

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS 9 2012 MONTICELLO, KY 42633	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 323 SS=E	<p>A standard health survey was conducted on 06/26-28/12. Deficient practice was identified with the highest scope and severity at "E" level.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of facility policy, Census and Condition, and Material Safety Data Sheets (MSDS), it was determined the facility failed to ensure the residents' environment remained as free from accident hazards as possible. Observation during the environmental tour on 06/27/12, revealed the facility failed to ensure gallon-size containers of body wash/shampoo, a container of multi-purpose cleaner, and cans of air neutralizer spray were secured/locked and not accessible to residents.</p> <p>The findings include: Review of the facility policy entitled Chemical Storage and Safety (not dated) revealed "chemicals used in the facility have been identified by MSDS as being harmful." The policy</p>	F 323	Please See Attachment	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Admin* (X6) DATE *7/19/2012*

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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F 323	<p>Continued From page 1</p> <p>directed staff that all chemicals were to be stored in a secured/locked area.</p> <p>Observation on 06/27/12, at 1:00 PM, of the shower room located on the new wing revealed a partially used gallon container of Evoke body wash/shampoo sitting on the floor near the whirlpool bath, unattended. Further observation revealed the lid of the Evoke body wash/shampoo was missing. The door to the shower room was not locked/secured and, as a result, allowed individuals, including residents of the facility, to have easy access to the shower room and the unsecured body wash.</p> <p>Further observation of the shower room revealed a 42-fluid ounce unopened container of Swiffer WetJet multi-purpose cleaner refill and four cans of Signal Air System scented air neutralizer sitting on top of a locked/secured wall cabinet. Additionally, three unopened gallon-size containers of Evoke body wash/shampoo were observed inside the shower room and on the floor to the right of the shower room entrance door.</p> <p>Review of the manufacturer's label on the Evoke body wash/shampoo revealed the product was recommended for external use only. Review of the MSDS revealed the body wash/shampoo could cause eye irritation and may be harmful if swallowed.</p> <p>Further review of the MSDS information for Swiffer WetJet multi-purpose cleaner revealed the product could cause irritation to the skin and eyes. The MSDS information also revealed if the product was ingested gastric disturbances such as nausea, vomiting and diarrhea could occur</p>	F 323		
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F 323	<p>Continued From page 2</p> <p>and if inhaled the product could cause mucous membrane irritation.</p> <p>The manufacturer's label on the Signal Air System scented air neutralizer listed the following precautionary measures: "flammable" and "keep out of reach of children." The label also warned that the product may irritate the skin and eyes. Review of the MSDS information for Signal Air System scented air neutralizer revealed the product contained alcohol and ethanol and could be irritating to the eyes. The MSDS further advised eyes should be flushed immediately with plenty of water and medical attention should be sought if eye contact occurred.</p> <p>Review of the facility's Census and Condition Record dated 06/26/12, revealed 26 residents had a diagnosis of Dementia. Review of a list provided by the facility revealed seven residents were assessed to exhibit exit-seeking behavior.</p> <p>Interview on 06/27/12, at 1:30 PM, with the Charge Nurse (CN) of "A" Wing revealed the CN was unaware the items had not been stored in a secure area. The CN stated she conducted routine checks of the shower room but had not noticed the items on the floor or on top of the wall cabinet. The CN revealed she checked the shower room during rounds but confirmed she mainly checked to ensure the wall cabinet was locked and that no residents were in the shower room.</p> <p>Interview on 06/28/12, at 9:25 AM, with Certified Nursing Assistant (CNA) #3 revealed she was responsible for providing resident showers. CNA #3 stated the wall cabinet contained resident</p>	F 323			

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F 323	Continued From page 3 bathing supplies and chemicals to clean the shower equipment, walls, floor, and shower chairs. CNA #3 stated the wall cabinet was not large enough to store the gallon containers and staff did not have a secure area for storing the large containers. CNA #3 stated the chemicals could be harmful to residents and residents should not have access to them. Interview on 06/28/12, at 9:40 AM, with CNA #4 revealed she was assigned to provide showers to residents. CNA #4 stated residents should not have access to body wash/shampoo, air freshener spray, or Swiffer cleaner. CNA #4 stated the body wash/shampoo could make residents sick if the liquid was swallowed. CNA #4 stated the air freshener would burn residents' eyes and the Swiffer cleaner would make residents sick if swallowed. CNA #4 stated she failed to see the possibility of harm to residents when she stored the gallon containers of body wash/shampoo on the floor of the shower room. Interview on 06/28/12, at 5:00 PM, with the Director of Nursing (DON) revealed the CNAs assigned to give showers were responsible to ensure the wall cabinet remained locked. The DON stated the facility policy was that the cabinet should be locked at all times. The DON confirmed residents should not have access to the unsecured items and stated the items could be harmful if swallowed. The DON confirmed items should never be stored on top of the cabinet or on the floor.	F 323			
F 325 SS=E	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive	F 325	Please See Attachment		

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F 325	<p>Continued From page 4</p> <p>assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview, record review, and facility policy review, the facility failed to ensure acceptable parameters of nutritional status, such as body weight and protein levels, were maintained for four of sixteen sampled residents (Residents #2, #6, #10, and #11). The residents were assessed to have unplanned weight loss and an evaluation was ordered to be completed by the Registered Dietitian (RD); however, there was no evidence the nutritional evaluation had been conducted by the RD. In addition, the facility failed to provide nutritional supplements as ordered by the physician for Resident #2 during the evening meal on 6/26/12 and 6/27/12.</p> <p>The findings include:</p> <p>A review of the Weight Program policy (no date) revealed all residents were required to be weighed monthly per a weight schedule. The policy noted if a resident was identified to have a significant weight loss or gain the resident would be placed on a weekly weight for closer</p>	F 325		

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F 325	<p>Continued From page 5</p> <p>monitoring and would be reviewed during the weekly weight meeting. In addition, the policy stated the resident's physician, responsible party, and dietician (as indicated) would be notified regarding a significant weight loss or gain. The policy further noted the weight meeting was attended by the Director of Nurses (DON), the Assistant Director of Nurses (ADON), Dietary Manager (DM), Quality Assurance (QA), and the Minimum Data Set (MDS) Coordinator.</p> <p>1. A review of the medical record revealed the facility admitted Resident #2 on 11/23/11, with diagnoses to include Dementia with agitation, Degenerative Disc Disease, Cerebral Palsy, and Seizures. A review of the June 2012 physician's orders revealed the resident was prescribed Megace 625 mg/5 ml (appetite stimulant) daily and a mechanical soft diet with honey-thickened liquids. In addition, the physician prescribed a honey-thickened chocolate shake to be provided three times a day with meals and a high-calorie pudding to be provided during the lunch and supper meal.</p> <p>A review of the admission MDS assessment with a reference date of 11/30/11, revealed the facility assessed Resident #2 to require total assistance of one staff person for eating, to have a problem with choking/coughing, and to weigh 114 pounds. The assessment identified the resident to have no weight loss and to require a mechanically altered diet.</p> <p>A review of the comprehensive care plan dated 11/23/11 and updated on 05/09/12, revealed the facility identified Resident #2 to have a risk for alteration in nutrition. The interventions on the</p>	F 325		

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F 325	<p>Continued From page 6</p> <p>care plan included to provide the resident a diet as ordered, to feed the resident all meals, provide finger foods and supplements as ordered, and to notify the physician as indicated.</p> <p>Resident #2 was observed during the evening meal on 06/26/12, at 5:20 PM, to be totally fed by staff. The resident's tray consisted of pizza, turkey sandwich, dill pickles, dessert, honey-thickened water, juice, and milk. The resident was observed to consume 100 percent of the pizza and dessert. There was no evidence the tray contained a thickened chocolate shake or the high-calorie pudding as ordered. On 06/27/12, at 5:15 PM, staff was observed to feed Resident #2 during the supper meal. The resident was observed to consume 100 percent of the pizza and the chocolate shake provided; however, the facility failed to provide the high-calorie pudding as ordered by the physician.</p> <p>Interview conducted with the dietary aide on 06/27/12, at 5:20 PM, revealed she was responsible to place the chocolate shake and high-calorie pudding on Resident #2's tray. The dietary aide stated she had forgotten to put the items on the resident's tray on 06/26/12 and 06/27/12.</p> <p>A review of the nutritional assessment conducted by the RD on 11/25/11, revealed the resident's weight was 114.2 pounds. The RD noted the resident's ideal body weight range was 90-110 pounds. The RD documented the resident was receiving a mechanical soft diet with honey-thick liquids, a thickened chocolate shake three times a day, and a high-calorie pudding to be provided during the lunch and dinner meals. The RD</p>	F 325			

