

# Charleston Health Care Center

## Investigating Unexplained Injuries

| Highlights                               | Policy Statement   |
|--|--|
| Reporting/Recording Unexplained Injuries | <p>An investigation of all unexplained injuries (including bruises, abrasions, and injuries of unknown source) will be conducted by the Director of Nursing Services, and/or other individual appointed by the Administrator, to ensure that the safety of our residents has not been jeopardized.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <ol style="list-style-type: none"> <li>1. Should a resident be observed with unexplained injuries (including bruises, abrasions, and injuries of unknown source), the Nurse Supervisor on duty must complete an accident/incident form and record such information into the resident's clinical record.</li> </ol>   |
| Definition of "Injury of Unknown Source" | <ol style="list-style-type: none"> <li>2. "Injury of unknown source" is defined as an injury that meets both of the following conditions:               <ol style="list-style-type: none"> <li>a. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and</li> <li>b. The injury is suspicious because of:                   <ol style="list-style-type: none"> <li>(1) the extent of the injury; or</li> <li>(2) the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma); or</li> <li>(3) the number of injuries observed at one particular point in time; or</li> <li>(4) the incidence of injuries over time.</li> </ol> </li> </ol> </li> </ol> |
| Documentation Specifications             | <ol style="list-style-type: none"> <li>3. Documentation shall include information relevant to risk factors and conditions that could cause or predispose someone to similar signs and symptoms (e.g., receiving anticoagulants, having osteoporosis, having a movement disorder that results in thrashing movement, etc.). Any descriptions in the medical record shall be objective and sufficiently detailed (e.g., size and location of bruises), and should not speculate about causes.</li> </ol>   |
| Consultation With Physician              | <ol style="list-style-type: none"> <li>4. The nursing staff shall discuss the situation with the Attending Physician or Medical Director to consider whether medical conditions or other risk factors could account for the findings.</li> </ol>   |
| Investigative Protocols                  | <ol style="list-style-type: none"> <li>5. The investigation will follow the protocols set forth in our facility's established abuse investigation guidelines.</li> </ol>   |

# Charleston Health Care Center

| References                        |  |
|-----------------------------------|--|
| OBRA Regulatory Reference Numbers | 483.13(b); 483.13(c)   |
| Survey Tag Numbers                | F223; F224; F225; F226   |
| Related Documents                 | Abuse Investigations<br>Reporting Abuse to Facility Management<br>Reporting Abuse to State Agencies and Other Entities/Individuals |
| Policy Revised                    | Date: <u>10-12-11</u> By: <u>Malik K. [Signature]</u><br>Date: _____ By: _____<br>Date: _____ By: _____<br>Date: _____ By: _____   |

## Charleston Health Care Center

# Preventing Resident Abuse

### Highlights

Zero Tolerance of Abuse

Contents of Abuse  
Prevention/Intervention  
Program

### Policy Statement

Our facility will not condone any form of resident abuse and will continually monitor our facility's policies, procedures, training programs, systems, etc., to assist in preventing resident abuse.

### Policy Interpretation and Implementation

1. The facility's goal is to achieve and maintain an abuse-free environment.
2. Our abuse prevention/intervention program includes, but is not necessarily limited to, the following:
  - a. Training all staff and practitioners how to resolve conflicts appropriately;
  - b. Allowing staff to express frustration with their job, or in working with difficult residents;
  - c. Assisting or rotating staff working with difficult or abusive residents;
  - d. Informing residents and family members upon the resident's admission to the facility how and to whom to report complaints, grievances, and incidents of abuse;
  - e. Involving the resident/family group council in developing, monitoring and evaluating the facility's abuse prevention program;
  - f. Helping staff to deal appropriately with stress and emotions;
  - g. Training staff to understand and manage a resident's verbal or physical aggression;
  - h. Instructing staff about how cultural, religious and ethnic differences can lead to misunderstanding and conflicts;
  - i. Monitoring staff on all shifts to identify inappropriate behaviors toward residents (e.g., using derogatory language, rough handling of residents, ignoring residents while giving care, directing residents who need toileting assistance to urinate or defecate in their clothing/beds, etc.);
  - j. Assessing, care planning, and monitoring residents with needs and behaviors that may lead to conflict or neglect;
  - k. Assessing residents with signs and symptoms of behavior problems and developing and implementing care plans to address behavioral issues;
  - l. Conducting background investigations to avoid hiring persons or admitting new residents who have been found guilty (by a court of law) of abusing, neglecting, or mistreating individuals or those who have had a finding of such action entered into the state nurse aide registry or state sex offender registry;
  - m. Involving Attending Physicians and the Medical Director when findings of abuse have been determined;
  - n. Involving qualified psychiatrists and other mental health professionals to help the staff manage difficult or aggressive residents;
  - o. Identifying areas within the facility that may make abuse and/or neglect more likely to occur (e.g., secluded areas) and monitoring these areas regularly;
  - p. Striving to maintain adequate staffing on all shifts to ensure that the needs of each resident are met; and
  - q. Encouraging all personnel, residents, family members, visitors, etc., to report any signs or suspected incidents of abuse to facility management immediately.

*continues on next page*

## Charleston Health Care Center

Inquiries

3. Inquiries concerning our abuse prevention/intervention program should be directed to the Administrator or to the Director of Nursing Services.

| References                        |  |                       |                      |             |           |             |           |             |           |
|-----------------------------------|--|-----------------------|----------------------|-------------|-----------|-------------|-----------|-------------|-----------|
| OBRA Regulatory Reference Numbers | 483.13(b); 483.13(c)<br>See also state sex offender registries at <a href="http://www.fbi.gov/hq/cid/cac/states.htm">http://www.fbi.gov/hq/cid/cac/states.htm</a> and state nurse aid registries at <a href="http://www.asisvcs.com/publications/pdf/079960.pdf">http://www.asisvcs.com/publications/pdf/079960.pdf</a>      |                       |                      |             |           |             |           |             |           |
| Survey Tag Numbers                | F223; F224; F225; F226   |                       |                      |             |           |             |           |             |           |
| Related Documents                 |  |                       |                      |             |           |             |           |             |           |
| Policy Revised                    | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Date: <u>10-12-11</u></td> <td style="width: 50%;">By: <u>Mel K. Jr</u></td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> </table> | Date: <u>10-12-11</u> | By: <u>Mel K. Jr</u> | Date: _____ | By: _____ | Date: _____ | By: _____ | Date: _____ | By: _____ |
| Date: <u>10-12-11</u>             | By: <u>Mel K. Jr</u>   |                       |                      |             |           |             |           |             |           |
| Date: _____                       | By: _____  |                       |                      |             |           |             |           |             |           |
| Date: _____                       | By: _____  |                       |                      |             |           |             |           |             |           |
| Date: _____                       | By: _____  |                       |                      |             |           |             |           |             |           |

# Charleston Health Care Center

## Recognizing Signs and Symptoms of Abuse/Neglect

| Highlights                | Policy Statement  |
|---------------------------|---|
|                           | <p>Our facility will not condone any form of resident abuse or neglect. To aid in abuse prevention, all personnel are to report any signs and symptoms of abuse/neglect to their supervisor or to the Director of Nursing Services immediately.</p>   |
|                           | <p><b>Policy Interpretation and Implementation</b></p>  |
| Definition of "Abuse"     | 1. "Abuse" is defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.   |
| Definition of "Neglect"   | 2. "Neglect" is defined as failure to provide goods and services as necessary to avoid physical harm, mental anguish, or mental illness.  |
|                           | 3. The following are some examples of actual abuse/neglect and signs and symptoms of abuse/neglect that should be promptly reported. However, this listing is not all-inclusive. Other signs and symptoms or actual abuse/neglect may be apparent. When in doubt, report it.  |
| Signs of Physical Abuse   | <p>a. <b>Signs of/Actual Physical Abuse:</b></p> <ul style="list-style-type: none"> <li>(1) Welts or bruises;</li> <li>(2) Abrasions or lacerations;</li> <li>(3) Fractures, dislocations or sprains of questionable origin;</li> <li>(4) Black eyes or broken teeth;</li> <li>(5) Improper use of restraints;</li> <li>(6) Sexual exploitation;</li> <li>(7) Rape;</li> <li>(8) Excessive exposure to heat or cold;</li> <li>(9) Involuntary seclusion; and/or</li> <li>(10) Multiple burns or human bites.</li> </ul>   |
| Signs of Physical Neglect | <p>b. <b>Signs of/Actual Physical Neglect:</b></p> <ul style="list-style-type: none"> <li>(1) Malnutrition and dehydration (unexplained weight loss);</li> <li>(2) Poor hygiene;</li> <li>(3) Inappropriate clothing (soiled, tattered, poor fitting, lacking, inappropriate for season);</li> <li>(4) Decayed teeth;</li> <li>(5) Improper use/administration of medication;</li> <li>(6) Inadequate provision of care;</li> <li>(7) Caregiver indifference to resident's personal care and needs;</li> <li>(8) Failure to provide privacy; and/or</li> <li>(9) Leaving someone unattended who needs supervision.</li> </ul> |

