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

PRINTED: 04/05/2011
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 185378 | | 03/23/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MASONIC HOME OF SHELBYVILLE | 711 FRANKFORT ROAD<br>SHELBYVILLE, KY 40066 |

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| F 000 | INITIAL COMMENTS<br><br>A standard health survey was conducted 03/20/11 through 03/23/11 and a Life Safety Code survey was conducted on 03/22/11. Deficiencies were cited with highest scope and severity of an "E" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.<br><br>This was a Nursing Home Initiative with entrance on Sunday 03/20/11 at 2:10pm. | F 000 | | |
| F 371<br>SS=D | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review and interview it was determined the facility failed to store, prepare, distribute, and serve food under sanitary conditions. The facility failed to prevent cross-contamination of food, maintain the temperature of a dairy product, and properly seal and date opened food items.<br><br>The findings include:<br><br>Review of the facility's kitchen policy on Infection | F 371 | 1. No resident was identified as a as being affected by the issues identified. However, the facility has implemented corrective actions to address the identified issues as stated under item 3 and 4.<br>2. No other resident was identified as being affected by the issues identified. However, the facility has implemented corrective actions to address the identified issues under item 3 and 4.<br>3. The facility has initiated the following corrective measures to assure that the deficient practice does not reoccur as follows:<br>a. Labeling of opened food containers<br>• Labeling of food policy revised on 3/20/2011.<br>• Dietary staff in-serviced on policy and proper practices on 3/20/2011.<br>• Updated Dietary CQI calendar to monitor labeling and scooping procedure compliance 3/23/2011. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

x [signature] x Administrator x 4-11-11

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

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| F 371 | Continued From page 1<br>Control Practices dated 01/2006 revealed that while serving food, store serving utensil in the food with the handle extending out of the food.<br><br>Review of the facility's kitchen policy for Minimum Temperature at Point of Service to Resident and not dated, revealed chilled foods should be held below fifty-five (55) degrees Farenheit.<br><br>Review of the facility's policy on Refrigerated Storage and not dated, revealed all foods will be properly wrapped and/or stored in sealed containers and dated, labeled and monitored so they are used by the specified use-by date.<br><br>Review of the facility's policy on Frozen Storage and not dated, revealed all frozen foods will be properly wrapped, dated labeled and monitored so it is used by the specified use-by date.<br><br>Review of in-service education record titled All Topic within Kitchen dated 03/03/11 revealed the topic of proper storage, dating and labeling food items.<br><br>Review of in-service education record titled Neighbor Food Allergies dated 03/17/11 revealed the topic of monitoring Residents tickets for food allergies and using caution when preparing food trays.<br><br>Observation of the walk-in cooler on 03/20/11 at 3:20pm revealed a five (5) pound container of four-bean salad opened and not dated.<br><br>Observation of the walk-in freezer on 03/20/11 at 3:25pm revealed a box of ground beef frozen patties opened, unsealed, and not dated. | F 371 | b. Serving Line Practice<br>• Revised Dietary Infection Control Practices policy concerning potential glove contamination in relationship to food allergens on 3/21/2011.<br>• Dietary staff in-serviced on infection control practices/cross contamination of food with potential food allergens 3/21/2011.<br>• 100% Audit performed of resident food allergies; no resident were found to be allergenic to rice or beets (the two (2) food items involved in the survey observation on 3/21/2011).<br>c. Dairy item not maintained at the proper temperature at point of service:<br>• Initiated Sour Cream Tray Service Protocol on 3/22/11.<br>• Dietary staff in-serviced on 3/22/2001 regarding sour cream tray service protocol concerning maintenance of sour cream at the proper | |