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F 325	<p>Continued From page 7</p> <p>further noted the resident had a history of poor intake and a history of weight changes and recommended to place the resident on weekly weights.</p> <p>A review of Resident #2's weight record revealed the resident's weight on 12/21/11, was recorded at 108.4 pounds (5.4 pound loss since admission) and on 01/31/12, the resident's weight was 107.5 pounds (additional 1 pound loss). Further review of the weight record revealed the resident's weights fluctuated within 2-3 pounds from January 2012 to May 2012 when the resident's weight was documented to be 93.4 pounds (14 pounds in 4 months) on 05/22/12.</p> <p>A review of the nurse's notes dated 12/21/11 and 05/22/12, revealed the resident's physician was notified of the weight loss for Resident #2 and the physician recommended continuing to monitor the resident's weight and intake.</p> <p>A review of the nutritional progress notes revealed the RD assessed the resident on 12/26/11, and noted that the resident was consuming approximately 15 percent of the meals and was on Megace (appetite stimulant), and indicated tube feedings "might be beneficial" if the resident's oral intake did not improve. Further review of the nutritional progress notes revealed the RD assessed the resident again on 01/31/12, and made the same recommendations. However, there was no evidence the RD assessed/evaluated Resident #2 after the resident experienced a significant weight loss on 05/22/12.</p> <p>Interview conducted with the DM on 06/27/12, at</p>	F 325			

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F 325	<p>Continued From page 8</p> <p>2:20 PM, revealed the residents' weights were reviewed in the weekly weight meeting. The DM stated the DON, ADON, DM, QA nurse, and the MDS nurse attended the weekly meeting. The DM stated when a significant weight change was identified, the team discussed interventions, physician notifications, and referral to the RD. The DM stated she prepared a list of referrals for the RD to evaluate/assess during visits conducted one to two times per month. The DM stated the RD was contracted to be at the facility for 16 hours per month, 4 hours weekly; however, the DM stated the RD had not been at the facility since 05/30/12. The DM also stated she was responsible to ensure the additional supplements were added to a resident's tray, but had not checked Resident #2's tray on 06/26/12 and 06/27/12.</p> <p>A review of the RD referral record revealed Resident #2 was on the June 2012 list to be evaluated due to weight loss.</p> <p>Interview conducted with the RD on 06/27/12, at 4:45 PM, revealed the RD was contracted to visit the facility one to two days each month. The RD stated she spoke to the DM weekly and had not been informed of the significant weight loss for Resident #2 on 05/22/12. The RD stated if she had been contacted she would have reviewed the resident's meal intake record and possibly conducted a calorie count and recommended more between meal snacks to increase calorie intake for the resident.</p> <p>Interview with the DON on 06/28/12, at 11:00 AM, revealed resident weights were reviewed during the weekly weight meeting. The DON stated the</p>	F 325		

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F 325	<p>Continued From page 9</p> <p>team decided interventions to implement for the resident and gave a list of residents identified with weight changes to the nurses for the physician to be called. The DON stated Resident #2's family did not want a feeding tube to be utilized for the resident.</p> <p>2. A review of the medical record revealed the facility admitted Resident #6 on 02/08/00, with diagnoses to include Cerebral Palsy, Hypertension, Coronary Artery Disease, Dysphagia, Diabetes Mellitus, and Aphasia.</p> <p>Review of the significant change MDS assessment with a reference date of 02/07/12, revealed the facility assessed Resident #6 to require total assistance with eating, to have a swallowing disorder, to weigh 129 pounds, and to receive a mechanically altered diet.</p> <p>A review of the comprehensive care plan dated 02/09/12, revealed the staff had identified Resident #2 to be at risk for alteration in nutrition. Interventions on the care plan included to provide Resident #2 a diet as ordered, to monitor the resident's weight and meal intakes, to notify the physician as indicated, and to feed the resident during meals.</p> <p>Resident #2 was observed during the evening meal on 06/26/12, at 5:15 PM, to be totally fed by staff. The resident was observed to consume 100 percent of the pureed diet and 400 ml of honey-thickened fluids. On 06/27/12, at 12:15 PM, the resident was observed to again consume 100 percent of the lunch meal.</p> <p>A review of the weight record revealed facility</p>	F 325			

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F 325	<p>Continued From page 10</p> <p>staff had documented Resident #6's weight as 129.4 pounds on 05/10/12, and on 06/13/12, the resident's weight was recorded as 122.8 pounds (6.6 pound loss in 30 days). Review of the nurse's notes dated 06/14/12, at 9:30 AM, revealed the physician was informed of the weight loss for Resident #6 and no new orders were received.</p> <p>A review of the nutritional progress notes revealed the RD had conducted an annual evaluation for Resident #6 on 02/26/12. The RD documented the resident had a good intake and the resident's weight had been stable. However, there was no evidence the RD had assessed Resident #6 after the resident sustained a significant weight loss on 06/13/12.</p> <p>Interview conducted with the DM on 06/27/12, at 2:20 PM, revealed she prepared a list of referrals for the RD to evaluate/assess during visits to the facility. The DM stated she had contacted the RD by phone when Resident #6's weight loss was identified; however, the RD had not been to the facility to evaluate the resident.</p> <p>Interview with the RD on 06/28/12, at 10:30 AM, revealed she had not been informed of the weight loss for Resident #6. The RD stated she would have probably recommended health shakes be added to the resident's dietary regimen.</p> <p>3. Review of the medical revealed the facility admitted Resident #10 on 01/18/11, with diagnoses to include Alzheimer's Disease, Coronary Artery Disease, Lip Cancer, and Diverticulitis.</p>	F 325		

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F 325	<p>Continued From page 11</p> <p>Review of the significant change MDS assessment with a reference date of 04/24/12, revealed the facility assessed Resident #10 to require extensive assistance of staff for eating. The resident's weight was noted to be 165 pounds and the resident was assessed to have weight loss that had not been prescribed by the physician.</p> <p>Review of the comprehensive care plan dated 04/25/12, revealed the facility had addressed Resident #10's potential for alteration in nutrition. Interventions included on the care plan were to provide the resident a diet as ordered, to offer the resident substitutes/supplements as needed, to monitor the resident's weight and intake, and to notify the physician of changes in the resident's weight.</p> <p>A review of the weight record revealed Resident #10's weight was recorded as 166 pounds on 06/06/12, and on 06/13/12, the resident's weight was 157.8 (8.2 pound loss in one week).</p> <p>Further record review revealed the resident's physician was informed of the weight loss for Resident #10 on 06/13/12, and the physician ordered a dietary consultation for the resident. However, there was no evidence the dietary consultation was conducted by the RD.</p> <p>Interview with the DM on 06/28/12, at 9:25 AM, revealed she was aware the physician had ordered a dietary consultation for Resident #10. The DM stated she had called the RD during the first week of June 2012 to inform the RD of the physician's order. The DM stated the RD did not visit the facility or return the phone call. The DM</p>	F 325		

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/28/2012
NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 325	<p>Continued From page 12</p> <p>stated she again contacted the RD regarding the physician's order last week (06/18-22/12), but did not get a response.</p> <p>4. Review of the medical record revealed the facility admitted Resident #11 on 03/07/12, with diagnoses of Right Hip Fracture secondary to Probable Malignant Tumor, Alzheimer's Dementia, and Coronary Artery Disease. A review of the monthly physician's orders revealed Resident #11 required a mechanical soft diet.</p> <p>A review of the Care Area Assessment (CAA), completed with the admission MDS assessment dated 03/14/12, revealed Resident #11 required monitoring of his/her nutritional status related to the resident's decreased intake and leaving 25 percent or more of foods uneaten at most meals. The Dietary Manager documented the resident's weight as 157 pounds.</p> <p>Review of the Initial Nutritional Assessment dated 03/29/12, revealed Resident #11 did not have any difficulty with chewing or swallowing and the RD recorded a weight of 154.8 pounds.</p> <p>A review of the quarterly MDS assessment with a reference date of 06/12/12, revealed the facility assessed Resident #11 to be totally dependent on staff for meals, bed mobility, transfers, bathing, and toilet use.</p> <p>A review of the Comprehensive Care Plan (revised 06/13/12) revealed the facility, based on the CAA, identified Resident #11 to be at risk for alteration in nutrition related to leaving 25 percent or more of most meals uneaten. The interventions listed on the care plan included to</p>	F 325			

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 325	<p>Continued From page 13</p> <p>feed the resident all meals, provide a diet as ordered, record the resident's meal intake every meal, offer/encourage the resident to increase intake, perform malnutrition risk assessments quarterly and as needed, and to notify the physician, as indicated, of the resident's nutritional status.</p> <p>A review of the weight record revealed Resident #11's weight was monitored weekly for seven weeks after being admitted to the facility. The weight record revealed Resident #11's weekly weights from 03/15/12 to 04/25/12, ranged from 154.4 to 158.2 pounds. According to the Nutritional Progress Notes, monthly weights were started in May 2012 and Resident #11's weight was recorded on 05/10/12, as 157.1 pounds. Further review of the weight record revealed on 06/15/12 (36 days later), Resident #11's weight was 131 pounds (a weight loss of 26.1 pounds).</p> <p>According to the Nutritional Progress Notes and verified by interview with the Dietary Manager (DM) on 06/28/12, at 3:45 PM, the facility notified the physician and Resident #11's responsible party of the weight loss on 06/15/12. The Dietary Manager stated new orders were obtained on 06/15/12, for a dietary consultation, and to provide Resident #11 a health shake supplement two times a day and begin weekly weight monitoring. During continued interview, the DM stated she notified the RD by phone on 06/15/12, of the new order for the dietary consultation.</p> <p>Interview with the RD on 06/28/12, at 3:55 PM, revealed she was aware of Resident #11's weight loss and the new order for a dietary consultation. The RD stated she always completed the dietary</p>	F 325		

