

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

PRINTED: 09/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2011
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NAME OF PROVIDER OR SUPPLIER MAGNOLIA VILLAGE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1381 CAMPBELL LANE BOWLING GREEN, KY 42104
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<p>F 000</p> <p>F 253 SS=E</p>	<p>INITIAL COMMENTS</p> <p>An annual survey was conducted on 09/06/11 through 09/08/11 and a Life Safety Code survey was conducted on 09/07/11 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of an "E."</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, review of the facility's policy/procedure and interviews, it was determined the facility failed to provide housekeeping services necessary to maintain a sanitary, orderly, and comfortable interior as evidenced by improper storage of bedpans, urinals and bath basins.</p> <p>The findings include: A review of the facility's policy/procedure, "Nursing Department Infection Control Guidelines: Care of Resident Care Equipment," undated, revealed "label items with the resident's name and room number, sanitize after each use and discard if heavily stained or if the resident is discharged. Cover/store in the resident's bedside cabinet. These are for single resident use only. Discard when no longer needed, worn</p>	<p>F 000</p> <p>F 253</p>	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Magnolia Village Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>1. Resident rooms # 27, 29, 30, 32, 7 and 3 were assessed by the Assistant Director of Nursing on 9/8/11 and the bedpans, bath basins and urinal were disposed of.</p> <p>2. Current resident rooms and care areas were audited on 09/08/11 by the Assistant Director of Nursing to ensure that all resident care items are clean, labeled and stored per procedure.</p>	<p>09/29/11</p> <p>09/29/11</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *A. Phelps, RNHA* TITLE: Administrator DATE: 9/28/11

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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/08/2011
NAME OF PROVIDER OR SUPPLIER MAGNOLIA VILLAGE CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1381 CAMPBELL LANE BOWLING GREEN, KY 42104		
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F 253	Continued From page 1 or resident has been discharged." 1. Observations in Room #27, on 09/06/11 at 10:32 AM and 2:03 PM, on 09/07/11 at 8:04 AM, 10:55 AM and 4:15 PM, and on 09/08/11 at 9:35 AM, revealed there was an uncovered bedpan, without any identification listed on it, wedged in the safety bar of the resident's bathroom. 2. Observations in Room #29, on 09/06/11 at 10:44 AM and 2:04 PM, on 09/07/11 at 8:05 AM, 10:56 AM and 4:15 PM, and on 09/08/11 at 9:37 AM, revealed there was an uncovered bath basin, without any identification listed on it, stored in the resident's bathroom. 3. Observations in Room #30, on 09/06/11 at 10:47 AM, on 09/07/11 at 8:07 AM, 10:57 AM and 4:15 PM, and on 09/08/11 at 9:38 AM, revealed there were two uncovered bath basins, without any identification listed on them, stored in the resident's bathroom and stacked on top of each other. 4. Observations in Room #32, on 09/06/11 at 10:55 AM and 2:06 PM, on 09/07/11 at 8:09 AM, 10:59 AM and 4:18 PM, and on 09/08/11 at 9:39 AM, revealed there were two uncovered bath basins stored in the resident's bathroom, and one bath basin was without any identification on it. 5. An observation in Room #3, on 09/06/11 at 11:05 AM, revealed there was an uncovered bedpan, without any identification listed on it, wedged in the safety bar of the resident's bathroom. 6. An observation in Room #7, on 09/06/11 at	F 253	3. Current licensed and non-licensed staff have been re-educated by the Director of Nursing and the Assistant Director of Nursing regarding the procedure for the use, labeling and storage of resident care equipment, to include bedpans, urinals and bath basins. The re-education will be completed by 09/28/11. 4. The Director of Nursing will complete facility rounds weekly times 4 weeks, then monthly times 2 months to ensure labeling and storage of equipment procedure is followed. The results will be reported by the Director of Nursing to the Performance Improvement Committee for review and further recommendations. Compliance Date: 9/29/2011	09/29/11	09/29/11

