

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

PRINTED: 07/18/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2014
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 426 ISLAND FORD ROAD MADISONVILLE, KY 42431	

(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	F 000	Preparation and execution of this plan of correction does not constitute an admission of or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This Plan of Correction is prepared and executed solely because Federal and State Law require it. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction. Failure to dispute or challenge the alleged deficiencies below is not an admission that the alleged facts occurred as presented in the statements.	
F 164 SS=D	483.10(e), 483.75(i)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.	F 164	<u>F 164 (D) 483.10(e), 483.75(i)(4) PERSONAL PRIVACY/ CONFIDENTIALITY OF RECORDS</u> 1. Corrective action: Resident B's medical record was secured by covering information on Medication Administration Record (MAR) as per facility policy by staff member passing medications. LPN #1 inserviced on the protection of medical records by dayshift House Supervisor on 7-3-14,	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator DATE 7-25-14

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 164	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's policies and procedures, it was determined the facility failed to ensure one (1) unsampled resident's (Resident B) medical record was kept confidential. Resident #B's Medication Administration Record (MAR) was observed unattended and exposed to public view on 07/01/14.</p> <p>The findings include:</p> <p>Review of the facility policy titled, "MEDICATION PASS", dated 03/12/13, revealed to cover or close MAR.</p> <p>Observation, on 07/01/14 at 11:00 AM, revealed an unattended medication cart on the 100 hall by the nursing station. The MAR book was open and Resident #B's MAR was in plain view. Two (2) Certified Nurse Aides (CNA), and an unidentified person were observed to pass by the medication cart.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 07/01/14 at 11:05 AM, revealed she always covered up the resident's name before leaving the cart, but she was called away quickly and neglected to cover the MAR. She stated she knew residents' MARs were to be confidential and she usually kept the MAR book closed or the MAR itself covered. The LPN revealed she was responsible for ensuring privacy of the residents' MARs which were part of the clinical record.</p> <p>Interview with LPN # 3, on 07/02/14 at 11:30 AM, revealed she expected MARs to be kept closed to</p>	F 164	<p>including the covering of the Medication Administration Record.</p> <p>2. ID of others at risk:</p> <p>All residents' medical records were observed for protection and privacy by the DON, ADON, and dayshift House Supervisor in an audit conducted throughout the building on 7-8-14. No issues of medical information being visible to unauthorized persons on medication carts or in other areas were discovered.</p> <p>3. Prevention measures:</p> <p>All licensed staff and Certified Medical Technologists (CMT's) were inserviced by the DON and ADON or Charge Nurse on 7-25-14 regarding record confidentiality, including the covering of records on the medication carts during medication pass.</p> <p>4. Monitor:</p> <p>DON, ADON or a House Supervisor will monitor the protection and privacy of medical information throughout the building including on medication carts weekly x 4 weeks, monthly x 2 months,</p>	

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F 164	Continued From page 2 keep information private. LPN #3 stated when staff walk away from the medication cart, they should ensure the MAR book is closed or the MAR is covered with a cover sheet. Interview with the Director of Nursing (DON), on 07/02/14 at 1:40 PM, revealed MARs were supposed to be covered at all times so visitors and residents could not walk by and see the information on the MAR. The DON stated the MARs left in plain view would be a Health Insurance Portability and Accountability Act (HIPAA) violation.	F 164	then quarterly up to 12 months. Findings will be presented in the monthly QAPI Team meeting x 12 months.		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility policy review it was determined the facility failed to promote dignity to one (1) of twenty-one (21) sampled residents (Resident #1). Personal care was being provided to Resident #6 with his/her door being opened twice during care and there was no privacy curtain in place. The findings include: Review of the facility's policy "Dignity and Respect", last revised 10/04/11, revealed appropriate measures will be taken to assure that residents are treated in a courteous and dignified	F 241	<u>F 241 (D) 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</u> 1. Corrective action: Resident # 6's privacy curtains and tracks for installation were ordered on 7-17-14 by the Maintenance Department and will be installed upon arrival, estimated to be near July 31, 2014. 2. ID of others at risk: All resident rooms within the facility were observed by the Maintenance Department on 7-3-14 with 10 private rooms determined to lack privacy curtains.	07/26/14	

