

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

PRINTED: 10/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2012
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MT HOLLY			STREET ADDRESS, CITY, STATE, ZIP CODE 446 MT. HOLLY AVE LOUISVILLE, KY 40206		
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F 000	INITIAL COMMENTS An abbreviated survey was conducted on 09/25-09/27/12 for KY #19095. There were seven allegations related to the investigation. Two of seven allegations were substantiated: safe environment was substantiated with no regulatory violations, and Infection Control was substantiated with F441 cited at a "D" and F253 cited at an "E". Also Quality of Care/Treatment allegations related to medications, grooming, assist with feeding, turning and repositioning, and physician notification of changes were unsubstantiated.	F 000	Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our plan of correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements.		
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility housekeeping procedures, it was determined the facility failed to maintain a sanitary clean environment related to dirty floors in ten (10) resident's rooms and bathrooms (#105, 124B, 117, 118B, 119A&B, 122A&B, 125A, 217, 218, and 225) with odors noted throughout four (4) resident rooms and bathrooms (117, 122A&B, 217, and 225) on two (2) of three (3) halls. In addition, the shower room on the 100 Hall was observed to be dirty with standing water and a black substance in the bottom of the whirlpool tub; the soiled utility room located at the nurse's station had a foul odor permeating from	F 253		10/1/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *x [Signature]* LNHA TITLE: *x Executive Director* (X6) DATE: 10/1/2012

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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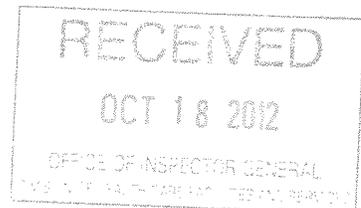
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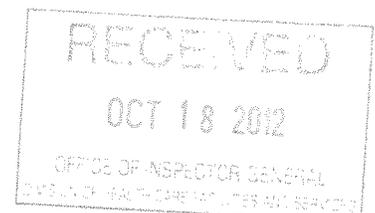
F 253	<p>Continued From page 1 the room each time the door was opened.</p> <p>The findings include:</p> <p>Review of the "Housekeeper Routine" procedure (no date given) revealed under daily cleaning: 1. Empty trash and reline receptacles and sanitize as needed 4. dust mop floor and sweep under the bed and furniture, and under restroom cleaning: 3. Dust and check floor; 6. Toilet bowl; flush toilet. Put in toilet bowl cleaners and scrub with Johnny mop; Clean outside of Toilet from top to base; 7. Wet mop floor and wring out mop.</p> <p>Observation of the facility on tour, on 09/25/12 at 1:30 PM of ten (10) resident rooms and bathrooms #105, 124B, 117, 118B, 119A&B, 122A&B, 125A, 217, 218, and 225, revealed a build up of dirt/dust or paper debris under the residents' beds.</p> <p>Four rooms #117A, 122A&B, 217, and 225 were observed to have a foul odor throughout the rooms. Room 118 was observed to have a brown stain on the floor beside the recliner. In addition, bathroom 218 had a dirty glove lying behind the commode, and the commode was continuously running.</p> <p>Observation of the shower room on the 100 Hall, on 09/25/12 at 2:00 PM, revealed standing water in the bottom of the whirlpool with a dirty glove lying in the tub, and a black substance along the lower wall of the shower stall; the floor was also dirty.</p> <p>Observation of the soiled linen room located at the nurse's station, on 09/25/12 at 2:15 PM,</p>	F 253	<p>F 253 E</p> <p>1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident rooms and bathrooms listed (105, 124, 117, 118, 119, 122, 125, 217, 218 and 225) were cleaned by the housekeeping manager on 9/26/12. The 100 Hall shower room was deep cleaned on 10/1/2012. Soiled utility room was emptied of additional linens to eliminate the odor on 9/26/12 at the time of observation.</p> <p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice? An audit was conducted by the Interdisciplinary Team for all resident rooms to identify housekeeping and maintenance services needed by 10/12/2012. Any repair needs and/or housekeeping needs identified were completed by 10/19/12.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? All staff completed training, led by the DNS, covering recognizing and reporting housekeeping and maintenance needs, including floors, bathrooms and repairs for maintenance by 10/26/2012. Housekeeping staff were in-serviced by housekeeping manager on cleaning checklist (5 and 7 step) for resident rooms and bathrooms, job routines to include shower and soiled utility rooms by 10/12/12.</p>	11/1/2012
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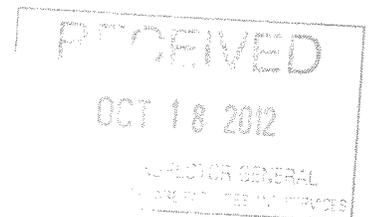
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F 253	Continued From page 2 revealed a staff member to open the door causing a foul permeating odor to extend into the hallway, which did not go away immediately. Observation revealed each time a staff member would open the door, the odor would permeate into the hallway. Observation revealed laundry bins were full at this time. Interview with Resident #3, on 09/26/12 at 1:30 PM, during tour, revealed housekeepers don't clean under his/her bed, and revealed the room could be kept a lot cleaner because they don't mop the floors daily. Resident #3 also revealed the shower is so dirty sometimes, he/she will not use the shower and asks to take a bed bath. Interview with Resident #2, on 09/26/12 at 1:45 PM, revealed the housekeeping department does a poor job and stated he/she has to ask them at times to come and clean his/her room, especially the floors. Interview with the housekeeper for the 100 Hall, on 09/26/12 at 8:30 am, revealed she is responsible for cleaning all rooms and bathrooms daily, and provides any additional cleaning when asked by residents, such as cleaning up spills. Interview with the Housekeeping Supervisor, on 09/26/12 at 9:00 AM, revealed he had a total of six (6) staff during day which consisted of three (3) in housekeeping, one (1) floor tech, and two (2) in laundry; however, he stated there was no housekeepers there after 3:30 PM, except for the evening laundry person, who is responsible for cleaning the dining room in the evenings. Interview revealed the laundry staff clean up spills/accidents after 5pm until 10pm. The supervisor stated they have had problems with	F 253	<i>4) How will the facility monitor its performance to ensure that solutions are sustained?</i> The interdisciplinary team will complete weekly non clinical rounds on all resident areas and facility common areas for monitoring of housekeeping and maintenance needs. The ED reviews the non clinical rounds weekly. In addition to the non clinical rounds the ED and Housekeeping Manager will complete a Quality Control Inspection Audit for Housekeeping on 6 rooms per week (this will include 3 deep cleaned rooms and 3 random routine cleaned rooms). This audit will continue weekly x 3 months, then monthly x 3 months. Findings will be reported monthly to the facility QAA committee for review for 6 months. The QAA Committee will determine if further action needs to be taken and will determine the continued time schedule for further audits.	11/1/2012	



