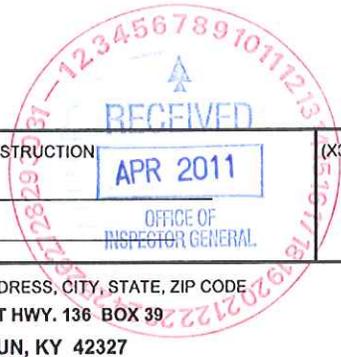


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2011
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE MANOR HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST HWY. 136 BOX 39 CALHOUN, KY 42327
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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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F 000	INITIAL COMMENTS AMENDED An annual survey and an abbreviated survey (KY #15500) were conducted 02/28/11-03/02/11 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of "E". KY #15500 was substantiated with deficiencies cited.	F 000	This Plan of correction is prepared and submitted as required by law. By submitting this Plan of Correction, Riverside Manor Health Care Center does not admit that the deficiencies listed on the HCFA Form 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The facility reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency. F 253 1. a. All rooms and bathrooms were cleaned on all wings. b. Dirty linens were appropriately stored in the laundry room. c. Dirty laundry in soiled utility room stored properly. d. Residents and wheelchairs and geri-chairs in lobby checked for odors and cleaned as appropriate. e. Central bath areas cleaned, trash cans emptied, and shower chair basins replaced. Vinyl cushion for bath bed replaced. f. Areas of odor cleaned.	4/16/11
F 253 SS=C	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record reviews, it was determined the facility failed to ensure the necessary housekeeping and laundry services were maintained for a sanitary, orderly and comfortable environment. Strong odors were observed on entrance to the facility and existed on all three wings of the facility the first and second days, 02/28/11 and 03/01/11, of the annual survey. Findings include: 1. Observations, on 02/28/11 at 8:45 AM and throughout the initial tour, revealed strong urine odors were prevalent on all three wings. Observation revealed bathroom windows were open and strong urine odors were noted.	F 253		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 4/1/11
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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 253	<p>Continued From page 1</p> <p>An interview with the Maintenance Director, on 02/28/11 at 10:30 AM, revealed staff open bathroom windows, due to the urine odors.</p> <p>Interviews with Certified Nurse Aide (CNA) #4 and CNA #5, on 02/28/11 at 10:10 AM, revealed bathroom windows in residents' rooms were opened, due to the urine odors. The CNAs stated windows were opened frequently and they did not know why cleaning the bathrooms did not remove the odors.</p> <p>An interview with Resident #2, on 02/28/11, revealed "stinky" urine odors were present everywhere in halls.</p> <p>2. Observations in the Housekeeping and Laundry Departments, on 02/28/11 from 9:03 AM until 9:50 AM, revealed three bins of bagged dirty linens were located directly on the laundry room floor in front of two washing machines. Additionally, three large bins of dirty clothes and linens were observed directly in front of the clean linen folding table where Laundry Aide #1 and Laundry Aide #2 were folding clean clothing and linens.</p> <p>3. Observations in the Soiled Utility Room, located across the hallway from the laundry, revealed three large clear bags of soiled linens and clothing located directly on the floor in front of the sink. A large laundry cart was observed near the hopper, filled with soiled linen, stacked approximately three foot above the rim of the cart, uncovered. Observation revealed a 55 gallon container on wheels, marked "Bio-hazard" was half full of personal clothing. The clothing had been dipped into the hopper to release soiled</p>	F 253	<p>2. The environmental supervisor and maintenance supervisor/designee will make rounds Monday thru Friday in hallways, common areas, a sample of resident rooms, and central bathrooms to assure the facility is maintained in a sanitary and comfortable environment. The Unit Manager RN/designee will make rounds on Saturday and Sunday in hallways, common areas, a sample of resident rooms, and central bathrooms to assure the facility is maintained in a sanitary and comfortable environment. The Environmental supervisor and maintenance supervisor/designee will review any findings with Administrator and corrective action will be implemented as indicated.</p> <p>3. The Staff Development Coordinator will in-service all nursing staff on the proper procedure of cleaning the shower after usage and cleaning the shower chair basins. She will also in-service on the proper way to store dirty linens. This inservicing will include content from the current company policies on Infection Control and Linen Handling. The inservicing was initiated on 3-8-11 and continued on 3-23-11. It will be completed by 4-15-11. The environmental supervisor in-serviced the housekeeping staff on current housekeeping procedures on 3-5-11 and 3-8-11. The environmental supervisor in-serviced laundry staff on the current policies on handling of dirty linen and clean linen on 3-5-11 and 3-8-11.</p> <p>4. The administrator will monitor</p>	4/16/11