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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<p>F 325</p> <p>F 332 SS=E</p>	<p>Continued From page 14</p> <p>consultations on her monthly routine visits to the facility. The RD stated the assessment was completed on 06/27/12 (12 days after being notified and after surveyor intervention). The RD acknowledged there should have been better communication with the DM and that she should have conducted the evaluation of Resident #11's nutritional status sooner.</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and review of facility policies, the facility failed to ensure that it was free of medication error rates of five percent or greater. A total of forty-three opportunities was observed with four medication errors, which affected four unsampled residents (Residents A, B, C, and D). The facility's medication error rate was 9.3 percent.</p> <p>The findings include:</p> <p>Review of the facility policy for Medication Pass Policy (not dated) revealed medications would be administered by a licensed nurse and/or a Medicine Technician. The policy revealed facility staff was required to read and compare the Medication Administration Record (MAR) with the medication three times to ensure the medication to be given was for the right resident, would be given at the right time, administered by the right</p>	<p>F 325</p> <p>F 332</p>	<p>Please See Attachment</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
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F 332	<p>Continued From page 15</p> <p>route, and was the right medicine and the right dose.</p> <p>1. Observations of a medication administration revealed Medication Technician (MT) #2 administered 30 milliliters of Gaviscon (a medication for the treatment of heartburn and gastric reflux) to Resident A on 06/26/12, at 4:05 PM. However, a review of the current physician's orders dated June 2012 revealed the attending physician had prescribed Gaviscon 30 milliliters to be administered to Resident A after meals.</p> <p>Interview with MT #2 on 06/26/12, at 5:10 PM, revealed medications can be administered one hour before or one hour after the scheduled times. MT #2 stated the MAR listed the medication times to administer the Gaviscon as 9:00 AM, 1:00 PM, and 5:00 PM. MT #2 confirmed resident dinner trays were served at 4:30 PM. MT #2 stated she failed to read the directions to administer the medication after meals and had only looked at the times printed on the MAR.</p> <p>2. Additional medication administration observation conducted on 06/27/12, at 9:20 AM, revealed MT #1 prepared five medications to be administered orally to Resident B. The medications were: 25 milligrams (mg) of Atenolol (to lower blood pressure); 20 mg of Prilosec (for gastric reflux disease); 600 mg of Calcium Carbonate (calcium supplement); 0.1 mg of Synthroid (thyroid hormone); and 150 mg of Ferrex (iron supplement). Further observation of the medication administration revealed the five medications were administered with applesauce. Review of the MAR revealed a notation from the</p>	F 332			

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633
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F 332	<p>Continued From page 16</p> <p>pharmacy informing staff of a "box warning" on the Synthroid medication. Review of the Synthroid medication box revealed the pharmacy recommendations were that the medication should be taken on an empty stomach with plenty of water. Further review of the recommendation revealed the medication should be administered as a single dose before breakfast and should not be administered within four hours of antacids, calcium products, or iron preparations.</p> <p>Interview with MT #1 on 06/28/12, at 9:35 AM, revealed most residents that required Synthroid were scheduled to receive the medication at 6:00 AM, before the resident's breakfast was served at 6:30 AM. MT #1 stated she should have read the box warning on the Synthroid medication but admitted she just focused on the times listed on the MAR.</p> <p>3. A medication pass observation conducted on 06/27/12, at 3:40 PM, revealed CMT #2 administered 15 ml of Eldertonic (vitamin supplement) by mouth, with water, to Resident C. A review of the June 2012 physician's orders revealed the Eldertonic was ordered to be administered three times a day with meals. A review of the Medication Administration Record (MAR) revealed the medication was designated to be administered at 4:30 PM.</p> <p>4. In addition, on 06/27/12, at 4:30 PM, CMT #2 was observed to administer 15 ml of Eldertonic to Resident D, by mouth, with water. The physician's order dated June 2012, noted the Eldertonic was to be administered with food. A review of the MAR for Resident D revealed the medication was to be administered at 4:00 PM.</p>	F 332		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633
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F.332	<p>Continued From page 17</p> <p>CMT #2 stated in an interview conducted on 06/27/12, at 4:40 PM, that she had been trained to administer the medications one hour before and/or one hour after the designated time noted on the Medication Administration Record (MAR). CMT #2 stated she was not aware the medication should be administered with food/meals for Residents C and D.</p> <p>Interview on 06/28/12, at 9:45 AM, with the pharmacist revealed medicine and chart reviews are conducted on a monthly basis for residents in the facility. The pharmacist stated medication passes were also monitored for competency of staff and no problems had been identified. The pharmacist confirmed the medication for Resident A should have been given after meals as ordered by the physician and further confirmed Calcium Carbonate and Ferrex should not have been administered Synthroid. The pharmacist stated when conducting reviews the consulting pharmacist tried to identify medication timing errors like this but apparently missed the possible adverse interaction of the medications for Resident B.</p> <p>Interview conducted with the DON on 06/28/12, at 3:25 PM, revealed the consultant pharmacist conducted medication administration observations monthly to monitor for accuracy of medication administration by facility staff. The DON stated the pharmacist had not reported any identified concerns. In addition, continued interview with the Director of Nursing (DON) on 06/28/12, at 5:00 PM, revealed nurses and MTs were responsible to administer the correct dose of medication at the correct time to residents and</p>	F 332		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

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--	--	--	--

NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST-HIGHWAY 90 BYPASS MONTICELLO, KY 42633
---	--

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--------------------	--	---------------	---	----------------------

F 332	Continued From page 18 should always follow the physician's orders. The DON stated the pharmacy usually notified the facility if medications were scheduled at times that would create a possible interaction.	F 332		
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on review of the facility's policy/procedure, observation interview, and record review, it was determined the facility failed to assure the nutritive value of the food was not compromised by prolonged holding on the steam table. The findings include: A review of the facility's dietary policy/procedure for Food and Steam Table (no date) revealed prepared food should not remain on the steam table longer than two hours after placement there. A review of the menu spreadsheet for the noon meal on 06/26/12, revealed the hot foods for the meal consisted of macaroni and cheese, stewed tomatoes, and green beans. Observation during the initial tour of the kitchen at 11:00 AM on 06/26/12, revealed dietary staff was serving residents food from the steam table. The macaroni and cheese on the steam table to be	F 364	Please See Attachment	

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 364	Continued From page 19 served to the residents at the noon meal was observed to be dry and discolored. An interview was conducted at 11:00 AM on 06/26/12, with the cook who had placed the hot food on the steam table. The cook stated the food had been placed on the steam table at 10:35 AM on 06/26/12. Interview at 11:45 AM on 06/26/12, with the kitchen staff revealed the first cart of food trays was sent to the unit for residents who were able to feed themselves, and the second cart was delivered to the residents in the dining room. However, residents who needed assistance were served one at a time and nursing staff came to the kitchen to get the tray. Kitchen staff stated the hot food remained on the steam table until the individual trays were needed. According to the kitchen staff, the last resident lunch tray was prepared at 12:45 PM on 06/26/12. Observation of the last tray prepared in the kitchen at 12:45 PM on 06/26/12, revealed the macaroni and cheese was dark, mushy, and clumped together. The stewed tomatoes were also dark.	F 364			
F 441 SS=E	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.	F 441	Please See Attachment		

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
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F 441	<p>Continued From page 20</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <ol style="list-style-type: none"> (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. <p>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. <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, record review, and review of facility policy and in-services, it was determined the facility failed to establish and maintain an effective infection control program to</p>	F 441		

