

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

PRINTED: 01/27/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/10/2014
NAME OF PROVIDER OR SUPPLIER  TRADEWATER POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 W. RAMSEY DAWSON SPRINGS, KY 42408	
(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.  <u>F 253 (E) 483.15(h) (2)</u> <u>HOUSEKEEPING &amp; MAINTENANCE SERVICES</u>  <i>Corrective Actions for Residents Found to Have Been Affected:</i> 1. The multiple scuffed, black markings with areas of torn wallpaper to the wall in the	
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the Maintenance Director's job description, it was determined the facility failed to ensure maintenance services were provided to maintain an interior in good repair on one (1) of two (2) units in the facility (West Unit).  The findings include:  Review of the Maintenance Supervisor job description, signed 04/13/11, revealed the Supervisor would plan, direct, and supervise the maintenance program. Would schedule maintenance on repair, preventative, replacement, and new installation basis.  Observation, on 01/09/14 at 9:00 AM, revealed the following on the West unit:  1. Multiple scuffed, black markings with areas of torn wallpaper to the wall in the hallway between rooms #103 and #105	F 253		

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

TITLE

(X6) DATE

*[Signature]*

NHA

2/5/14

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F 253	Continued From page 1 2. Peeling wallpaper above the exit door between rooms #100 and #101 3. A large tear in the wallpaper between the men's and women's shower room 4. Black markings on the wall in the hallway from the corner to room #112 5. Torn wallpaper between room #112 and #114  Interview with the Maintenance Director, on 01/09/14 at 10:20 AM, revealed the facility had previously inquired about replacing the wallpaper on the West unit; however, he was unsure if the facility was going to budget the project. He provided an estimate of the project, dated 02/06/12; however, revealed it had not been initiated.	F 253	hallway between rooms #103 and #105 were repaired by the maintenance supervisor on 2-6-2014. 2. The peeling wallpaper above the exit door between rooms #100 and #101 was repaired by the maintenance supervisor on 2-6-2014. 3. The large tear in the wallpaper between the men's and women's shower room was repaired by the maintenance supervisor on 2-6-2014. 4. The black markings on the wall in the hallway from the corner to room #112 were repaired by the maintenance supervisor on 2-6-2014. 5. The torn wallpaper between room #112 and #114 was repaired by the maintenance supervisor on 2-6-2014.	
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE  The facility must ensure that it is free of medication error rates of five percent or greater.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the resident facesheet, physician orders, Medication Administration Records (MAR), empty pill package, and the facility's policy/procedure, it was determined the facility failed to ensure it was free of medication error rates of five percent or greater involving two (2) unsampled residents (Resident A and Resident B). There were twenty-six (26) medication opportunities with two (2) errors to equal a medication error rate of 7%.  The findings include:	F 332	<i>Identification of Other Residents Having the Potential to be Affected:</i> The corrective actions listed above impacts all residents residing on the West Unit who are identified as having the potential to be affected.	

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F 332	Continued From page 2  Review of the Medication Pass policy/procedure, revised 03/12/13, revealed to begin the medication pass on time. It was permissible to give the medication one hour before it was ordered and up to one hour after it was ordered.  1. Observation, on 01/09/14 at 11:20 AM, revealed Certified Medication Technician (CMT) #1 administered a Seroquel (anti-psychotic) 50 milligram (mg) tablet to Resident A, prior to lunch.  Review of the Physician's Orders for Resident A, dated January 2014, revealed an order for Seroquel 50 mg. tablet twice daily in the morning and after lunch for a diagnosis of Schizophrenia. Review of the January 2013 MAR revealed to give the Seroquel 50 mg at 8:00 AM and 1:00 PM.  Interview with CMT #1, on 01/09/14 at 1:47 PM, revealed she was supposed to read the MAR when administering medications; however, she did not. She should have given the resident's Seroquel at 1:00 PM, after lunch. She revealed it could be given one hour before or after the scheduled time.  Interview with the Director of Nursing (DON), on 01/10/14 at 11:55 AM, revealed she expected staff to check the medication against the MAR to ensure it was given at the appropriate time. She revealed medications should be given one hour before or after the scheduled time. She revealed the Seroquel should have been given after lunch, per the order.	F 332	<b>Measures or Systemic Changes put into Place to Avoid Recurrence</b> The facility Administrator will make monthly rounds with the Maintenance Supervisor at the beginning of each month to visually check the environment for walls, wallpaper, markings and scuff marks that need repair or removal. Those areas needing correction will be placed in the maintenance log for immediate attention.  <b>Plans to Monitor Performance for Sustained Solutions</b> The findings of the monthly rounds completed by the Administrator and Maintenance Supervisor will be reviewed by the Quality Assurance Committee who meets monthly for recommendations and follow-up.  <b>F 332 (D) 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</b>  <b>Corrective Actions for Residents Found to Have Been Affected:</b> Resident A and Resident B are receiving medications as ordered by the physician. CMT #1 was	2/24/2014