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| F 371 | Continued From page 2<br>Observation of the tray line on 03/21/11 at 11:30pm revealed the dietary helper consecutively leaving the spoon handle for the rice in the container of food after preparing three food trays. While preparing the fourth tray, the dietary helper reached in to retrieve the spoon handle and touched the food with her gloves smearing pureed beets into the rice. Individual cups of sour cream were noted in an un-iced container sitting on the steam table.<br><br>Observation of food temperatures during tray line on 03/21/11 at 4:30pm revealed a temperature of the sour cream at thirty-one (31) degrees Farenheit.<br><br>Observation of food temperatures for a test tray on 03/21/11 at 6:00pm revealed a sour cream temperature of sixty-eight (68) degrees.<br><br>Interview with the Dietary Helper on 03/21/11 at 11:30am revealed she was unaware of the potential risks in cross-contamination to the residents in regards to infection control and food allergies.<br><br>Interview with the Director of Dietary Services on 03/21/11 at 11:35am revealed that a recent in-service had been conducted on cross-contamination and food allergies. She also reported that the Dietary Helper had been in attendance. The Director of Dietary Services stated that the residents could potentially be at risk for allergic reactions if a food allergy exists, and could potentially cause illness.<br><br>Interview with the Director of Dietary Services on 03/21/11 at 6:35pm revealed that sour cream should be at a temperature of thirty-five (35) to | F 371 | temperature at point of service.<br>4. The facility has implemented the following interventions to ensure the corrective actions are effective.<br>a. Food labeling/scooping QA implemented 3/20/2011. Results will be documented and submitted to the Quality Assurance Committee for review.<br>b. Quality Assurance committee in-serviced on 3/23/2011 regarding food labeling, serving line practice, and food temperatures.<br>c. The Quality Assurance Committee met, reviewed and revised this Plan of Correction on 3/28/2011.<br>d. The RD will have oversight in revised QA compliance measures. These actions will be submitted and reviewed by the Quality Assurance Committee.<br>5. The Quality Assurance Committee will review documentation and assess continued effectiveness of plan of correction and regulatory compliance completed by | 4/13/2011. |



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| F 371 | Continued From page 3<br>forty (40) degrees Farenheit at the time of service to the resident to prevent spoilage or curdling of the dairy product. She also stated that serving sour cream at an unsafe temperature could potentially cause illness.<br><br>Interview with the Director of Dietary Services on 03/23/11 at 9:00am revealed that twice a day she does a walk-in tour of the cooler and freezer to ensure items are properly sealed and dated, but was not there the day the items were found. She also revealed that in-services are provided frequently to kitchen employees to reinforce proper food storage procedures. The Director of Dietary Services also revealed that the container with sour cream should have been placed in ice and not stored on the steam table during tray line. She stated this practice could have caused bacteria growth resulting in a potential illness. The Director of Dietary Service stated that the Dietary Helper does not normally serve the food, but had been trained on proper procedure. The Director of Dietary Service confirmed she is responsible for ensuring the kitchen employees are following the facility's policy and procedures.<br><br>Interview with the Administrator on 03/23/11 at 10:00am confirmed she is ultimately responsible for ensuring the kitchen is following the facility's policies for storage, preparation, and distribution for food. | F 371 | | |
| F 372<br>SS=D | 483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY<br><br>The facility must dispose of garbage and refuse properly.<br><br>This REQUIREMENT is not met as evidenced | F 372 | 1) No resident was identified as being affected by the issues identified. However, the facility has implemented corrective actions to address the deficient practice as stated under items 3 and 4.<br>2) No other residents were identified as being affected by the issues identified. However, the facility has implemented corrective actions to address the issues identified as stated under items 3 and 4. | |



