

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

PRINTED: 06/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/27/2010
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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY 41143
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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  F 281 SS=D	<p><b>INITIAL COMMENTS</b></p> <p>A Recertification and Abbreviated Survey was conducted on 05/26/10 through 05/27/10. A Life Safety Code Survey was conducted 05/27/10. Deficiencies were cited with highest scope and severity of a "F". ARO #KY00014743 was investigated and was substantiated with no deficiencies cited. ARO #KY00014745 was investigated and unsubstantiated.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide services to meet professional standards of quality for two (2) of twenty-one (21) sampled residents, (Residents #9 and #13).</p> <p>The findings include:</p> <p>1. Review of the medical record for Resident #9 revealed diagnoses which included a history of Urinary Tract Infection, Dementia, and Right Hip Fracture with Hemiarthroplasty. Review of Physician orders dated for May 2010 revealed order for break away alarm at all times due to fall risk. Review of the facility's fall risk assessment dated 05/13/10 revealed Resident #9 was assessed as being a high risk for fall. Review of the Comprehensive Care Plan dated 11/14/09 for Resident #9 revealed Intervention including break away alarm at all times and do not leave resident up to wheel chair in room unattended dated</p>	F 000  F 281	<p>To the best of my knowledge and belief, as an agent of Carter Nursing &amp; Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid Requirements.</p> <p>Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.</p> <p>Carter Nursing &amp; Rehabilitation Center strives to ensure that the services provided or arranged by the facility meet professional standards of quality and are provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Resident #9 and 13 were assessed by the Director of nursing on June 18, 2010 and it was determined that the breakaway alarms were no longer needed. The physician was notified and orders were written for the breakaway alarms for resident # 9 and 13 to be discontinued. This was completed on June 18, 2010 by the LPN Charge Nurse.</p>	7/7/10
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Samuel R. Wrijnt II Administrator	TITLE  Administrator	(X6) DATE  7/7/10
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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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NAME OF PROVIDER OR SUPPLIER  <b>CARTER NURSING &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 MCDAVID BLVD GRAYSON, KY 41143</b>	
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F 281	<p>Continued From page 1</p> <p>08/24/09. Review of Treatment Administration Record revealed the break away alarm had been documented as having been checked for Resident #9 on 05/25/10 and 05/26/10 as well as throughout the entire month of May.</p> <p>Observation on 05/25/10 at 3:35 PM, 4:25 PM and 5:40 PM of Resident #9's room revealed Resident #9 sitting up in the wheel chair with no break away alarm noted.</p> <p>Observation on 05/26/10 at 9:36 AM, 1:05 PM, 2:30 PM and 5:30 PM revealed Resident #9 sitting up in wheel chair with no break away alarm noted.</p> <p>Interview with Licensed Practical Nurse (LPN) #3 on 05/26/10 at 5:45 PM revealed Resident #9 should have been wearing the breakaway alarm. LPN #3 demonstrated Resident #9 had a sensor pad, Dycem to the wheel chair and was wearing the wander anklet which was ordered. LPN #3 stated that even when the Physician orders say at all times we can use one or the other. After reviewing the Physician order and Care Plan LPN #3 stated Resident #9 should have been wearing a break away alarm and instructed a Certified Nursing Assistant to place the break away alarm on Resident #9.</p> <p>Interview with LPN #2 on 05/27/10 at 12:15 PM revealed if the Care Plan states resident should not be left unattended means the resident should not be left alone in room, they should be seated in the hallway and should definitely not be left alone in room up in the wheel chair secondary to being at an increased risk for falls.</p> <p>2. Review of the clinical record for Resident #13</p>	F 281	<p>Each resident's record was reviewed on June 28 - 30, 2010 by the Director of Nursing, Assistant Director of Nursing, and RN (registered nurse) Supervisors to ensure that physician orders were noted and implemented as directed. The physician was notified of any discrepancies.</p> <p>All licensed nurses will receive education by the Staff Development Coordinator regarding the importance of implementing physician orders as directed. This education will be completed no later than June 30, 2010.</p> <p>To ensure that all physician orders are implemented as written, 25% of new physician orders will be audited weekly for four weeks and then quarterly thereafter by the director of nursing or designee. The results of the audits will be forwarded to the monthly CQI (continuous quality improvement) committee for further actions, if necessary.</p>	