*continues on next page*

# Charleston Health Care Center

Possible Signs/Symptoms  
of Psychological  
Abuse/Neglect

c. Possible signs/symptoms of psychological abuse/neglect:

- (1) Resident clings to abuser/caregiver;
- (2) Paranoia;
- (3) Depression;
- (4) New or increasing confusion or disorientation;
- (5) Withdrawal;
- (6) Inconsistent injury explanation;
- (7) New or more frequent expressions of low self esteem or self worth;
- (8) Anger; and/or
- (9) Suicidal ideation.

| References                        |  |
|-----------------------------------|--|
| OBRA Regulatory Reference Numbers | 483.13(b); 483.13(c)   |
| Survey Tag Numbers                | F223; F224; F225; F226   |
| Related Documents                 |  |
| Policy Revised                    | Date: <u>10-12-11</u> By: <u>Malik K. [Signature]</u><br>Date: _____ By: _____<br>Date: _____ By: _____<br>Date: _____ By: _____ |

# Charleston Health Care Center

## Reporting Abuse to Facility Management

| Highlights                              | Policy Statement   |
|---|--|
| Condemnation of Resident Abuse          | It is the responsibility of our employees, facility consultants, Attending Physicians, family members, visitors etc., to promptly report any incident or suspected incident of neglect or resident abuse, including injuries of unknown source, and theft or misappropriation of resident property to facility management.   |
| Definitions                             | <b>Policy Interpretation and Implementation</b>  |
| "Abuse"                                 | 1. Our facility does not condone resident abuse by anyone, including staff members, physicians, consultants, volunteers, staff of other agencies serving the resident, family members, legal guardians, sponsors, other residents, friends, or other individuals.  |
| "Verbal Abuse"                          | 2. To help with recognition of incidents of abuse, the following definitions of abuse are provided:  |
| "Sexual Abuse"                          | a. "Abuse" is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.   |
| "Involuntary Seclusion"                 | b. "Verbal abuse" is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.   |
| "Mental Abuse"                          | c. "Sexual abuse" is defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.   |
| "Neglect"                               | d. "Involuntary seclusion" is defined as separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommates) against the resident's will, or the will of the resident's legal representative (sponsor). (Note: Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.) |
| "Injury of Unknown Source"              | e. "Mental abuse" is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.   |
| "Misappropriation of Resident Property" | f. "Neglect" is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.  |
|   | g. "Injury of unknown source" is defined as an injury that meets both of the following conditions:<br>(1) The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and<br>(2) The injury is suspicious because of:<br>(a) the extent of the injury; or<br>(b) the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma); or<br>(c) the number of injuries observed at one particular point in time; or<br>(d) the incidence of injuries over time.                           |
|   | h. "Misappropriation of resident property" is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.   |

*continues on next page*

## Charleston Health Care Center

Retribution for Reporting Abuse

Responsibility of Reporting Resident Abuse

Information to be Reported by Person(s) Observing Abuse

Requirements to Report

Responsibility of Person(s) Observing Incidents of Abuse

Notification of Administrator/DNS After Hours

Reporting Abuse Regardless of Time Lapse

Physical Examination of Residents Involved in Abuse

Documentation of Examination Findings

3. All personnel, residents, family members, visitors, etc., are encouraged to report incidents of resident abuse or suspected incidents of abuse. Such reports may be made without fear of retaliation from the facility or its staff.
4. Employees, facility consultants and/or Attending Physicians must immediately report any suspected abuse or incidents of abuse to the Director of Nursing Services. In the absence of the Director of Nursing Services such reports may be made to the Assistant Administrator.
5. Any individual observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the Administrator or Director of Nursing Services. The following information should be reported:
  - a. The name(s) of the resident(s) to which the abuse or suspected abuse occurred;
  - b. The date and time that the incident occurred;
  - c. Where the incident took place;
  - d. The name(s) of the person(s) allegedly committing the incident, if known;
  - e. The name(s) of any witnesses to the incident;
  - f. The type of abuse that was committed (i.e., verbal, physical, sexual, neglect, etc.); and
  - g. Any other information that may be requested by management.
6. Any staff member or person affiliated with this facility who has witnessed or who believes that a resident has been a victim of mistreatment, abuse, neglect, or any other criminal offense shall immediately report, or cause a report to be made of, the mistreatment or offense. Failure to report such an incident may result in legal/criminal action being filed against the individual(s) withholding such information.
7. Staff members and persons affiliated with this facility shall not knowingly:
  - a. Attempt, with or without threats or promises of benefit, to induce another to fail to report an incident of mistreatment or other offense;
  - b. Fail to report an incident of mistreatment or other offense;
  - c. Alter, change without authorization, destroy or render unavailable a report made by another; and/or
  - d. Screen reports or withhold information to reporting agencies.
8. The Administrator or Director of Nursing Services must be immediately notified of suspected abuse or incidents of abuse. If such incidents occur or are discovered after hours, the Administrator and Director of Nursing Services must be called at home or must be paged and informed of such incident.
9. When an incident of resident abuse is suspected or confirmed, the incident must be immediately reported to facility management regardless of the time lapse since the incident occurred. Reporting procedures should be followed as outlined in this policy.
10. Upon receiving reports of physical or sexual abuse, a licensed nurse or physician shall immediately examine the resident. Findings of the examination must be recorded in the resident's medical record. (Note: If sexual abuse is suspected, DO NOT bathe the resident or wash the resident's clothing or linen. Do not take items from the area in which the incident occurred. Call the police immediately.)
11. The person performing the examination must document the examination findings and obtain a written, signed, and dated statement from the person reporting the incident.

*continues on next page*

## Charleston Health Care Center

Provision of  
Documentation to  
Administrator

Monitoring the Reactions  
of the Abused Resident

Providing Findings to  
DNS/Administrator

Confidentiality of Reports

Change in a Resident's  
Condition or Status

Inquiries

12. A completed copy of documentation forms and written statements from witnesses, if any, must be provided to the Administrator of the occurrence of an incident of suspected abuse. An immediate investigation will be made and a copy of the findings of such investigation will be provided to the Administrator.
13. Upon receiving information concerning a report of abuse, the Director of Nursing Services will request that a representative of the Social Services Department monitor the resident's reactions to and statements regarding the incident and his/her involvement in the investigation.
14. Unless the resident requests otherwise, the social service representative will give the Administrator and the Director of Nursing Services a written report of his/her findings.
15. All phases of the investigation will be kept confidential in accordance with the facility's policies governing the confidentiality of medical records.
16. Administrative policies governing the notification of the resident's representative (sponsor) and Attending Physician are located in our facility's resident rights policies and procedures.
17. Inquiries concerning abuse reporting and investigations should be referred to the Administrator and/or to the Director of Nursing Services.

| References                        |  |
|-----------------------------------|--|
| OBRA Regulatory Reference Numbers | 483.13(b); 483.13(c)(1)-(4)  |
| Survey Tag Numbers                | F223; F224; F225; F226   |
| Related Documents                 | Abuse Investigations<br>Change in a Resident's Condition or Status ( <i>Resident Rights – Self-Determination</i> )<br>Reporting Abuse to State Agencies and Other Entities/Individuals |
| Policy Revised                    | Date: <u>10-12-11</u> By: <u><i>Mel K. [Signature]</i></u><br>Date: _____ By: _____<br>Date: _____ By: _____<br>Date: _____ By: _____  |