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F 253	Continued From page 2 particles and placed into the container until the laundry could wash the items. 4. Observations of the lobby and the 100 wing, on 03/01/11 at 6:40 AM, revealed a strong urine odor. The Environmental Services Supervisor was observed mopping the floor in an area of the 100 wing and a resident's room, using a chemical agent specifically formulated to clean foul odors. Further observations revealed ten residents were seated in wheel chairs and geri-chairs in the lobby areas. 5. Observation during the tour of the Central Bath area revealed strong odors and a toilet was observed soiled with a brown substance. Three soiled potty chair basins were stacked near the toilet and the garbage can was open and full of discarded briefs. A PVC type bath bed was stored in the area and the bath bed had 4-5 large gashes in the vinyl, exposing the internal foam padding. 6. Observations of the 100, 200 and 300 halls, on 03/01/11, revealed several isolated areas with prominent urine and fecal odors without obvious sources. Observations on 03/01/11, in the same areas revealed the strong urine and fecal odors persisted without obvious sources identified.	F 253	All environmental reports weekly to ensure accurate and appropriate interventions with tracking and trending. Results will be reported to the Performance Improvement committee monthly, which consists of the Executive Director, Director of Nursing, Staff Development RN, Social Services, Activity Director, Maintenance Supervisor, Housekeeping Supervisor, Nutritional Services Manager, and Medical Director, for three months or until the committee determines compliance has been sustained. 5. Completion Date: 4/16/2011 <u>F323</u> 1. Resident # 2 had alarm checked for audio and visual function by the Unit Manager RN. 2. All residents with alarms checked for audio and visual function by Administrative nurses. 3. Staff Development Coordinator will in-service all personnel on proper usage of alarms with return demonstration to ensure understanding. This inservicing was initiated on 3-2-11, continued on 3-8-11, and will be concluded by 4-15-11. Staff Development Coordinator will include alarm in-service to new hire orientation with it added to check list. All staff will also be in-serviced on replacing any non-functioning alarms	4/16/11	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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.	F 323			

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F 323	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, it was determined the facility failed to ensure each resident received adequate supervision and assistive devices to prevent accidents for one resident (#2), in the selected sample of 15. The facility failed to ensure Resident #2's safety alarm was turned on and the resident was found on the floor.</p> <p>Findings Include:</p> <p>A record review revealed Resident # 2 was admitted to the facility with diagnoses to include Schizophrenia Behaviors, Pressure Ulcer, Chronic Kinney Disease and Pace Maker.</p> <p>A review of the Post Fall Evaluation, dated 02/06/11, revealed staff found Resident #2 on the mat at the bedside, lying on his/her abdomen, on 02/06/11 at 1:00 PM. The safety alarm was flashing, however, the device did not sound. The facility determined the responsible staff did not turn on the switch to the sound mechanism, per manufacturers guidelines.</p> <p>An interview with the Admissions Coordinator (AC), on 03/02/11 at 4:00 PM, revealed she was assigned to the resident through the facility "Angel" program. The Angel Program enabled staff to watch one resident in the facility to ensure their needs were met. She checked placement of alarms for Resident #2, however, she did not check the sounding mechanism. She stated she was. "Just in such a hurry and looking for everything on care plan." A review of the Angel Care Weekly Notes, dated February 2011,</p>	F 323	<p>immediately. Each alarm will be placed on treatment record for documentation of placement and proper functioning. Any new type of alarms will not be put in service until central supply/Director of Nursing have reviewed manufacturer instructions with nursing staff.</p> <p>4. The unit manager/Director of Nursing will monitor treatment log monthly and track and trend the results of the audits and report monthly to the Performance Improvement committee, which consists of the Executive Director, Director of Nursing, Staff Development RN, Social Services, Activity Director, Maintenance Supervisor, Housekeeping Supervisor, Nutritional Services Manager, and Medical Director, for three months or until the committee determines compliance has been sustained.</p> <p>5. Completion Date: 4/16/2011.</p>	4/16/11	