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F 281	Continued From page 2 revealed an admission date of 10/13/09 with diagnoses which included Dementia, Depression, Anxiety and Osteoarthritis. Further review revealed the Physician's Order dated 02/08/10 for a breakaway alarm to be used at all times due to psychotropic medication use, confusion and decreased mobility. Review of the Care Plan revealed approaches which include breakaway alarm to be used at all times to reduce potential for injury. Observation on 05/28/10 at 10:00 AM, 11:30 AM, 1:00 PM, 2:00 PM, 3:00 PM, 3:30 PM and 4:30 PM revealed no breakaway alarm in use.  Interview on 05/26/10 at 4:45 PM with the RN Supervisor revealed the breakaway alarm should be in use at all times per Physician's order.  Observation on 05/26/10 at 5:15 PM revealed the breakaway alarm was in use. Observation on 05/27/10 at 8:40 AM revealed the breakaway alarm was in use.	F 281		
F 282 SS=E	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure care plans were provided by qualified persons in accordance with each individual resident care plan, for 3 of 23 sampled residents (#9, #13, and #18).	F 282	Carter Nursing and Rehabilitation Center strives to ensure services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  Resident # 9 was assessed by the IDCPT team and it was determined there was no longer a need for the breakaway alarm. The physician was notified and it was discontinued by the Charge Nurse on June 18, 2010.	7/1/10

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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 260 MCDAVID BLVD GRAYSON, KY 41143		
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F 282	<p>Continued From page 3.</p> <p>The findings include:</p> <p>1. Review of medical record for Resident #9 revealed diagnoses which included history of Urinary Tract Infection, Dementia, and Right Hip fracture with Hemioarthroplasty. Review of Physician orders dated for May 2010 revealed order for break away alarm at all times due to fall risk. Review of facilities fall risk assessment dated 5/13/10 revealed that Resident #9 was assessed as being a high risk for fall. Continued review revealed care plans dated 11/14/09, for Resident #9 with approaches of using Break Away alarm and do not leave resident up to wheel chair in room unattended. Review of treatment record revealed the Breakaway Alarm had been documented as having been checked for Resident #9 on 5/25/10 and 05/26/10 as well as throughout the entire month.</p> <p>Observation on 05/25/10 at 3:35 PM, 4:25 PM and 5:40 PM of Resident #9 's room revealed Resident #9 sitting up in the wheel chair with no Break Away alarm noted.</p> <p>Observation on 05/26/10 at 9:36 am, 1:05 PM, 2:30 PM and 5:30 PM revealed Resident #9 sitting up in wheel chair with no Break Away alarm noted.</p> <p>Interview with Licensed Practical Nurse (LPN) #3 on 05/26/10 at 5:45 PM revealed Resident #9 should have been wearing the breakaway alarm. LPN #3 demonstrated Resident #9 had a sensor pad and Dycem to the wheel chair and and elopement anklet. LPN #3 stated that even when the MD orders say at all times we can use one or the other. After reviewing the Physician order and Care Plan LPN #3 stated Resident #3 should</p>	F 282	<p>Resident #13 was assessed by the IDCPT team and it was determined there was no longer a need for the breakaway alarm. The physician was notified and it was discontinued by the Charge Nurse on June 18, 2010.</p> <p>Resident #18 was assessed by the IDCPT team and it was determined that the resident was safe to be left in the room unattended. The care plan and CNA flow sheet was updated to reflect this change.</p> <p>Care plans for Residents #9, 13 and 18 were reviewed and revised by the interdisciplinary care plan team (IDCPT) to ensure current interventions are appropriate and have been implemented as written for each resident on June 18, 2010.</p> <p>The plans of care for all residents were reviewed by the IDCPT to ensure that the current plan of care is reflective of individual needs. The plan of care will be utilized by the IDCPT to ensure that all recorded interventions have been implemented as written no later than June 30, 2010.</p> <p>All nursing staff will be re-educated by the staff development coordinator no later than June 30, 2010 regarding the importance of implementation of individual interventions and ensuring compliance visually via daily compliance rounds.</p> <p>The Director of Nursing or designee, via daily compliance rounds, will</p>	

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F 282	<p>Continued From page 4</p> <p>have been wearing a break away alarm and instructed a Certified Nursing Assistant to place the Break Away alarm on Resident #9.</p> <p>Interview with LPN #2 on 05/27/10 at 12:15 PM revealed if the Care Plan states resident should not be left unattended means Resident should not be left alone in room, they should be seated in the hallway and they should definitely not be left alone in room up in the wheel chair secondary to being at an increased risk for falls.</p> <p>2. Review of Comprehensive Care Plans for Resident #18 revealed that resident was not to be left alone in their room. Observations during the day from 05/28/10 and on 05/27/10 revealed the resident was in the activities areas most of the day or had family visiting in the residents room.</p> <p>Interview with Licensed Practical Nurse (LPN) # 4 and LPN #1 on 05/27/10 at 3:00 PM revealed that the resident has family that comes to visit a lot and she is not to be left alone in her room. LPN #4 and LPN #1 stated the facility did not have adequate staff to provide supervision for the resident at night when she was sleeping, this would be impossible, and was not what the Care Plan meant. Stating that it was meant Resident # 18 should not be up in their wheel chair alone. After reading over the Comprehensive Care Plan both LPN #4 and LPN #1 stated that the Care Plan did say Resident #18 should not be left alone in the Resident's room. LPN # 1 stated that the MDS Coordinator had stated the Resident should not be left alone in room up in the wheel chair. LPN # 1 stated that the MDS Coordinator needs to change the Care Plan, it would be impossible to have someone there at all times.</p>	F 282	<p>monitor ten care plan interventions to assure they are appropriate and implemented. This will occur for four weeks. Thereafter, the Director of Nursing or designee will audit at least two care plans per week to ensure implementation of interventions. The results will be forwarded to the weekly Focus Committee and to the monthly CQI (continuous quality improvement) committee for follow-up.</p>		