# Charleston Health Care Center

## Reporting Abuse to State Agencies and Other Entities/Individuals

| Highlights   | Policy Statement  |
|--|---|
|  | <p>All suspected violations and all substantiated incidents of abuse will be immediately reported to appropriate state agencies and other entities or individuals as may be required by law.</p>  |
|  | <p><b>Policy Interpretation and Implementation</b></p>  |
| Notification of Agencies/Entities/Individuals of Abuse Incidents | <ol style="list-style-type: none"> <li>1. Should a suspected violation or substantiated incident of mistreatment, neglect, injuries of an unknown source, or abuse (including resident to resident abuse) be reported, the facility Administrator, or his/her designee, will promptly notify the following persons or agencies (verbally and written) of such incident:               <ol style="list-style-type: none"> <li>a. The State licensing/certification agency responsible for surveying/licensing the facility;</li> <li>b. The Resident's Representative (Sponsor) of Record;</li> <li>c. Adult Protective Services;</li> <li>d. Law enforcement officials;</li> <li>e. The resident's Attending Physician; and</li> <li>f. The facility Medical Director.</li> </ol> </li> </ol> |
| Method of Notification of Resident Abuse                         | <ol style="list-style-type: none"> <li>2. Verbal/written notices to agencies will be made within twenty-four (24) hours of the occurrence of such incident and such notice may be submitted via special carrier, fax, e-mail, or by telephone. Notices will include, as appropriate:               <ol style="list-style-type: none"> <li>a. The name of the resident;</li> <li>b. The number of the room in which the resident resides;</li> <li>c. The type of abuse that was committed (i.e., verbal, physical, sexual, neglect, etc.);</li> <li>d. The date and time the alleged incident occurred;</li> <li>e. The name(s) of all persons involved in the alleged incident; and</li> <li>f. What immediate action was taken by the facility.</li> </ol> </li> </ol>                      |
| Contents of Notice of Abuse                                      | <ol style="list-style-type: none"> <li>3. The Administrator, or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five (5) working days of the occurrence of the incident.</li> </ol>   |
| Notifying Agencies of Investigation Results                      | <ol style="list-style-type: none"> <li>4. Should the investigation reveal findings of abuse, such findings will be reported to the State Abuse Registry. The individual(s) involved in the incident will be notified of such findings, and such individual(s) will be suspended, without pay, until the State Abuse Registry has investigated the claim and found the allegations to be true or unfounded.</li> </ol>   |
| Corrective Action  | <ol style="list-style-type: none"> <li>5. Should the allegations be true, the employee(s) will be terminated from employment. Should the allegations be unfounded, the employee(s) will be reinstated to his/her/their former position with back pay.</li> </ol>  |
| Results of Findings of Allegations                               |   |

*continues next page*

# Charleston Health Care Center

Documentation

Notification of  
Professional Boards

Disciplinary Action

Inquiries

6. Records of all allegations will be filed in the accused employee's personnel record along with any statement by the employee disputing the allegation, if the employee chooses to make one. Records concerning unfounded allegations will be destroyed.
7. Appropriate professional and licensing boards will be notified when an employee is found to have committed abuse.
8. Any violation of this policy may result in disciplinary action.
9. Inquiries concerning resident abuse should be referred to the Director of Nursing Services or to the Administrator.
10. Inquires concerning the reporting of abuse to state agencies should be referred to the Administrator.

| References                           |   |             |           |             |           |             |           |             |           |
|--------------------------------------|---|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|
| OBRA Regulatory<br>Reference Numbers | 483.13(b); 483.13(c)  |             |           |             |           |             |           |             |           |
| Survey Tag Numbers                   | F223; F224; F225; F226  |             |           |             |           |             |           |             |           |
| Related Documents                    | Abuse Investigations  |             |           |             |           |             |           |             |           |
| Policy<br>Revised                    | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Date: _____</td> <td style="width: 50%;">By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> </table> | Date: _____ | By: _____ |
| Date: _____                          | By: _____   |             |           |             |           |             |           |             |           |
| Date: _____                          | By: _____   |             |           |             |           |             |           |             |           |
| Date: _____                          | By: _____   |             |           |             |           |             |           |             |           |
| Date: _____                          | By: _____   |             |           |             |           |             |           |             |           |

# Charleston Health Care Center

## Reporting Suspected Cases and/or Incidents of Rape

| Highlights   | Policy Statement   |
|--|--|
| <p>Reporting of Rape</p> <p>Reporting Incidents of Rape to Administrator</p> <p>Action to be Taken in Cases of Suspected/Actual Rape</p> | <p>All suspected cases or incidents of rape must be reported immediately to the Administrator and Director of Nursing Services.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <ol style="list-style-type: none"> <li>1. Should rape of a resident be suspected, the person suspecting such incident must immediately report such information to his/her supervisor, the person in charge of the facility at the time the report is made and/or to the Director of Nursing Services.</li> <li>2. The Director of Nursing Services, or his/her designee, must immediately report such information to the Administrator.</li> <li>3. The following action must be taken in cases of suspected/actual rape:               <ol style="list-style-type: none"> <li>a. Assess the resident for possible injuries.</li> <li>b. Provide medical treatment, as indicated, to prevent further deterioration in the resident's health. Provide the resident with emotional support.</li> <li>c. Do not disturb the area where the rape is suspected to have occurred.</li> <li>d. Verbally notify the proper authorities (e.g., police, Attending Physician, resident's representative (sponsor), state survey and certification agency, and others as may be necessary).</li> <li>e. Do not change the resident's clothing so as not to disturb or lose evidence.</li> <li>f. Do not bathe the resident and do not douche the female resident;</li> <li>g. Help prepare the resident to be transported to the hospital or other destination as instructed by law enforcement.</li> <li>h. Forward written reports of such an incident to appropriate agencies as established by current policies and procedures outlined in this section.</li> </ol> </li> </ol> |

| References                        |  |
|-----------------------------------|--|
| OBRA Regulatory Reference Numbers | 483.13(b); 483.13(c)   |
| Survey Tag Numbers                | F223; F224; F225; F226   |
| Related Documents                 | Abuse Investigations<br>Reporting Abuse to Facility Management<br>Reporting Abuse to State Agencies and Other Entities/Individuals |
| Policy Revised                    | Date: <u>10-12-11</u> By: <u><i>M. K. L.</i></u><br>Date: _____ By: _____<br>Date: _____ By: _____<br>Date: _____ By: _____        |

# Charleston Health Care Center

## Resident-to-Resident Altercations

| Highlights   | Policy Statement  |
|--|---|
| Monitoring Residents for Aggressive/Inappropriate Behavior               | <p>All altercations, including those that may represent resident-to-resident abuse, shall be investigated and reported to the Nursing Supervisor, the Director of Nursing Services and to the Administrator.</p>  |
| Actions to be Implemented Should Resident-to-Resident Altercations Occur | <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <ol style="list-style-type: none"><li>1. Facility staff will monitor residents for aggressive/inappropriate behavior towards other residents, family members, visitors, or to the staff. Occurrences of such incidents shall be promptly reported to the Nurse Supervisor, Director of Nursing Services, and to the Administrator.</li><li>2. If two residents are involved in an altercation, staff will:<ol style="list-style-type: none"><li>a. Separate the residents, and institute measures to calm the situation;</li><li>b. Identify what happened, including what might have led to aggressive conduct on the part of one or more of the individuals involved in the altercation;</li><li>c. Notify each resident's representative (sponsor) and Attending Physician of the incident;</li><li>d. Review the events with the Nursing Supervisor and Director of Nursing, including interventions to try to prevent additional incidents;</li><li>e. Consult with the Attending Physician to identify treatable conditions such as acute psychosis that may have caused or contributed to the problem;</li><li>f. Make any necessary changes in the care plan approaches to any or all of the involved individuals;</li><li>g. Document in the resident's clinical record all interventions and their effectiveness;</li><li>h. Consult psychiatric services as needed for assistance in assessing the resident, identifying causes, and developing a care plan for intervention and management as necessary or as may be recommended by the Attending Physician or Interdisciplinary Care Planning Team;</li><li>i. Complete an <i>Report of Incident/Accident</i> form and document the incident, findings, and any corrective measures taken in the resident's medical/clinical record;</li><li>j. If, after carefully evaluating the situation, it is determined that care cannot be readily given within the facility, transfer the resident; and</li><li>k. Report incidents, findings, and corrective measures to appropriate agencies as outlined in our facility's abuse reporting policy.</li></ol></li></ol> |