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| F 372 | Continued From page 4<br>by:<br>Based on observation, interview and record review it was determined the facility failed to ensure that garbage and refuse were properly disposed. Three (3) mattresses were located on the ground behind the dumpsters. The facility further failed to keep resident food trays separate from exposure to soiled cleaning items. A mop bucket was in use while meal trays were being passed to residents in their room.<br><br>The findings include:<br><br>1. The facility policy on Disposal of Furniture and Mattresses (Revised 3/11) states that an item deemed unusable/unsafe will be removed by maintenance from its current location and proper disposal is to be arranged.<br><br>Observation on 03/22/11 at 10:30am revealed three (3) bed mattresses located on the ground behind the dumpsters. Other garbage was noted next to the mattresses, to include a large piece of plastic and some litter.<br><br>Interview on 03/22/11 at 10:30am with the Administrator revealed the mattresses were on the ground waiting for enough room to be available within the dumpsters for disposal.<br><br>Interview on 03/22/11 at 10:35am with the Housekeeping Supervisor, who was present during the observation, revealed the two (2) of the mattresses were there for a while.<br><br>Interview on 03/23/11 at 10:15am with the Maintenance Supervisor revealed mattresses are taken to the local landfield, known as "Waddy", for disposal and not placed in the dumpster. | F 372 | 3) The facility has initiated the following corrective measures to assure that the deficient practice does not reoccur as follows:<br>• The three (3) mattresses in identified area moved to proper storage area for disposal and plastic bag on ground placed in dumpster 3/22/2011.<br>• Disposal of Furniture and Mattresses policy was revised 3/23/2011.<br>• In-serviced environmental staff (maintenance and housekeeping) on revised Disposal of Furniture and Mattresses policy on 3/25/2011<br>• The Standard Infection Control Policy was revised on 3/24/2011.<br>  • In-serviced environmental staff (maintenance and housekeeping) on revised Standard Infections Control Policy on 3/25/2011.<br>  • Floor Service technician in-serviced on Standard Infections Policy on 3/25/2011 to ensure identified issue does not reoccur.<br>  o In-service followed up with Floor Service Technician on 4/7/2011.<br>• Storage Areas policy revised to include dumpster maintenance on 4/7/2011.<br>  • In-serviced environmental staff (maintenance and housekeeping) on revised Storage Areas policy on 4/7/2011.<br>• Maintenance department orientation checklist revised 3/24/2011.<br>• Revised Outside Building Audit QA to include indentified issue effective 3/23/2011.<br>• Implemented routine maintenance schedule to ensure exterior dumpster area is maintained in a clean and sanitary manner 3/25/2011.<br>• Reviewed Maintenance QA calendar to clarify the inclusion of the issues indentified 3/23/2011, no revision was required. | |



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| F 372 | Continued From page 5<br><br>2. The facility policy on Standard Infection Precautions (Revised 05/27/10) under Environmental control states "Maintain a 'two-door' distance between housekeeping carts and dining service carts. Housekeeping may only clean in neighbor's room if food is not being served."<br><br>Observation on 03/21/11 at 12:00pm of the hall with resident room numbers 400 to 407, during the lunch tray pass to Residents in their room, revealed Maintenance staff #1 mopping, with a mop and mop bucket, outside Room 404.<br><br>Observation on 03/21/11 at 12:25pm revealed the continuation of meal pass with trays returning to the noted above hall, now with a floor buffer machine in the hall and Maintenance staff #1 spraying areas on the hall floor with a spray bottle.<br><br>Interview on 03/23/11 at 9:20am with Maintenance staff #1 revealed mop buckets are not to be out during meal pass.<br><br>Interview on 03/23/11 at 9:20am with Housekeeper #2 revealed the housekeeping carts are not allowed to be on the floor during meal pass.<br><br>Interview on 03/23/11 at 9:10am with the Maintenance Supervisor revealed mop buckets are not supposed to be on the floor during meal pass.<br><br>Interview on 03/23/11 at 9:12am with the Housekeeping Supervisor revealed their facility | F 372 | 4) The facility has implemented the following interventions to monitor the corrective action to ensure that performance is sustained as follows:<br>• Routine quality assurance audits will be conducted by the administrative staff with maintenance to ensure that the corrective actions listed above are being consistently followed.<br>• QA Committee met and approved preliminary plan of correction on 3/23/2011.<br>• QA Committee met and approved plans of correction and policy revision on 3/28/2011<br>• QA Committee was in-serviced on regulatory compliance and corrective actions on 3/23/2011.<br>• The maintenance director will maintain documentation of audit records and submit to the QA Committee for review.<br>5) The facility will monitor the corrective actions to ensure that compliance is maintained by:<br>• The Quality Assurance Committee will review required audits and supportive documentation to ensure the effectiveness of the compliance plan and make revisions as necessary on an ongoing basis completed by | 4/12/2011. |



