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

PRINTED: 05/24/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185349		05/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON PLACE	1705 HERR LANE LOUISVILLE, KY 40222

(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 A standard health survey was conducted 05/10/11 through 05/13/11 and a Life Safety code survey was conducted on 05/10/11. The facility was found to not meet minimum requirements for recertification and deficiencies were cited with the highest scope and severity at an "F". The facility had the opportunity to correct the deficiencies before remedies would be recommended for imposition.	F 000		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of Refrigerated and Frozen Storage Food Policy, the facility failed to store food under sanitary conditions. Seven (7) food products stored in the walk-in freezer were found to be unsealed and open to air during the initial tour of the kitchen. The findings included: Record review of the facility policy for Refrigerated and Frozen Storage of Food revealed that foods which were removed from the	F 371	*The kitchen associates discarded all food from seven (7) frozen food containers which were stored in the walk-in freezer which were unsealed and open to air 5-13-11. *The Director of Food Service checked all food all food storage areas for proper food storage 5-12-2011. All foods which are removed from the original containers are wrapped in moisture-proof materials to exclude as much air as possible. * The Director of Food Service will reeducate all dietary associates to address proper food storage including all foods which are removed from the original containers will be wrapped in moisture-proof materials to exclude as much air as possible by 6-17-2011.	6-17-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Dorothy E Biddle-Puffer | TITLE: X Administrator | (X6) DATE: X 6-3-2011

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 371	Continued From page 1 original containers were to be wrapped in moisture-proof materials to exclude as much air as possible. Observation, on 05/10/11 at 8:45am, during the initial tour of the kitchen revealed seven (7) frozen food containers which were stored in the walk-in freezer which were unsealed and open to air. The items which were unsealed and open to air included: a box of frozen peas, a box of frozen dinner rolls, a box of frozen biscuits, a box of frozen apple mini-dumplings, a box of frozen lima beans, a box of frozen mixed vegetables, and a container of red-colored sherbet. Interview, on 05/10/11 at 9:00am, with the Director of Food Service, revealed that all frozen food that was previously opened should be dated and resealed tightly. Interview, on 05/12/11 at 10:50am, with the Director of Food Service, revealed she reminded kitchen staff on 05/10/11 of the policy to reseal all frozen food after opening. The Director of Food Service stated on 05/11/11, she found the box of frozen lima beans stored in the freezer unsealed and open to air.	F 371	The Person in Charge (PIC) of the kitchen who is designated each shift as the lead cook checks all food storage areas each shift for proper food storage and records results. All foods which are removed from the original containers will be wrapped in moisture-proof materials to exclude as much air as possible. The Director of Food Service or the chef audits the food storage areas and the documentation of these checks on food storage at least once per week to ensure proper food storage. *The Director of Food Service reports the results of the audits to the Quality Assurance committee each quarter to ensure that proper food storage solutions are sustained.	
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 431	*The nurses on the Maroon unit discarded the two (2) containers of Dakin 1/8 strength solution, one (1) container of 9% Sodium Chloride (NaCl) solution, and one (1) container of Hydrogen Peroxide as well as the two (2) containers of Nyamic Topical	6-17-11

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F 431	Continued From page 2 Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to label and date treatment solutions and products and to remove discontinued treatment products from two (2) Treatment Carts out of two (2) Treatment Carts. The findings include: Review of the facility's Pharmacy Policy for	F 431	Powder and one (1) container of Bacitracin Ointment on 5-13-2011. The nurses on the Maroon unit also removed the one (1) container of Silvadene Cream from the Treatment Cart on 5-13-11. The nurses on the Green unit discarded two (2) containers of Lidocaine Cream, one (1) container of Vaxolex Ointment, one (1) container of Thermo-San Jelly, and one (1) container of Xenaderm Ointment from the Treatment Cart 5-13-11. The pharmacy replaced all treatment items needed for current orders. *The night shift nurses for both units audited the Treatment carts 5-13-11 to ensure that all treatment solutions and products are labeled and dated properly and to remove discontinued treatment products from the Treatment Carts. *The Director of Nursing will reeducate all nurses and CMTs regarding the management of the Treatment Cart. Training includes Preparation and General Guidelines for Irrigations	