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F 241	Continued From page 3 manner. Residents should be draped properly during care to avoid exposure and embarrassment. Close room door during care and procedures or as person desires. Knock on door before entering, wait to be asked in. Record review revealed Resident #6 was admitted to facility on 07/13/06 with diagnoses which included Alzheimer's, Dementia, Difficulty Walking, Personal history of Falls, Unspecified Heart Failure and Edema. Observation of a skin assessment, on 07/03/14 at 9:25 AM, revealed Resident #6 did not have a privacy curtain in room. Two (2) individuals opened the door during care. Interview, on 07/03/14 at 9:30 AM with Licensed Practical Nurse (LPN) #5, revealed the resident's privacy and dignity would be invaded by door being opened while care was being provided to Resident #6. Interview, on 07/03/14 at 12:46 PM with LPN #3/Unit Manager, revealed Resident #6's dignity and privacy would be at risk with the door opened twice while care was being provided. She stated she never thought about it because it was a private room and private rooms do not have privacy curtains.	F 241	3. Prevention measures: Privacy curtains and tracks for installation for all 10 of the facility private rooms were ordered on 7-17-14 by the Maintenance Department with the estimated arrival date of July 31, 2014. Installation will be completed upon arrival. 4. Monitor: The Maintenance Director or the Environmental Services Director will monitor privacy curtains to assure their proper placement including those in private rooms monthly ongoing. Findings will be reported in the monthly QAPI Team Meetings. 5. Date Corrected:	07/26/14	
F 315 SS=E	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that	F 315			

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F 315	<p>Continued From page 4</p> <p>catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy and procedure it was determined the facility failed to provide services to prevent recurring Urinary Tract Infections (UTI) for four (4) of twenty-one (21) sampled residents (Residents #1, #5, #6, and #7) and one (1) unsampled resident (A).</p> <p>The findings include:</p> <p>Review of the facility's policy Infection Control, Universal Precautions, last revised 03/09/10, revealed universal precautions would be used in the care of all residents regardless of their diagnosis or presumed infection status. Universal precautions apply to blood, body fluids, and secretions, excretions regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes. Universal Precautions include to put on clean gloves before touching mucous membranes and non-intact skin, wash hands between tasks and procedures on the same resident to prevent cross-contamination of different body sites and change gloves between tasks and procedures on the same resident after contact with material that may contain high concentration of microorganisms. Further review revealed to wash hands immediately to avoid transfer of microorganisms to other residents or environments.</p>	F 315	<p>F 315 (E) 483.25(d) NO CATHETER PREVENT UTI, RESTORE BLADDER</p> <p>1. Corrective action: Segment 1--Resident #1 Resident reviewed by DON on 7-3-14 for signs and symptoms of a UTI. Resident has diagnosis of diabetes and history of recurrent UTI's.</p> <p>CNA # 9 was inserviced by the ADON on 7-3-14 related to the proper procedure for applying gloves, cleaning of the perineal area, changing gloves after cleaning stool and washing hands after removing gloves.</p> <p>Resident placed on a 72 hour bowel and bladder check on 7-23-14 to determine if incontinent more frequently than every two hours, the standard for incontinent checks.</p> <p>Segment 2--Resident # 5 Resident reviewed for signs and symptoms of a UTI by DON on 7-3-14.</p> <p>CNA # 1 and CNA #2 were inserviced by the DON on 7-3-14 related to the proper procedure for applying gloves, cleaning of the perineal area (pericare), changing gloves after cleaning stool and washing hands after removing gloves.</p>	