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F 282	Continued From page 5  3. Review of clinical record for Resident #13 revealed admission date of 10/13/09 with diagnoses which included Dementia, Depression, Anxiety and Osteoarthritis. Further review revealed the Physician's Order dated 02/08/10 for the breakaway alarm to be used at all times due to psychotropic medication use, confusion and decreased mobility. Review of the Care Plan revealed approaches which included the breakaway alarm to be used at all times to reduce potential for injury.  Observation on 05/26/10 at 10:00 AM, 11:30 AM, 1:00 PM, 2:00 PM, 3:00 PM, 3:30 PM and 4:30 PM revealed no breakaway alarm in use.  Interview on 05/26/10 at 4:45 PM with Registered Nurse (RN) Supervisor revealed the breakaway alarm should be in use at all times, per Physician's order.  Interview with the RN Supervisor revealed the breakaway alarm at all times was on the Care Plan and she would review the Care Plans, with all staff, to ensure the Care Plans were followed.  Observation on 05/26/10 at 5:15 PM revealed the breakaway alarm was in use. Observation on 05/27/10 at 8:40 AM revealed the breakaway alarm was in use.	F 282		
F 323 SS=E	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	Carter Nursing & Rehabilitation Center strives to ensure that the resident environment remains as free of accidents as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	7/1/10

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F 323	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure that the residents environment remained free from accidental hazards as evidenced by: storage of chemicals in unlocked shower room cabinet, water temperature 128 degrees Fahrenheit in residents' room, rough edges on doors caused by chipped paint, toilets with uncovered bolts in residents' bathrooms and shower rooms.</p> <p>The findings include:</p> <p>1. Observation of North 2 Shower Room during environmental tour on 06/26/10 at 12:00 PM revealed storage of chemicals in the unlocked shower room wall cabinet that was accessible to residents. The chemicals included: Invacare Disinfectant/ Sanitizer/ Fungicide/ Mildewstat/ Virucide (Warnings on the label include: Danger, Keep out of reach of children, corrosive, Causes irreversible eye damage and skin burns, harmful if swallowed, Call Poison Control or MD), Virex Tb (Warnings on the label include: Keep out of reach of children, Caution causes moderate eye irritation, avoid contact with eyes, skin, clothing, Contact Poison Control or MD), Invacare Easy Clean (The Material Safety Data Sheet warnings include: Inhalation of mists may cause irritation to nose, throat and mucous membranes, Ingestion may cause nausea, vomiting, and gastrointestinal irritation, swelling of the larynx, respiratory distress, circulatory shock and convulsions, Skin contact may cause mild to severe irritation</p>	F 323	<p>The chemicals stored in the facility shower rooms were removed and/or placed in locked cabinets by the housekeeping/maintenance supervisor on May 27, 2010.</p> <p>The rough edges and chipped paint on doors of resident rooms 34, 35, 36, 37, 8, 11, 12 and the resident shower rooms were sanded and painted by maintenance personnel by June 21, 2010.</p> <p>The extension cord in room 50 was removed by maintenance personnel on May 28, 2010.</p> <p>The long bolts sticking out at the base of toilets throughout the facility were covered with protective caps on June 18, 2010 by maintenance personnel.</p> <p>The water temperatures throughout the facility were regulated to acceptable temperature ranges by maintenance personnel on May 27, 2010.</p> <p>The facility water mixing valves were cleaned and serviced by the regional maintenance director on June 1, 2010. The facility maintenance personnel have received one on one education regarding appropriate water temperatures and appropriate notification and intervention to ensure adequate temperatures by the administrator on June 1, 2010.</p>	