*continues on next page*

# Charleston Health Care Center

Inquiries

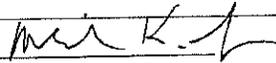
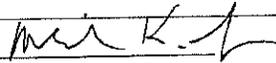
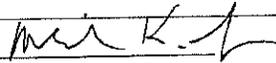
- Inquiries concerning resident-to-resident altercations should be referred to the Director of Nursing Services or to the Administrator.

| References                        |  |
|-----------------------------------|--|
| OBRA Regulatory Reference Numbers | 483.13(b); 483.13(c); 483.25(h)  |
| Survey Tag Numbers                | F223; F224; F225; F226; F323   |
| Related Documents                 | Abuse Investigations<br>Reporting Abuse to Facility Management<br>Reporting Abuse to State Agencies and Other Entities/Individuals |
| Policy Revised                    | Date: <u>10-12-11</u> By: <u>Mel K. [Signature]</u><br>Date: _____ By: _____<br>Date: _____ By: _____<br>Date: _____ By: _____     |

# Charleston Health Care Center

## Staff Responsible for Coordinating/Implementing Abuse Prevention Program Policies and Procedures

| Highlights   | Policy Statement  |
|--|---|
| <p>Administrator Responsibility</p> <p>Delegation of Authority</p> | <p>The Administrator is responsible for the overall coordination and implementation of our facility's abuse prevention program policies and procedures.</p> <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p> <ol style="list-style-type: none"> <li>1. The Administrator has the overall responsibility for the coordination and implementation of our facility's abuse prevention program policies and procedures.</li> <li>2. The Administrator has the authority to delegate coordination and implementation of various components of these policies and procedures to other individuals within the facility. These may include:               <ol style="list-style-type: none"> <li>a. The Director of Nursing Services;</li> <li>b. The Director of Social Services;</li> <li>c. The Director of Staff Development;</li> <li>d. The Assistant Administrator;</li> <li>e. The Medical Director;</li> <li>f. The Quality Assessment and Assurance Committee; and</li> <li>g. Other staff members as determined by the Administrator.</li> </ol> </li> </ol> |

| References                        |  |                       |  |             |           |             |           |             |           |
|-----------------------------------|--|-----------------------|--|-------------|-----------|-------------|-----------|-------------|-----------|
| OBRA Regulatory Reference Numbers | 483.13(b); 483.13(c)   |                       |  |             |           |             |           |             |           |
| Survey Tag Numbers                | F223; F224; F225; F226   |                       |  |             |           |             |           |             |           |
| Related Documents                 | Preventing Resident Abuse  |                       |  |             |           |             |           |             |           |
| Policy Revised                    | <table style="width: 100%;"> <tr> <td style="width: 50%;">Date: <u>10-12-11</u></td> <td style="width: 50%;">By: <u></u></td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> </table> | Date: <u>10-12-11</u> | By: <u></u> | Date: _____ | By: _____ | Date: _____ | By: _____ | Date: _____ | By: _____ |
| Date: <u>10-12-11</u>             | By: <u></u>   |                       |  |             |           |             |           |             |           |
| Date: _____                       | By: _____  |                       |  |             |           |             |           |             |           |
| Date: _____                       | By: _____  |                       |  |             |           |             |           |             |           |
| Date: _____                       | By: _____  |                       |  |             |           |             |           |             |           |

# **EXHIBIT 2**



## JOB DESCRIPTION AND PERFORMANCE STANDARDS

|   |  |
|---|--|
| <b>Position Title</b> <i>Director of Nursing Service/<br/>Vice President of Nursing Service</i> | <b>Facility Name</b><br><b>CHARLESTON HEALTH CARE CENTER</b> |
|---|--|

Employee Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Assigned work hours: From \_\_\_\_\_ to \_\_\_\_\_ or \_\_\_\_\_ Flexible  
 Date of Hire \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Hours \_\_\_\_\_ per day; \_\_\_\_\_ per week  
 This position requires a *minimum* \_\_\_\_\_ hours \_\_\_\_\_ per day \_\_\_\_\_ per week and a *maximum* \_\_\_\_\_ hours \_\_\_\_\_ per day \_\_\_\_\_ per week  
 Orientation date \_\_\_\_\_ Job description reviewed with employee by \_\_\_\_\_ Title \_\_\_\_\_

**Purpose of this position**

The purpose of this position is to provide nursing management, set resident care standards for all direct care providers and provide complete supervision and management for the nursing department.

**Qualifications** (to be completed by the facility)

**Delegation of authority**

Authority is delegated to the individual in this position to:

- Assess resident needs and interview, hire and terminate adequate nursing personnel
- Set resident care standards in accordance with accepted current standards of care to provide high quality care to residents
- Develop and implement policies and procedures for nursing care of residents
- Supervise and manage all aspects of the nursing department
- Assess, direct and supervise residents' care needs
- Cooperate with administration to assure efficient, cost-effective operation of the facility

**This position reports to:**  
**ADMINISTRATOR OR ASSISTANT ADMINISTRATOR**

**RATING LEGENDS:**

**Functional Rating Scale**

E = Essential function of the position in the facility  
 M = Marginal function of the position in the facility  
 N = Function not performed in this facility

**Performance Competency Scale**

5 = Exceeds standards  
 4 = Always meets standards  
 3 = Usually meets standards  
 2 = Rarely meets standards (Explanatory comments recommended)  
 1 = Does not meet standards (Explanatory comments recommended)  
 N/A = Not applicable

| The primary functions and responsibilities of this position are as follows:<br>(You will be evaluated on your ability to perform these functions competently with minimal supervision and/or reminders.)<br>Additional duties may be added as necessary to meet the needs of the facility. | Enter<br>E<br>M<br>or<br>N<br>in this<br>column | Enter performance <u>competency</u> ratings in these columns.<br><br>Date _____<br><br>Signature & Title _____ |  |                       |  |                       |  | COMMENTS<br><br>1. Sign all comments<br>2. Date all comments<br>3. Use brief statements if necessary to explain any entry on the form. |
|--|---|--|--|-----------------------|--|-----------------------|--|--|
|  |   | Performance Rating #1  | If applicable, enter date(s) of additional instruction and initial | Performance Rating #2 | If applicable, enter date(s) of additional instruction and initial | Performance Rating #3 | If applicable, enter date(s) of additional instruction and initial |  |
| 1. Assume responsibility for the development of nursing service objectives and performance standards of nursing practice for each category of nursing personnel.   |   |  |  |                       |  |                       |  |  |
| 2. Assume accountability for the development, organization and implementation of approved policies and procedures.   |   |  |  |                       |  |                       |  |  |

|  |  | Performance Rating #1 | If applicable, enter date(s) of additional instruction and initial | Performance Rating #2 | If applicable, enter date(s) of additional instruction and initial | Performance Rating #3 | If applicable, enter date(s) of additional instruction and initial |  |
|--|--|-----------------------|--|-----------------------|--|-----------------------|--|--|
| 3. Direct, evaluate and supervise all resident care and initiate corrective action as necessary.   |  |                       |  |                       |  |                       |  |  |
| 4. Assess resident care needs and assist in the development of individualized plans of resident care.  |  |                       |  |                       |  |                       |  |  |
| 5. Assume responsibility for implementation of Clinical and Prospective Payment System Minimum Data Set completion schedule.   |  |                       |  |                       |  |                       |  |  |
| 6. Assess resident pre-admission and/or admission information and determine appropriate level of care.   |  |                       |  |                       |  |                       |  |  |
| 7. Assume responsibility for development and implementation of nursing rehabilitation and restorative programs.  |  |                       |  |                       |  |                       |  |  |
| 8. Analyze Quality Indicator reports, identify concerns and implement corrective action to improve resident care.  |  |                       |  |                       |  |                       |  |  |
| 9. Assume responsibility for analysis of incident and accident investigation reports to determine cause(s) and implement corrective action(s), when appropriate.       |  |                       |  |                       |  |                       |  |  |
| 10. Assess resident needs and make recommendations for special rehabilitation programs.  |  |                       |  |                       |  |                       |  |  |
| 11. Evaluate resident care as related to individualized resident needs, family involvement and the physician's plan of care for the resident.                          |  |                       |  |                       |  |                       |  |  |
| 12. Conduct or participate in resident care conferences.   |  |                       |  |                       |  |                       |  |  |
| 13. Assess resident responses to medication and treatments and make appropriate recommendations for nursing action to be implemented.                                  |  |                       |  |                       |  |                       |  |  |
| 14. Report problems to Administrator, conduct daily resident rounds and initiate corrective action as necessary.   |  |                       |  |                       |  |                       |  |  |
| 15. Identify safety hazards and initiate corrective action.  |  |                       |  |                       |  |                       |  |  |
| 16. Direct implementation of "Resident Bill of Rights."  |  |                       |  |                       |  |                       |  |  |
| 17. Direct and implement nursing service educational programs including, but not limited to, orientation and in-service for licensed and unlicensed nursing personnel. |  |                       |  |                       |  |                       |  |  |
| 18. Conduct staff meetings with all shifts for purposes of planning, coordinating and implementing nursing service policies and procedures.                            |  |                       |  |                       |  |                       |  |  |
| 19. Demonstrate consistent management of nursing service problems, emergency situations, and initiate "life-saving" measures in the absence of a physician.            |  |                       |  |                       |  |                       |  |  |
| 20. Assume responsibility for nursing service compliance with federal, state and local regulations.  |  |                       |  |                       |  |                       |  |  |
| 21. Participate in the planning and implementation of the nursing service budget.  |  |                       |  |                       |  |                       |  |  |