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F 431	Continued From page 3 Preparation and General Guidelines for Irrigations Solutions (revised date 03/01/07) revealed irrigation solutions are labeled with the date and time immediately upon opening. Solutions without preservatives, in the original manufacturer's container, (such as water and and sodium chloride) are disposed of within twenty four (24) hours after opening. When expired, unused solutions are poured down the drain. Review of the facility's Pharmacy Policy for Disposal of Medications and Medication-Related Supplies (revised date 03/01/07) revealed when medications are discontinued by a prescriber, a resident is transferred or discharged and does not take medications with him/her, or in the event of a resident's death, the medications are marked as "discontinued" and destroyed, or returned to the issuing pharmacy. Medications are removed from the medication cart immediately upon receipt of an order to discontinue to avoid inadvertent administration Observation of the Maroon Unit Treatment Cart, on 05/12/11 at 10:00am, revealed two (2) containers of Dakin 1/8 strenght solution, one (1) container of 9% Sodium Chloride (NACL) solution, and one (1) container of Hydrogen Peroxide opened but not labeled with date opened. Observation also revealed two (2) containers of Nyamic Topical Powder and one (1) container of Bacitracin Ointment that were opened but not labeled with date. Observation also revealed one (1) container of Silvadene Cream in the Maroon Unit Treatment Cart that had been discontinued, but not removed from the Treatment Cart.	F 431	Solutions to assure that irrigation solutions are labeled with the date and time immediately upon opening. Solutions without preservatives, in the original manufacturer's container (such as water and sodium chloride) are disposed of within twenty four (24) hours after opening. When expired, unused solutions are poured down the drain. The Director of Nursing reeducates all nurses and CMTs regarding the Disposal of Medication and Medication-Related Supplies to assure that when medications are discontinued by a prescriber, a resident is transferred or discharged and does not take medications with him/her, or in the event of a resident's death, the medications are marked as "discontinued" and destroyed, or returned to the issuing pharmacy. Medications are removed from the treatment cart immediately upon receipt of an order to discontinue to avoid inadvertent administration. The night shift nurses for both units audit the Treatment carts	

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F 431	Continued From page 4 Interview, on 05/12/11 at 10:10am, revealed Registered Nurse (RN) #2, was uncertain if the facility had a policy on dating opened treatment solutions and products. RN #2 said it was standard nursing practice to date products as opened. RN #2 said treatment products were usually removed from the Treatment Cart when the physician discontinued the treatment. RN #2 said items in the cart would be dated and discontinued products would be disposed of by tommorrow. Observation of the Treatment Cart on the Green Unit, on 05/12/11 at 10:20am, revealed two (2) containers of Lidocaine Cream, one (1) containerof Vaxolex Ointment, one (1) container of Thermo-San Jelly, and one (1) container of Xenaderm Ointment were opened but not labeled with date. Interview, on 05/12/11 at 10:30am, with Licensed Practical Nurse (LPN) #1, revealed the nursing staff were instructed to label and date treatment products and solutions when opened and to remove discontinued treatment products from the cart. LPN #1 stated, "Every nurse should know this. I cannot control what happens during the night shift when I am not here. I guess I will have to check the carts every morning when I come in". Interview, on 05/12/11 at 1:15pm, with the Director of Nursing, (DON), revealed the DON considered it standard nursing practice to date treatment solutions and products when opened and to remove treatment products from the cart when treatments are discontinued. The Treatment Carts are to be checked nightly by the	F 431	each night to ensure that all treatment solutions and products are labeled and dated properly and to remove discontinued treatment products from the Treatment Carts. Also, the treatment nurse double checks to ensure the same each morning and the Director of Nursing or her designee audits the same each week. The pharmacy audits on a monthly basis. *The Director of Nursing reports the results of these audits each quarter to the Quality Assurance Committee for review to ensure that treatment cart solutions are sustained.	