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 441	<p>Continued From page 21</p> <p>prevent the development and transmission of disease and infection for residents. Observation of meal service on 06/26/12, revealed staff failed to change gloves and wash hands between resident contact during the lunch meal tray delivery. Additionally, observation of wound care on 06/28/12, revealed the wound care nurse (RN #1) failed to properly dispose of soiled dressing and soiled washcloths.</p> <p>The findings include:</p> <p>A review of two facility policies titled, "Hand Washing Policy," (not dated) and "Policy on Disposing of Soiled Dressings and Linen," (not dated) revealed staff was required to wash hands with soap and water before and after direct contact with a resident, after removing gloves, and after contact with objects in a resident care setting. Further review of the policy related to disposal of soiled dressings and linens directed staff to take two disposable plastic bags into the resident's room. The policy directed staff to place the soiled dressings in one bag and soiled linen in the second bag and dispose of the bags in proper containers.</p> <p>Review of facility in-services for Certified Nursing Assistants (CNA) dated 08/02/11 and 08/03/11, revealed staff was required to wear gloves while passing trays. The in-service directed staff to wash hands at appropriate times, giving an example such as before and after resident care and after feeding residents.</p> <p>1. Observation on 06/26/12, at 11:35 AM, of lunch meal service/tray delivery to residents that remained in their rooms revealed CNA #2 wore</p>	F 441		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 22</p> <p>gloves to deliver a meal tray to a resident in Room 32. CNA #2 was observed to exit the resident's room and push the meal cart, with his gloved hands, to the A Hall. CNA #2 opened the door to the meal cart with his gloved hands, obtained a resident tray, and delivered the tray to a resident in Room 6. Further observation revealed CNA #2 handled the control to the resident's recliner to raise the back of the recliner, and then positioned the resident's bedside rolling table within reach of the resident. Continued observations revealed CNA #2, while wearing the same gloves, returned to the meal cart, removed another tray from the meal cart, opened straws and placed a straw in three separate drinks, and delivered the tray to resident Room 7. CNA #2 placed the meal tray on the resident's rolling bedside table and at the resident's request, assisted the resident to a sitting position on the side of the bed. The resident then asked for assistance to sit in a wheelchair that was at the end of the resident's bed. CNA #2 was observed to move the wheelchair near the resident's bed, place his gloved hands under the arms of the resident, and assist the resident to transfer to the wheelchair. CNA #2 was observed to position the rolling bedside table with the meal tray within the resident's reach. Further observation revealed CNA #2 removed his gloves but failed to wash his hands.</p> <p>Continued observation of meal tray pass revealed CNA #2 pushed the meal cart to the B Hall. CNA #2 donned gloves, removed a tray from the cart, opened straws and placed the straws in residents' drinks, and then delivered the tray to resident Room 19. CNA #2 handled the resident's rolling bedside table to position the tray within the</p>	F 441		

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

PRINTED: 07/13/2012
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/28/2012
NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441	<p>Continued From page 23</p> <p>resident's reach. CNA #2 returned to the meal cart, wearing the same gloves, opened the cart, removed a resident tray, placed the tray on top of the meal cart, and then opened three straws and inserted the straws in resident drinks. CNA #2 was observed to touch the mouth area of the straws with his soiled gloves. CNA #2 delivered the tray to a resident in Room 21. Continued observation revealed CNA #2 obtained another tray from the meal cart, entered resident Room 12, set the tray on the resident's rolling bedside table, touched the resident's arm with his gloved hands, and called the resident's name in an attempt to wake the resident. CNA #2 was observed to pick up the control to the resident's recliner that had fallen in the floor, with his gloved hands, activated the control to assist the resident to an upright position, and then applied a clothing protector to the resident's chest.</p> <p>CNA #2 returned to the meal cart, wearing the same gloves, obtained a resident tray, and delivered the tray to a resident in Room 20. Further observation revealed CNA #2 returned to the meal cart, removed a tray, placed the tray on top of the meal cart, opened straws with his soiled gloves, inserted straws into the drinks, and entered resident Room 15. A resident informed CNA #2 the resident went to the dining room. CNA #2 carried the tray to the dining room and positioned the tray in front of the resident. CNA #2 was observed to remove his gloves and discard the gloves in a waste receptacle. CNA #2 failed to wash his hands after the removal of his gloves.</p> <p>CNA #2 was observed to put on gloves, remove a meal tray, and deliver the tray to resident Room</p>	F 441			

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

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/28/2012
NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
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F 441	<p>Continued From page 24</p> <p>18. CNA #2 completed the meal tray delivery by returning to the cart, removing the last tray, and delivering the tray to resident Room 16 while wearing the same gloves. CNA #2 removed the gloves but failed to immediately wash his hands.</p> <p>Interview on 06/27/12 at 1:10 PM, with CNA #2 revealed he removed his gloves three separate times during the delivery of residents' lunch trays. CNA #2 stated he was knowledgeable of the requirement to wash hands after the removal of gloves, with any resident contact or contact with resident items. CNA #2 acknowledged gloves should be removed after touching any item in a resident's room or after contact with a resident. CNA #2 also stated hands should be washed after gloves were removed. CNA #2 confirmed he failed to wash hands and remove gloves as required which could be a potential for spreading infections from one resident to another.</p> <p>Interview on 06/27/12, at 1:30 PM, with the A Hall Charge Nurse (CN) revealed staff was required to wash hands before and after any resident contact. The CN stated staff was required to wear gloves during tray pass and confirmed gloves should be removed after each resident tray was set up and hands should be washed prior to exiting the resident's room.</p> <p>Interview on 06/28/12, at 5:00 PM, with the Director of Nursing (DON) revealed staff was required to wear gloves to deliver resident meal trays. The DON confirmed gloves should be removed between each tray delivery and staff was required to wash/sanitize hands prior to exiting the resident's room.</p>	F 441			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER HICKS.GOLDEN YEARS NURSING HOME		STREET ADDRESS, C.TY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
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F 441	Continued From page 25 2. Observation on 06/28/12, at 2:05 PM, revealed RN #1 prepared dressing supplies to provide wound care for Resident #12. RN #1 removed a soiled dressing from Resident #12's left hip area and removed her gloves to encase the soiled dressing in both gloves and discarded the gloves in a waste receptacle in the resident's room. RN #1 washed her hands, donned gloves, and placed two folded washcloths at the base of Resident #12's wound. RN #1 irrigated the wound with saline solution and used the washcloths to absorb the irrigation solution as the solution exited the wound. RN #1 was observed to remove the washcloth and place the washcloths on the floor at the resident's bedside. RN #1 packed the wound with a gauze strip, covered the wound with gauze pads, and secured the dressing with tape. RN #1 removed her gloves, discarded the gloves in the waste receptacle in the resident's room, and washed her hands. RN #1 donned gloves to assess the resident's inner coccyx area. RN #1 stated the area frequently reopened and the area was assessed every day. Using gauze pads moistened with soap and water, RN #1 cleansed the inner coccyx area. After cleansing the coccyx area, RN #1 was observed to place the soiled gauze pads on the floor at Resident #12's bedside. RN #1 provided wound care to the coccyx area with xeroform strip, covered the open area with gauze pads, and secured with tape. RN #1 was observed to pick up the soiled gauze from the floor and discard the soiled gauze in the waste receptacle in the resident's room. RN #1 picked up the two soiled washcloth from the floor with her gloved hands and carried the soiled washcloth down the hallway to the dirty utility room.	F 441		

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

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F 441	<p>Continued From page 26</p> <p>Interview on 06/28/12, at 3:05 PM, with RN #1 revealed if a soiled dressing can be contained by removing each glove over the soiled dressing, the double gloved dressing can be discarded in regular trash. RN #1 confirmed she should have used two separate trash bags for the soiled dressings and the soiled linens. RN #1 stated she didn't have trash bags in the stock supplies on the treatment cart and had failed to obtain them prior to the wound care for Resident #12.</p> <p>Interview on 06/28/12, at 5:00 PM, with the Director of Nursing (DON) revealed staff was expected to follow the facility policy regarding disposal of soiled linens and dressings. The DON confirmed staff should use separate trash bags for soiled linens and dressings when providing wound care. The DON stated soiled items should never be placed on the resident's floor or in the waste receptacle in the resident's room.</p>	F 441		

Hicks Golden Years Nursing Home

F323

483.25

Please accept our credible allegation of compliance

Free of Accident/Hazards/Supervision/Devices

1. The containers of open body wash/shampoo observed sitting on the floor of the shower room on 6-27-2012 have been placed in a locked cabinet. The 42 ounce container of swifter wet-jet multipurpose cleaner refill and flow cans of signal air system scented air neutralizer observed sitting in the shower room has been placed in a locked cabinet. The three unopened gallon size containers of evoke body wash/shampoo observed sitting on the floor in the shower room has been placed in a locked cabinet.
2. Entire facility has been checked to ensure all items that could pose a hazard to residents if ingested have been removed to areas not assessable to residents. A locked cabinet has been placed in the whirlpool bath area large enough to store all chemicals, shampoos, etc.
3. CNA # 3 and # 4 will be in serviced on keeping harmful items in the bath area in a locked cabinet. Employees will be in services on the correct storage of chemicals and items that could pose a danger to residents. Employees responsible for bathing residents will be in serviced on keeping body wash locked when not present in bath area.
4. Quality Assurance Coordinator will monitor the facility monthly for one year to ensure chemicals and other items that could pose a danger to residents are properly stored. Quality Assurance Coordinator will monitor the bath area monthly for one year to ensure chemicals and other items that could pose a danger to residents are kept locked. QA Coordinator will report findings to the Administrator, Director of Nursing and the QA committee.
5. Completion Date: 8-1-2012

Policy
(Storage of Chemicals &/or Harmful Agents)