|   |  | Performance Rating #1 | If applicable, enter date(s) of additional instruction and initial | Performance Rating #2 | If applicable, enter date(s) of additional instruction and initial | Performance Rating #3 | If applicable, enter date(s) of additional instruction and initial |  |
|---|--|-----------------------|--|-----------------------|--|-----------------------|--|--|
| 22. Consistently operate nursing service within the established budget guidelines.  |  |                       |  |                       |  |                       |  |  |
| 23. Direct allocation of nursing service equipment and supplies within the facility and establish guidelines for efficient, economical utilization of supplies and equipment.           |  |                       |  |                       |  |                       |  |  |
| 24. Ensure availability of equipment for nursing personnel.   |  |                       |  |                       |  |                       |  |  |
| 25. Assess equipment and supply needs and make recommendations to Administrator.  |  |                       |  |                       |  |                       |  |  |
| 26. Direct and supervise scheduling of employees within established guidelines for allocation of nursing service personnel on duty.   |  |                       |  |                       |  |                       |  |  |
| 27. Recommend to the Administrator the number and level of personnel to be employed.  |  |                       |  |                       |  |                       |  |  |
| 28. Conduct interviews, hire nursing service employees, conduct counseling interviews and initiate disciplinary action as necessary.  |  |                       |  |                       |  |                       |  |  |
| 29. Prepare written employee performance evaluations and initiate recommendations for salary increases, promotions and terminations.  |  |                       |  |                       |  |                       |  |  |
| 30. Control angry feelings and take disciplinary action(s) privately.   |  |                       |  |                       |  |                       |  |  |
| 31. Participate in hospital committee meetings and function on committees as assigned.  |  |                       |  |                       |  |                       |  |  |
| 32. Direct, organize and schedule required resident assessments and related documentation for Medicare, Medicaid, managed care and Health Maintenance Organization (HMO) reimbursement. |  |                       |  |                       |  |                       |  |  |
| 33. Consistently make accurate level of care determinations, based on the physician's recommendations and the resident's plan of care.  |  |                       |  |                       |  |                       |  |  |
| 34. Make management reports and special assignments and adhere to established time schedules.   |  |                       |  |                       |  |                       |  |  |
| 35. Establish open lines of communication with consultants and consistently take follow-up action on recommendations.   |  |                       |  |                       |  |                       |  |  |
| 36. Take inquiries for resident placement as assigned by the Administrator and initiate procedures for proper placement of residents and level of care determinations.                  |  |                       |  |                       |  |                       |  |  |
| 37. Coordinate resident admissions, transfers and discharge with community agencies and other facilities.   |  |                       |  |                       |  |                       |  |  |
| 38. Establish good public relations with hospital discharge coordinators and social service consultants.  |  |                       |  |                       |  |                       |  |  |
| 39. Communicate daily with nursing personnel providing clear, concise information as well as specific assignments.  |  |                       |  |                       |  |                       |  |  |
| 40. Consistently demonstrate responsibility, accountability and dependability.  |  |                       |  |                       |  |                       |  |  |

|   |  | Performance Rating #1 | If applicable, enter date(s) of additional instruction and initial | Performance Rating #2 | If applicable, enter date(s) of additional instruction and initial | Performance Rating #3 | If applicable, enter date(s) of additional instruction and initial |  |
|---|--|-----------------------|--|-----------------------|--|-----------------------|--|--|
| 41. Maintain confidentiality of resident and facility information.  |  |                       |  |                       |  |                       |  |  |
| 42. Consistently work cooperatively with administration, all facility staff, ancillary personnel and consultants.   |  |                       |  |                       |  |                       |  |  |
| 43. Come to work clean, neat and consistently present a professional appearance.  |  |                       |  |                       |  |                       |  |  |
| 44. Be responsible for safety of residents under his/her supervision.   |  |                       |  |                       |  |                       |  |  |
| 45. Observe all facility safety policies and procedures.  |  |                       |  |                       |  |                       |  |  |
| 46. Assume accountability for all data contained in the employees' handbook.  |  |                       |  |                       |  |                       |  |  |
| 47. Accept assigned duties in a cooperative manner.   |  |                       |  |                       |  |                       |  |  |
| 48. Perform other related duties as directed by the Administrator and/or governing body.  |  |                       |  |                       |  |                       |  |  |
| 49. Perform all duties assigned in an effective, timely and professional manner.  |  |                       |  |                       |  |                       |  |  |
| 50. Observe infection control procedures.   |  |                       |  |                       |  |                       |  |  |
| 51. Follow Residents' Rights policies at all times.   |  |                       |  |                       |  |                       |  |  |
| 52. Perform other related duties as directed by his/her supervisor.   |  |                       |  |                       |  |                       |  |  |
| 53. Come to work as scheduled and consistently demonstrate dependability and punctuality.   |  |                       |  |                       |  |                       |  |  |
| 54. Come to work in neat, clean attire and consistently present an appropriate professional appearance.   |  |                       |  |                       |  |                       |  |  |
| 55. Consistently work cooperatively with residents, residents' representatives, facility staff, physicians, consultants and ancillary service providers.  |  |                       |  |                       |  |                       |  |  |
| List other essential functions of this position:  |  |                       |  |                       |  |                       |  |  |
| <p>I have read and understand the functions and requirements of this position. I understand that this is not to be considered as an exhaustive statement of duties, responsibilities or requirements and does not limit the assignment of additional duties for this position.</p> <p>Employee's Signature _____ Date _____</p> |  |                       |  |                       |  |                       |  |  |

# **EXHIBIT 3**

# PARK VIEW PSYCHIATRIC SERVICES

510 SPRING STREET • JEFFERSONVILLE, INDIANA 47130-3591 • (812) 282-1888 • FAX (812) 285-8393

## AGREEMENT FOR PSYCHIATRIC SERVICES

This agreement is entered into on this 10<sup>th</sup> day of August 2011 between Park View Psychiatric Services hereinafter referred to as PVPS and Charleston Health Care Center hereinafter referred to as Facility.

PVPS will provide staff desiring to participate in staff privileges that must abide by the following conditions:

1. Be licensed to practice Psychiatry in accordance with state's laws, regulations and guidelines governing the practice of Psychiatry.
2. Observe patient care policies, established by regulation and as directed by the Medical Director.
3. Only admit residents who meet the Facility's established criteria for admission.
4. Provide Psychiatric information necessary to maintain continuous medical care and treatment, including timely response to recommendations from other health care professionals involved in resident's care.
5. Designate an alternate Psychiatrist and/or ARNP to care for patients during the primary Psychiatrist's absence.
6. Participate in assessment and care planning processes in accordance with established procedures.
7. Review the resident's medication and other treatment orders, at the time of visit. Document visits in progress notes.
8. Provide a copy of malpractice insurance to the Facility and notify of subsequent changes.
9. PVPS will bill resident's insurance for clinical services.
10. This agreement will renew automatically and may be terminated by either party "with" or "without" cause upon giving a 30-day notice to the other party at any time during the initial term of the agreement or any renewal term thereafter.