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F 332	Continued From page 3  2. Observation on 01/09/14 at 10:39 AM revealed CMT #1 administered Antacid 500 milligrams (mg) to Resident B.  Review of Resident B face sheet, revealed the resident was diagnosed with Abdominal Pain Epigastric.  Review of a Physician Order, dated 11/27/13, revealed an order for Tums tablets give one (1) tab after meals and every hour of sleep for indigestion. Review of Resident B's January 2014 MAR revealed to give Tums (Calcium Carbonate (Antacid)) 500 mg. tablet by mouth four times daily. Give one (1) tablet after meals and at bedtime (HS) for indigestion (0800, 1200, 1500, and 2000).  Review of the empty Tums roll package revealed the medication was supposed to be administered on 01/09/13 at 11:00 AM.  Interview with CMT #1, on 01/09/14 at 10:42 AM and 11:55 AM, revealed the Tums should have been administered to Resident B at 1:00 PM after the lunch meal according to the MAR and she should have looked at the MAR to ensure she was giving the medication at the right time.  Interview with the DON, on 01/09/14 at 1:30 PM, revealed CMT #1 should have checked the MARS against the medication roll and noticed the discrepancy.	F 332	provided education and counseling by the Director of Nursing on January 10, 2014 regarding the administration of medication. <b>Identification of Other Residents Having the Potential to be Affected:</b> Administration of medication to all residents having the potential to be affected by F 332 and other residents are receiving medications as ordered by the physician. <b>Measures or Systemic Changes put Into Place to Avoid Recurrence</b> Medication administration for all licensed personnel was observed for error rates of less than 5% by the licensed charge nurses on February 8, 9, and 10, 2014. The consulting pharmacist provided education to all licensed personnel who administer medication on February 11, 2014.  <b>Plans to Monitor Performance for Sustained Solutions</b> Results of medication observations by the licensed charge nurses will be reviewed at the Quality Assurance Committee who meets monthly for recommendations and follow-up.	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		2/24/2014

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F 371	<p>Continued From page 4</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility Census and Condition, Preventative Maintenance Schedule, kitchen schedule sheet, a hood sticker, and the facility's Hood policy/procedure, it was determined the facility failed to ensure food was prepared under sanitary conditions.</p> <p>A review of the facility Census and Condition, dated 01/08/14, revealed there were fifty-four (54) residents in the facility with two (2) residents that received tube feedings.</p> <p>The findings include:</p> <p>Review of the facility Hood policy/procedure, dated 04/2003, revealed the facility should follow cleaning instructions monthly and as needed, per the Preventative Maintenance Schedule. Review of the Preventative Maintenance schedule, dated 04/2003, revealed to clean the inside and outside of the hood, and clean or change the filters monthly.</p> <p>Observation, on 01/08/14 at 9:40 AM, revealed a</p>	F 371	<p><b><u>F 371 (E) 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY</u></b></p> <p><i>Corrective Actions for Residents Found to Have Been Affected:</i> The range hood is being cleaned per the facility policies and procedures. Education and counseling were provided to the Dietary Manager on 1-20-2014.</p> <p><i>Identification of Other Residents Having the Potential to be Affected:</i> All residents have the potential to be affected by F 371. See measures or systemic changes listed below.</p> <p><i>Measures or Systemic Changes put into Place to Avoid Recurrence</i> The facility cleaning policies and procedures for the cleaning of the range hood were reviewed by the Administrator and found to be appropriate on 2-15-2014. The Administrator reviewed the Preventative Maintenance Schedule with the Maintenance Supervisor and the Dietary Supervisor on 2-16-2014. The</p>		

