse is responsible to insure that the laboratory requisition is completed and placed in the proper location (the laboratory tickler file), (3) that the nurse is to initial the block on the TAR when the lab has been drawn, and (4) that the purpose of their initials on the TAR is to indicate that they have verified that the lab has been drawn, (5) that the nurse should review the TAR each shift to ensure that all ordered labs were drawn, and (6) that the nurse should review the laboratory requisitions in the tickler file each shift to ensure that all ordered labs were drawn.	

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NAME OF PROVIDER OR SUPPLIER  ROSEDALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4250 GLENN AVENUE COVINGTON, KY 41015
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F 502	Continued From page 14 Tests" dated 10/01/07 revealed Physician ordered laboratory testing would be completed timely.	F 502	<p>Inservices will be completed on 5/24/10 by the nurse managers, shift supervisors, staff development nurses and charge nurses for all nurses regarding the proper procedure to follow to insure that laboratory tests that have been ordered by the physician have been obtained. The inservice will also include that the nurses are to check the laboratory requisitions, as well as the Treatment Administration Record (TAR) on a daily basis to insure that the ordered labs have been drawn.</p> <p>Quality Assurance Monitoring will be completed by the MDS / RAI nurse or Nurse Managers weekly x 4 weeks, then monthly x 2 months, then quarterly x 2, then as needed as determined by the Quality Assurance Committee. The QA review will include a review of at least 5 telephone orders for laboratory tests per unit. The MDS / RAI nurse or Nurse Manager will (1) review the telephone order, (2) will verify that a requisition has been completed and placed in the laboratory tickler file, (3) will verify that the lab order was properly transcribed to the TAR, (4) will mark their calendars indicating the date the lab was due, and (5) on the date the lab was due, will verify that the lab was completed as ordered and that the nurse initialed the TAR as per policy.</p>	



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NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4250 GLENN AVENUE COVINGTON, KY 41015</b>		
(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	
K 025	Continued From page 1 observed to be where conduit had been run through the smoke barrier above the ceiling.  Interview with Maintenance on 04/19/2010 at 12:00 PM revealed he was unaware of the smoke penetration in this location.  Actual NFPA Standard: Smoke barriers shall be continuous from an outside wall to an outside wall. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces per NFPA 101, 8.3.2. When pipes, conduits, cables, wires, air ducts and similar building service equipment pass through smoke barriers, the space between the penetrating item and the smoke barrier shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier or protected by an Underwriters Laboratory approved device that is designed for the specific purpose per NFPA 101, 8.3.6.1.	K 025			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain sprinkler heads according to NFPA standards. This could effect the entire building  The findings Include:	K 062			

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4250 GLENN AVENUE COVINGTON, KY 41015</b>	
(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
K 062	<p>Continued From page 2</p> <p>Observation on 04/19/10 at 10:45 AM revealed the facility was found to have three (3) sprinkler heads which needed to be cleaned, related to a build up grease. These sprinkler heads were located in Kitchen area.</p> <p>Interview with Maintenance on 04/19/2010 at 10:54 AM revealed he was aware of the requirements for sprinkler heads and that cleaning of the heads was performed at intervals according to the standards. He stated this area would get closer attention.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101 Life Safety Code: 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection: 2-2.1.1* Sprinklers shall be inspected from the floor level annually; Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Exception No. 1:*Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p>	K 062		

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4250 GLENN AVENUE COVINGTON, KY 41015</b>	
(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
K 062	Continued From page 3	K 062		
K 069 SS=D	<p>Exception No. 2: Sprinklers installed in area that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to protect cooking facilities according to NFPA standards.</p> <p>The findings include:</p> <p>Observation on 04/19/10 at 10:50 AM revealed the facility failed to maintain a shield and/or space between the deep fryer and an open flame stove (gas stove).</p> <p>Interview with Maintenance on 04/19/2010 at 10:50 AM revealed he was unaware of the requirements related to the use of a shield or space between the deep fryer and an open flame stove.</p> <p>Actual NFPA Standard:</p> <p>NFPA 101 Life Safety Code:</p> <p>19.3.2.6 Cooking facilities shall be protected in accordance with 9.2.3.</p> <p>Exception*: Where domestic cooking equipment is used for food-warming or limited cooking, protection or segregation of food preparation facilities shall not be required.</p>	K 069		

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4250 GLENN AVENUE COVINGTON, KY 41015</b>
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K 069	Continued From page 4 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.	K 069		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain records related to the generator according to NFPA standards.  The findings Include:  Observation on 04/16/10 at 1:30 PM revealed the facility had no documented evidence that a record was maintained related to where the generator was ran 30 minutes a month under load.	K 144		

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

PRINTED: 04/29/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/19/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4250 GLENN AVENUE COVINGTON, KY 41015</b>	
(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
K 144	Continued From page 5 Interview with the Maintenance Director on 04/19/2010 at 1:30 PM revealed the records were only maintained quarterly. He stated the facility ran the generator monthly under load but only maintained quarterly records.  Actual NFPA Standard:  NFPA 99 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6. (b) Inspection and Testing. 1. * Test Criteria. Generator sets shall be tested twelve (12) times a year with testing intervals between not less than 20 days or exceeding 40 days. Generator sets serving emergency and equipment systems shall be in accordance with NFPA 110, Standard	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by:	K 147		