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F 431	Continued From page 5 night shift nurses and the Unit Managers are suppose to spot check Treatment Carts every morning. The DON stated, "Obviously, I have not been checking with the Unit Managers, lately. Interview, on 05/13/11at 9:10am, with LPN #2, Maroon Unit Manager, revealed there was not a designated day to check Treatment Carts. It is ultimately my responsibility to check the carts, and ensure the containers were dated when opened and removed when they were discontinued.	F 431		
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions	F 441	* Labs collected from Resident #2 on 5-19-2011 indicate the Clostridium Difficile is resolved. The Assistant Director of Nursing reeducated the family member on the need for use of Personal Protective Equipment (PPE) in the isolation room on 5-12-2011. A separate glucometer is dedicated and maintained in the room for Resident #2 only on 5-12-2100. The glucometer is maintained based on ARKRAY manufacturer recommendation. The nasal canula and oxygen tubing were discarded and replaced immediately. The Lidocaine cream used for Resident #2 was removed from the treatment cart, replaced,	6-17-11

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F 441	Continued From page 6 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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, review of the Infection Control Policy, review of The Centers for Disease Control and Prevention website, review of the manufacurer recommendations for cleaning and disinfecting the blood glucose meter and product information, and review of the reference sheet for Ecolab 20 Neutral Disinfectant Cleaner, the facility failed to maintain an Infection Control Program designed to provide a safe and sanitary environment to prevent the development and transmission of disease and infection for one (1) of fifteen (15) residents. 1. Resident #2 who was maintained in contact isolation precautions for Clostridium Difficile, was transported to a scheduled outside physician appointment from room 409 to the main entrance of the facility in a wheelchair designated only for use in the resident's isolation room. A visitor/family member who accompanied Resident	F 441	labeled and placed in the room for Resident #2. The treatment cart was cleaned and disinfected with bleach product. The nurses remove the garbage containers attached to the Treatment Carts. * Labs collected from Resident #2 on 5-19-2011 indicate the Clostridium Difficile is resolved. No other residents have laboratory results indicating the presence of Clostridium Difficile and no other residents have laboratory documentation or clinical signs or symptoms of active infections requiring the use of transmission control isolation. *The Director of Nursing revises the Infection Control Policy to reflect the 2007 Centers for Disease Control Guidelines for Isolation Precautions. The Director of Nursing or her designee will educate all associates who enter resident rooms regarding the revised policy including types of isolation precautions and Personal Protective Equipment. The Director of Nursing will reeducate the nursing associates	

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F 441	Continued From page 7 #2 to a physician appointment was not effectively educated on the need for use of Personal Protective Equipment (PPE) in the isolation room, or monitored for compliance with the use of appropriate PPE. 2. In addition, a glucometer which was utilized in the isolation room of Resident #2 was not effectively disinfected in accordance with manufacturer instructions. 3. The nasal canula and oxygen tubing were found lying on the floor in the isolated room of Resident #2. 4. Furthermore Lidocaine cream used for Resident #2, who was on contact precautions for C-Diff, was found not labeled in a treatment cart used for four (4) other hallways. The findings include: 1. Review of the facility policy for Infection Control: Contact Precautions, dated 2003, stated gloves should be worn when entering a contact isolation room and while providing care for a resident, and a gown should be worn when entering the room if it is anticipated that clothing will have substantial contact with the resident, environmental surfaces, items in the resident's room, or if the resident is incontinent or wound drainage is not contained by a dressing. The Contact Precaution policy further states if the resident leaves the room, precautions should be maintained to minimize the risk of transmission of microorganisms to other residents and contamination of environmental surfaces, equipment, and dedicated resident-care equipment was preferred, but if unavoidable the items should be adequately cleaned and/or disinfected before use for another resident. Review of the facility policy for Infection Control:	F 441	regarding maintaining precautions when a resident is leaving the room and Family/Visitor education regarding isolation precautions and the use of Personal Protective Equipment (PPE) as well as monitoring visitors for compliance. Nurses provide family and visitors disease-specific Frequently Asked Question sheets available from the Centers for Disease Control and Prevention that address concerns about isolation precautions. Nurses note residents needing isolation precautions on the 24-hour report and nurses document the monitoring of family or visitor compliance or noncompliance with precautions and Personal Protective Equipment (PPE) in the resident's medical record. The Director of Nursing will educate all nurses and Certified Medication Technicians regarding the proper cleaning and disinfection process of glucometers in accordance with manufacturer instruction and that whenever possible, blood glucose	