- 1) **Chemicals & potential harmful agents include but are not limited to the following:**
 - A) **Shampoos**
 - B) **Hair conditioners**
 - C) **Air fresheners**
 - D) **Chemicals used for cleaning**
 - E) **Certain plants**
- 2) **Any item that has on its label keep out of reach of children is to be kept where a resident has no access to it.**
- 3) **Items used for bathing in the common bath area are to be kept under lock when not in use or attended by a staff member.**
- 4) **Housekeeping carts are to be kept in view of housekeepers at all times when in use.**
- 5) **Housekeeping carts are to have all chemicals under lock when not in use.**
- 6) **Plants that may pose a hazard to residents if ingested are to be kept out of reach of the residents.**
- 7) **Chemicals such as air fresheners are to be kept in a secure area away from residents when not in use.**

Revised 7-11-2012

**Quality Assurance
(Monitoring Correct Storage of Chemicals)**

To ensure the resident's environment remains as free of accident hazards as is possible monthly observations will be conducted & the following questions answered:

- 1) Is the cabinet in the bath area locked? Yes No
 - 2) Are there any containers of shampoo/body wash sitting where a resident could come into contact with them? Yes No
 - 3) Are there any wet-jet multipurpose cleaner refills sitting where a resident could come into contact with them? Yes No
 - 4) Are there any scented air neutralizer cans sitting where a resident could come into contact with them Yes no
 - 5) Were any other items that could pose a potential harm to residents found where residents could come into contact with them? Yes No
- List items found & where they were located:

Comments (explain all no answers & what was done to correct the problem & prevent the reoccurrences of problem):

Date reported to Administrator: _____
Date reported to Director of Nursing: _____
Date reported to QA Committee: _____

Signature of Individual completing report

Date

Time

In-service:

- 1) What common items can pose a danger to residents if ingested?
- 2) Storage of chemicals.
- 3) Storage of items such as shampoo, etc.
- 4) Policy on storage of chemicals..
- 5) Storage of shampoo/body wash in bath area.
- 6) Storage of swifter wet-jet multipurpose cleaner refills
- 7) Storage of signal air system scented air neutralized spray cans
- 8) Items that is considered hazardous to residents

Hand outs included in in-service:

- 1) Policy on storage of chemicals

Date: _____ **Time:** _____

Person giving in-service: _____

Attendance:

Hicks Golden Years Nursing Home

F325

482.25

Please accept our credible allegation of compliance

Maintain Nutrition Status unless Unavoidable

1. Nutritional evaluations has been completed by the Registered Dietitian (Kathy Tucker) on residents # 2, # 4, # 6, # 10 and # 11 related to their unplanned weight loss with the following recommendations being made:
 - a. Resident # 2: Recommended a 7 day calorie count which has been done and was evaluated by the Registered Dietitian on 7-9-2012. Resident # 2 continues to receive a high calorie protein diet and is receiving chocolate shakes tid between meals. She continues to be on weekly weights as recommended by the Registered Dietitian. In services will be conducted with dietary staff to ensure she receives all nutritional supplements as ordered.
 - b. Resident # 4: As recommended by the Registered Dietitian orders were obtained on 6-28-2012 for resident # 4 to have a high calorie high protein pureed diet with a vanilla boost plus tid. Prostat 30 ml was ordered bid to be given at med. pass as recommended by the RD. Juven was ordered bid to be given with med. Pass as recommended by the RD.
 - c. Resident # 10: Dietary consultation has been done by the RD. As recommended by the Registered Dietitian orders were obtained on 6-28-2012 for Juven bid, health shakes bid, and a high calorie high protein bedtime snack.
 - d. Resident # 11: As recommended by the Registered Dietitian resident # 11 has been placed on a strawberry health shake tid at snack time. Dietary consultation has been done by RD.
 - e. Resident # 6: Resident has been evaluated by the Registered Dietitian with no recommendations being made at this time. Weight Committee continues to monitor weight.
2. All residents weights will be reviewed to determine if any other residents fall into this category. Residents identified during this review will be referred to the registered dietitian (Kathy Tucker) for recommendations as well as to the weight committee for recommendations and follow up monitoring of weights. In services will be held with the weight committee informing them to look at the whole picture when a resident has weight loss and/or gain which includes labs, etc.
3. New referral criteria for notifying the registered dietitian has been written and implemented to notify the registered dietitian of problems (see attached sheets). Policies has been reviewed and revised to state above forms may be faxed to the registered dietitian for quicker responses (see attached policy). Weekly weight policy has been revised as of 7-9-2012. As of 7-5-2012 new forms were implemented in the charting of weights. These forms include a weight flow sheet and nutritional status review sheet (see attached copies). Staff will be in serviced on the revised policies and form that have been implemented.

4. Quality Assurance Coordinator will review weights monthly for one year to ensure the registered dietitian is notified and responds timely on residents with weight issues. Quality Assurance Coordinator will monitor supplements monthly to ensure residents are receiving them as ordered. Quality Assurance Coordinator will report findings to Administrator, Director of Nursing, dietary manager and the quality assurance committee.
5. Corrective action will be completed by 8-1-2012.

**Quality Assurance
(Monitoring weight loss)**

Monthly reviews will be conducted & the following questions answered to ensure residents maintain acceptable parameters of nutritional status such as body weight & protein levels:

1) List of residents with unplanned weight loss.

- A) _____
- B) _____
- C) _____
- D) _____
- E) _____

For the residents listed above answer the following questions:

- 1) Was the Registered Dietitian notified of weight loss? _____ Yes _____ No
- 2) Did the Registered Dietitian complete an assessment on these residents in a timely manner? _____ Yes _____ No
- 3) Were dietary recommendations followed up on by nursing staff? _____ Yes _____ No
- 4) Are labs within normal limits? _____ Yes _____ No
- 5) Has the resident been put on supplements? _____ Yes _____ No
- 6) Is dietary staff providing supplement as ordered? _____ Yes _____ No
- 7) Was the resident's physician notified of weight loss? _____ Yes _____ No
- 8) Was the resident's responsible party notified of weight loss? _____ Yes _____ No

Comments (explain all no answers & what was done to correct the problem & prevent the reoccurrences of problem):

Date Reported to Administrator: _____

Date Reported to DON: _____

Date Reported to QA Committee: _____

Date Reported to Dietary Manager: _____

Signature of Individual completing report

Date

In service:

- 1) Resident weights

Hand outs included in in-service:

- 1) Policy on weights.
- 2) Policy on weekly weights.
- 3) Nutritional screen/information sheet for Registered Dietitian Review form.
- 4) Weight flow sheet form
- 5) Nutritional status review form
- 6) Diet history/food preference list form
- 7) Documentation in chart relating to weight changes
- 8) Policy on Nutritional Supplements

In-service given by: _____

Date of in-service: _____

Time of in-service: _____

Attendance:

In service:

- 1) Ensuring residents receive nutritional supplement & high calorie snacks as ordered:**

In-service given by: _____

Date of in-service: _____

Time of in-service: _____

Attendance:

Policy
(Notification of Registered Dietitian)

- 1) Nutritional screen/information sheet is to be completed on residents with nutritional issues for the registered dietitian so the registered dietitian can review & make recommendations concerning the issues.**
- 2) The nutritional screen/information sheet may be faxed to the registered dietitian for correct notification & responses.**
- 3) Referral criteria for registered dietitian includes but is not limited to the following:**
 - A) Significant change in weight**
 - B) Pressure ulcer or wound**
 - C) Diagnosis of malnutrition, undernourished or failure to thrive**
 - D) Fracture**
 - E) New diabetic**
 - F) Uncontrolled DM**
 - G) Tube feeding**
 - H) Newly DX swallowing problem or (worsening)**
 - I) Diarrhea/vomiting >5 days**

7-10-2012

Referral Criteria for Registered Dietitian:

- _ Significant change in weight
- _ Pressure ulcer or wound
- _ Diagnosis of malnutrition, undernourished or Failure to Thrive
- _ Fracture
- _ New Diabetic
- _ Uncontrolled DM
- _ Tube Feeding
- _ Newly Dx Swallowing problem or (worsening)
- _ Diarrhea /vomiting >5 days

Dietary Manager will be notified from identifying staff and Dietary Manager will notify RD with 24 hours.

RD will give phone recommendations until RD becomes available.