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K 147	<p>Continued From page 6</p> <p>Based on observation and interview, it was determined the facility was using a extension cord instead of permanent wiring as called for in NFPA 70.</p> <p>The findings Include:</p> <p>Observation on 04/19/10 at 1:00 PM revealed the facility had an extension cord plugged into an air conditioning unit, which was located in the satellite kitchen area.</p> <p>Interview with a Dietary Aide on 04/19/2010 at 1:00 PM revealed the extension cord had been in use since January 2010 and maintenance has not installed a plug yet. The Main Director stated he would install a receptacle for the air conditioner.</p> <p>Actual NFPA Standard: NFPA 70 . 9.1.2</p> <p>400-8. Uses Not Permitted Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <ol style="list-style-type: none"> <li>1. As a substitute for the fixed wiring of a structure</li> <li>2. Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors</li> <li>3. Where run through doorways, windows, or similar openings</li> <li>4. Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</li> <li>5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</li> <li>6. Where installed in raceways, except as</li> </ol>	K 147		

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4250 GLENN AVENUE COVINGTON, KY 41015</b>
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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
K 147	Continued From page 7 otherwise permitted in this Code	K 147		

## PLAN OF CORRECTION:

The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged, did in fact, exist. This plan of correction is filed as evidence of the facility's intent to comply with the requirements of participation to provide quality resident care.

### K 025 NFPA 101 LIFE SAFETY CODE STANDARD

Rosedale Manor is committed to comply with the NFPA standard, which states smoke barriers shall be continuous through all concealed spaces.

The ½ inch hole in the smoke barrier observed above the ceiling on the second floor South East Corridor was sealed on 4/19/2010, with approved sealant per NFPA guidelines.

An audit will be completed by the Maintenance Staff prior to 5/14/2010 to ensure that all smoke barriers continue to be sealed with no penetrations.

An inservice was given to all maintenance staff by the Director of Maintenance on 5/3/2010 related to the regulations and NFPA guidelines related to smoke barriers.

An inservice will be completed prior to 5/14/2010 by the Maintenance Director with all Department Directors to ensure that any contractors completing work in the facility have been educated about the smoke barrier requirements prior to beginning work in the affected areas. Upon completion of work in affected areas, maintenance staff will recheck areas to ensure that all smoke barriers are free of penetration.

Random audits will be completed by the Maintenance Director or Designee monthly for the 1<sup>st</sup> quarter and then quarterly for the remainder of the year, Then as needed as determined by the Quality Assurance Committee.

#### K 062 NFPA 101 LIFE SAFETY CODE STANDARD

Rosedale Manor is committed to ensuring that the required automatic sprinkler system is continuously maintained in reliable operating condition and inspected and tested periodically.

The three sprinkler heads located in the kitchen area that were identified were re-cleaned on 4/20/2010 and free of any grease build up.

An audit will be completed by the maintenance staff by 5/14/2010 to ensure that all sprinkler heads are clean and free of any corrosion, foreign material, paint or physically damaged.

While it is Rosedale Manor's procedure to clean all sprinkler heads at least quarterly, the sprinklers in the kitchen will be cleaned at least monthly due to the increased potential for buildup of foreign material such as grease.

The maintenance staff will be inserviced by the Director of Maintenance prior to 5/14/2010 regarding this new procedure.

A random audit will be completed at least monthly for the first quarter and then quarterly for the remainder of the year by the Maintenance Director or Designee to ensure cleanliness of all sprinkler heads within the facility, however making sure that the kitchen sprinklers are always part of this audit.

The Quality Assurance committee will monitor for any reoccurring trends or ongoing concerns.

#### **K 069 NFPA 101 LIFE SAFETY CODE STANDARD**

Rosedale Manor is committed to ensuring that the cooking facilities are protected in accordance to the NFPA standards.

Due to the space between the deep fryer and the gas stove being very minimal a stainless steel shield was installed on 4/26/2010 in accordance to the NFPA guidelines.

Any time new equipment is installed, the maintenance director will assure appropriate shields/other protective equipment is in place as required by NFPA commercial cooking equipment guidelines.

Maintenance staff were given inservices regarding NFPA guidelines for commercial cooking equipment by the Maintenance Director on 5/3/2010.

A safety audit will be completed by the Maintenance Director following any installation and/or replacement of commercial cooking equipment.

A random audit will also be completed at least quarterly by Maintenance Director or designee to ensure compliance with the regulations. Any concerns will be addressed in the Quality Assurance Committee meetings for on-going recommendations.

#### **K 144 LIFE SAFETY CODE STANDARD**

Rosedale Manor is committed to testing the emergency alternative power source (generator) twelve times per year in accordance with NFPA 110 standards.

While the emergency generator is inspected weekly as part of the preventative maintenance program, it was also exercised under a full load for 30 minutes on 4/26/2010 by the Maintenance Director.

The generator test log was updated to include a column for exercising a full load for 30 minutes each month. The maintenance staff was inserviced by the Maintenance Director on 5/3/2010 related to the preventative maintenance program and exercising the generator under load at least monthly.

The Maintenance Director will audit the generator test log on a monthly basis to ensure that the testing is completed as required. All trends and concerns will be presented to the Quality Assurance Committee for their review and recommendations.

## K 147 LIFE SAFETY CODE STANDARD

Rosedale Manor is committed to ensuring that flexible cords and cables shall not be used unless specifically permitted in the NFPA standards.

The Maintenance Director removed the extension cord in use in the satellite kitchen area on 4/19/2010.

The dietary and maintenance staff will be inserviced by the Maintenance Director prior to 5/14/2010 on the inappropriate uses of extension cords per the NFPA guidelines.

The maintenance staff will complete an audit throughout the facility prior to 5/21/2010 to ensure there are not any other inappropriate uses of extension cords.

The maintenance director or designee will complete random monthly audits for the 1<sup>st</sup> quarter and then on a quarterly basis to ensure appropriate wiring as called for in NFPA 70. These audits will be shared with the Quality Assurance Committee to review for any trends and recommendations.