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F 323	<p>Continued From page 4</p> <p>revealed the AC checked to placement of the alarm, however, she did not check the alarm for proper working order.</p> <p>An interview with the Central Supply Clerk, on 03/02/11 at 10:38 AM , revealed when staff obtained an alarm from the central supply room, they were verbally inserviced on how to turn the sounding mechanism to the on position. She stated, if she was not in office, the staff members were given a key to get into the Central Supply Room and would be expected to read the directions that came with the alarm and know how to work it properly. She did not provide an inservice, "Just explained to staff verbally how to use the alarm, when they came to get an alarm."</p> <p>An interview with Licensed Practical Nurse (LPN) #2, on 03/02/11 at 10:00 AM, revealed she found Resident #2 on the floor in his/her room and the alarm blinked, but did not make an audible noise. LPN #2 stated she obtained a new alarm from central supply, read the instructions and found the sounding mechanism had to be turned on by removing the plate on the side of the alarm and turning the switch to the on position for the alarm to sound.</p> <p>An interview with LPN #5, on 03/02/11 at 1:58 PM, revealed she applied the alarm on Resident #2 and did not read the instructions included with new alarm and did not turn on the sounding mechanism. She checked the alarm and the light blinked, however, she did not know how to activate the alarm to sound.</p> <p>An interview with the Director of Nursing (DON), on 03/02/11 at 11:20 AM, revealed there was no policy related to monitoring safety alarms. She</p>	F 323		4/16/11	

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F 323	Continued From page 5 stated she expected staff to read instructions, if they did not know or understand how to operate an alarm, stating, "If a resident had a fall and it was determined the alarm was not sounding, it would be concluded that the nursing staff, or whomever put the alarm on, did not test the alarm to see if it was working properly."	F 323		
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 observation, interview and record review, it was determined the facility failed to ensure food was maintained at the proper temperatures, at the point of service. Interviews with residents during the initial tour and group meetings revealed complaints of cold food. A review of the Census and Condition Report, dated 02/28/11, revealed the facility census was 80 and 76 of those residents were served food from the kitchen. Findings include: Interviews on 02/28/11 at approximately 9:55 AM and 3:00 PM, with Residents #11 and #16, #17 and #20, during the initial tour and in group, revealed complaints of cold food being served. Food items included cold coffee, cold eggs, cold oats and cold gravy and cold sandwiches. Observations and interviews with Resident #16,	F 364	<u>F364</u> 1. Residents #11, #16, #17, #20 will be served food with desirable temperatures. 2. Registered Dietitian will do bi-weekly test trays to ensure all food is served at proper temperatures. 3. Nutritional Service Manager In-serviced dietary staff on proper food Temperatures on 3/1/11 and 3/2/11. Staff Development Coordinator in-serviced nursing staff on rapid delivery of meals. This inservicing was initiated on 3-1-11, continued on 3-8-11, and will be completed by 4-15-11. Administrator will order lids and Bottoms to insulate all plates Served by dietary staff. Electric Outlet added so plate warmer can remain plugged during meal. Activities Director or assistant Will interview resident council Monthly on food temperatures, Results will be forwarded to Dietitian/Nutritional Services Manager and appropriate actions Taken. 4. Monthly results of test trays and resident council results will Be tracked and trended by the Registered Dietician/ Nutritional Services Manager and Findings brought to monthly PI Committee, which consists of the Executive Director, Director of	4/16/11