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F 315	<p>Continued From page 5</p> <p>Review of the facility's policy and procedure Perineal Care, last revised, September 2005 revealed to wash your hands thoroughly with soap and water at the following intervals: a. before a procedure, b. before resuming the procedure after an interruption, and f. upon completion of your task or procedure. Maintain clean technique and isolation precautions as indicated.</p> <p>1. Record review revealed the facility admitted Resident #1 on 08/09/12 with diagnoses which included Urinary Tract Infection (UTI), Diabetes type 2, Atrial Fibrillation, Macular Degeneration, and Muscle Weakness.</p> <p>Review of the Physician's Orders, revealed Resident #1 was treated for bacteria producing Eschericia Coli (E. Coli) UTI on 07/03/14 with Augmentin (antibiotic) 500 milligrams (mg) by mouth (po) every twelve (12) hours for six (6) days. Further review of the Physician's Orders revealed the resident was treated for UTI's on 06/25/14 with Levaquin (antibiotic) 500 mg po twice a day (bid) for ten (10) days, on 06/06/14 with Primaxin (antibiotic) 500 mg intravenously (IV) every eight (8) hours for five (5) days, on 06/02/14 with Rocephin (antibiotic) 500 mg intramuscular (IM) for one (1) dose related to urinalysis positive for nitrates and leukocytes, and on 04/03/14 with Rocephin 1 gram (gm) IM every day for two (2) days.</p> <p>Observation of incontinent care by Certified Nurse Aide (CNA) #9, on 07/02/14 at 2:10 PM, revealed Resident #1 was incontinent of urine and stool. CNA #9 failed to wash her hands prior to applying gloves, failed to cleanse perineal area by wiping from front to back, failed to change</p>	F 315	<p>Segment 3-- Resident A Resident reviewed for signs and symptoms of a UTI by DON on 7-3-14.</p> <p>CNA #9 and CNA # 10 were provided inservice by the DON and the dayshift House Supervisor on 7-3-14 regarding the proper use of gloves when providing incontinent care and then transferring the resident using a lift.</p> <p>Segment 4--Resident #6 Resident reviewed for signs and symptoms of a UTI by DON on 7-3-14.</p> <p>LPN #5 was inserviced by the dayshift House Supervisor on 7-3-14 regarding the proper use of gloves when performing a skin assessment involving the front perineal area, the thighs, back, then the buttocks.</p> <p>Segment 5--Resident #7 Resident reviewed for signs and symptoms of a UTI by DON on 7-3-14.</p>	

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F 315	<p>Continued From page 6</p> <p>gloves after cleaning stool prior to cleaning perineal area, and failed to wash hands after removing gloves.</p> <p>Interview with CNA #9, on 07/02/14 at 2:15 PM, revealed she should have washed her hands prior to putting on gloves, cleansed resident from front to back, and washed hands after removing gloves before leaving room.</p> <p>Interview with Resident #1's son, on 07/03/14 at 12:40 PM, revealed Resident #1 is frequently incontinent and the facility fail to provide incontinent care in a timely manner.</p> <p>2. Record review revealed the facility admitted Resident #5 on 09/03/10 with diagnoses which included Feeding difficulties and mismanagement, encounter for occupational therapy, and unspecified Hypothyroidism. Review of the Quarterly Minimum Data Set (MDS) assessment, dated 05/05/14, revealed the facility assessed the resident cognition as cognitively intact with a Brief Interview of Mental Status (BIMS) score of "13".</p> <p>Review of the Physician's Order, dated 05/06/14, revealed Resident #5 was treated with Rocephin 500 mg IM daily for three (3) days for UTI.</p> <p>Observation, on 07/02/14 at 9:15 AM of incontinent care performed by CNA #2 with the assistance of CNA #1, revealed CNA #2 failed to wash her hands prior to putting on gloves to provide incontinent care and failed to change gloves after cleaning feces prior to cleaning perineal area. CNA #1 left the room to obtain wash clothes. The CNA failed to wash hands after removing gloves and failed to wash hands</p>	F 315	<p>LPN #2 and CNA #6 were inserviced by the DON on 7-3-14 regarding the proper procedure and glove use during a skin audit.</p> <p>2. ID of others at risk:</p> <p>All incontinent residents were reviewed by the DON, ADON and House Supervisors 7-3-14 through 7-10-14 and observed CNA's provision of pericare. No issues were identified.</p> <p>All incontinent residents reviewed by Social Services regarding the timeliness of incontinent care through interview or observation 7-23-14 through 7-25-14 with no issues noted.</p> <p>3. Prevention measures:</p> <p>CNA #1, #2, #6, #9 and #10's training were reinforced with follow-up education by the Corporate Nurse Educator on 7-25-14 on the proper procedure (including return demonstrations) for applying gloves, cleaning of the perineal area, changing gloves after cleaning stool and using a lift after incontinent care, as well as washing hands after removing gloves and timely care.</p>		