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F 323	<p>Continued From page 7</p> <p>dependant upon the degree of exposure, Eye contact is corrosive, causes eye burns, may cause temporary or permanent vision loss and blindness, Acute and Chronic: Corrosive to all body tissues, harmful skin contact may not cause immediate pain). Invacare Shampoo and Bath Lotion was also in the unlocked wall cabinet. An unsampled resident was alone in the shower room when the observation began.</p> <p>Interview with the Housekeeping/Maintenance Supervisor on 05/27/10 at 12:00 PM revealed the cabinets in the Shower Rooms were to be kept locked, as the residents could get into them and drink the cleaners.</p> <p>2. Observation of the facility on environment tour on 05/26/10 at 10:10 AM revealed door frames to residents rooms 34, 35, 36, 37, 8, 11, and 12 and the shower rooms had chipped paint with rough edges. Observation of the South unit room 50 had an extension cord that ran from behind the bed (bed B) to a radio on the window seal. Toilets were observed to have long bolts sticking up out of the base with no covering in all resident rooms and shower rooms. Water temperature on the North unit in resident room #12 was 128 degrees Farenheit (F) and 120 degrees F in the North 2 shower room (thermometer was calibrated at 8:45 AM).</p> <p>Interview with the Maintenance Director on 05/26/10 at 11:10 AM revealed the North and South units had two (2) hot water heaters each, one (1) for the front half of the unit and one (1) for the back half of the unit and each have mixing valves. He did turn the hot water heater down and reported to the Director of Nursing (DON). During</p>	F 323	<p>Daily, for the next 30 days, and weekly thereafter, water temperatures will be checked and logged by maintenance personnel to ensure temperatures remain at appropriate levels in all areas throughout the facility. If variances are experienced immediate action will be taken to correct the problem.</p> <p>The water temperature logs will be reviewed by the administrator weekly to assure compliance. The water temperature logs will be forwarded to the monthly CQI (continuous quality improvement) Committee for further monitoring and continued compliance.</p> <p>An environmental audit was conducted by the administrator, housekeeping/maintenance supervisor, and maintenance personnel on June 1, 2010 to ensure that the resident environment is free from hazards.</p> <p>Environmental audits will be conducted weekly for four weeks by the administrator or designee and monthly thereafter to determine that the facility remains free of accident hazards.</p> <p>The results of these audits will be will be forwarded to the monthly CQI (continuous quality improvement) Committee for further monitoring and continued compliance.</p>		

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F 323	Continued From page 8 continued interview he stated "I don't know who put the extension cord in here but I will take care of it, I haven't been doing this very long I will get the doors sanded and painted and covers on the toilet base bolts.  Interview with SRNA #4 on 05/26/10 at 11:40 AM, revealed staff was told not to use the water until further notice. She stated that "the Residents in room 12 could not ambulate but the Resident in the first bed could roll to the sink in their wheelchair, to wash their hands and always did so after assisted to the bathroom". She further stated "the resident was assisted to the bathroom this morning and did go to the sink and washed their hands after using the bathroom".  Interview with unsampled Resident #1, on 05/26/10 at 11:45 AM, revealed the resident had washed their hands in their room at about 11:30 AM. Resident further stated "the water was hot but not hot enough to burn me. I didn't turn any cold water on just the hot".	F 323			
F 371 SS-E	483.35(j) 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:	F 371	Carter Nursing & Rehabilitation Center strives to store, prepare, distribute and serve food under sanitary conditions.  The entire dietary dry storage room was cleaned including the floor and shelves on May 28, 2010 by dietary personnel.  The glue traps were removed from all areas of the kitchen on May 28, 2010 by the dietary manager.  The bowls were re-washed on May 25, 2010 by dietary personnel.	7/1/10	

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STREET ADDRESS, CITY, STATE, ZIP CODE