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F 364	<p>Continued From page 6</p> <p>on 02/28/11 at approximately 9:55 AM and on 03/01/11 at 7:42 AM, revealed biscuits and gravy were served cold. Resident #16 stated, "Just don't eat it sometimes". The resident stated the coffee was served too hot and the breakfast was usually always cold as well as other meals.</p> <p>An interview with Resident #17 on 02/28/11 at 7:47 AM and at approximately 3:30 PM, revealed the meals were always cold and although breakfast was her favorite meal of the day, He/She no longer enjoyed breakfast, due to cold food temperatures. The resident preferred to eat meals in His/ Her room. Resident #17 stated, "It was too much trouble to have it warmed up" and He/She ate the cold food. Resident #17 also stated, "Grilled cheese sandwiches are so cold the cheese never melts."</p> <p>An interview with Resident #11 on 02/28/11 at approximately 3:20 PM, revealed He/ She, "was getting tired of cold oats."</p> <p>An interview with Resident #20 on 02/28/11 at 3:25 PM, revealed He/ She preferred to eat in the Dining Room and stated the food "came out of the kitchen cold."</p> <p>An observation of the breakfast tray line service, on 03/01/11 at 6:55 AM, revealed temperatures were within acceptable parameters, however, temperatures of the test tray served on the 200 Hall at 8:05 AM, revealed: Scrambled eggs were 95 degrees Fahrenheit (F) and gravy was 105 degrees F.</p> <p>An interview with Certified Nurse Aide (CNA) #2, on 02/28/11 at 7:38 AM, revealed four or five residents had complained of their food being cold.</p>	F 364	<p>Nursing, Staff Development RN, Social Services, Activity Director, Maintenance Supervisor, Housekeeping Supervisor, Nutritional Services Manager, and Medical Director, with appropriate action taken as needed.</p> <p>5. Completion date 4/16/2011.</p>	4/16/11	

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F 364	Continued From page 7 When asked what she would do when a resident complained she shrugged her shoulders and shook her head left to right. An interview with the Consultant Dietician on 03/01/11 at 9:40 AM, revealed there were 34 insulated plate tops and 68 insulated plate bottoms. In the past three weeks, meal service had changed from the use of one steam table instead of two for food service. The process had been increased their ability to serve more residents. When staff ran out of plate tops, the dietary staff just placed a plate bottom on top of the plate to keep the food warm and no bottom insulation was used.	F 364		4/16/11 RM-SSD CM-016 04/08/11 @ 8:45AM	
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. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.	F 441	<u>F441</u> 1. a. dirty linen bags were removed From floor in laundry room. b. dirty linen bags were Separated from clean linen area. c. Laundry room was rearranged to have access to sink, soap and paper towels. d. Dirty linen in soiled utility room was properly stored and arranged for sink to be accessible. e. Laundry aides #1 and #2 were in-serviced by Environmental Services Supervisor on 3-5-11 and 3-8-11 on proper infection control techniques and proper use of clothing protectors. Central bath area was cleaned along with toilet and potty chair basins. Dirty briefs were properly disposed of. Vinyl bed padding has been replaced. f. Additional staff has been added to ensure proper cleaning and infection control in laundry room.		

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F 441	<p>Continued From page 8</p> <p>(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.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record reviews, it was determined the facility failed to utilize effective infection control practices related to maintenance, handling of soiled linens and personal clothing, handwashing and/or the disinfection of assistive supplies. Findings include:</p> <p>Observations of the Housekeeping and Laundry Departments on 02/28/11 from 9:03 AM until 9:50 AM revealed:</p> <p>1. Three bins of dirty linens were in clear bags on the floor in the laundry room, in front of the two, running washing machines.</p> <p>2. In the clean area of the laundry room, there were three large bins of dirty clothes and linens in front of the clean linen folding table where laundry aides #1 and #2 were folding a pile of clean</p>	F 441	<p>2. Environmental manager will monitor laundry staff Monday thru Friday to ensure proper infection control techniques with handling of clean and soiled linen are being used by laundry staff. Environmental manager will monitor central baths and soiled utility room for odors, cleanliness, and clutter to ensure proper infection control procedures. The Unit Manager RN/designee will make rounds on Saturday and Sunday in hallways, common areas, a sample of resident rooms, laundry, and central bathrooms to assure the facility is maintained in a sanitary and comfortable environment. This monitoring will also verify proper techniques of handling of clean and soiled linen are being used by laundry staff and central baths and soiled utility room are clean, free of odors and clutter to ensure proper infection control procedures.</p> <p>3. All laundry staff will be in-Serviced by environmental manager on handling of dirty And clean linens, on proper handwashing, on proper storage of dirty linens, and proper use</p>	4/16/11	

