

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185230	(X2) MULTIPLE LISTING INDICATOR: A. BUILDING B. WING SEP 12 2012	(X3) DATE SURVEY COMPLETED 08/23/2012
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 946 WEST RUSSELL STREET ELKHORN CITY, KY 41522
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	APPLICABLE PLAN OF CORRECTION (ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS An abbreviated standard survey (KY18701) was conducted on 07/24/12. The complaint was unsubstantiated with no deficient practice identified. After supervisory review, the investigation was reopened on 08/22/12 and concluded on 08/23/12. The complaint was unsubstantiated with unrelated deficient practice identified at 'D' level.	F 000	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT, SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility. (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their	F 441	F # 441 1. CNA # 4 was re-educated on 9/7/12 by the Assistant Director of Nursing/Staff Development Coordinator regarding appropriate infection control guidelines that are to be utilized when providing care to residents. CNA # 1 will be re-educated upon return to work, prior to accepting assignment to care for residents. Resident's # 4 and # 5 were assessed by Unit Managers with no adverse affects noted related to CNA #'s 1 and 4 not washing hands or changing gloves. 2. A 100% observation was completed on 9/7/12 by the Director of Nursing, Assistant Director of Nursing/Staff Development Coordinator, Unit Managers, and Charge Nurses to ensure compliance of CNA's with handwashing and changing of gloves during perineal care. 3. All staff will receive education by the Assistant Director of Nursing/Staff Development Coordinator by 9/10/12 regarding the facilities and CDC's infection control guidelines in order to prevent the development and transmission of disease and infection. Any staff that does not receive the infection control

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Japan Che* TITLE: *Administrator* (X6) DATE: *9/7/12*

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.

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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 945 WEST RUSSELL STREET ELKHORN CITY, KY 41522	
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F 441	<p>Continued From page 1</p> <p>hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <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 review of facility policies and Centers for Disease Control (CDC) guidelines, the facility failed to ensure staff implemented established infection control policies in an effort to prevent the transmission of disease and infection for two of two unsampled residents (Residents #4 and #5). A review of facility policy revealed staff was to wash their hands with either a non-antimicrobial soap and water or an antimicrobial soap and water when hands were visibly dirty or contaminated with proteinaceous (protein substances) material, were visibly soiled with blood/body fluids, and if their hands were not visibly soiled, to use an alcohol-based hand rub in all other clinical situations. In addition, guidelines from the CDC revealed healthcare staff was to change gloves during patient care if moving from a contaminated body site to a clean body site and was to decontaminate hands after removing their gloves. Observation on 07/24/12, of incontinence care for Resident #4 at 9:55 AM, and for Resident #5 at 10:15 AM, revealed Certified Nursing Assistant (CNA) #1 and CNA #4 failed to remove gloves and wash hands after removing the</p>	F 441	<p>education will be educated prior to performing resident care.</p> <p>New employees will be educated upon hire, quarterly, and as needed.</p> <p>4. The Director of Nursing, Assistant Director of Nursing/Staff Development Coordinator, and Unit Managers will perform Infection Control Surveillance Rounds throughout facility daily (Monday – Friday) x 30 days, weekly x 4 weeks then monthly x 3 months. These audits will be conducted to ensure compliance, in all areas, with the facilities and CDC's Infection Control Guidelines.</p> <p>The results of these audits will be brought to the monthly Quality Assurance Meeting for review and further recommendation if needed.</p> <p>5. Date of Compliance: 9/13/12.</p>	

