PRINTED: 09/22/2014
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 A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	185288		C 09/11/2014

NAME OF PROVIDER OR SUPPLIER
ESSEX NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
9600 LAMBORNE BOULEVARD
LOUISVILLE, KY 40272

(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 An Abbreviated Survey to investigate KY22202, was initiated on 09/09/14 and concluded on 09/11/14. The Division of Health Care unsubstantiated the allegation with deficiencies cited.	F 000	Essex Nursing and Rehabilitation Center, LLC acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and provision of quality care of the residents. The plan of correction is submitted as a written allegation of compliance. Essex Nursing and Rehabilitation Center, LLC's response to the Statement of Deficiencies and plan of correction does not denote agreement with the Statement of Deficiencies nor does it constitute and admission that any deficiency is accurate. Further, Essex Nursing and Rehabilitation Center, LLC reserves the right to submit documentation to refute any of the stated deficiencies on the Statement of Deficiencies through formal appeal procedures and/or any other administrative or legal proceeding.	
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. (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.	F 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: X Robert Clark
TITLE: X Administrator
(X6) DATE: X 9/22/14 10/1/14

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 441	Continued From page 1 (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 and review of the facility's Handwashing Policy, it was determined the facility failed to follow an infection control program for two (2) of three (3) residents requiring dressing changes, of the four (4) total sampled residents (Residents #2 and #3). The Wound Nurse failed to wash her hands and change gloves when moving from a dirty area to a clean area during dressing changes. The findings include: Review of the facility's Handwashing Policy, dated August 2005, revealed personnel were required to wash their hands after each direct or indirect resident contact for which handwashing was indicated by acceptable standards of practice. Personnel would wash their hands: after contact with blood, body fluids, secretions, excretions, and equipment or articles contaminated by them; and when indicated between tasks and procedures to prevent cross contamination of different body sites. 1. Review of Resident #2's medical record, revealed the facility admitted the resident on 06/03/13, with diagnoses of Unspecified Peripheral Vascular Disease, Below the Knee Amputation, Diabetes Mellitus, Stage IV (4) to the	F 441	1. Essex Nursing and Rehabilitation Center acknowledges that all residents with ordered dressing changes are at risk for developing wound infections and that proper aseptic (clean) technique must be utilized during dressing change procedures. Residents # 2 and #3 have been reviewed and their wounds evaluated *on 09/29/14* by a licensed Registered Nurse and Wound Care APRN for signs of infection. No signs or symptoms of infection have been identified for these two sampled residents. 2. Residents with wounds who have dressing changes ordered will be monitored by the facility Treatment Nurse for the presence of possible infection and the physician will be contacted for proper diagnostic treatment and treatment orders. Wounds that have a foul odor or exhibit no improvement will be brought to the attention of the physician for proper diagnostic labs studies and alternate treatment orders and interventions. All current residents with wounds have been reviewed by the wound care APRN and licensed Registered Nurses on *09/15/14, 09/22/14, and 09/29/14* with no identified residents	09-29-14 09-29-14

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F 441	Continued From page 2 left heel. Observation of a dressing change by the Licensed Practical Nurse (LPN) Wound Nurse for Resident #2's left heel, on 09/10/14 at 9:44 AM, revealed the Wound Nurse washed her hands and donned gloves. The Wound Nurse then removed the ace wrap and dirty dressing from Resident #2's left leg and heel. The Wound Nurse then removed her gloves and washed her hands. The Wound Nurse then donned clean gloves and cleaned the resident's wound to his/her left heel and removed a scab with her right gloved hand. The Wound Nurse then applied a clean dressing to Resident #2's heel with both her left and right gloved hands. She did not remove her gloves or wash her hands before moving to a clean area from a dirty one. 2. Review of Resident #3's medical record, revealed the facility admitted the resident on 09/29/13, with diagnoses of Paraplegia, Pressure Ulcer, Abnormal Posture, Quadriplegia, Muscle Weakness, and one (1) Stage III and two (2) Stage IV wounds. Observation of a dressing change by the LPN Wound Nurse for Resident #3's coccyx area, on 09/10/14 at 9:00 AM, revealed the Wound Nurse washed her hands, donned clean gloves and removed the old dressing from the right hip wound. She removed her soiled gloves and washed her hands. The Wound Nurse donned clean gloves then cleaned the sacral wound with a Q-tip and a 4 x 4. Without removing the soiled gloves or washing her hands, the Wound Nurse then packed the right hip wound with Dakins and taped a 4 x 4 to the wound. The Wound Nurse	F 441	exhibiting signs of infected wounds at the present time. 3. All licensed nurses on staff have received additional training on proper dressing change procedures, to include specified times for glove removal, hand washing, and re-application of clean gloves to help prevent contamination of wounds. *The Treatment Nurse identified in the 2567 has also received re-training regarding the proper procedures for dressing changes to include specific times for hand washing and glove changes during the procedure.* In-services were completed by the Staff Facilitator *(Staff Development Coordinator)* on September 28, 2014 and consisted on demonstration, return demonstration, and skill check-off for proper dressing change procedures for each licensed nurse. As of September 28, 2014, all licensed nurses have demonstrated competency with 100% precision with this skill. QA audits will be conducted by our Staff Facilitator *(Staff Development Coordinator)* to monitor our nurse's technique when performing dressing changes and will be performed once per week for the first month, monthly for the	09-29-14