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F 371	Continued From page 5 thick collection of grayish particles to the hood filters above the stove in the kitchen and there was (1) large pot of soup on the stovetop cooking, uncovered. A sticker was noted on the hood, last cleaned 08/13/13.  Review of the Schedule Sheet, dated October 2013, November 2013, and December 2013, revealed there was no indication the hood filters had been cleaned during those months.  Interview with the Dietary Manager, on 01/08/14 at 9:45 AM, revealed the professional cleaning service cleans the hood periodically; however, night shift staff were expected to clean the hood filters monthly.  Interview with the Administrator, on 01/10/14 at 12:25 PM, revealed he expected dietary staff to follow the policy related to cleaning the hood filters.	F 371	Dietary Manager will provide a written report monthly to the Administrator of the cleaning of the range hood and the cleaning of the hood filters. The Maintenance Supervisor will maintain records of each range hood cleaning and of those performed by an outside contractor.  <i>Plans to Monitor Performance for Sustained Solutions</i> The Administrator will review the monthly cleaning schedule of the range hood and the filter with the Dietary Manager monthly for a minimum of three months and until compliance is sustained.	2/24/2014	
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, interview, and review of the Maintenance Supervisor's job description, it was determined the facility failed to ensure corridors were equipped with firmly secured handrails on each side on two (2) of two (2) units in the facility (East and West Unit). Four (4) handrails were identified as either being loose or pulled away from the wall.	F 468	<u>F 468 (E) 483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS</u>  <i>Corrective Actions for Residents Found to Have Been Affected:</i> The handrails noted to be loose or pulled away from the wall on each side on two (2) of two (2) units on the East and West Units were secured on 1-10-2014. Education and Counseling was provided to the Maintenance Supervisor on 1-10-2014 regarding the maintenance of		

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F 468	<p>Continued From page 6</p> <p>The findings include:</p> <p>Review of the Maintenance Supervisor job description, signed 04/13/11, revealed the Supervisor would plan, direct, and supervise the maintenance program. Would schedule maintenance on repair, preventative, replacement, and new installation basis.</p> <p>Observation, on 01/09/14 at 9:00 AM, revealed the following on the West unit:</p> <p>1. The handrail between rooms #108 and #110 was completely pulled away from the wall on one side.</p> <p>On the East unit:</p> <p>1. The handrail was loose between room #218 and the TV room 2. The handrail was loose between room #214 and the fire door 3. The handrail was loose between rooms #213 and #214</p> <p>Interview with the Maintenance Director, on 01/09/14 at 10:20 AM, revealed he had started re-finishing the handrails; however, had not completed the task as it was a year-round project.</p> <p>Interview with the Administrator, on 01/10/14 at 12:25 PM, revealed handrails should be monitored weekly. He revealed nursing should also report issues as they ambulate the residents daily.</p>	F 468	<p>handrails.</p> <p>1. The handrail between rooms #108 and #110 on the West Unit has been secured</p> <p>2. The handrail between room #218 and the TV room on the East Unit has been secured.</p> <p>3. The handrail between room #214 and the fire door on the East Unit has been secured.</p> <p>4. The handrail between rooms #213 and #214 on the East Unit has been secured.</p> <p><b>Measures or Systemic Changes put into Place to Avoid Recurrence</b></p> <p>Education was provided by the Administrator, Director of Nursing and the Maintenance Supervisor to all personnel regarding the policies and procedures regarding the reporting of maintenance issues with an emphasis on the status of handrails on 2-8-2014 and 2-10-2014. The Maintenance Director and Administrator will make weekly rounds to review the status of all handrails. All handrails needing attention will be secured immediately.</p> <p><b>See Attached Page</b></p>		

*Plans to Monitor Performance  
for Sustained Solutions*

The results of the weekly rounds completed by the Administrator and the Maintenance Supervisor will be reviewed at the monthly Quality Assurance Committee meetings for recommendations and follow-up.

2/24/2014

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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: 1971</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: Three (3) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with (3) heat and (18) smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 01/08/14. Tradewater Pointe was found to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for sixty (60) beds and the census was fifty-four (54) on the day of the survey.</p> <p>The findings that follow demonstrate compliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)</p>	K 000		

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