**CARTER NURSING & REHABILITATION CENTER****250 MCDAVID BLVD  
GRAYSON, KY 41143**

(X4) IO 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 371	<p>Continued From page 9</p> <p>Based on observation and interview it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions as evidenced by observations revealing staff not washing hands after touching face while serving on resident trayline, drying multiple pans with one towel, individual serve bowls were found to be stored wet and dirty, dry storage area was found with cereal scattered on floor and shelves. Staff observed not wearing hair nets to fully cover all hair in kitchen area. Staff observed not washing hands after serving residents meal trays.</p> <p>The findings include:</p> <p>1. Observation on 05/25/10 at 12:00 PM and 05/27/10 at 8:40 AM revealed the floor of the dry storage area was dirty/dusty, had dry cereal spilled on the floors and some dry cereal spilled on other food items stored on the shelves. There were several non-poisonous glueboard mouse traps located on the floor in the dry storage some of which had dry cereal spilled on them.</p> <p>Interview with the Dietary Manager on 05/27/10 at 8:40 AM revealed the dry storage area should be cleaned every night, there's someone who's is scheduled to clean it every night.</p> <p>Observation on 05/25/10 at 8:55 AM revealed two individual bowls, one of which was stored dirty and another which was wet.</p> <p>Interview with Dietary Aide #13 on 05/25/10 at 8:55 AM revealed the bowls were stored dirty. The Dietary Aide stated we will take them back and wash them. The Dietary Aide stated that the bowl which was stored wet could not be used</p>	F 371	<p>Dietary aide #11 received one on one education on June 22, 2010 by the dietary manager on appropriate sanitation protocols in the kitchen including hand washing practices.</p> <p>The dietary manager employed during the survey has retired and no longer works at the facility. Dietary aide #11 and 9 received one on one education on June 22, 2010 regarding appropriate sanitation protocols including proper application of hairnets.</p> <p>Dietary aide # 10 received one on one education on June 22, 2010 regarding dietary sanitation protocols including rationale for the protocols by the dietary manager.</p> <p>CNA # 1 and 2 received one on one education regarding appropriate hand washing protocols on June 22, 2010 by the staff development coordinator.</p> <p>The dietary manager and the registered dietitian completed a sanitation audit of the kitchen and observations of meal service on June 16, 17, and 18, 2010 to determine that food was stored, prepared, distributed and served under sanitary conditions.</p> <p>All dietary staff will receive education regarding the appropriate sanitation protocols for storage, preparation, distribution and serving food under sanitary conditions by June 30, 2010 by the dietary manager and registered dietitian.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/27/2010
NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY 41143		
(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 371	<p>Continued From page 10</p> <p>secondary to bacteria possibly being on the bowl. The Dietary Aide removed the bowls and sent them back through the dishwasher.</p> <p>Observation on 05/28/10 at 12:50 PM revealed Dietary Aide #11 assembling silverware, spoons, napkins, on tray did not wash hands after contamination. Observation during lunch time trayline revealed Dietary Aide #11 rubbing her nose, eyes, mouth, and hair without washing hands and continued to assemble trays.</p> <p>Interview with Dietary Aide #11 on 05/28/10 at 12:55 PM revealed that she should have stopped and washed her hands. Dietary Aide #11 stated I didn't even realize I had done that, I would need to wash my hands after touching my face, nose and hair.</p> <p>Observation on 05/28/10 at 12:20 PM revealed several Dietary Aides not wearing hairnets that fully cover all hair. Observation revealed Dietary Aide #11 had some of her hair out from underneath her hairnet and the Dietary Manager did not have a hair net on during the serving of meals. The Dietary Manager was standing within the kitchen area of the facility moving open carts of Resident trays to the dining area, the food was covered, but the Dietary Manager had no hairnet in place.</p> <p>Observation on 05/27/10 at 8:50 AM revealed a Dietary Aide just coming in to work walked through the kitchen past the trayline and stove to chemical storage area where the hairnets are located.</p> <p>Review of the facility's policies and procedure revealed under policy number A.6.14 all dietary</p>	F 371	<p>All nursing staff will receive education regarding appropriate hand washing protocols by June 30, 2010 by the staff development coordinator.</p> <p>The dietary manager will complete rounds of the kitchen three times a week for the next four weeks and monthly thereafter to assure dietary sanitation protocols are followed. Results of these rounds will be forwarded to the CQI Committee for further monitoring and continued compliance.</p>		

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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY 41143	
(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 371	<p>Continued From page 11</p> <p>services personnel will wear hairnets or caps, or utilize appropriate hair restraints as designated by state law. Review of policy number A.6.12 reveals employees and other authorized personnel should use effective hair restraints to prevent the contamination of food or food contact surfaces.</p> <p>Interview with Dietary Aide #9 on 05/27/10 at 8:50 AM revealed the aide was aware of the policy and stated we have to walk through the kitchen to get a hairnet.</p> <p>Interview with the Dietary Manager on 06/27/10 at 9:00 AM revealed the Dietary Manager and Registered Dietitian had seen Dietary Aide #9 walking into the kitchen had tried to get the Dietary Aides attention. The Dietary Manager stated the Dietary Aides have to walk though the kitchen to get a hairnet from the storage area, but they don't go directly around food. The Dietary Manager acknowledge it was their policy to wear hairnets at all times in the kitchen and stated perhaps we should move the hairnets closer to the entrance doors.</p> <p>Observation on 05/26/10 at 1:15 PM revealed Dietary Aide #10 drying 3 quarter size pans and 1 half size pan with a single towel. Interview revealed that Dietary Aid #10 was aware that items were supposed to be air dried, but, could not state why. The Dietary Aide continued to place these pans on the shelf even after stating that they should be air dried.</p> <p>2. Observations during the evening meal on 05/25/10 at 5:30 PM revealed Certified Nursing Assistant (CNA) #1 set up and served a tray to a resident on the South hall. The CNA failed to</p>	F 371		

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NAME OF PROVIDER OR SUPPLIER