Assessments will be completed within 2 weeks

RD= Registered Dietitian

Hicks Golden Years Nursing Home
NUTRITIONAL SCREEN / INFORMATION SHEET
FOR REGISTERED DIETITIAN REVIEW

Resident Name: _____
Room number: _____

Referral Sent: Nursing _____ MD _____ DM _____ Other _____

Reason for Referral: _____

Called/ Fax: Date _____ Staff Name: _____

NUTRITIONAL INFORMATION:

Diagnosis: _____

Ordered Diet: _____

Supplements: _____

Food Preferences: _____

Current Tube Feeding Order:

Pt able to Feed Self: Yes No Mobility Impaired: No Yes _____

Appetite: Normal Increased Decreased (for how long) _____

Average oral intake over past 7 days (or whatever available): _____

Chewing Problems: No Yes (specify) _____

Swallowing Problems: No Yes (specify) _____

Mouth Sores: No Yes (specify) _____

Any Food Allergies: No Yes (specify) _____

Weight Changes: No Yes (specify) _____

Skin Breakdown or Skin problems:

Sex: _____ Age: _____ Height: _____ inches Weight: _____ pounds UBW: _____

Wt 30 days ago: _____ Wt 90 days ago: _____ Wt 6 months ago: _____

Other Weight Changes: _____

Amputations: _____

Pertinent Labs:

**Policy
(Nutritional Supplements)**

To ensure residents nutritional needs are being met the following shall be documented in the residents chart related to nutritional supplements & weights.

- 1) Who recommended or ordered nutritional supplement?**
- 2) Why was nutritional supplement recommended or ordered?**
- 3) What type of nutritional supplement is resident to receive?**
- 4) How much of the nutritional supplement is resident to receive?**
- 5) How often will the nutritional supplement be given to resident?**
- 6) What date was the nutritional supplement started?**
- 7) When the nutritional supplement was D/C?**
- 8) Why the nutritional supplement was D/C?**
- 9) Dates Registered Dietitian &/or physician notified of changes in nutritional supplement usage.**
- 10) Current weight.**
- 11) Documentation shall be done by the dietary supervisor in the dietary progress notes.**

7-9-2012

**Policy
(Weights)**

- 1) Residents will be weighed monthly unless otherwise indicated or as ordered by physician.
- 2) Residents will be placed on weekly weights for the following reasons:
 - A) New admissions.
 - B) Readmissions.
 - C) Significant weight loss &/or gain.
 - D) Ordered by physician.
 - E) Dialysis residents.
 - F) Residents with significant disease processes &/or medications.
- 3) Residents who demonstrate a significant weight loss &/or gain will be reweighed to ensure accuracy of the weight.
- 4) Residents physician & responsible party will be notified of significant weight losses &/or gains.
- 5) Weights will be reviewed by the weight committee weekly &/or prn.
- 6) Weight committee shall consist of the following:
 - A) Director of Nursing
 - B) Dietary Manager
 - C) Assistant Director of Nursing
 - D) Quality Assurance Coordinator
 - E) MDS person
 - F) Other staff members as indicated
- 7) Weight flow sheets indicating reweigh & weight changes will be completed on residents as indicated.
- 8) Nutritional Screen/information sheet will be completed so Registered Dietitian can review problems & provide recommendations.
- 9) Nutritional Status Review sheets will be completed on residents as indicated.

Revised 7-9-2012

**Policy
(Weekly Weights)**

- 1) Residents will be placed on a weekly weight schedule for the following reasons:
 - A) New admissions.
 - B) Readmissions.
 - C) Significant weight loss &/or gain.
 - D) Ordered by physician.
 - E) Dialysis residents.
 - F) Resident with significant disease processes &/or medications.
- 2) Residents placed on a weekly weight schedule shall remain on this program for four weeks, until weight is stable, or until physician changes orders.
- 3) Weight committee shall review weights weekly & make recommendations as indicated.
- 4) Weight committee shall review meal intakes, fluid intakes, medications, labs & other information as indicated.
- 5) Registered Dietitian review forms shall be completed as indicated & sent to the Registered Dietitian for evaluation & recommendations.
- 6) Weight flow sheets will be completed on residents who are on weekly weights.
- 7) Nutritional status review forms will be completed on residents as indicated.

Revised 7-9-2012

NUTRITIONAL STATUS REVIEW

Date of Admission: ___/___/___ Date of Birth: ___/___/___ Age: ___ Ht: ___

Ideal Body Weight Range ___ - ___ lbs / ___ - ___ kg

Usual Body Weight ___ lbs / ___ kg

Diagnosis: _____

Allergies: _____

DATE									
DAYS	30	90	180	30	90	180	30	90	180
Weight/Date	/			/			/		
Weight Change									
Current Weight									
BMI									
Diet Order									
Supplements									
Nutrient & Fluid Needs	___ cal	___ g pro	___ mL	___ cal	___ g pro	___ mL	___ cal	___ g pro	___ mL
Condition of Teeth									
Swallow Problems									
Eating Status									
Adaptive Equipment									
Meal Intake									
Fluid Intake									
Skin Condition									
Medications									
Labs	Date: _____			Date: _____			Date: _____		
	Hgb _____ BUN/Cr _____			Hgb _____ BUN/Cr _____			Hgb _____ BUN/Cr _____		
	Hct _____ Na _____ K+ _____			Hct _____ Na _____ K+ _____			Hct _____ Na _____ K+ _____		
	Alb _____ PAB _____			Alb _____ PAB _____			Alb _____ PAB _____		
	Ca _____ Magnesium _____			Ca _____ Magnesium _____			Ca _____ Magnesium _____		
	A1C _____ Phosphorus _____			A1C _____ Phosphorus _____			A1C _____ Phosphorus _____		
	Chol _____ Transferrin _____			Chol _____ Transferrin _____			Chol _____ Transferrin _____		
	Glu _____ Trig _____			Glu _____ Trig _____			Glu _____ Trig _____		
	Other: _____			Other: _____			Other: _____		
Plan of Care Updates									
Signature/Title									

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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DIET HISTORY/FOOD PREFERENCE LIST

A. DIET HISTORY			
Appetite	Preferred Portions	Food Allergies/Intolerance	Past Food Restrictions
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Large <input type="checkbox"/> Average <input type="checkbox"/> Small	<input type="checkbox"/> Shellfish <input type="checkbox"/> Milk <input type="checkbox"/> Chocolate <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> Salt <input type="checkbox"/> Sugar <input type="checkbox"/> Other _____ <input type="checkbox"/> None

B. PAST MEAL PATTERNS		
Breakfast	Lunch	Dinner
<input type="checkbox"/> Hot Foods <input type="checkbox"/> Hot Cereal _____ <input type="checkbox"/> Eggs <input type="checkbox"/> Bacon <input type="checkbox"/> Sausage _____ <input type="checkbox"/> Toast <input type="checkbox"/> Cold Cereal _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> None Location: _____	<input type="checkbox"/> Hot Meal <input type="checkbox"/> Sandwich / Soup <input type="checkbox"/> Snacks <input type="checkbox"/> Other _____ <input type="checkbox"/> None Location: _____	<input type="checkbox"/> Hot Meal <input type="checkbox"/> Sandwich / Soup <input type="checkbox"/> Snacks <input type="checkbox"/> Cold Cereal _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> None Location: _____

C. CURRENT BEVERAGE PREFERENCES		
Breakfast	Lunch	Dinner
<input type="checkbox"/> Juice _____ <input type="checkbox"/> Milk _____ <input type="checkbox"/> Coffee: <input type="checkbox"/> Regular <input type="checkbox"/> Decaf <input type="checkbox"/> Hot Tea <input type="checkbox"/> Hot Chocolate <input type="checkbox"/> Water	<input type="checkbox"/> Juice _____ <input type="checkbox"/> Milk _____ <input type="checkbox"/> Coffee: <input type="checkbox"/> Regular <input type="checkbox"/> Decaf <input type="checkbox"/> Tea: <input type="checkbox"/> Hot <input type="checkbox"/> Iced <input type="checkbox"/> Hot Chocolate <input type="checkbox"/> Water	<input type="checkbox"/> Juice _____ <input type="checkbox"/> Milk _____ <input type="checkbox"/> Coffee: <input type="checkbox"/> Regular <input type="checkbox"/> Decaf <input type="checkbox"/> Tea: <input type="checkbox"/> Hot <input type="checkbox"/> Iced <input type="checkbox"/> Hot Chocolate <input type="checkbox"/> Water

D. SPECIAL FOOD REQUESTS
Cultural / Ethnic / Religious Food Requests? <input type="checkbox"/> None <input type="checkbox"/> Yes _____