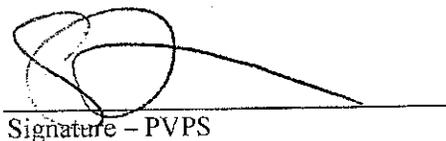
Optional Services:

- 24/7 on call services via telephone for psychiatric emergencies and consultations regarding facility residents
- Telephone consultations with attending physicians and/or staff regarding non-Park View residents
- Participation in QI/QA activities through a monthly behavior management meeting (one hour of physician/ARNP time)
- Availability for consultation for regulatory concerns regarding resident behavior
- Staff education/in-services two times per year
- Consultation and coordination regarding hospital admissions

There will be a monthly stipend of \$500.00 for the above services. Please check the box above if you would like the additional services.

  
Signature - Facility Representative

8-10-11  
Date

  
Signature - PVPS

8/10/2011  
Date

# **EXHIBIT 4**

Memo

September 1, 2011

All Clinical Staff

Wheelchair, and Equipment

All clinical staff please be advised, we must have your help in identifying soiled, and dirty equipment. Please clean what you can, and immediately notify and report to the Laundry and Housekeeping Supervisor so that the equipment can be cleaned appropriately.

# **EXHIBIT 5**



# **EXHIBIT 6**

## Skin Assessment Policy

It is the policy of Charleston Health Care Center that each resident will have a full head to toe skin assessment completed on a weekly basis.

The skin assessment schedule is to be placed at each nurse's station and adjusted by nursing administration as resident census changes.

Notation is to be made onto the 24 hour nursing report of completion and staged areas if any.

The charge nurse is responsible for assuring this is completed and noted.

Families and attending physicians are to be notified of abnormal findings in a timely manner.

In the event an assessment cannot be completed due to unforeseen circumstances it must be completed within 24 hours.

Nurses who fail to comply will be disciplined per facility policy related to unsatisfactory job performance.

# **EXHIBIT 7**

Memo

September 1, 2011

All Clinical Staff

Maintenance Log Book

All staff is to immediately report any broken, or faulty equipment immediately to the maintenance department. Patient safety is of up most propriety! Please report any safety issues, concerns, leaks, drips, ANYTHING immediately. For compliance and convenience a maintenance log book is kept at each nurses station. The maintenance department will check these books daily.

I appreciate your help and attention!

# **EXHIBIT 8**

## QUALITY ASSURANCE

### DIETARY

Department Supervisor Signature: \_\_\_\_\_

Data Collected By: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Score Grid: 0 = NO 1= YES

| # | REQUIREMENT   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|----|----------|
| 1 | Antibacterial soap, gloves, hair nets, and bobbie pins in dietary area and kitchen? |   |   |   |   |   |   |   |   |   |    |          |
| 2 | Facility staff demonstrated good handwashing techniques?                            |   |   |   |   |   |   |   |   |   |    |          |
| 3 | Dirty dishes handled and disinfected properly?                                      |   |   |   |   |   |   |   |   |   |    |          |
| 4 | Gloves worn while on duty.  |   |   |   |   |   |   |   |   |   |    |          |
| 5 | Hair nets worn and positioned properly, bobbie pins used appropriately?             |   |   |   |   |   |   |   |   |   |    |          |

# **EXHIBIT 9**

F441

### INFECTION CONTROL

### GLUCOMETER CLEANING/DISINFECTING

Department Supervisor Signature: \_\_\_\_\_

Observation & Data Collected By: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Score Grid: 0 = NO 1 = YES

| # | REQUIREMENT   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|----|----------|
| 1 | Glucometer cleaned and sanitized before each use                  |   |   |   |   |   |   |   |   |   |    |          |
| 2 | Glucometer observed visibly wet for 2 full minutes                |   |   |   |   |   |   |   |   |   |    |          |
| 3 | Glucometer placed on a clean, dry surface to air dry before reuse |   |   |   |   |   |   |   |   |   |    |          |
| 4 | Staff demonstrated proper cleaning techniques                     |   |   |   |   |   |   |   |   |   |    |          |
| 5 | Gloves worn   |   |   |   |   |   |   |   |   |   |    |          |

## POLICY

### CLEANING AND SANITIZING THE GLUCOMETER

**Purpose:** To decrease the indirect transmission of an infectious agent.

**Procedure:**

1. Before each use, thoroughly wipe the entire glucometer meter surface with a sanitizing wipe.
2. Gloves are to be worn.
3. Surface must remain visibly wet for two minutes. Use additional wipe(s) as is needed to assure continuous two minute wet contact.
4. Allow to air dry on clean dry surface before obtaining a blood sample.
5. Discard gloves, wash hands or use hand gel and then don clean gloves to perform finger stick.
6. Equipment is not to rest on the bed or over the bed table.
7. Finger sticks are to be done privately.
8. Each insulin MAR is to be noted with "Glucometer cleaned" before each use and initialed by nurse.
9. This is to be completed by an RN or LPN only.

F441

**INFECTION CONTROL**

**INCONTINENCE CARE**

Department Supervisor Signature: \_\_\_\_\_

Data Collected By: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Score Grid: 0 = NO 1= YES

| # | REQUIREMENT   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|----|----------|
| 1 | Antibacterial soap and gloves in room?                          |   |   |   |   |   |   |   |   |   |    |          |
| 2 | Facility staff demonstrated good handwashing techniques?        |   |   |   |   |   |   |   |   |   |    |          |
| 3 | Soiled linens handled and disposed of properly?                 |   |   |   |   |   |   |   |   |   |    |          |
| 4 | Gloves worn when handling soiled linens and emptying catheters? |   |   |   |   |   |   |   |   |   |    |          |
| 5 | Incontinent care - OA = observed and appropriately performed?   |   |   |   |   |   |   |   |   |   |    |          |

# Cleaning and Disinfection of Environmental Surfaces

| Highlights  | Policy Statement  |
|---|---|
| Categories Distinguishing Levels of Sterilization/Disinfection  | <p>Environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA Bloodborne Pathogens Standard.</p>  |
| Critical Items  | <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p>  |
| Semi-Critical Items   |   |
| Non-Critical Items  | <ol style="list-style-type: none"> <li>2. Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions.               <ol style="list-style-type: none"> <li>a. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes.</li> <li>b. By law, all applicable label instructions on EPA-registered products must be followed.</li> </ol> </li> </ol>              |
| Disinfection of Non-Critical Surfaces                           | <ol style="list-style-type: none"> <li>3. Devices that are used by staff but not in direct contact with residents (e.g., computer keyboards, PDAs, etc.) shall be cleaned and disinfected regularly (according to facility schedule) by the environmental services staff and as needed by the nursing staff.</li> </ol>   |
| Devices Used by Staff   | <ol style="list-style-type: none"> <li>4. Intermediate and low-level disinfectants for non-critical items include:               <ol style="list-style-type: none"> <li>a. Ethyl or isopropyl alcohol;</li> <li>b. Sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer's instructions);</li> <li>c. Phenolic germicidal detergents;</li> <li>d. Iodophor germicidal detergents; and</li> <li>e. Quaternary ammonium germicidal detergents (low-level disinfection only).</li> </ol> </li> </ol> |
| Intermediate and Low-Level Disinfectants for Non-Critical Items |   |