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F 441	Continued From page 8 Clostridium Difficile (C-Diff), dated 2003, stated that items such as stethoscope, sphygmomanometer, and thermometer should be dedicated to use on that resident only, or a cohort of VRE residents. Observation on 05/12/11 at 10:10am, revealed CNA #2, wore a mask, gloves, and gown while assisting Resident #2 into a wheelchair in a contact isolation room for Clostridium Difficile. A family member was present and was not wearing PPE. After Resident #2 was seated in the wheelchair, a transporter from a local ambulance company walked into the room, without use of PPE and pushed Resident #2 in the wheelchair from the isolation room to the facility main entrance. Interview on 05/12/11 at 10:20, with CNA #2 revealed Resident #2 had been transported to a Urology appointment. CNA #2 said Resident #2 was in isolation for C-Diff and said she was taught that C-Diff required both contact and respiratory isolation precautions. CNA #2 said she didn't know if family members of Resident #2 were instructed to use PPE in the room. The family routinely does not utilize PPE during visits. CNA #2 said Resident #2 had a dedicated wheelchair in the isolation room. This wheelchair from the isolation room was used to transport Resident #2 to a physician appointment. Interview on 05/12/11 at 10:25, with the Unit Manager revealed that the family of Resident #2 was educated on isolation precautions and told that PPE should be worn while in the room. Staff have not insisted that the family wear PPE. The Unit Manager said, the wheelchair in the isolation	F 441	meters should not be shared. Instruction includes that disinfection would be accomplished by use of a paper towel dampened with a dilution of household bleach in water (1:10) or other bleach-based products listed by Arkray, USA, Inc. The Director of Nursing or her designee will monitor each nurse and Certified Medication Technician for demonstration of proper glucometer disinfection each month. The Director of Nursing will review the disinfectant products available to nurses and Certified Medication Technicians and ensures that sheets are available in the cabinet for each product. Products are simply and clearly marked to indicate when they should be used. The Director of Nursing will review each product and its intended use with all nursing associates. The Director of Nursing and the Director of Housekeeping will review each product (including the dilution of household bleach in water (1:10)) and its intended use with each	

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F 441	Continued From page 9 room was designated for the exclusive use of Resident #2, and should not have been removed from the room. The Unit Manager stated, when Resident #2 was transported by wheelchair, a clean wheelchair should have been provided for the resident to transfer into at the door of the room. The Unit Manager also, said it is expected that the transporter should have been told Resident #2 was in contact isolation, prior to the transporter entering the isolation room. Interview on 05/13/11 at 11:55am, with the Director of Nursing (DON) revealed that she had been told by the Unit Manager of a "breech" in infection control which occurred when Resident #2 was transported through the facility in a wheelchair which had been stored in the contact isolation room. The DON stated a clean wheelchair should have been provided for the transportation of Resident #2 through the facility to a physician appointment. The DON further stated the family had been edcuated about the use of PEE to ensure infection control procedures were followed. 2. Review of the Centers for Disease Control and Prevention (CDC) website page regarding glucometer care, last updated on 02/23/11, revealed the "CDC is alerting all persons who assist others with blood glucose monitoring and/or insulin administration of the following infection control requirements: ...whenever possible, blood glucose meters should not be shared. If they must be shared, the device should be cleaned and disinfected after every use." Review of the Cleaning and Disinfecting Blood	F 441	housekeeper and where to place the products in the cabinet. The Director of Nursing or her designee audits the cabinets weekly to assure the products are simply and clearly marked to indicate when they should be used. The Director of Nursing will reeducate nurses about oxygen tubing storage and nebulizer storage including the clean plastic bags provided on the oxygen concentrators for coiling and storage of the excess tubing and canula as needed. The Director of Nursing or her designee audits all oxygen concentrators and nebulizers in use to assure proper storage of tubing and the nasal canula each week. The Director of Nursing will reeducate all nurses regarding treatment products for a resident in contact isolation should be stored in the resident's room, not in the Treatment Cart with other residents' products. The night shift nurses audit the Treatment Cart every night to assure that treatment products for a resident	

