

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

PRINTED: 02/16/2012
FORM APPROVED
OMB NO. 0938-0391

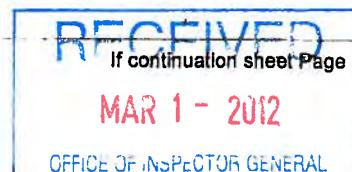
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/08/2012
NAME OF PROVIDER OR SUPPLIER HART COUNTY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1506 SOUTH DIXIE STREET HORSE CAVE, KY 42749	
(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 000	INITIAL COMMENTS An abbreviated survey was conducted from 02/07/12 through 02/08/12 to investigate KY17817. The Division of Health Care substantiated the allegation as verified by the evidence. Federal and State deficiencies were cited.	F 000	The submission of this plan of correction does not constitute an admission by the provider of any fact or conclusion set forth in the Statement of Deficiency. This plan is being submitted because it is required by law.	
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	F 441	RN #1 and LPN#1 were educated by Staff Development Coordinator on 2/24/12 regarding handwashing and glove changes. Both did return demonstrations related to a dressing change, hand washing and glove changes. This was completed on 2/24/12 and observed by Staff Development Coordinator. The clinical records for Resident #2 and #3 were reviewed by the ADON on 2/24/12 to ensure that there were no negative effects from the staff not washing their hands between glove changes. The residents wound logs were reviewed as well as vital signs and labs. Wound logs and labs were reviewed for all residents with wounds to ensure that there are no noted infections or wound deterioration that may be attributed to poor hand hygiene during dressing changes. No problems were noted.	3-16-12

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

TITLE

(X6) DATE

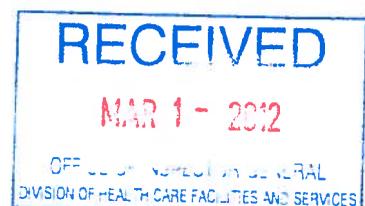
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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F 441	<p>Continued From page 1 professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to complete proper handwashing technique when performing wound care for two (2) of three (3) sampled residents (Residents #2 and #3).</p> <p>The findings include:</p> <p>Review of the facility's accepted protocol, taken from Lippincott's Nursing Procedures, "Fifth Edition", revealed ...Wash your hands before and after performing patient care or procedures or having contact with contaminated objects, even though you may have worn gloves. Always wash your hands after removing gloves....</p> <p>1. Observation during Resident #2's treatment of a left heel ulcer, on 02/08/12 at 9:00 AM, revealed RN #1 removed the old dressing, then removed the gloves without washing her hands. The RN then put on new gloves and cleansed the heel wound with saline and patted dry; skin prep was applied to the wound bed and DuoDerm applied. The gloves were removed with no handwashing noted.</p>	F 441	<p>All nurses with direct care responsibilities will be re-educated on infection control practices as it relates to dressing changes, glove use and hand washing. This will be completed by 3/16/12 and conducted by Staff Development Coordinator. Each nurse with direct care responsibility will perform a return demonstration of a dressing change with hand washing and glove changes. This will be completed by 3/16/12 and will be documented by Staff Development Coordinator. Any nurse with direct care responsibility that is on vacation or leave will not be permitted to return to work until this education and return demonstration is completed. All newly hired staff will be educated during orientation.</p> <p>In-services on Infection Control practices will be offered quarterly for one year and each nursing staff member must attend this in-service no less than twice and must perform a return demonstration within the year on glove changes and hand washing. Nurses will perform a return demonstration on a dressing change as well. All newly hired employees will get this initial education during orientation.</p>	



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F 441	<p>Continued From page 2</p> <p>Record review of Resident #2's diagnoses revealed the resident's condition was compromised as the resident had diagnoses of Pulmonary Heart Disease, Bicuspid Valve Disease, and Kidney Disease. The resident was currently in contact isolation for clostridium difficile (C-diff).</p> <p>Interview with Registered Nurse (RN) #1, on 02/08/12 at 12:00 PM, revealed she had used the hand sanitizer on the wall, when she disposed of the dirty dressing in the waste container; however, did not wash her hands.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 02/08/12 at 2:05 PM, revealed all staff should wash their hands before and after any procedure and anytime going from dirty to clean.</p> <p>2. Observation during Resident #3's treatment of a left lower stasis ulcer to the front side of the lower leg, on 02/08/12 at 9:45 AM, revealed LPN #1 removed the dirty dressing and removed the old gloves. The LPN placed on new gloves, performed the treatment and applied a new dressing; however, there was no evidence of handwashing until the procedure had been completed.</p> <p>Review of Resident #3's clinical record revealed the resident's condition was comprised, and had diagnoses of Peripheral Vascular Disease, Coronary Artery Disease, and Congestive Heart Disease. Review of the annual comprehensive assessment, dated 01/18/12, revealed the resident was at risk for pressure.</p>	F 441	<p>Audits will be performed by nursing administration weekly for 4 weeks and then monthly for 12 months to observe all nursing staff performing hand washing, with a minimum of 20 observations per audit, and licensed staff with direct care responsibilities performing glove changes and dressing changes with a minimum of 5 observations per audit. Nursing administration will audit 100% of all nursing employee in-service records quarterly to ensure that the educational component of this POC is completed. Nursing administration will track all infections quarterly and will analyze the data to report to the facility QA committee. Analysis will include type of organism, type of infection, wing, unit, room, and resident with emphasis on determining root cause and identifying any patterns or trends. Results of all audits will be presented to the facility QA Committee for review. Any additional education needs and/or reviews will be directed by the QA Committee to ensure sustained compliance.</p>		



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F 441	Continued From page 3 Interview with Licensed Practical Nurse (LPN) #1, on 02/08/12 at 12:00 Noon, revealed she did not wash her hands after the dirty dressing was removed and stated she should have done so. Interview with the Administrator, on 02/08/12 at 1:00 PM, revealed he had been made of aware of concerns with hand washing and of course, nurses should wash their hands according to the facility protocol.	F 441			