*continues on next page*

*Infection Control – Environmental Infection Control*

- |  |  |
|--|--|
| Manufacturer Instructions                        | 5. Manufacturers' instructions will be followed for proper use of disinfecting (or detergent) products including: <ul style="list-style-type: none"><li>a. Recommended use-dilution;</li><li>b. Material compatibility;</li><li>c. Storage;</li><li>d. Shelf-life; and</li><li>e. Safe use and disposal.</li></ul>   |
| Resident Care Areas Where Uncertainty Exists     | 6. A one-step process and an EPA-registered hospital disinfectant designed for housekeeping purposes will be used in resident care areas where: <ul style="list-style-type: none"><li>a. uncertainty exists about the nature of the soil on the surfaces (e.g., blood or body fluid contamination versus routine dust or dirt); or</li><li>b. uncertainty exists about the presence of multidrug-resistant organisms on such surfaces.</li></ul> |
| Non Resident Care Areas                          | 7. Detergent and water will be used for cleaning surfaces in non resident care areas (e.g., administrative offices).   |
| Non-Critical Surfaces                            | 8. High-level disinfectants/liquid chemical sterilants will not be used for disinfection of non-critical surfaces.   |
| Housekeeping Surfaces                            | 9. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled.  |
| Environmental Surfaces                           | 10. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled.   |
| Walls, Blinds, Window Curtains in Resident Areas | 11. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled.   |
| Preparation/Replacement of Solutions             | 12. Disinfecting (or detergent) solutions will be prepared as needed and replaced with fresh solution frequently (e.g., floor mopping solution will be replaced every three resident rooms, or changed no less often than at 60-minute intervals).   |
| Decontaminating Mop Heads/Cleaning Cloths        | 13. Mop heads and cleaning cloths will be decontaminated regularly (e.g., laundered and dried at least daily).   |
| Wet Dusting Horizontal Surfaces                  | 14. Horizontal surfaces will be wet dusted regularly (e.g., daily, three times per week) using clean cloths moistened with an EPA-registered hospital disinfectant (or detergent). The disinfectant (or detergent) will be prepared as recommended by the manufacturer.  |
| Blood Spills/Contaminated Items                  | 15. Spills of blood and other potentially infectious materials will promptly be cleaned and decontaminated. Blood-contaminated items will be discarded in compliance with federal regulations (i.e., OSHA Bloodborne Pathogens Standard).  |
| Site Decontamination of Blood/OPIM Spills        | 16. The following procedures will be implemented for site decontamination of spills of blood or other potentially infectious materials (OPIM): <ul style="list-style-type: none"><li>a. Use protective gloves and other PPE (e.g., when sharps are involved use forceps to pick up sharps and discard these items in a puncture-resistant container) appropriate for this task.</li></ul>  |
| Personal Protective Equipment (PPE)              |  |

*continues on next page*

|   |  |
|---|--|
| Decontamination Solution                                    | b. Disinfect areas contaminated with blood spills using an EPA-registered tuberculocidal agent, a registered germicide on the EPA Lists D and E (i.e., products with specific label claims for HIV and HBV) or freshly diluted hypochlorite solution.  |
| Small Spill   | c. If sodium hypochlorite solutions are selected use a 1:100 dilution to decontaminate nonporous surfaces after a small spill (e.g., <10 mL) of either blood or OPIM.  |
| Large or Culture Spill                                      | d. If a spill involves large amounts (e.g., >10 mL) of blood or OPIM, or involves a culture spill in the laboratory, use a 1:10 dilution for the first application of hypochlorite solution before cleaning in order to reduce the risk of infection during the cleaning process in the event of a sharps injury.  |
| Terminal Disinfection                                       | e. Follow this decontamination process with a terminal disinfection, using a 1:100 dilution of sodium hypochlorite.  |
| Cleaning and Discarding Visible Blood/Body Fluid Spills     | 17. If the spill contains large amounts of blood or body fluids, the visible matter will be cleaned with disposable absorbent material, and the contaminated materials discarded in an appropriate, labeled container.   |
| Appropriate PPE   | 18. Protective gloves and other PPE appropriate for this task will be used.  |
| Disinfecting <i>Clostridium difficile</i> Units             | 19. In units with high rates of endemic <i>Clostridium difficile</i> infection or in an outbreak setting, dilute solutions of 5.25%–6.15% sodium hypochlorite (e.g., 1:10 dilution of household bleach) will be used for routine environmental disinfection. (Note: Currently, no products are EPA-registered specifically for inactivating <i>C. difficile</i> spores.) |
| Preparation and Storage of Chlorine Solutions               | 20. If chlorine solution is not prepared fresh daily, it will be stored at room temperature for up to 30 days in a capped, opaque plastic bottle. (Note: A 50% reduction in chlorine concentration will occur by day 30.)  |
| Substitution for EPA-Registered Sodium Hypochlorite Product | 21. An EPA-registered sodium hypochlorite product is preferred, but if such products are not available, generic versions of sodium hypochlorite solutions (e.g., household chlorine bleach) may be used.   |

| References                        |   |
|-----------------------------------|---|
| OBRA Regulatory Reference Numbers | 483.65(a); 483.75(b). See also:<br>OSHA's Bloodborne Pathogens Standard and Enforcement Standards at:<br><a href="http://www.osha.gov">www.osha.gov</a> ;<br>CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 at<br><a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf</a><br>For lists of Selected EPA-Registered Disinfectants see<br><a href="http://www.epa.gov/oppad001/chemregindex.htm">http://www.epa.gov/oppad001/chemregindex.htm</a> |
| Survey Tag Numbers                | F441; F492  |
| Related Documents                 | Cleaning and Disinfection of Resident-Care Items and Equipment  |
| Policy Revised                    | Date: <u>9-5-11</u> By: <u>Malik K. [Signature]</u><br>Date: _____ By: _____<br>Date: _____ By: _____<br>Date: _____ By: _____  |

# Cleaning and Disinfection of Resident-Care Items and Equipment

| Highlights   | Policy Statement  |
|--|---|
| Categories Distinguishing Levels of Sterilization/Disinfection         | Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard.   |
| Critical Items   | <p style="text-align: center;"><b>Policy Interpretation and Implementation</b></p>  |
| Semi-Critical Items  |   |
| Non-Critical Items   | <ol style="list-style-type: none"> <li>1. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care:               <ol style="list-style-type: none"> <li>a. <b>Critical items</b> consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters) or the vascular system (e.g., intravenous catheters) are considered critical items and must be sterile.</li> <li>b. <b>Semi-critical items</b> consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: Some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants.)</li> <li>c. <b>Non-critical items</b> are those that come in contact with intact skin but not mucous membranes.                   <ol style="list-style-type: none"> <li>(1) Non-critical resident-care items include bedpans, blood pressure cuffs, crutches and computers.</li> <li>(2) Most non-critical reusable items can be decontaminated where they are used (as opposed to being transported to a central processing location).</li> </ol> </li> <li>d. <b>Reusable items</b> are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment).                   <ol style="list-style-type: none"> <li>(1) <b>Single resident-use items</b> are cleaned/disinfected between uses by a single resident and disposed of afterwards (e.g., bedpans, urinals).</li> </ol> </li> <li>e. <b>Single-use items</b> are disposed of after a single use (e.g., thermometer probe covers).</li> </ol> </li> </ol> |
| Reusable Items   | <ol style="list-style-type: none"> <li>2. Critical and semi-critical items will be sterilized/disinfected in a central processing location and stored appropriately until use. Equipment to be processed will be labeled with at least the following information:               <ol style="list-style-type: none"> <li>a. That the equipment is contaminated;</li> <li>b. The address to which the equipment is to be shipped;</li> <li>c. The address from which the equipment was removed (including telephone number);</li> <li>d. The name of the person labeling the equipment; and</li> <li>e. The date and time the label was affixed to the equipment.</li> </ol> </li> </ol>   |
| Single Resident-Use Items  | <ol style="list-style-type: none"> <li>3. Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident.</li> </ol>  |
| Single Use Items   |   |
| Sterilization/Disinfection/Storage of Critical and Semi-Critical Items |   |
| Labeling of Equipment to be Processed                                  |   |
| Cleaning/Disinfecting Durable Medical Equipment                        |   |

*continues on next page*

Reusable Resident Care Equipment

Single Use Items

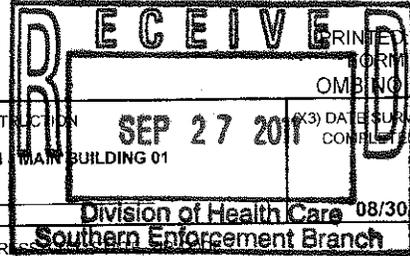
Intermediate and Low-Level Disinfectants for Non-Critical Items

Disinfection of Non-Critical Items

4. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions.
5. Only equipment that is designated reusable shall be used by more than one resident.
6. Single use items will be discarded after a single use.
7. Intermediate and low-level disinfectants for non-critical items include:
  - a. Ethyl or isopropyl alcohol;
  - b. Sodium hypochlorite (5.25-6.15% diluted 1:500 or per manufacturer's instructions);
  - c. Phenolic germicidal detergents;
  - d. Iodophor germicidal detergents; and
  - e. Quaternary ammonium germicidal detergents (low-level disinfection only).
8. High-level disinfectants/liquid chemical sterilants will not be used for disinfection of non-critical items.