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F 441	Continued From page 3 then removed her gloves, washed her hands and donned on new gloves before going to the second left hip wound and removed the old dressing from the left hip wound. She removed her gloves, washed her hands, and donned clean gloves and cleaned Resident #3's left hip wound with 4 x 4 and used a different 4 x 4 each time. The 4 x 4' s' were visibly soiled with a red and brown substance as she wiped the wound clean. The Wound Nurse did not remove her soiled gloves or wash her hands before applying the clean Dakins fluffs to the left hip wound layer by layer with the same contaminated gloved hand. The Wound Nurse then applied a clean abdominal Pad to the wound and taped it in place. Interview with the Wound Nurse, on 09/11/14 at 10:59 AM, revealed she was provided two (2) weeks of training from the previous Wound Nurse. The Wound Nurse stated she did not realize she had not removed her gloves or washed her hands when moving from dirty to clean during the dressing changes. The Wound Nurse stated she was supposed to remove her soiled gloves and wash her hands to prevent infecting the resident's wound with germs. The Wound Nurse stated she was nervous and should have washed her hands. Interview with the Director of Nursing (DON), on 09/11/14 at 2:58 PM, revealed the Wound Nurse should have washed her hands and changed her gloves when moving from a dirty area to a clean area during a wound dressing. The DON stated the Wound Nurse was trained by Corporate on wound care and also checked off with return demonstration of wound care. The DON stated staff were to wash their hands to prevent the	F 441	following three months, and then quarterly for the following eight months. The audits will be at staggered times in an effort to attain a larger sample of staff. All nurses will be required to demonstrate this skill/procedure with 100% precision at our annual Skills Day event. 4. All QA audits will be reviewed in our wound and infection control QA subcommittees and any problems noted will result in additional teaching that may be needed as deemed appropriate by the facility Administrator. Our QA wound subcommittee data and infection control data will be reviewed by the facility Administrator *monthly (these sub-committees meet on a monthly basis)* to monitor for possible breaks in aseptic technique as demonstrated by wounds with symptoms that may indicate infection (i.e., foul odor, purulent drainage, positive wound cultures, or lack of healing / improvement). Any identified concerns will be assessed, acted upon, and monitored by the Administrator for effectiveness by to ensure solutions are sustained. *This review will continue each month*	09-29-14

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F 441	Continued From page 4 spread of infection. Review of the Wound Nurse's Annual Skills Checklist, dated 03/04/14, revealed the Wound Nurse had been checked off on clean dressing changes, sterile dressing changes and pressure ulcer prevention and care. Interview with the Administrator, on 09/11/14 at 3:33 PM, revealed he monitored wounds in the Quality Assurance (QA) meetings. The Administrator stated if a wound was not progressively healing it would zone him to see if the resident needed a wound specialist and therapy.	F 441	*for 12 months. All infection control and wound data from the sub-committees will be reviewed during the quarterly QA meetings for one year.* 5. Corrective actions have been implemented with a completion date of ~~September 29, 2014.~~ 09/30/14	~~09-29-14~~ 09-30-14 per R. Flatt by PB 10-6-14

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