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

PRINTED: 04/25/2012
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
	185463		C 04/11/2012

NAME OF PROVIDER OR SUPPLIER
RICHMOND PLACE REHABILITATION AND HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
2770 PALUMBO DRIVE
LEXINGTON, KY 40509

(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 was initiated on 04/10/12 and concluded on 04/11/12 investigating KY#00018103. KY#00018103 was unsubstantiated; however, an unrelated deficiency was cited.	F 000	I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors.	
F 371 SS=F	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 facility's policy, it was determined the facility failed to prepare and distribute food under sanitary conditions. Observation revealed Nutritional services staff improperly used gloves and hair nets and failed to properly wash sanitize hands. The findings include: Review of the facility's policy titled, "Handwashing and Glove Use", updated 09/2010, revealed hands must be washed prior to beginning work, after using the restroom, after smoking when working with different food substances i.e. raw chicken to fresh fruit, and following contact with any unsanitary surface i.e. touching hair,	F 371		

RECEIVED
MAY - 3 2012
BY:

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

[signature] MHA, LNHA 5/3/12

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185463		C 04/11/2012

NAME OF PROVIDER OR SUPPLIER
RICHMOND PLACE REHABILITATION AND HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
2770 PALUMBO DRIVE
LEXINGTON, KY 40509

(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 1 sneezing, opening doors, etc. Further review revealed gloves may be used for one task only. Review of the facility's policy titled, "Personal Hygiene", not dated, revealed everyone who enters the Dietary Department must wash their hands and wear a hair net. Observation, on 04/11/12 at 6:30 AM, revealed Cook #1 was near tray line and was not wearing a hair net. Continued observation revealed she donned a hair net approximately one (1) minute after the initial observation; however, continued observation revealed the hair net did not fully cover her hair. Observation, on 04/11/12 at 6:50 AM, revealed Cook #1's hair net failed to fully cover her hair while she was working with food. Observation of the resident tray line for the breakfast meal, on 04/11/12 at 7:16 AM, revealed Cook #2 adjusted her glasses and did not wash her hands and change her gloves prior to continuing to cover residents' plates with lids, placing silverware on trays and placing fruit bowls on residents' trays. Continued observation of the tray line at the breakfast meal, on 04/11/12 at 7:16 AM, revealed Cook #1's hair net continued to not fully cover her hair while she plated residents' food. Observation of the breakfast resident tray line, on 04/11/12 at 7:25 AM, revealed Cook #1 used her gloved hand to pick up an omelet and place it on a plate then opened the microwave and heated the omelet. Continued observation revealed she returned to tray line to plate residents' food without changing her gloves and washing her hands. Further observation of Cook #1 revealed	F 371	**F 371** **1) The corrective action that took place for the resident found to have been affected by the deficient practice;** No residents were found to have been affected by the deficient practice. **2) How the facility addressed how it would identify if other resident's were affected by the deficient practice;** The Registered Dietician and Certified Dietary Manager conducted a re-education with all dietary associates on 4/19/12 to ensure no residents would be affected by the deficient practice in the future. The Re-education	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185463		C 04/11/2012

NAME OF PROVIDER OR SUPPLIER
RICHMOND PLACE REHABILITATION AND HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
2770 PALUMBO DRIVE
LEXINGTON, KY 40509