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| F 372 | Continued From page 6<br>policy is to have two doors between the cleaning carts or mop buckets and the rooms in which the Resident is receiving meals. | F 372 | | |
| F 441<br>SS=E | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>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.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(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.<br>(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.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of | F 441 | 1) No resident was identified as being affected by the issues identified. However, the facility has implemented corrective actions to address the deficient practice as stated under items 3 and 4.<br>2) No other residents were identified as being affected by the issues identified. However, the facility has implemented corrective actions to address the issues identified as stated under items 3 and 4.<br>3) The facility has initiated the following corrective measures to assure that the deficient practice does not reoccur as follows:<br>• All dust on pipes was removed by 3/22/2011.<br>• Implemented laundry cleaning assignment effective 3/22/2011 addressing the identified issue.<br>• Revised laundry safety inspection to include identified issue on 3/22/2011.<br>• Revised Laundry Review QAs to include indentified issue on 3/22/2011.<br>• Housekeeping/Laundry staff in-serviced on Cleaning of Laundry area on 3/22/2011.<br>• Reviewed Housekeeping QA calendar to assure the inclusion of the identified issue. | |



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| F 441 | Continued From page 7<br>infection.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review the facility failed to maintain their Infection Control Program to ensure personal laundry was processed and stored in a clean environment.<br><br>The findings include:<br><br>The facility Infection Prevention Team policy (Reviewed 01/14/11) revealed the purpose of the program was to provide a sanitary environment to help prevent the transmission of disease and infection.<br><br>The facility Infection Prevention Team procedure revealed laundry was to be stored and processed to prevent the spread of infection.<br><br>The facility had no policy for laundry at the time requested.<br><br>The facility had no documentation of the Laundry Area Cleaning Schedule at the time requested.<br><br>Observation on 03/22/11 at 10:10am revealed a thick coating of lint on all the pipes, completely around the pipes and above the area Resident clothes were processed. A long rack of clean clothes was hanging uncovered beneath a thick coating of lint on the pipes and on the metal structure above them.<br><br>Interview on 03/22/11 at 1:05pm with | F 441 | 4) The facility has implemented the following interventions to monitor the corrective action to ensure that performance is sustained as follows:<br>• QA Committee met and approved preliminary plan of correction on 3/23/2011.<br>• QA Committee met and approved plans of correction and policy revision on 3/28/2011<br>• QA Committee was in-serviced on regulatory compliance and corrective actions on 3/23/2011.<br>• The Environmental director will maintain documentation of audit records and submit to the QA Committee for review.<br><br>5) The facility will monitor the corrective actions to ensure that compliance is maintained by:<br>• The Quality Assurance Committee will review required audits and supportive documentation to ensure the effectiveness of the compliance plan and make revisions as necessary on an ongoing basis completed by | 4/13/2011 |



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| F 441 | Continued From page 8<br>Housekeeper #3, who is the laundry worker for the facility, revealed she cleans the pipes of dust twice a year using a feather duster.<br><br>Interview on 03/22/11 at 1:15pm with the Housekeeping Supervisor revealed she was responsible for the pipes to remain dust free. She cleans the pipes from dust every month or so. | F 441 | | |



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| K 000 | INITIAL COMMENTS<br><br>A standard Life Safety Code survey was conducted on March 22, 2011. The facility was found to be in substantial compliance with Title 42, Code of Federal Regulations, 483.70(a) relating to NFPA 101 Life Safety Code 2000 Edition, with no regulatory violations identified on the date of the survey. | K 000 | | |

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X [signature] X Administrator 4-11-11

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