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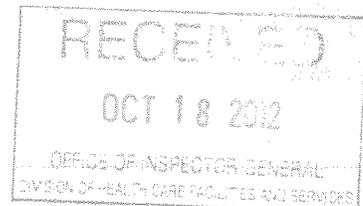
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F 253	Continued From page 3 the soiled utility room odors and was a constant battle, and had purchased new lids for the cans, but didn't help the odor; the shower rooms should also be cleaned daily with the required cleaning agents. The housekeeping supervisor stated he monitors the rooms each day, helps with cleaning, and stated he had not noted a problem.	F 253		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a	F 441	F 441 D <i>1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</i> Room 225 including bathroom was deep cleaned and plunger removed by Healthcare Services Manager on 9/26/2012. Tile in bathroom of room 225 was replaced by the Maintenance Director by 10/10/2012. Urinals hanging on trashcan in room 225 were emptied, cleaned, removed and stored properly on 9/26/2012. Drywall in bathroom of room 128 was repaired by the maintenance director by 10/10/2012.	11/1/2012



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F 441	<p>Continued From page 4</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the Daily Cleaning procedure, it was determined the facility failed to maintain appropriate infection control for residents related to two (2) resident bathrooms. Room #225 had a dried brown substance in the commode and behind the commode on the wall; there was a dirty commode plunger lying on the floor beside the commode, and a large tile was missing beside the commode where the plunger was lying. Also, two urinals were observed hanging over the trash can beside the bed of Room 225A, and one of the urinals contained urine.</p> <p>In addition, there was drywall peeled off beside the sink in the bathroom of 128B, which prevented proper cleaning of the walls and prevention of bacteria.</p> <p>The findings include:</p>	F 441	<p>2) How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. Rounds were made throughout the facility by the Department Heads by 10/12/12 to identify any infection control issues. Any issues identified were corrected immediately.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? The housekeeping manager and maintenance director will be in-serviced on maintaining a clean environment to prevent the spread of infection by the ED on 10/8/2012. Licensed nursing staff and CNA's will be in-serviced by the DNS on Infection Control Prevention Practices emphasis will be placed the cleanliness of bathrooms, emptying, cleaning and storage of urinals/bedpans by 10/26/2012. Rounds were made throughout the facility by the Department Heads by 10/12/12 to identify any infection control issues. Any issues identified were corrected immediately.</p>	11/1/2012	