(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 2 at 7:30 AM she repeated the same process with another omelet failing to change her gloves and wash her hands before returning to the residents' tray line to plate food for residents. Observation of the breakfast resident tray line, on 04/11/12 at 7:43 AM, revealed Cook #2 adjusted her glasses with her gloved hand and continued to place lids on residents' plates, place silverware on residents' trays and place fruit bowls on residents' trays without washing her hands and changing her gloves. Observation of the breakfast resident tray line, on 04/11/12 at 8:45 AM, revealed Cook #1's hair net still did not cover her hair entirely while she plated residents' food. Interview with Cook #1, on 04/11/12 at 8:30 AM, revealed she should have been wearing a hair net when she entered the kitchen and should have went to the mirror to put it on, to make sure it covered her hair completely. She stated she got busy and forgot to put one on and had not realized her hair was not fully covered by the hair net. Further interview revealed she should have washed her hands after she switched tasks before returning to the resident tray line. Interview with Cook #2, on 04/11/12 at 8:33 AM, revealed she should have washed her hands and changed her gloves after touching her glasses. Interview with the Kitchen Manager, on 04/11/12 at 4:05 PM, revealed staff should change their gloves and wash their hands after touching their glasses and/or the microwave before continuing to work on the resident tray line. Further	F 371	included: Food procure, store, prepare, distribute and serve food under sanitary conditions. This education included a special focus on hand washing and glove use and personal hygiene related to wearing hairnets and proper application. The education conducted by the dietician also included food-borne illness, personal hygiene, temperatures and safe food handling. All other associates who assist with food service procedures received education by the staff development nurse, which started on 4/27/12 and will be completed by 5/7/12. The Re-education	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185463		C 04/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND PLACE REHABILITATION AND HEALTH CENTER	2770 PALUMBO DRIVE LEXINGTON, KY 40509

(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 3 interview revealed staff should wear hair nets which fully cover their hair while working on resident tray line and any time they were in the kitchen.	F 371	included: Food procure, store, prepare, distribute and serve food under sanitary conditions. This education included a special focus on hand washing and glove use and personal hygiene related to wearing hairnets and proper application. The education conducted by the staff development nurse also included food-borne illness, personal hygiene, temperatures and safe food handling. Any associate who did not work or is a PRN associate received the education via mail prior to 5/7/12.	

3) The measures put into place or systemic change made to insure that the deficient practice will not recur; A schedule has been developed assigning the kitchen manager and /or lead cook in the kitchen responsibility for auditing for procedures related to food procure, store, prepare, distribute and serving food under sanitary conditions with a special focus on hand washing and glove use and personal hygiene related to wearing hairnets and proper application. The audit schedule will be conducted through walking rounds five (5) days per week for four

(4) weeks to identify any potential sanitation or infection control issues related to distributing and serving food. The sanitation rounds will continue four (4) times weekly for two (2) weeks and then two (2) times a week thereafter to insure compliance of potential sanitary conditions related to distributing and serving food.

A Re-education will be added to the staff development coordinators annual education calendar for quarterly review (August, November, February, May) to include: Food procure, store, prepare, distribute

and serve food under sanitary conditions with a special focus on hand washing and glove use and personal hygiene related to wearing hairnets and proper application. In addition the Dietary Manager will in-service all dietary staff on sanitation and infection controls measures quarterly (August, November, February, and May) for compliance education.

4) The facility plans to monitor its performance to ensure that solutions are sustained by; The Dietician and/ or Dietary Manager will conduct an audit once (1) weekly to identify any potential sanitation

and infection control issues for eight (8) weeks. After eight (8) weeks, the Dietary Manager will conduct the same audit once every two weeks for eight (8) weeks. After sixteen (16) weeks, the Dietary Manager will conduct the audit once monthly thereafter for compliance.

In addition, quality assurance rounds have been established to monitor food procure, store, prepare, distribute and serve food under sanitary conditions with a special focus on hand washing and glove use and personal hygiene related to wearing hairnets and proper application throughout the building for associates involved in

food service procedures. These rounds will be conducted by the dining manager on duty consisting of the DON, ADON, Unit Coordinators, evening nurse supervisor, weekend nurse supervisor, staff development nurse and / or quality assurance director. These walking rounds will be documented on a general sanitation quality assurance review form three (3) times a week times two (2) weeks, one (1) time a week times four (4) weeks. All quality assurance rounds will be reviewed at the monthly meeting and will continue as deemed necessary by the committee consisting of Quality Assurance Coordinator, Medical

Director, Administrator, Director of Nursing, Social Services Director, Staff Development, Dietary Manager, Housekeeping Manager, Maintenance Manager, and Activities Director.

5) The date that the corrective action will be completed;

May 8, 2012 for F 371.