CARTER NURSING &amp; REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

250 MCDAVID BLVD  
GRAYSON, KY 41143

(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 371	Continued From page 12 perform hand hygiene, and continued to serve and set-up trays for two (2) more residents, which included moving the resident's personal items on the tables, and touching residents. CNA #1 was not observed to sanitize or wash her hands between serving and setting up trays to three (3) different residents. Interview on 05/25/10 at 5:40 PM with CNA #1 revealed, she was aware she should sanitize her hands between residents, but she stated she "just didn't have the time". In addition, she stated she had not sanitized her hands since before she started serving the trays.  Observations during the evening meal on 05/26/10 at 5:43 PM revealed CNA #2 moved a resident's tissue box to place a tray on the resident's table, raised the resident's bed up, and adjusted the table. The CNA then left the room without hand sanitizing or washing, and pulled the food cart to the next room. He continued to serve and set up trays for two (2) more residents, including cutting meat with the resident's fork, and positioning a resident in bed. Hand sanitizing or washing was not observed during serving and set up of three (3) residents. Interview on 05/25/10 at 6:00 PM with CNA #2 revealed the facility's policy was to sanitize hands between residents. He stated he "must have forgotten" to sanitize when he was serving the resident's trays.	F 371		
F 441 SS=D	483.05 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an	F 441	Carter Nursing & Rehabilitation Center strives to follow the policies and procedures set forth in the infection control program to provide a safe, sanitary, and comfortable environment for the residents, and to also aid in the prevention, development, and transmission of disease and infection.	7/1/10

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NAME OF PROVIDER OR SUPPLIER  <b>CARTER NURSING &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>280 MCDAVID BLVD GRAYSON, KY 41143</b>
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F 441	<p>Continued From page 13</p> <p>Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <ol style="list-style-type: none"> <li>(1) Investigates, controls, and prevents infections in the facility;</li> <li>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</li> <li>(3) Maintains a record of incidents and corrective actions related to infections.</li> </ol> <p>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> <li>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</li> <li>(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.</li> <li>(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.</li> </ol> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record</p>	F 441	<p>LPN # 6 received one on one education on June 22, 2010 by the staff development coordinator regarding aseptic dressing policy, proper infection control measures and hand washing.</p> <p>The wounds on resident # 4 were redressed by the RN supervisor on May 26, 2010 utilizing the appropriate infection control measures to prevent the development and transmission of disease and infection.</p> <p>The director of nursing reviewed all resident infection control logs for the last 90 days on June 21, 2010 and identified no trends related to poor infection control practices.</p> <p>Education will be provided by the staff development coordinator to all licensed nurses and state registered nursing assistants regarding aseptic dressing policy, proper infection control measures, and hand washing, to provide a safe, sanitary, and comfortable, environment and to help prevent the potential development and transmission of disease and infection. This will be completed by June 30, 2010.</p>	
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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 280 MCDAVID BLVD GRAYSON, KY 41143	
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F 441	<p>Continued From page 14</p> <p>review. it was determined the facility failed to follow standards of practice regarding infection control during dressing changes for one (1) of twenty three (23) sampled residents (Resident #4).</p> <p>The findings include:</p> <p>Observation of Resident #4 on 05/25/10 at 2:20 PM, revealed a dressing on the resident's left foot.</p> <p>Record review revealed Resident #4 was admitted 03/30/10, with diagnoses which included, Sigmoid Volvulus, Rectus Sheath Hematoma and Anemia. Continued review revealed the resident had developed Stage I pressure sore to the left and right heels, which had been identified on 04/04/10. Review of the weekly skin monitoring sheets revealed the stage I pressure areas were staged as unstagable on 04/26/10. On 05/17/10, the pressure area on the right heel was noted as healed and the left heel area was noted with the appearance of a stage II.</p> <p>Observation of the dressing change on 05/26/10 at 2:30 PM, completed by Licensed Practical Nurse (LPN) #6, revealed LPN #6 to place the dressing supplies on the bedside table with no cleaning of the table or barrier. She washed her hands then applied gloves, removed the dressing and placed it in the trash bag, then removed her gloves and applied another pair of gloves. She then cleaned the wound with wound cleaner and gauze, removed her gloves. LPN #6 then put sterile gloves on, applied santyl to a gauze, placed the gauze on Resident #4's wound on the left foot, then wrapped the foot with Kerlix, removed her gloves, put the resident's sock on,</p>	F 441	<p>The director of nursing or designee will monitor infection control measures by observing two wound treatments each week for four weeks to ensure that proper infection control practices are followed. Additionally, the director of nursing or designee will monitor the facility infection control practices via daily (Monday - Friday) compliance rounds for four weeks. The results will be forwarded to the monthly CQI (continuous quality improvement) Committee for further actions.</p>	