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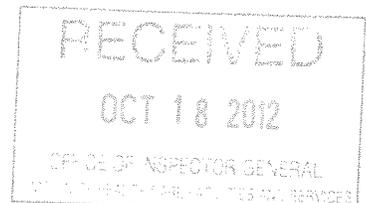
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F 441	<p>Continued From page 5</p> <p>Review of the Daily Cleaning Procedures (no date given) for Restroom cleaning revealed 6. Toilet Bowl; flush toilet. Put in toilet bowl cleaners and scrub with Johnny mop. Clean outside of toilet from top to base. Review of the Daily cleaning revealed 3. Spot clean walls, and clean light switch, door and frame, and pictures. Also, based on the inservice provided by the facility, "Infection Control Basics" which had been inserviced to staff, on 03/15/12, it revealed that "According to OSHA, any waste that can leak blood or body fluids when handled is considered "Dangerous Waste", and should be put in specially maked bags and containers and labeled infectious or biohazard waste.</p> <p>1. Observation on tour, on 09/25/12 at 1:30 PM, revealed the adjoining bathroom in #225 had multiple dried brown substance in the commode and dried brown substance behind the commode extending down the wall; a large tile was missing from the floor beside the commode and a dirty commode plunger was observed lying in the floor where the tile was missing. Observation in the adjoining bathroom of 128B revealed a large piece of the drywall was peeled from the wall beside the sink in the bathroom</p> <p>Interview with two residents during tour, Resident #3 and Resident #2, on 09/26/12 at 1:30 PM and 1:45 PM, revealed housekeepers here did a poor job, didn't clean under the bed, and the rooms could be kept a lot cleaner. Resident #3 stated housekeepers don't always mop the floors daily. Interview with Resident #2, on 09/26/12 at 1:45 PM, revealed he/she had to ask housekeepers to come and clean his/her room at times, especially the floors.</p>	F 441	<p>4) How will the facility monitor its performance to ensure that solutions are sustained?</p> <p>Infection control audit that includes 14 care areas(i.e. Nursing services, Foley Catheters, Tube Feeding, Tracheostomy, Ostomy/Wound Care, IV Therapy, Needle Handling, Dietary Services, Laundry and Housekeeping Services, Maintenance Services, Employee Health, Infection Control Monitoring for Facility trends and PPE) for monitoring infection control practices including but not limited to cleanliness of resident bathrooms, proper storage of urinals/bedpans will be conducted weekly by the ADNS. This audit will continue weekly x 3 months, then monthly x 3 months. Findings will be reported monthly to the facility QAA committee for review for 6 months. The QAA Committee will determine if further action needs to be taken and will determine the continued time schedule for further audits.</p>	11/1/2012
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F 441	Continued From page 6 Interview with the Housekeeping Supervisor, on 09/26/12 at 9:00 AM, revealed the housekeeping service was contracted with the facility to provide housekeeping, and revealed a walk through the facility is conducted each morning by each housekeeper, to do spot checks before breakfast, and any needed cleaning can be done at that time; floors and bathrooms are completed after breakfast. The housekeeper supervisor revealed he had not identified any problems with housekeeping. 2. In addition, observation of Room 225A on 09/25/12 at 2:00 PM revealed the resident was out of the room; however, two (2) urinals were hanging over the side of the trash can sitting beside the bed. One urinal was observed full of urine.	F 441			
	Interview with the Unit Manager, on 09/26/12 at 10:30 AM, revealed urinals are not be stored over the trash cans, and are to be emptied after each use. The Unit manager stated urinals should never be sitting on the tables or near the resident during meal times. Interview the Administrator, on 09/27/12 at 3:00 PM, revealed there had not been any problems identified with housekeeping issues and was not aware there were problems.				