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F 315	<p>Continued From page 7 after returning to the room prior to applying another pair of gloves.</p> <p>Interview with CNA #2, on 07/02/14 at 9:30 AM, revealed she should wash her hands in between glove changes while providing incontinent/perineal care. Further interview revealed there could be an increase incidence of infection when hands were not washed.</p> <p>Interview with CNA #1, on 07/02/14 at 9:40 AM, revealed hands should be washed or sanitized prior to putting on gloves and after leaving and returning to room.</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 07/02/14 at 2:20 PM, revealed she expected CNA #9 to wash her hands, before applying gloves, cleanse perineal area from front to back instead of back to front, change gloves during procedure when gloves became soiled and wash her hands after removing gloves.</p> <p>Interview with Director Of Nursing (DON), on 07/03/14 at 2:00 PM, revealed CNA's are expected to provide pericare as instructed per the facility's policy and procedure. Further interview revealed CNA # 9 should have washed her hands prior to providing pericare, changed gloves during procedure if gloves were soiled with stool, began pericare cleaning from front to back, and washed her hands after pericare completed prior to leaving residents room.</p> <p>3. Record review revealed facility admitted Unsamped Resident A on 4/21/11 with diagnoses which included Altered Mental Status, Muscle Weakness, and Alzheimer's Disease. Review of the Quarterly MDS assessment, dated 04/03/14,</p>	F 315	<p>LPN # 2 and #5 were also provided follow-up education by the Corporate Nurse Educator on 7-25-14 regarding the proper use of gloves during a skin audit. (Including return demonstrations.)</p> <p>All CNA's were inserviced beginning 7-23-14 by the DON, ADON, House Supervisors or Charge Nurse prior to coming on duty on the following: the proper procedure for applying gloves, cleaning of the perineal area, changing gloves after cleaning stool, washing hands after removing gloves and the timeliness of incontinent care.</p> <p>4. Monitor:</p> <p>The DON, ADON, and/or House Supervisors will conduct random monitoring of NASR's weekly x 4 weeks, then monthly x 3 months; and quarterly up to 12 months to include:</p> <ul style="list-style-type: none"> • glove applications • perineal care • changing of gloves • handwashing techniques • timeliness of incontinent care • use of lift and glove use after incontinent care 	

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F 315	<p>Continued From page 8</p> <p>revealed Unsampled Resident A had severe cognitive impairment and was total assist for activities of daily living.</p> <p>Observation, on 07/01/14 at 9:15 AM, revealed CNA #9 and CNA #10 provided incontinent care to Unsampled Resident A after using a lift to transfer the resident into his/her bed without changing gloves or washing hands.</p> <p>Interview, on 07/01/14 at 9:25 AM with CNA #9, revealed she should have washed her hands and changed gloves after lifting the resident into bed and before providing incontinent care.</p> <p>Interview, on 07/02/14 with LPN #5, revealed staff should wash hands and change gloves between putting residents to bed with a lift and providing incontinent care.</p> <p>4. Record review revealed the facility admitted Resident #6 on 07/13/06 with diagnoses which included Alzheimer's, Dementia, Difficulty Walking, Personal history of Falls, Unspecified Heart Failure and Edema.</p> <p>Observation, on 07/03/14 at 9:25 AM during a skin assessment and incontinent care, revealed LPN #5 performed a skin assessment on Resident #6 and assessed the front perineal area, the thighs, back, then the buttocks of Resident #6 without changing gloves.</p> <p>Interview, on 07/03/14 at 12:46 PM with LPN #3/Unit Manager, revealed staff should wash hands before providing care, and should change gloves and use sanitizer before incontinent care and after using a lift.</p>	F 315	<p>The DON, ADON or House Supervisors will monitor 3 skin audits per week provided by licensed staff x 3 months, then quarterly up to 12 months to determine and reinforce compliance with glove use during a skin assessment.</p> <p>Any issues will be corrected immediately and findings reported in the monthly QAPI Team meeting.</p> <p>5. Date Corrected:</p>	07-26-14