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F 441	Continued From page 10 Glucose Meter Product Information provided by Arkray USA, Inc. revealed a dilution of household bleach in water (1:10) was recommended to disinfect the meter. Disinfection would be accomplished by use of a dampened paper towel with the 1:10 bleach used to thoroughly wipe down the glucometer. Arkay, USA, INC. included a listing of bleach-based disinfecting products which would be acceptable for disinfection purposes. Review of the Reference Sheet for Ecolab 20 Neutral Disinfectant Cleaner revealed the product contained no bleach, and the active ingredient was listed as 10% Ammonium Chloride solution. Observation on 05/10/11 at 12:05pm of glucometer check for Resident #2 performed by Med Tech #1 revealed the glucometer was taken into room 409 which was in contact isolation for C-Diff. After the result was obtained, Med Tech #1 removed PPE, carried the glucometer to the Utility Room, and cleaned the glucometer with Ecolab Neutral Cleaner and Disinfectant. Interview on 05/10/11 at 12:15pm with Med Tech #1 revealed it is acceptable to take the glucometer into an isolation room, as long as it is cleaned after each use with the Ecolab 20 Neutral Disinfectant Cleaner stored under the sink in the Utility Room. There were two (2) different bottles of disinfectant under the sink: Keystone TB disinfectant cleaner and Ecolab 20 Neutral Disinfectant Cleaner. Med Tech #1 said she always uses the Ecolab product, but wasn't sure what the Keystone TB disinfectant cleaner was used for or, what was the difference between the	F 441	in contact isolation are not stored on the Treatment Cart with other residents' products. Also, the treatment nurse double checks to ensure the same each morning and the Director of Nursing or her designee audits the same each week. The pharmacy audits on a monthly basis. *The Director of Nursing reports the results of these audits each quarter to the Quality Assurance Committee for review to ensure that infection control solutions are sustained.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185349		05/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON PLACE	1705 HERR LANE LOUISVILLE, KY 40222

(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	Continued From page 11 two (2) products. Interview on 05/13/11 at 10:30am with the LPN/Nurse Supervisor revealed that after a glucometer check in an isolation room, the glucometer should be disinfected with TB disinfectant which was stored under the sink in the Utility Room. The LPN/Nurse Supervisor said wipes in packets had been available in the past to disinfect the glucometers, but she has not seen them in awhile, and could not remember the name of the product. Interview on 05/13/11 at 11:25am with the Unit Manager revealed that Resident #2 had a dedicated glucometer in room 409 as of 05/13/11, which was intended to be a temporary solution, as the facility began to investigate options for maintaining infection control with regard to glucometer checks. The Unit Manager reviewed the product labels of the two (2) different bottles of disinfectant (Ecolab/Keystone TB) which was stored under the sink in the Utility Room. The Unit Manager wasn't sure how staff would know which product should be used to clean the glucometers, and did not know the difference between the two (2) different cleaning products. The Unit Manager verified that neither product (Ecolab/Keystone TB) contained bleach, and was not aware of the manufacturer recommendation for the appropriate product to use for disinfection of the glucometer. Interview on 05/13/11 at 11:55pm with the DON revealed that Chlorox-brand wipes were available in the facility, but when the product information was reviewed by the DON, it was discovered the wipes did not contain bleach. The DON said the	F 441		

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	185349		05/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON PLACE	1705 HERR LANE LOUISVILLE, KY 40222

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F 441	Continued From page 12 facility provided Sani-Cloth Bleach Disposable Wipes to disinfect the glucometers between residents, and stated she did not know the bleach wipes were out of stock. The DON did not know how long the facility had been without the bleach wipes, and said the Sani-Cloth Bleach Disposable Wipes had been reordered. The DON said the Ecolab disinfectant should be used to clean equipment after use in an isolation room, and that Keystone TB is used for terminal cleaning when an isolation room is discontinued. 3. Interview on 05/13/11 at 11:25am with the Unit Manager revealed staff are expected to keep the nasal canula and tubing off of the floor to maintain infection control. The Unit Manager stated that clean plastic bags are provided on the oxygen concentrator for storage of the excess tubing and canula as needed. Interview on 05/13/11 at 11:55 with the DON revealed that it is not acceptable for nasal canula and tubing to be lying on the floor. The DON stated the excess tubing should be coiled and stored in the plastic bag provided on the oxygen concentrator to prevent cross-contamination. Observation on 05/12/11 at 10:20am of the Green Unit Treatment Cart revealed one (1) jar of Lidocaine Cream opened and used with no name or date on the label. Another opened and used jar of Lidocaine Cream, which was labeled with Resident #2's name but was undated, was also observed in the Green Unit Treatment Cart. Resident #2 was in contact isolation on this observation date for C. Difficile. LPN #1, Treatment Nurse for the Green Unit, removed the two (2) jars of Lidocaine Cream and tossed them into the garbage container attached to the	F 441		