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NAME OF PROVIDER OR SUPPLIER MAGNOLIA VILLAGE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1381 CAMPBELL LANE BOWLING GREEN, KY 42104
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F 253	<p>Continued From page 2</p> <p>11:25 AM, revealed both a bagged urinal and an uncovered bath basin, without any identification on either of them, was stored in the resident's bathroom.</p> <p>Interviews with five Certified Nurse Aides (CNAs #1, #2, #3, #4 and #5), on 09/08/11 at 1:14 PM, 1:18 PM, 1:25 PM, 1:28 PM and 1:34 PM, respectively, revealed bath basins and bedpans were supposed to be cleaned after each use, labeled and were supposed to be stored in special bags.</p> <p>Interviews with two Licensed Practical Nurses (LPNs #1 and #2), on 09/08/11 at 1:35 PM, revealed they expected the staff to clean, label and cover bath basins and bed pans appropriately.</p> <p>An interview with the Director of Nursing (DON), on 09/08/11 at 1:40 PM, revealed she expected the staff to cover and label the bedpans appropriately. She expected the staff to label and store bath basins out of eyesight.</p>	F 253		
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NAME OF PROVIDER OR SUPPLIER MAGNOLIA VILLAGE CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1381 CAMPBELL LANE BOWLING GREEN, KY 42104
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K 000	INITIAL COMMENTS CFR: 42 CFR §483.70 (a) BUILDING: 01 PLAN APPROVAL: Unknown SURVEY UNDER: 2000 Existing FACILITY TYPE: SNF/NF TYPE OF STRUCTURE: One (1) story, Type III (000) Unprotected SMOKE COMPARTMENTS: Five (5) smoke compartments. COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM FULLY SPRINKLED, SUPERVISED (DRY SYSTEM) EMERGENCY POWER: Type II Diesel Generator. A life safety code survey was initiated and concluded on 09/07/11. 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. Deficiencies were cited with the highest deficiency identified at "E" level.	K 000		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 056	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Magnolia Village Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	



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

R. Phelps, LHA

TITLE

Administrator

(X6) DATE

9/28/11

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.

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K 056	<p>Continued From page 1</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview on 09/07/11, at 1:19 PM, it was determined the facility failed to ensure the building had a complete sprinkler system, according to NFPA standards. The deficient practice has the potential to affect Forty-Four (44) residents, staff, and visitors. The facility has the capacity for Sixty (60) beds with a census of Fifty-Nine (59) on the day of the survey.</p> <p>The findings include:</p> <p>Observation on 09/07/11, at 1:19 PM, with the Administrator, revealed two (2) overhangs with no sprinklers. The overhangs were located at the outside of 100 Hallway Exit and 300 Hallway Exit. All overhangs were over four feet in width.</p> <p>Interview on 09/07/11, at 1:19 PM, with the Administrator revealed she was not aware the overhangs needed to be sprinklered.</p>	K 056	<ol style="list-style-type: none"> 1. A sprinkler will be installed on the overhangs located outside of 100 hallway exit and 300 hallway exit by a local contractor as required by the Life Safety Code by 10/19/11. 2. Inspection of the center on 9/7/11 by the Maintenance Director did not reveal any other areas not meeting the requirements of the Life Safety Code concerning sprinklers. No residents were negatively affected. 3. Requirements of the Life Safety Code pertaining to sprinkler placement have been reviewed with the center Maintenance Director and Administrator on 09/12/11 by the Corporate Life Safety and Construction Director. 4. The Maintenance Director will complete rounds on a monthly basis to ensure the facility is sprinkler – protected according to NFPA standards. Any deficient practice will be corrected. The results of rounds will be forwarded to the Administrator and discussed in performance improvement committee monthly for 3 months to ensure compliance. 5. Compliance Date 10/20/11 	<p>10/20/11</p> <p>10/20/11</p> <p>10/20/11</p> <p>10/20/11</p>
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K 056	Continued From page 2 Reference: NFPA 13 (1999 Edition). 5-13 8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 Ft. (1.2 m) in width. Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction.	K 056			