E. FOOD DISLIKES			
<input type="checkbox"/> No Dislikes Stated			
Meat / Meat Substitutes	Vegetables	Fruits/Desserts	Bread
<input type="checkbox"/> Bacon <input type="checkbox"/> Beef Liver <input type="checkbox"/> Beef <input type="checkbox"/> Veal <input type="checkbox"/> Bologna <input type="checkbox"/> Cheese <input type="checkbox"/> Chicken Liver <input type="checkbox"/> Chicken <input type="checkbox"/> Chili <input type="checkbox"/> Cottage Cheese <input type="checkbox"/> Deviled Crab <input type="checkbox"/> Eggs <input type="checkbox"/> Enchiladas <input type="checkbox"/> Fish <input type="checkbox"/> Ham	<input type="checkbox"/> Lasagna <input type="checkbox"/> Luncheon Meat <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Pork <input type="checkbox"/> Sausage <input type="checkbox"/> Shrimp <input type="checkbox"/> Spaghetti Sauce <input type="checkbox"/> Tuna <input type="checkbox"/> Turkey <input type="checkbox"/> Wiener/Hot Dog <input type="checkbox"/> Other _____	<input type="checkbox"/> Beets <input type="checkbox"/> Blackeyed Peas <input type="checkbox"/> Broccoli <input type="checkbox"/> Cabbage <input type="checkbox"/> Carrots <input type="checkbox"/> Cauliflower <input type="checkbox"/> Coleslaw <input type="checkbox"/> Corn <input type="checkbox"/> Dried Beans <input type="checkbox"/> Green Peas <input type="checkbox"/> Green Beans <input type="checkbox"/> Greens <input type="checkbox"/> Lettuce <input type="checkbox"/> Lima Beans <input type="checkbox"/> Okra <input type="checkbox"/> Onions <input type="checkbox"/> Potatoes <input type="checkbox"/> Sauerkraut <input type="checkbox"/> Spinach <input type="checkbox"/> Tomatoes <input type="checkbox"/> Wax Beans <input type="checkbox"/> Yellow Squash <input type="checkbox"/> Zucchini <input type="checkbox"/> Other _____	<input type="checkbox"/> Apple <input type="checkbox"/> Apricots <input type="checkbox"/> Banana <input type="checkbox"/> Berries <input type="checkbox"/> Cantaloupe <input type="checkbox"/> Grapefruit <input type="checkbox"/> Mixed Fruit <input type="checkbox"/> Oranges <input type="checkbox"/> Peach <input type="checkbox"/> Pear <input type="checkbox"/> Pineapple <input type="checkbox"/> Plums <input type="checkbox"/> Prunes <input type="checkbox"/> Watermelon <input type="checkbox"/> Sweets <input type="checkbox"/> Other _____
<input type="checkbox"/> Cream of Wheat <input type="checkbox"/> Cold Cereal <input type="checkbox"/> Grits		<input type="checkbox"/> Malt-O-Meal <input type="checkbox"/> Oatmeal <input type="checkbox"/> Other _____	
		Starches	
		<input type="checkbox"/> Macaroni <input type="checkbox"/> Noodles <input type="checkbox"/> Other _____	<input type="checkbox"/> Rice <input type="checkbox"/> Spaghetti <input type="checkbox"/> Other _____

Person Completing this Form _____	Date ____/____/____
Signature and Title _____	

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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Hicks Golden Years Nursing Home

F332

483.25

Please accept our credible allegation of compliance

Free of Medication Error Rates of 5% or more

1. MT # 1 will be in serviced on the following:
 - a. Reading and following black box warnings printed on the MARS by pharmacy.
 - b. Giving Synthroid as a single dose before breakfast with plenty of water.
 - c. Not to administer Synthroid within 4 hours of any antacids, calcium products or iron preparations.
 - d. Giving Resident B her Synthroid before breakfast with plenty of water.
- MT # 2 will be in serviced on the following:
 - a. Giving Resident A her Gaviscon after meal as ordered.
 - b. Reading entire instructions written in the MARS in giving medication.
 - c. Giving Resident C her Eldertonic with meals as ordered by the physician.
 - d. Giving Resident D her Eldertonic with food as ordered by the physician.
2. Medication times have been changed for Synthroid to be given before breakfast.
3. All residents of this facility have had their medication administration sheets reviewed for possible problems with administration time in accordance with manufacturer's specifications and/or physician's orders. Changes to resident's medication sheets have been made as indicated.
4. In services on the following will be conducted with all staff involved in the writing of times on MARS and the passing of medications.
 - a. Making sure times on MARS correspond with physician's orders and black box warnings.
 - b. Giving medication as ordered with food, meals, water, etc.
 - c. Reading the entire order written on the MAR not just the time to be given.
 - d. Time frames for giving medications.
5. In service will be held with the staff nurse (Crystal Thurman LPN) who is in charge of reviewing medication sheets and physician orders, and manufactures specifications that do not match up so appropriate changes can be made.
6. Policies will be reviewed and revised as indicated.
7. Quality Assurance Coordinator will monitor monthly for one year the following to ensure medications are being given correctly:
 - a. Times Synthroid is being given.
 - b. Times meds ordered after meals are being given.
 - c. Times meds ordered to be given with meals are being given.
 - d. Black box warnings written on MARS by pharmacy.
8. Completion Date: 8-1-2012

**Quality Assurance
(Monitoring Medications)**

To ensure the facility is free of medication error rates of five percent or greater medications passes will be monitored monthly & the following questions answered:

- 1) Was Synthroid given at the correct time & in the correct manner? ____ Yes
____ No
- 2) Was medications ordered after meals given at the correct time? ____ Yes
____ No
- 3) Was medications ordered to be given with meals given at the correct time?
____ Yes ____ No
- 4) Were black box warnings followed? ____ Yes ____ No
- 5) Did the individual passing medications read the entire order? ____ Yes
____ No
- 6) Do medications ordered after meals have the correct times written on the
MARS? ____ Yes ____ No
- 7) Do medications ordered to be given with meals have the correct times written
on the MARS? ____ yes ____ No
- 8) Were medications given with in the time frame ordered? ____ Yes
____ No

Date Medication Pass Observed: _____

Time medication pass Observed: _____

Name of individual passing medicines: _____

Name of individual observing med pass & completing form: _____

Comments (explain all no answers & what was done to correct the situation):

Date Reported to Administrator: _____

Date Reported to Director of Nursing: _____

Date Reported to QA Committee: _____

In-service:

- 1) Identifying times, physician's orders & manufacturers specifications (black box warnings) that do not match up so appropriate changes can be made.

Date: _____ **Time:** _____

Given by: _____

Attendance:

In-service:

- 1) **How to give Synthroid correctly**
- 2) **Reading & following black box warning printed on the MARS by the pharmacy.**
- 3) **Correct time to give medications ordered after meals.**
- 4) **Correct time to give medications ordered with meals.**
- 5) **Reading everything written of the MAR not just the time to administer the medication.**

Date: _____ **Time:** _____

Given by: _____

Attendance:

**Policy
(Medications)**

- 1) Black box warnings written on MARS by pharmacy are to be followed.**
- 2) Individuals responsible for passing medications are to read the entire order written on the MAR.**
- 3) Medications are to be given within the time frame ordered by the physician.**
- 4) The drug Synthroid is to be given before breakfast with plenty of water.**
- 5) The drug Synthroid is not to be given within 4 hours of antacids, calcium products or iron preparations.**

Revised 7-18-2012

Hicks Golden Years Nursing Home

F364

483.35

Please accept our credible allegation of compliance

Nutritive Value/Appear, Palatable/Prefer Temp

1. Macaroni and cheese and stewed tomatoes will be placed on the steam table in smaller quantities to prevent them from becoming dark, dry, discolored, mushy and/or clumped together.
2. Food will be placed on the steam table in smaller quantities to prevent food from being on steam table for long periods of time.
3. Food on steam table will be monitored through out the meal service to ensure no changes are occurring in the consistence and/or color of the food.
4. Dietary staff will be in serviced on the following:
 - a. Length of time food is allowed to be left on the steam table.
 - b. Implications of leaving food on the steam table for long periods of time.
 - c. Amount of food to be placed on steam table at any given time.
 - d. Monitoring for any changes that may occur in the consistence and/or color of food.
5. Policies on placing food on steam table has been reviewed and revised.
6. Quality Assurance Coordinator will monitor monthly for one year the length of time food is on steam table. Quality Assurance Coordinator will monitor monthly for one year amounts of food placed on the steam table at one time to ensure food does not loose its appearance or nutrition value. QA coordinator will report the findings to the Administrator, Director of Nursing, Dietary Manager and the QA committee.
7. Completion Date: 8-1-2012

Quality Assurance
(Monitoring time's food trays on steam table)

To ensure food placed on the steam table does not exceed a 4 hour time frame meal services will be observed & the following questions answered.

- 1) Name of meal observed: _____
- 2) What time was prepared food placed on steam table? _____
- 3) Were food temperatures taken at the time prepared food was placed on the steam table? _____
What was this temperature? _____
Was temperature obtained within the limits of prepared food? ____ Yes
____ No
- 4) Was temperature of food taken 1 hour into the service of prepared food?
____ Yes ____ No
What was this temperature? _____
Was obtained temperature within the limits for time frame? ____ Yes
____ No
- 5) Was temperatures of food on steam table taken when the last resident's tray was prepared? ____ Yes ____ No
What was this temperature? _____
Was temperature obtained within the limits of prepared food for this time frame? ____ Yes ____ No
- 6) What time was food taken off of steam table? _____
- 7) Was food kept on steam table longer than the recommended time frame?
____ Yes ____ No
- 8) When the last meal tray was served did the food on the steam table have the right appearance, was it palatable & attractive? ____ Yes ____ No

Comments (explain all no answers & what was done to correct the situation & to prevent reoccurrences):

Date Reported to:

Administrator: _____

Director of Nursing: _____

Quality Assurance Committee: _____

Dietary Manager: _____

Signature of Individual completing report

Date

**Policy
(Food on Steam Table)**

In order to assure the nutritive value of food is not compromised & destroyed the following guidelines will be followed.