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F 315	Continued From page 9 5. Record review revealed the facility admitted Resident #7 on 11/01/13 with diagnoses which included Personal History of Malignant Neoplasm of Bronchus and Lung, Disorder of Bone and Cartilage, and Unspecified Anemia. Review of the Quarterly MDS assessment, dated 04/21/14, revealed the facility assessed Resident #7's cognition as cognitively intact with a BIMS score of "9" and to need extensive assist with activities of daily living. Observation, on 07/03/14 at 10:25 AM of a skin assessment and pericare being performed on Resident #7 by LPN #2/treatment nurse, LPN #5, CNA #5 and CNA #6, revealed CNA #6 touched the hip and shoulder of Resident #7 after performing frontal pericare and LPN #2 touched the buttocks of Resident #7 during the skin assessment and then touched the left great toe of Resident #7 and stated the dye was from the removal of nail during the podiatrist visit. LPN #2 left the room after the assessment and did not wash her hands. Interview, on 07/03/14 at 10:36 AM with LPN #2, revealed she did not wash hands before leaving the room of Resident #7 and should have because of the potential of infecting someone else, or herself. LPN #2 further revealed she did treatments all over the building.	F 315		
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		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/03/2014
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 426 ISLAND FORD ROAD MADISONVILLE, KY 42431	
(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 323	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review it was determined the facility failed to ensure the resident environment remained free of accident hazards when the medication cart on the 100 Hall was left unlocked and unattended for a unspecified amount of time on 07/01/14. The facility identified twelve (12) wandering residents. The findings include: 1. Review of the facility policy titled, "MEDICATION PASS", dated 03/12/13, revealed the medication cart must be locked and no drugs left on top when it is left out of the line of vision of the nurse or certified medication aide and staff should lock the cart when leaving it each time medications are administered. Observation, on 07/01/14 at 11:00 AM, revealed an unattended medication cart on the 100 hall by the nursing station. The medication cart was unlocked with no nurse in the area. Two (2) Certified Nurse Aides (CNA), and an unidentified person were observed to pass by the medication cart. Interview with Licensed Practical Nurse (LPN) #1, on 07/01/14 at 11:05 AM, revealed she always locked the medication cart before leaving the cart, but she was called away quickly and neglected to lock the cart. She stated she knew the medication cart should be locked at all times	F 323	<u>F 323 (E) 483.25(h) FREE OF ACCIDENT HAZARDS/ SUPERVISION/DEVICES</u> 1. Corrective action: Segment 1--Medication cart was locked by licensed staff upon notification. LPN#1 was inserviced by the DON on 7-1-14 regarding the locking of the medication cart. Segment 2--The Maintenance Department installed a key-pad locking system on the supply room door 7-3-14. 2. ID of others at risk: Any resident potentially could be affected by readily available medications, however, no medications were identified as missing from cart by LPN #1. Any resident potentially could be affected by readily available supplies, however, no supplies were identified as missing from supply room as reviewed by the Materials Manager/Medical Records Director.	

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NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431		
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F 323	<p>Continued From page 11</p> <p>when not being attended, and it was the facility's policy.</p> <p>Interview with LPN # 3, conducted on 07/02/14 at 11:30 AM, revealed she expected the licensed staff and Certified Medication Aides (CMA) to keep the medication cart locked at all times when not passing medications or leaving the cart, she further revealed it was the facility's policy to keep the medication cart locked when not attending the cart.</p> <p>Interview with the Director of Nursing (DON), on 07/02/14 at 1:40 PM, revealed the medication cart should be locked at all times when staff are not at the cart. She further revealed this was the facility's policy.</p> <p>2. Review of the facility policy, Environmental Accident Prevention, last revised 03/17/10, revealed the policy of the facility to ensure the environmental and personal safety of each resident through a program of continuous reporting, monitoring and educating. The policy defined Avoidable Accidents as those that occur as the result of failure of the facility to identify environmental hazard and resident risk, evaluate/analyze hazard and risk, implement interventions, and monitor/modify interventions as needed.</p> <p>Observation during initial tour, on 07/01/14 at 10:25 AM and on 07/02/14 at 9:00 AM and 1:30 PM revealed the supply room was unlocked with no staff present and there was tubing, oxygen supplies, and stacked boxes of briefs stored in the room.</p>	F 323	<p>3. Prevention measures:</p> <p>LPN #1 was inserviced by the DON on 7-1-14 regarding the locking of the medication cart. All licensed staff and CMT's were inserviced by the DON and ADON on 7-25-14 regarding the locking of all medication and treatment carts.</p> <p>Segment 2—The Maintenance Department installed a key-pad locking system on the supply room door 7-3-14.</p> <p>4. Monitor:</p> <p>DON, ADON and House Supervisors will audit medication passes to determine compliance with locking the medication cart weekly x 4 weeks, monthly x 2 months, then quarterly up to 12 months. Findings will be reported to the QAPI Team in the monthly meetings.</p> <p>Storage room lock will be monitored by the Maintenance Department monthly on the Preventative Maintenance Check and findings reported to the QAPI Team in monthly meetings x 12 months.</p> <p>5. Date Corrected:</p>	07-26-14	