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F 441	<p>Continued From page 9 clothing and linens.</p> <p>3. There were two sinks for handwashing in the laundry room, however, there were three bins of soiled clothing in front of the first sink and no walk area around the bins to get to the sink. Above the sink, there were nine hoses of various laundry chemicals running from six-five gallon buckets over and around the sink to the washers. There was no visible hand soap and no paper towels. The second sink was in a small alcove to the right of the first sink and about six feet away. However, the second sink was also inaccessible, due to a large rolling dollie that held a label press machine stacked on the top shelf and on the next two shelves of the dolly, boxes and bath basins and full of an assortment of objects were stored.</p> <p>4. Across the hall, in the Soiled Utility Room, there were three large clear bags of soiled linens and clothing in the floor in front of the sink, which made the sink inaccessible. A large laundry cart was sitting near the hopper and was filled with soiled linen, stacked approximately three foot over the top of the cart and uncovered. There was an approximately 55 gallon container on wheels, marked "Bio-hazard" which was half full of personal clothing that had been dipped into the hopper to release the soiled particles and placed into this container, until the laundry could wash the items.</p> <p>An observation revealed Laundry Aide #1 left the clean linen table and walked across the hall to the soiled utility room. A sign on the door designated staff members were not to leave the room without washing their hands. The staff member returned to the clean linen table, across the hallway, and handled the clean linen cart, touched the table</p>	F 441	<p>of clothing protectors. Housekeeping staff will be in-serviced by environmental manager on proper infection control, identifying urine odors and sanitizing the areas of concern. Inservicing of both housekeeping and laundry staff was completed on 3-5-11 and 3-8-11. Additional hours of housekeeping and laundry have been added to ensure proper cleaning of facility. Environmental manager will Monitor laundry staff and proper infection control procedures Monday thru Friday.</p> <p>4 Any issues found during the Monitoring of Environmental Manager will be turned into The Performance Improvement committee, which consists of the Executive Director, Director of Nursing, Staff Development RN, Social Services, Activity Director, Maintenance Supervisor, Housekeeping Supervisor, Nutritional Services Manager, and Medical Director, Monthly for 3 months or until Committee deems appropriate With issues addressed.</p> <p>5. Completion date 4/16/2011</p>	4/16/11	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2011
NAME OF PROVIDER OR SUPPLIER RIVERSIDE MANOR HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST HWY. 136 BOX 39 CALHOUN, KY 42327		
(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 10</p> <p>and folded clothes, without washing her hands. When asked where the staff members were washing their hands, Laundry Aides #1 and #2 stated they would go to the break room or the bathroom. Observation revealed neither laundry staff wore clothing protectors while folding clean linen. The staff members' clothing was observed soiled.</p> <p>An interview with the Environmental Services Manager on 02/28/11 at 9:42 AM, revealed the laundry had constraints with space and usually one laundry worker worked in the dirty area and one worked in the clean area.</p> <p>5. An observation of the Central Bath area, on 03/02/11 at 6:55 AM, revealed strong odors and a soiled toilet, three soiled potty chair basins stacked near the toilet and the garbage can was open and full of discarded briefs. A PVC type bath bed was stored in the area and was noted to have four, five to six inch gashes in the foam and vinyl bed padding.</p> <p>An interview with the Environmental Services Manager and the District Manager, on 03/01/11 at 1:00 PM, revealed the facility had experienced a high rate staff turnover. There were numerous cleaners available to do the cleaning required, however, much time was spent on maintaining the staff members and inservicing and training.</p>	F 441		4/16/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185209	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/01/2011
NAME OF PROVIDER OR SUPPLIER RIVERSIDE MANOR HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST HWY. 136 BOX 39 CALHOUN, KY 42327		
(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 147	Continued From page 1 NFPA 99, Chapter 3 Electrical Systems 3-3.2.1.2 D 2. Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.condition affected two	K 147	4. Resident angels will report monthly for three months of any usage of multi-plug adapters from their rounds made during the month to Administrator. Administrator will track and trend and report finding to PI committee and appropriate action will be taken 5. Completion date 4/16/2011	4/16/11	