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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY 41143
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F 441	<p>Continued From page 15</p> <p>then washed her hands. Observation of the dressing change revealed LPN #6 did not follow proper technique for clean dressing change.</p> <p>Interview with LPN #6 on 05/26/10 at 2:45 PM. She stated that she washes her hands before and after a dressing change or anytime her gloves get soiled. She further stated "I'm not sure what the policy says, I know I should have washed my hands when I removed gloves"</p> <p>Interview with Registered Nurse (RN) #4 and #5 on 05/27/10 at 2:25 PM, revealed the Unit Coordinators was responsible for infection control on their unit. RN #5 stated Licensed Nurses receive infection control in-services in orientation and at least annually. She further stated that staff should wash their hands anytime they remove their gloves. She continued to state that if infection control issues arise then in-services would be conducted as needed.</p>	F 441		
F 465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to provide housekeeping and maintenance services to maintain a sanitary and orderly interior. During the environment tour and throughout the survey, observations revealed debris on air vents and sprinkler heads, the dining room had trim missing</p>	F 465	<p>Carter Nursing &amp; Rehabilitation Center strives to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>The vents and sprinkler heads in the front living area and throughout the facility were cleaned on June 18, 2010 by maintenance and housekeeping personnel.</p> <p>The dining room trim was replaced, the wall paper was repaired, and the walls were thoroughly cleaned on June 18, 2010 by maintenance and housekeeping personnel.</p>	7/1/10

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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY 41143	
(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)	(X6) COMPLETION DATE
F 465	<p>Continued From page 18</p> <p>on one (1) wall and the wall paper was torn. The South shower room had brown buildup around the toilet and the shower rooms had a black substance on the shower floor. Residents' equipment was not clean and properly stored. In addition, clean dressing supplies, oxygen tubing and personal care items were stored in a cabinet in the dirty supply room.</p> <p>The findings include:</p> <p>Observation of the facility on 05/26/10 at 10:10 AM, revealed debris (dust, cobweb appearance) in vents and sprinkler heads in the front living room area. Further observation also revealed debris in vents and sprinkler heads in the residents' rooms and the hallways on the North and South units. Continued observation revealed a piece of trim missing from the right entrance wall in the dining room and wall paper torn in areas which appeared to be in need of cleaning. The South shower room toilet seat was scratched with rough edges, the toilet bowl had a brown stain in the bottom and brown build up around the toilet base.</p> <p>Interview with the Maintenance Director on 05/28/10 at 12:00 PM, revealed the vents and sprinkler heads were to be cleaned weekly. He stated "the vents are to be cleaned with each deep clean of a room and the sprinkler heads are to be cleaned weekly. I don't know why these are like this".</p> <p>Interview with the Housekeeping and Maintenance Supervisor on 06/26/10 at 11:00 AM, revealed the facility had gotten bids for remodeling the dining room and shower rooms</p>	F 465	<p>The south shower room floor was thoroughly cleaned, the toilet seat was replaced, the toilet cleaned to remove the water stain, and the base cleaned to remove wax build-up on June 18, 2010 by maintenance and housekeeping personnel.</p> <p>Clean supplies were removed from the north soiled utility room on May 27, 2010 by the housekeeping/maintenance supervisor.</p> <p>Housekeeping and maintenance staff will be educated on proper cleaning procedures and preventative maintenance procedures by June 30, 2010 by the housekeeping/maintenance supervisor.</p> <p>All facility staff will be educated by June 30, 2010 by the staff development coordinator regarding the procedure for completion of maintenance work orders and the appropriate storage of clean supplies.</p> <p>An environmental audit was conducted by the administrator, housekeeping/maintenance supervisor, and maintenance personnel on June 1, 2010 to ensure that the resident environment is free from hazards and to determine that the facility is safe, functional, sanitary, and comfortable.</p> <p>Environmental audits will be conducted weekly for four weeks by the administrator or designee and monthly thereafter to determine that the facility maintains a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p>	

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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY 41143		
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F 465	Continued From page 17 the first part of May and were waiting on corporate approval. She further stated "we can get some of this repaired".  Observation of the North Unit soiled utility room on 05/26/10 at 11:00 AM, revealed the facility stored clean resident care equipment in a cabinet in the soiled utility room. Continued observation revealed the door on the cabinet was open, revealing dressing change supplies, oxygen tubing and personal care items in the cabinet.  Interview with the Housekeeping/Maintenance Supervisor on 05/26/10 at 12:00 PM revealed that she was not aware that clean supplies could not be stored in the soiled utility room in the cabinet. During further interview she revealed that she was not aware of a policy on storage of clean supplies.	F 465	The results of these audits will be will be forwarded to the monthly CQI (continuous quality improvement) Committee for further monitoring and continued compliance.		
F 468 SS=E	483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS  The facility must equip corridors with firmly secured handrails on each side.  This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to equip corridors with firmly secured handrails. Loose handrails were observed between resident rooms 34-35, 36-37 and hallway by South unit exit door.  The findings include:  Observation during an environmental inspection tour on 05/28/10 at 10:10 AM, revealed the handrail between resident room 34-35 and 36-37	F 468	Carter Nursing & Rehabilitation Center strives to equip corridors with firmly secured handrails on each side.  The handrails were secured between resident rooms 34-35, 36-37 and in the hallway by the south exit door on May 28, 2010 by the facility maintenance personnel.  The facility maintenance personnel were educated by the administrator on June 22, 2010 regarding the preventative maintenance program including assuring handrails are secure. An audit of all handrails in the facility was completed by the administrator, housekeeping/maintenance supervisor, and maintenance personnel on June 1, 2010 to assure no additional handrails in the facility were loose.	7/1/10	