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NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 426 ISLAND FORD ROAD MADISONVILLE, KY 42431	
(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 323	Continued From page 12 Interview, on 07/02/14 at 2:00 PM with CNA #6, revealed the supply room was always left unlocked and there were boxes of briefs and oxygen tubing stored in there and if a resident went into the room they could get hurt.	F 323		
F 334 SS=D	Interview, on 07/03/14 at 11:00 AM with LPN #2/Unit Manager, revealed the facility had wanderers and a resident could get in the unlocked supply room and could be at risk of knocking something on them and getting hurt. 483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the	F 334	<u>F 334 (D) 483.25 (n)</u> <u>INFLUENZA AND PNEUMO-</u> <u>COCCAL IMMUNIZATION</u> 1. Corrective action: Resident #9 Resident documented her choice to continue to decline the flu and pneumonia immunization on 7-3-14, by signing refusal form for flu and pneumonia vaccine. 2. ID of Other Residents: All residents were reviewed by the DON, ADON, and dayshift House Supervisor on 7-24-14 and determined that all residents received the flu and pneumonia immunization or documentation was on file of the decline. 3. Preventative Measures: All residents will be reviewed annually by the DON, ADON and/or House Supervisors to determine proper documentation indicating choice to receive or decline the flu and pneumonia immunization unless contra-indicated. 4. Monitor:	

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F 334	Continued From page 13 Influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.	F 334	DON will submit list of residents receiving and declining flu and pneumonia immunizations annually to the QAPI Team for review. Any declining residents will have proper documentation. 5. Date of Correction:	07/26/14

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F 334	Continued From page 14 This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy and procedure review the facility failed to ensure one (1) of twenty-one (21) sampled residents (Resident #9) was offered a pneumococcal immunization, unless the immunization was medically contraindicated or the resident has already been immunized. The findings include: Review of the facility's policy and procedure Resident Pneumococcal & Influenza Immunization Education, last revised 11/01/11, revealed all residents or legal responsible persons will be provided the influenza and pneumonia immunization information prior to the administration of the immunization and staff will document in the medical record the education provided along with the information regarding the resident either received the vaccine(s) or, if not received, that the vaccine(s) was (were) refused or medically contraindicated or the resident had already been immunized. Record review revealed the facility admitted Resident #9 on 11/21/11 with diagnoses which included Acute Respiratory Failure, wheezing, UTI, and debility, unspecified. Review of the Consent for Influenza and pneumococcal immunization revealed Resident #9 gave consent to receive the flu and pneumonia immunizations upon admission on 11/21/11. Review of the immunization Record, revealed	F 334			

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NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 426 ISLAND FORD ROAD MADISONVILLE, KY 42431		
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F 334	Continued From page 15 there was no documented evidence Resident #9 received the Pneumonia Vaccine since admission. Interview with the Director Of Nursing (DON), on 07/03/13 at 2:00 PM, revealed her expectation was to obtain consent for immunizations and offer pneumococcal vaccine if the resident meets the criteria.	F 334			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews it was determined the facility failed ensure appropriate sanitation related to distributing snacks and serving food during meal observation. Certified Nursing Assistant/Hydration Aide #7 did not sanitize hands when passing hydration and snacks to residents in their rooms, and Certified Nursing Assistant #3 left the dining room to get food, hydration and silverware without washing hands or wearing gloves. Review of the Census and Condition, dated 07/01/14, revealed the census was one-hundred	F 371	<u>F 371 (E) 483.35 (i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</u> 1. Corrective action: Segments 1, 2, 3 & 4— Registered Dietitian immediately inserviced CNA # 3 and #7 on the sanitizing of hands and glove use when serving food and beverage on 7-1-14 and proper serving utensils. 2. ID of others at risk: All residents are at risk with a compromise of sanitation, however, no adverse conditions related to sanitation have been identified in a review of all residents by the DON, ADON and dayshift House Supervisor on 7-24-14. 3. Prevention measures: CNA/Hydration Aide #7 was inserviced on the sanitizing of hands when passing hydration and snacks to residents in their rooms by the Dietary Manager on 7-10-14.		

