

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

PRINTED: 06/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2014
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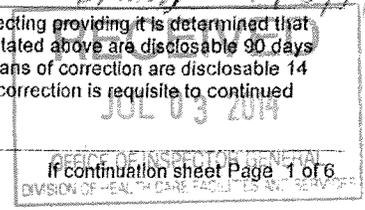
NAME OF PROVIDER OR SUPPLIER HELMWOOD HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 106 DIECKS DRIVE ELIZABETHTOWN, KY 42701
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F 000	INITIAL COMMENTS A Recertification Survey was initiated on 06/16/14 and concluded on 06/19/14 and found the facility not meeting minimum requirements for recertification with deficiencies cited at the highest scope and severity at a "D". This was a NHI survey with entrance on Monday, 06/16/14 at 6:15 PM.	F 000	Preparation and execution of this plan of correction does not constitute admission or agreement of any alleged deficiencies cited in the document. This plan of correction is prepared and executed as required under the provisions of federal and state law. Further Helmwood Healthcare Center reserves the rights to dispute the deficiencies in any other forum if necessary.	
F 151 SS=C	483.10(a)(1)&(2) RIGHT TO EXERCISE RIGHTS - FREE OF REPRISAL The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy Voting Rights, it was determined the facility failed to assist one (1) of fourteen (14) sampled residents, Resident #8 to vote in the primary election on May 2014. The findings include: Review of the Voting Rights policy, reviewed December 2011, revealed the facility would help residents expressing a desire to exercise their right to vote achieve that right. The Activities Staff or designee would help residents with voter registration, obtaining absentee ballots and or obtaining transportation to voting sites. All requests for voting information should be directed	F 151	F 151: Resident #8 was interviewed by Activity Director on 6.24.14 regarding her desire to vote. Per resident's request, Activity Director will secure absentee ballot for resident to exercise her voting rights. Activity Director interviewed all other residents on 6.24.14 in the facility regarding the upcoming election and will maintain awareness of elections and associated deadlines, obtain absentee ballots and/or make arrangements for obtaining transportation to voting sites for those who want to exercise their voting right. Activity Director will include question regarding resident's desire to vote in	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>X [Signature]</i>	TITLE <i>X Executive Director</i>	(X6) DATE 7/3/14
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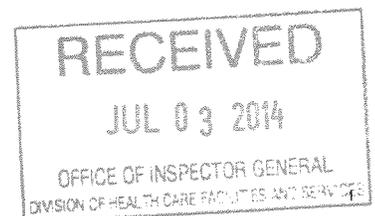
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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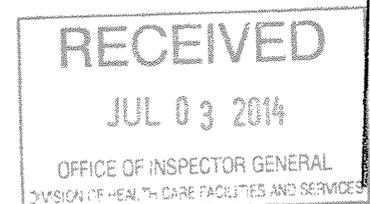
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F 151	Continued From page 1 to the Activities Department. Interview with Resident #8 during the Resident Council Meeting, on 06/17/14 at 3:30 PM, revealed the residents were not given the opportunity to vote in the primary election, nor offered absentee ballots. Interview with the Activity Director, on 06/18/14 at 10:16 AM, revealed residents did not request the opportunity to vote in the primary election. The Activity Director stated she did not ask the residents if they would like to vote, although she was responsible to ensure residents were given the opportunity to vote. The Activity Director stated that during the week of the primary's, she was on vacation and did not delegate to any staff members about this task.	F 151	admission interview and at least annually thereafter. Activity Director will monitor resident in house and all new admissions monthly times three and then quarterly thereafter to ensure that all residents who desire to vote exercise their rights. <i>(continued from p. 1)</i> Findings will be reported to the Quality Assurance Committee for further review and recommendations.	7.3.2014
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.	F 441		