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F 441	Continued From page 13 Treatment Cart during this observation. Interview on 5/12/11 with LPN#1 revealed that treatment products for a resident in contact isolation are to be kept in the resident's room, not in the Treatment Cart with other residents' products. LPN#1 revealed that the Green Unit Treatment Cart contained treatment products for residents on the 100, 200, 300 and 400 Halls.	F 441		

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185349	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEFFERSON PLACE	1705 HERR LANE LOUISVILLE, KY 40222

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Survey was initiated and concluded on 05/10/2011. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest Scope and Severity deficiency identified was an "F".	K 000		
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained according to NFPA standards. This deficient practice affected all smoke compartments, including residents, staff, and visitors. The facility is licensed for seventy two (72) beds with a census of sixty six (66) the day of the survey. The findings include: Observation and interview on 05/10/11, with the Maintenance Director revealed: (1) Extension cords being used in resident rooms #209, 210, and 507. Interview with the Maintenance Director revealed that he was unaware of the use of extension cords. 2) A power strip plugged into an extension cord powering two refrigerators and a microwave	K 147	*The Maintenance Department removed extension cords being used in resident rooms #209, 210 and 507 on 5-10-2011. The Director of Housekeeping removed the power strip plugged into an extension cord powering two refrigerators and a microwave located in the laundry office on 5-10-2011. The Director of Maintenance plugged the resident bed in room #509 into the wall receptacle and removed the power strip on 5-10-2011. The Maintenance Department removed the power strip plugged into another power strip located in resident room #501 on 5-10-2011. The Maintenance Department will remove all items previously being stored against, under and in front of electrical panels in the Maintenance Office by 6-17-2011.	6-17-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Dorothy E Bizo [illegible] | TITLE: X Administrator | (X6) DATE: X 6-3-2011

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185349	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 05/10/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1705 HERR LANE LOUISVILLE, KY 40222	

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K 147	Continued From page 1 located in the Laundry Office. Interview with the Maintenance Director revealed he was unaware of the power strip or the extension cord being used in the office. 3) A resident bed in room #509 was plugged into a power strip. Interview with the Maintenance Director revealed that that the bed in that room had just been replaced and did not know who plugged it into a power strip. 4) A power strip was plugged into another power strip located in resident room #501. This observation was confirmed with the Maintenance Director. 5) Touring the Maintenance Office it was observed that items were being stored against, under, and in front of electrical panels. This observation was confirmed with the Maintenance Director. Reference: NFPA 99 (1999 edition) 3-3.2.1.2 D 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. Reference: NFPA 70 (1999 edition) 110-26. Spaces	K 147	*The Director of Maintenance or his designee will inspect all electrical outlets to assure there are no extension cords, no beds or other medical equipment plugged into a power strip and no power strip plugged into any other power strips. The Director of Maintenance or his designee will inspect all electrical panels to assure there are no items being stored against, under and in front of the electrical panels. *The Administrator has distributed an article in the monthly newsletter for all associates that explains that there should be no extension cords in the facility, no beds or other medical equipment plugged into a power strip or into any other power strip and that not items may be stored within 3 feet of an electrical panel. The Maintenance Director will reeducate associates from the nursing and housekeeping departments regarding electrical safety including no extension cords, no beds or medical equipment plugged into power strips and no	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185349	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 147	Continued From page 2 About Electrical Equipment. Sufficient access and working space shall be provided and maintained around all electric equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons.	K 147	items stored against, under and in front of electrical panels. The Maintenance Director or his designee inspects electrical outlets to assure there are no extension cords, no beds or other medical equipment plugged into a power strip and no power strip plugged into any other power strips every week. Also, the inspection will include all electrical panels to assure there are no items being stored against, under and in front of the electrical panel every week. The safety committee has a group of no less than two associates inspect the same every month prior to the monthly committee meeting. *The Director of Maintenance reports the results of these inspections each quarter to the Quality Assurance Committee for review to ensure that electrical safety solutions are sustained.	

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