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NAME OF PROVIDER OR SUPPLIER

CARTER NURSING &amp; REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

260 MCDAVID BLVD  
GRAYSON, KY 41143

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F 468	<p>Continued From page 18 and in the hallway of South unit exit door were extremely loose.</p> <p>During an interview with the Maintenance Director on 05/26/10 at 1:00 PM, he stated that the staff have work orders at the nursing station to report any problems to the maintenance department. He further stated "I check handrails all the time I guess I missed these".</p>	F 468	<p>Environmental audits will be conducted weekly for four weeks by the administrator or designee and monthly thereafter to determine that the facility handrails remain secured.</p> <p>Results of these audits will be forwarded to the facility CQI (continuous quality improvement) Committee for further monitoring and continued compliance.</p>	

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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 280 MCDAVID BLVD GRAYSON, KY 41143	
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K 000	INITIAL COMMENTS	K 000	To the best of my knowledge and belief, as an agent of Carter Nursing & Rehabilitation Center, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid Requirements.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.8.1.4	K 052	Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law.  Carter Nursing & Rehabilitation Center 07/01/10 strives to maintain a fire alarm system according to NFPA standards.  An outside licensed contractor repaired the fire alarms control panel dialers on June 4, 2010.  The Regional Maintenance Director provided education to facility maintenance personnel regarding preventative checks for fire alarm control panel dialers on June 22, 2010.  Monthly for the next three months and quarterly thereafter the facility maintenance personnel and/or an outside licensed contractor will check the fire alarm control panel dialers to assure they are in proper working order.	

**RECEIVED**  
JUL - 8 2010

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Samuel R. Wright II*  
TITLE Administrator  
(X6) DATE 06/23/10

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.

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

PRINTED: 06/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186253	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED  05/27/2010
NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 MCDAVID BLVD GRAYSON, KY 41143		
(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 052	<p>Continued From page 1</p> <p>Manager was present during the test.</p> <p>During interview on 05-27-10 at 9:10 AM, The Regional Project Manager states that he would have the problem fixed, and that he was unaware of the fire alarm system not working properly.</p> <p>Actual NFPA Standard: NFPA 72 1999 edition</p> <p>1-5.4.4 Distinctive Signals. Fire alarms, supervisory signals, and trouble signals shall be distinctively and descriptively annunciated.</p> <p>1-5.4.6 Trouble Signals. Trouble signals and their restoration to normal shall be indicated within 200 seconds at the locations identified in 1-5.4.6.1 or 1-5.4.6.2. Trouble signals required to indicate at the protected premises shall be indicated by distinctive audible signals. These audible trouble signals shall be distinctive from alarm signals. If an intermittent signal is used, it shall sound at least once every 10 seconds, with a minimum duration of 1/2 second. An audible trouble signal shall be permitted to be common to several supervised circuits. The trouble signal(s) shall be located in an area where it is likely to be heard.</p> <p>5-2.6.1.4 Upon receipt of trouble signals or other signals pertaining solely to matters of equipment maintenance of the fire alarm systems, the central station shall perform the following actions: (1) *Communicate immediately with persons designated by the subscriber</p> <p>A-5-2.6.1.4(1) The term immediately in this context is intended to mean "without unreasonable delay." Routine handling should take a maximum of 4 minutes</p>	K 052	<p>Results of these checks will be forwarded to the facility CQI (continuous quality improvement) committee for further monitoring and continued compliance.</p>		



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NAME OF PROVIDER OR SUPPLIER  CARTER NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 260 MCDAVID BLVD GRAYSON, KY 41143	
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K 056	<p>Continued From page 3</p> <p>supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based upon observation and staff interview it was determined that the facility failed to provide a complete sprinkler system according to NFPA standards.</p> <p>The findings include:</p> <p>During observations on 05-26-10 at 4:07 PM, it was revealed that the front canopy overhang (approximately 25'x10') was of combustible construction, and was not sprinkler protected.</p> <p>During interview on 05-26-10 at 4:07 PM, The Regional Project Manager stated that the canopy has never been sprinklered, and that he was unaware of the requirement.</p> <p>Reference: NFPA 13 1999 edition</p> <p>5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width. Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction.</p>	K 056	<p>Quarterly the sprinkler system will be checked by an outside contractor to assure it is maintained in proper working order.</p> <p>Results of these checks will be forwarded to the facility CQI (continuous quality improvement) Committee for further monitoring and continued compliance.</p>	