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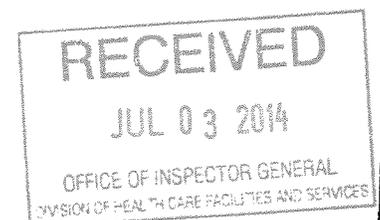
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F 441	<p>Continued From page 2</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility 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 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, record review and policy Personal Protective Equipment, it was determined the facility failed to follow an Infection Control Program for one (1) of one (1) unsampled residents, Resident A, as it related to peri-care. Staff were observed to cross contaminate and not use proper hand hygiene.</p> <p>The findings include: Review of the facility's Personal Protective Equipment - Gloves Policy, revised December 2011, revealed gloves must be worn when handling blood, body fluids, secretions, excretions, mucous membranes and/or non-intact skin and to wash hands after the removal of</p>	F 441	<p>F 441: Certified Nursing Assistant #1 and Licensed Practical Nurse #1 were re-educated to Infection Control guidelines that included hand washing and the use of gloves by the Staff Development Coordinator on 6.24.14 (nursing assistant) and on 6.25.14 (licensed practical nurse). Note: Resident A was monitored by nursing for 72 hours with no signs of infection noted.</p> <p>All residents residing in the center benefit from proper hand washing procedures and the use of gloves. The Staff Development Coordinator re-educated all nursing staff on hand hygiene and the use of gloves, and peri-care on 6.25.14 thru 7.2.14. Any concerns were addressed immediately.</p> <p>SDC will complete observations of a minimum on 2 licensed nurses and 2 certified nursing assistants during resident care to determine that hand washing procedures and use of gloves, and peri-care, are per policy weekly times 8 weeks, then monthly times 1 month, and then quarterly thereafter.</p> <p>These findings will be submitted to the Quality Assurance Committee quarterly times 3 for further review and recommendations.</p>	7.3.2014	



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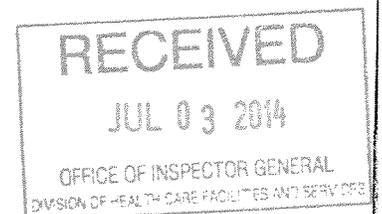
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F 441	<p>Continued From page 3 gloves.</p> <p>Review of Unsampld Resident A's record revealed he/she had not sustained any Urinary Tract Infections (UTI) since admission.</p> <p>Observation of Peri Care, on 06/18/14 at 10:17 AM, revealed Certified Nursing Assistant (CNA) #1 wiped Unsampld Resident A's peri area from front to back after Unsampld Resident A had a large bowl movement. Licensed Practical Nurse (LPN) #1 then applied a barrier cream to Unsampld Resident A's coccyx with her left hand, removed the soiled glove and asked CNA #1 to obtain a clean glove with CNA #1's contaminated hands. CNA #1 then touched Unsampld Resident A's shirt and was going to put the clean shirt on Unsampld Resident A, when she realized she needed more clean linen. CNA #1 then removed the soiled gloves, did not wash her hands and proceeded to the clean linen cart to obtain clean linen. CNA #1 then came back into Unsampld Resident A's room, did not wash her hands and donned clean gloves and placed a new draw sheet and clean shirt on Unsampld Resident A. Placed pillow under Resident #A's feet, removed the gloves and washed her hands.</p> <p>Interview with CNA #1, on 06/18/14 at 10:40 AM, revealed CNA #1 could not remember when her last in-service on peri-care was, but imagined it was within the last year. CNA #1 stated she knew when going from dirty to clean, that she was to remove her gloves, wash her hands and don clean gloves before touching the clean linen. CNA #1 stated she washed her hands to prevent the spread of infection.</p>	F 441			



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F 441	<p>Continued From page 4</p> <p>Interview with LPN #1, on 06/18/14 at 10:32 AM, revealed she did not recognize she had obtained a contaminated glove from CNA #1. LPN #1 stated that residents could receive UTI's if the staff utilized improper hand hygiene technique. LPN #1 stated the facility's policy was for staff members to wash their hands after removing contaminated gloves and that she was not following the facility's policy. LPN #1 stated she washed her hands to prevent the spread of infection.</p> <p>Interview with the Staff Development Coordinator, on 06/19/14 at 8:43 AM, revealed peri care training was not provided in new employee orientation, but on the floor with a preceptor. Staff were asked to utilize a check off list that was to be completed. The Staff Development Coordinator stated that he completed observations of staff doing peri care to ensure staff used proper technique. The Staff Coordinator stated there had been some problems with reoccurring UTI's and that they were trying to remove Foley catheters as quickly as possible. Continued interview at 10:00 AM, revealed he would do random audits with nurses and nurse aids. He stated if he found a concern, he would provide a teachable moment to re-train. The Staff Development Coordinator stated that all staff were in-serviced on survey readiness on 06/06/14 that included peri-care, hand washing and glove changes. He stated the last conducted where he observed hand washing and glove changes was on 03/10/14 and was scheduled to conduct another random audit in June 2014. The Staff Development Coordinator stated he observed two (2) nurses and two (2) aides and found no problems during the observations.</p>	F 441		



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F 441	Continued From page 5 Interview with the Administrator, on 06/19/14 at 10:00 AM, revealed infection control was brought to the QA (Quality Assurance) each meeting. The Staff Development Coordinator would track and trend the infections and conduct audits. The Administrator stated she was unaware of any problems found during the audits or with peri-care.	F 441			