| <b>References</b>                        |   |
|--|---|
| <b>OBRA Regulatory Reference Numbers</b> | 483.65(a); 483.75(b).<br>See also OSHA's Bloodborne Pathogens Standard and Enforcement Standards at <a href="http://www.osha.gov">www.osha.gov</a> ; and<br>CDC <i>Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008</i> at <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf</a> .<br>For lists of Selected EPA-Registered Disinfectants see <a href="http://www.epa.gov/oppad001/chemregindex.htm">http://www.epa.gov/oppad001/chemregindex.htm</a> |
| <b>Survey Tag Numbers</b>                | F441; F492  |
| <b>Related Documents</b>                 | Cleaning and Disinfection of Environmental Surfaces   |
| <b>Policy Revised</b>                    | Date: <u>9-5-11</u> By: <u>Mali K. [Signature]</u><br>Date: _____ By: _____<br>Date: _____ By: _____<br>Date: _____ By: _____   |

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



PRINTED 09/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185264 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 MAIN BUILDING 01<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br>08/30/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CHARLESTON HEALTH CARE CENTER |  | STREET ADDRESS<br>203 BRUCE COURT, PO BOX 426<br>DANVILLE, KY 40423            |  |

| (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 000              | INITIAL COMMENTS<br><br>CFR: 42 CFR §483.70 (a)<br><br>BUILDING: 01<br><br>PLAN APPROVAL: 1985<br><br>SURVEY UNDER: 2000 Existing<br><br>FACILITY TYPE: SNF/NF<br><br>TYPE OF STRUCTURE: One story, Type III (000)<br><br>SMOKE COMPARTMENTS: Five<br><br>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM<br><br>FULLY SPRINKLED, SUPERVISED (DRY SYSTEM)<br><br>EMERGENCY POWER: Type II natural gas generator<br><br>A life safety code survey was initiated and concluded on 08/30/11. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility was found not in substantial compliance with the Requirements for Participation for Medicare and Medicaid.<br><br>Deficiencies were cited with the highest deficiency identified at "F" level. | K 000         |   |                      |
| K 025<br>SS=F      | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Smoke barriers are constructed to provide at  | K 025         |   |                      |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Malin K. Johnson* TITLE: *Adm.* (X6) DATE: *9-26-11*

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

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

PRINTED: 09/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |   |   |   |
|--|---|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                         |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>185264</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>08/30/2011</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHARLESTON HEALTH CARE CENTER</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>203 BRUCE COURT, PO BOX 426<br/>DANVILLE, KY 40423</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  | <p>Continued From page 1</p> <p>least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation and interview, the facility failed to maintain smoke barriers with a one-half hour fire resistance rating as required. The facility failed to ensure that penetrations at smoke barrier walls were properly sealed. This deficient practice affected six (6) of six (6) smoke compartments, staff, and all the residents. The facility has the capacity for 90 beds with a census of 85 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code survey on 08/30/11, at 10:30 AM, with the Director of Maintenance (DOM), the fire/smoke barrier wall in the B Wing attic area was observed to have a gap around electrical conduit that was penetrating this wall. Fire/smoke barrier walls must be properly maintained to prevent fire and smoke from spreading to other areas of the facility in a fire situation. During the survey two A Wing fire/smoke barrier walls, another B Wing wall, and the laundry area fire/smoke barrier walls were</p> | K 025   | <p>This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law.</p> <p><b>K025</b><br/>Maintenance staff thoroughly checked and sealed all areas where penetration existed with approved fire proofing caulk. This was completed on September 6<sup>th</sup>, 2011. <span style="float: right;">9-6-11</span></p> <p>Charleston Health Care Center will inspect fire/smoke barriers any time that outside service work is performed in the attic. Fire/smoke barriers will be maintained and free of unprotected penetration at all times.</p> <p>In addition absolutely no outside labor will be permitted in the attic without DOM supervision.</p> <p>Maintenance staff under the direction of DOM, and Administrator will completely inspect all smoke/fire barriers bi-annually, and repair if/when necessary.</p> <p>The facility was in substantial compliance on September 6, 2011.</p> <p>This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law.</p> |   |

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

PRINTED: 09/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185264 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br>08/30/2011 |
|---|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>CHARLESTON HEALTH CARE CENTER |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>203 BRUCE COURT, PO BOX 426<br>DANVILLE, KY 40423   |  |
| (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 2<br>observed to have the same type of penetrations and/or holes and missing sheetrock. An interview with the DOM on 8/30/11, at 10:30 AM, revealed electrical work in the attic area had been performed in the past few months and the DOM thought the electrician repaired these areas when the work was complete. The facility was cited for the same deficient practice on 06/08/10.<br><br>Reference: NFPA 101 (2000 Edition).<br><br>8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:<br>(a) The space between the penetrating item and the smoke barrier shall<br>1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or<br>2. Be protected by an approved device designed for the specific purpose.<br>(b) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall<br>1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or<br>2. Be protected by an approved device designed for the specific purpose.<br>(c) Where designs take transmission of vibration into consideration, any vibration isolation shall<br>1. Be made on either side of the smoke barrier, or<br>2. Be made by an approved device designed for the specific purpose. | K 025  |  |  |
| K 054<br>SS=F   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>All required smoke detectors, including those  | K 054  | <u>K054</u><br>Charleston Health Care Center contracted with an experienced provider (American Fire and Security) to perform smoke detector sensitivity tests on all smoke detectors in facility. This was completed on September 8, 2011. Facility received report of | 9-8-11                                       |

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

PRINTED: 09/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |   |  |
|---|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185264 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>08/30/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CHARLESTON HEALTH CARE CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>203 BRUCE COURT, PO BOX 426<br>DANVILLE, KY 40423  |  |
| (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 054   | <p>Continued From page 3</p> <p>activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by:<br/>Based on an interview and record review, the facility failed to maintain the fire alarm system by NFPA standards. This deficient practice affected six (6) of six (6) smoke compartments, staff, and all the residents. The facility has the capacity for 90 beds with a census of 85 on the day of the survey.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on 08/30/11, at 12:30 PM, with the Director of Maintenance (DOM) a record review of fire alarm inspections revealed there were no reports made available regarding the sensitivity testing of the smoke/heat detectors. A sensitivity report entails the testing of components associated with the fire alarm system; i.e., smoke detectors and heat detectors. An interview on 08/30/11, at 12:30 PM, with the DOM revealed the DOM was not aware of this testing requirement.</p> <p>Reference: NFPA 72 (1999 Edition).</p> <p>7-3.2.1*<br/>Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light</p> | K 054  | <p>findings on September 9, 2011. 103 devices were tested with 100% passed, 0 failed.</p> <p>Charleston Health Care Center will schedule smoke detectors sensitivity tests with appropriate outside Service Company every other year. Facility has asked outside agency to automatically perform smoke detection sensitivity test on all smoke detectors every two years.</p> <p>In addition the sensitivity testing for all smoke detectors was put on the administrator's calendar.</p> <p>Records of inspections will be kept on site for these inspections.</p> <p>The facility was in substantial compliance on September 8, 2011.</p> |  |

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

PRINTED: 09/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |  |   |  |
|---|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185264 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____                                | (X3) DATE SURVEY COMPLETED<br><br>08/30/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>CHARLESTON HEALTH CARE CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>203 BRUCE COURT, PO BOX 426<br>DANVILLE, KY 40423                      |  |
| (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 054   | Continued From page 4<br>gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.<br>To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:<br>(1) Calibrated test method<br>(2) Manufacturer 's calibrated sensitivity test instrument<br>(3) Listed control equipment arranged for the purpose<br>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range<br>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction<br>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced.<br>Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced.<br>Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2.<br>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. | K 054  |   |  |

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

PRINTED: 09/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>185264 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____                                |                      | (X3) DATE SURVEY COMPLETED<br><br>08/30/2011 |
|---|---|--|---|----------------------|--|
| NAME OF PROVIDER OR SUPPLIER<br><br>CHARLESTON HEALTH CARE CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>203 BRUCE COURT, PO BOX 426<br>DANVILLE, KY 40423                      |                      |  |
| (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 054   | Continued From page 5<br>7-3.2.2<br>Test frequency of interfaced equipment shall be the same as specified by the applicable NFPA standards for the equipment being supervised.<br>7-3.2.3<br>For restorable fixed-temperature, spot-type heat detectors, two or more detectors shall be tested on each initiating circuit annually. Different detectors shall be tested each year, with records kept by the building owner specifying which detectors have been tested. Within 5 years, each detector shall have been tested. | K 054  |   |                      |  |