- 1) Prepared food shall not be placed on the steam table no more than 30 minutes prior to starting tray set up.**
- 2) Small amounts of food shall be placed on the steam table at a time to ensure food maintains its appearance & nutrient values.**
- 3) Tray set up for meal service will begin no earlier than 30 minutes prior to the time of the meal to be served.**
- 4) The maximum length of time prepared foods can be held on a steam table can not exceed 4 hours.**
- 5) Food temperatures are to be checked when food is placed on the steam table, one hour into service of prepared food & when the last resident's tray is prepared.**

Revised 7-6-2012

In-service:

- 1) Placement of food on steam table
- 2) Length of time food is allowed to be on steam table
- 3) Checking temperatures of food on steam table
- 4) Ensuring food items are palatable & attractive when the last meal tray is served.
- 5) Placement of smaller amounts of food on steam table at a time to maintain the foods appearance & nutrient values.

Hand outs included in in-service:

- 1) Policy on placing food on steam table

Date: _____ **Time:** _____

Person giving in-service: _____

Attendance:

Hicks Golden Years Nursing Home

F441

483.65

Please accept our credible allegation of compliance

Infection Control, Prevent Spread, Linens

1. CNA # 2 will be in serviced on the proper way to deliver, set up and handling methods of meal trays. CNA # 2 will be in serviced on changing gloves and washing hands after direct resident contact. RN # 1 will be in serviced on the correct method of handling and disposing of soiled linens and gloves when doing resident # 12's treatment.
2. CNA's will be in serviced on changing gloves and washing hands after direct resident contact. Employees who handle, deliver and set up resident meal trays will be in serviced on the proper delivery, set up and handling method of trays to prevent the spread of infection. Employees who handle, deliver and set up resident meal trays will be in serviced on hand washing and the use of gloves. Treatment nurse and staff nurses will be in serviced on the correct method of disposing of solid linens and gloves when performing treatments.
3. Policies/Procedures relating to the disposal of soiled gloves have been reviewed and revised. (See attached copies) Policies on the correct method of handling soiled linens have been reviewed and revised. (See attached copies) Policies/Procedures on the usage of gloves and hand washing during meal service has been reviewed and revised. (See attached copies)
4. Quality Assurance Coordinator will monitor the delivery, handling, and set up of meal trays monthly for one year to ensure the proper usage of hand washing and the use of gloves are performed correctly. QA coordinator will monitor the disposal of gloves and linens during treatments monthly for one year. QA coordinator will report findings to the Administrator, Director of Nursing and QA committee. (See attached form.)
5. Completion Date: 8-1-12

In-service:

- 1) Proper handling of soiled linen during treatments
- 2) Disposal of soiled gloves during treatments

Hand outs included in in-service:

- 1) Policy/procedure on handling of soiled linens
- 2) Policy/procedure on disposal of soiled gloves

Date: _____ **Time:** _____

In-service given by: _____

Attendance:

**Policy/Procedure
(Serving Meal Trays)**

- 1) Proper hand hygiene shall be maintained during the serving of all resident meals.**
- 2) Proper hand hygiene shall consist of washing hands with soap and water prior to the service of residents meal trays, after assisting a resident with his/her meal & before & after handling food.**
- 3) Gloves shall be worn when it is necessary to physically touch a resident's food in either setting up the tray or in assisting the resident to eat (example: buttering bread).**
- 4) Gloves when worn are to be changed between each resident.**
- 5) Hands are to be washed after each glove removal.**
- 6) Alcohol based hand rubs are not to be used as a substitute for hand washing in the food service setting.**

Revised 7-5-2012

Proper Hand Hygiene

Hand hygiene includes the washing of hands with soap & water or thoroughly applying an alcohol-based hand rub,

Proper hand hygiene shall be performed at the following times:

- 1) When coming on duty**
- 2) When hands are visibly soiled**
- 3) Before & after performing any invasive procedure (example: blood draws, finger sticks)**
- 4) Before & after entering isolation precaution settings**
- 5) Before & after eating or handling food (hand washing with soap & water)**
- 6) Before & after assisting a resident with personal care**
- 7) Before & after handling peripheral vascular catheters & other invasive devices**
- 8) Before & after inserting indwelling catheters**
- 9) Before & after changing a dressing**
- 10) When coming in contact with a resident's intact skin (example: taking a pulse, blood pressure, lifting a resident).**
- 11) After personal use of the toilet (washing with soap and water).**
- 12) Before and after assisting a resident with toileting (hand washing with soap and water).**
- 13) After blowing or wiping nose**
- 14) After contact with a residents mucous membranes & body fluids or excretions**
- 15) After handling soiled or used linens, dressings, bedpans, catheters, urinals**
- 16) After handling soiled equipment or utensils**
- 17) After performing your personal hygiene (hand washing with soap and water)**
- 18) After removing gloves or aprons**
- 19) After smoking**
- 20) After taking your breaks**
- 21) After completing duty.**
- 22) Before setting up resident meal trays.**

Revised 7-5-2012

Quality Assurance
(Monitoring Dressing Change for Disposal of Soiled Linen & Gloves)

To ensure soiled gloves & linen are handled & disposed of in the correct manner during &/or after dressing change observe a treatment that involves a dressing change & answer the following questions. Explain in the space provided any no answers & report all no answers to the Director of Nursing.

- 1) Did the nurse wash her hands prior to starting the treatment & applying gloves? _____ Yes _____ No
- 2) Were gloves changed at the appropriate times? _____ Yes _____ No
- 3) Did the nurse wash her hands between each glove change? _____ Yes _____ No
- 4) Was the soiled dressing & gloves placed in proper containers for removal from resident's room? _____ Yes _____ No
- 5) Was the soiled linen placed in proper containers for removal from resident's room? _____ Yes _____ No
- 6) Did the nurse wash her hands after completing the dressing change & before leaving residents room? _____ Yes _____ No

Comments (explain all no answers & what was done to correct the situation & to prevent reoccurrences).

Dates Reported to:

Administrator: _____

Director of Nursing: _____

Quality Assurance Committee: _____

Signature of person completing report

Date of report

In-service:

- 1) Policy/Procedure on proper ways to serve meal trays to residents.
- 2) Proper hand hygiene procedures.
- 3) Changing gloves after direct resident contact
- 4) Washing hands after direct resident contact & after removing gloves

Hands outs included in in-service:

- 1) Policy/Procedure on serving meal trays.
- 2) Proper hand hygiene

Date: _____ **Time:** _____

In-service given by: _____

Attendance:

Policy on Disposing of Soiled Dressings & Linen

- 1) When doing a dressing change two disposal bags will be taken into resident's room.**
- 2) The dirty dressing is to be placed in one bag.**
- 3) The linen used during the dressing change is to be placed in a separate bag.**
- 4) Each bag will be closed, removed from resident's room & disposed of in proper containers.**

Revised 7-5-2012

**Policy/Procedure
(Disposal of soiled gloves)**

Soiled gloves shall be disposed of in a manner to prevent the spread of infection.

Soiled gloves shall not be placed on floor, furniture, sinks, carts, etc.

Soiled gloves shall be placed in the proper waste container upon removal.

Gloves soiled with blood shall be placed in the hazardous waste container for proper disposal.

Revised 7-5-2012

Policy/Procedure on Handling of Soiled Linens

Soiled linens shall be handled in a manner to prevent the spread of infection to residents, employees & visitors.

Soiled linens shall never be placed:

- 1) On the floor**
- 2) On the residents bed**
- 3) On the over bed tables**
- 4) On the night stands**
- 5) On any chairs in residents rooms**
- 6) On the top of the soiled linen carts**
- 7) On or in residents sinks**

Soiled linens upon removal from the resident or resident's bed shall be placed immediately in a dirty linen cart.

Soiled linen carts shall be taken into the resident's room with staff members at the time residents care is being provided to provide a safe effective way to dispose of any soiled linen.

Linens used during procedures such as treatments shall be bagged immediately after use in a plastic bag & taken out of the resident's room as soon as possible & placed in a soiled linen cart.

When not in use soiled linen carts shall not be stored in hallways

Revised 7-5-2012

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

PRINTED: 02/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/27/2012
NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WEST HIGHWAY 90 BYPASS MONTICELLO, KY 42633		
(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	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1992</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type III (200)</p> <p>SMOKE COMPARTMENTS: 5</p> <p>FIRE ALARM: Complete automatic fire alarm system.</p> <p>SPRINKLER SYSTEM: Complete automatic (dry) sprinkler system.</p> <p>GENERATOR: Type II propane generator.</p> <p>A life safety code survey was initiated and concluded on 06/27/12, for compliance with Title 42, Code of Federal Regulations, 483.70(a) and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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