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NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 428 ISLAND FORD ROAD MADISONVILLE, KY 42431		
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F 371	<p>Continued From page 16 and five (105) residents with three (3) resident receiving tube feedings.</p> <p>The findings include:</p> <p>Interview with the Administrator, on 07/03/14 at 4:20, revealed she was unable to provide a policy related to the the serving of meals.</p> <p>1. Observation, on 07/01/14 at 11:07 AM, revealed CNA/Hydration Aide #7 had the hydration cart in the hall passing out hydration and snacks. CNA/Hydration Aide #7 came out of a resident's room and went into another resident's room giving the resident a sandwich, then into four (4) more resident rooms without washing or sanitizing her hands.</p> <p>2. Observation on 07/3/14 at 2:25 PM with CNA/Hydration Aide #7 revealed she took a straw and juice, opened it and put the straw into the juice and went into the room to A bed; she then came out of the room, obtained more juice opened it, and served it to Bed B; she then came out of room and obtained a spoon, fruit pudding and sandwich then went into another room and prepared it for the resident and came out of the room. CNA/Hydration Aide #7 then took a yellow spoon into another resident's room without sanitizing hands between residents or rooms.</p> <p>Interview, on 07/03/14 at 2:35 PM with CNA/Hydration Aide #7, revealed she had a bottle of sanitizer in her pocket but was not thinking and should have used it. She stated by not using the hand sanitizer she could transmit bacteria, germs, and could make the residents sick.</p>	F 371	<p>CNA#3 was inserviced by Dietary Manager on 7-10-14 regarding washing hands, wearing gloves when serving residents and the proper use of utensils for food service.</p> <p>4. Monitor: Snack and Hydration Pass will be monitored by the Dietary Manager weekly x 4 weeks, monthly x 2 months, then quarterly up to 12 months utilizing the QAPI monitor tool: Snack/Hydration Pass audit. Results will be reported to the monthly QAPI Team meeting.</p> <p>Dining Room meal service including proper sanitation, washing hands and glove use, will be monitored by the Dietary Department Manager weekly x 4 weeks, monthly x 2 months, then quarterly up to 12 months utilizing the QAPI monitor tool for observing food service in the dining room. Results will be reported to the monthly QAPI Team meeting.</p> <p>5. Date Corrected:</p>	07/26/14	

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NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431		
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F 371	<p>Continued From page 17</p> <p>3. Observation of the dining room, on 07/01/14 at 11:15 AM during the lunch meal, revealed CNA #3 coming and going out of the dining room to get food, hydration, and silverware without washing hands or gloving.</p> <p>4. Observation of a meal, on 07/02/14 at 11:20 AM, revealed Certified Nurse Aide/Restorative Aide (CNA) #3 serving lunch trays to twelve (12) residents in the Independent Dining Room. CNA/Restorative Aide #3 left the dining area to obtain a straw and failed to wash or sanitize his hands upon returning to dining area. Further observation revealed CNA/Restorative Aide #3 to retrieve sweet potato fries from the container with gloved hands while preparing twelve (12) trays. CNA/Restorative Aide #3 failed to use a kitchen utensil to retrieve food and failed to change gloves, wash, or sanitize hands throughout serving residents.</p> <p>Interview with CNA/Restorative Aide #3, on 07/02/14 at 2:20 PM, revealed tongs were not sent with the food from the kitchen. He stated, "I was not touching any outside items. I just touched the plates and the sweet potato fries. The best thing to do is get tongs when serving such items". Further interview revealed he should have washed his hands upon returning to the dining area prior to before any further meal service.</p> <p>Interview with Assistant Dietary Manager (ADM), on 07/03/14 at 3:35 PM, revealed gloves were used when passing snacks, serving meals and changed with each resident. Further interview revealed CNA/Restorative Aide are to use tongs with all foods served even while wearing gloves. She stated, "Staff should wash their hands each time when leaving and returning to the dining</p>	F 371			

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F 371	Continued From page 18 area while serving food". Interview with Director Of Nursing (DON), on 07/03/14 at 2:00 PM, revealed CNA/Restorative Aides were not expected to use gloved hands to obtained food, they are expected to use dining utensils".	F 371			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/03/2014
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 425 ISLAND FORD ROAD MADISONVILLE, KY 42431		
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1972.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (211).</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1972 with 39 smoke detectors and 0 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 1972 and upgraded in 2013.</p> <p>GENERATOR: Type II generator installed in 2008. Fuel source is Diesel.</p> <p>A standard Life Safety Code Survey was conducted on 07/02/14 and 07/03/14. The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for one-hundred ten (110) beds with a census of one-hundred five (105) on the day of the survey.</p> <p>The facility is in compliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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K 000	Continued From page 1 Safety from Fire).	K 000			