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F 441	<p>Continued From page 2</p> <p>resident's soiled briefs, prior to obtaining and/or applying a skin protectant cream to the resident's buttock, and prior to the application of a clean brief for the residents.</p> <p>The findings include:</p> <p>A review of the facility policy, "Hand Hygiene," with a revised date of 05/21/04, revealed when hands were visibly dirty or contaminated with proteinaceous (protein substances) material or were visibly soiled with blood or other body fluids, staff was required to wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water. If hands were not visibly soiled, staff was to use an alcohol-based hand rub routinely decontaminating hands in all clinical situations other than those listed above.</p> <p>A review of the Centers for Disease Control (CDC) guidelines, dated 10/25/02, revealed healthcare facility staff was to decontaminate hands after removing gloves, and was to change gloves during patient care if moving from a contaminated body site to a clean body site.</p> <p>Interview with the Infection Control Nurse on 08/22/12, at 2:00 PM, revealed it was facility practice, and employees were trained, to remove soiled gloves, wash their hands, and put on clean gloves when going from a contaminated surface to a clean surface.</p> <p>Observation on 07/24/12, at 9:55 AM, revealed CNA #1 performed incontinence care for Resident #4. CNA #1 washed her hands and applied gloves after partially removing the resident's incontinence brief and proceeded to</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>clean the resident's genitalia with soap and water. CNA #1 then positioned the resident onto his/her side and, at that point, completely removed the resident's stool-soiled brief, placed the brief into a trash container, and cleansed the resident's buttocks. Further observation revealed CNA #1 obtained a container of skin protectant cream from the bedside table while wearing the soiled gloves; applied a small amount of the cream onto the soiled glove, and applied the cream to the resident's buttock area. CNA #1 placed a clean brief on the resident and adjusted the resident's bedding prior to removing the soiled gloves. Observation revealed CNA #1 failed to remove her gloves and wash her hands prior to the application of the skin protectant cream to the resident's buttock area and prior to the application of the clean incontinence brief.</p> <p>Interview with CNA #1 on 08/22/12, at 6:51 PM, revealed she was not aware she was required to wash her hands between removing a resident's soiled brief and applying a clean brief. The CNA further stated the facility had in-serviced her on infection control practices and hand washing but she did not remember being instructed to wash her hands and change gloves during incontinence care unless her gloves became visibly soiled. A review of a facility in-service revealed CNA #1 had attended new employee orientation on 06/13/12, and the employee had been trained on facility infection control techniques, including incontinence care and washing hands between glove changes.</p> <p>Observation on 07/24/12, at 10:15 AM, revealed CNA #4 performed incontinence care to Resident #5. CNA #4 washed her hands prior to applying</p>	F 441		

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F 441	<p>Continued From page 4</p> <p>gloves to perform incontinence care to Resident #5. CNA #4 removed an incontinence brief, soiled with stool, from Resident #5, placed the brief into a garbage bag, and proceeded to cleanse the resident's genitalia and positioned the resident on his/her side to cleanse the resident's buttocks. CNA #4 then removed the resident's soiled sheets and placed clean sheets under the resident while wearing the soiled gloves. Further observation revealed CNA #4 applied skin protectant cream to the resident's buttock area and placed a clean brief on Resident #5. Observation revealed CNA #4 failed to remove the soiled gloves after she removed the resident's soiled brief, and failed to cleanse her hands and put on clean gloves before she obtained/applied the skin protectant cream to the resident's buttocks and applied a clean brief for Resident #5.</p> <p>Interview with CNA #4 on 08/22/12, at 1:44 PM, revealed she had been trained to remove her gloves, clean her hands, and put clean gloves on before going from a contaminated surface to a clean surface when providing care for a resident. CNA #4 further stated she had forgotten to remove her gloves, wash her hands, and put clean gloves on when performing incontinence care for Resident #5 on 07/24/12. A review of facility in-service revealed CNA #4 had received in-service training by the facility on 06/07/12, concerning infection control and hand washing.</p> <p>Interview with the Infection Control Nurse on 08/22/12, at 2:00 PM, revealed the facility trained employees. The Infection Control Nurse further stated staff was trained to remove soiled gloves, wash their hands, and put on clean gloves when</p>	F 441			

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F 441	Continued From page 5 going from a contaminated surface to a clean surface. Interview further revealed the Infection Control Nurse monitored staff performing care, including incontinence care, on a daily basis to ensure proper infection control practices were being followed and had not identified any concerns.	F 441			