

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

PRINTED: 04/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/27/2014
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NAME OF PROVIDER OR SUPPLIER WOODCREST NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3876 TURKEYFOOT ROAD ELSMERE, KY 41018
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(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
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F 000 INITIAL COMMENTS

An Abbreviated Survey investigating KY00021444 and KY00021484 was initiated on 03/25/14 and concluded on 03/27/14. KY00021444 was unsubstantiated, and KY00021484 was substantiated with deficiencies cited.

F 441 483.65 INFECTION CONTROL, PREVENT SS=D SPREAD, LINENS

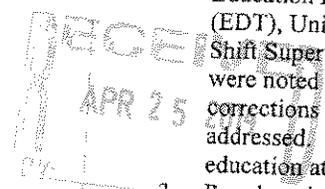
The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

- (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 hands after each direct resident contact for which hand washing is indicated by accepted

F 000
This Plan of Correction is the center's credible allegation of compliance.
Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

- F441
1. No specific residents were identified.
 2. All residents have the potential to be effected by this deficient practice. Observation in Dining rooms and of room trays has been conducted daily since 3/27/14 to ensure the hand washing compliance conducted by DON, Education Director of Training (EDT), Unit Managers, ADON, or Shift Supervisors. If problems were noted during observation, corrections were immediately addressed. Corrections include 1:1 education at time of occurrences.
 3. Re-education will be conducted with all staff by DON/EDT on 4/21/14 and 4/22/14 with completion by 4/25/14. The subject matter to be covered for this re-education will include hand washing during meal service, procedure for handling soiled linens, oxygen/hand held nebulizer tubing, storage, and care, resident hand washing, and all other areas regarding infection control



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 4/25/14
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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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F 441 Continued From page 1 professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of the facility's guidelines, it was determined the facility failed to 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.

Observation revealed staff assisting with residents' meals failed to wash their hands or use hand sanitizer between assisting residents.

The findings include:

Interview with the Director of Nursing (DON) on 03/27/14 at 2:05 PM, revealed the facility had no policy for hand hygiene; however the facility utilized "Lippincott's Textbook for Nursing Assistants, A Humanistic Approach to Caregiving", as a guideline.

Review of the facility's guideline indicated by the DON, "Lippincott's Textbook for Nursing Assistants, A Humanistic Approach to Caregiving", revealed under Chapter Seven (7), Communicable Disease and Infection Control, handwashing was the single most important method of preventing the spread of infection.

F 441

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procedure. All new hired staff will obtain training over infection control procedure during all general orientations by EDT. Observations of dining room, resident rooms during care, room rounds, and unit rounds will be conducted covering all meals and shifts, to ensure compliance with the facility guidelines five (5) days a week for one week, three (3) times a week for one week and then one (1) time weekly for thirty (30) days by DON, Education Director of Training (EDT), Unit Managers, ADON, or Shift Supervisors to ensure compliance. Identified observations will be corrected on the spot with 1:1 education.

4. All monitoring findings will be reviewed at monthly QA meeting by DON for compliance and or the need to update plan to reach 100% compliance.

5. Date of Compliance:

5/11/14

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F 441 : Continued From page 2

Continued review revealed handwashing should be performed thoroughly, properly, and consistently. Further review revealed hands should be washed prior to handling a resident's meal tray and after touching anything that may be considered dirty.

Observation on 03/25/14 at 6:00 PM of the evening meal, revealed Certified Nursing Assistant (CNA) #2 was feeding a resident when another resident began to cough and spit up food. Continued observation revealed CNA #2 used a napkin to wipe food particles from the mouth of the resident who had spit up food during the coughing episode. Further observation revealed CNA #2 then continued feeding the other resident without washing her hands or using hand sanitizer between the resident care.

Observation during the breakfast meal on 03/26/14 at 8:38 AM, revealed Registered Nurse (RN) #1 assisting one (1) resident, going to another resident to assist, then back to the first resident without washing her hands or using hand sanitizer between the resident care. Continued observation during the same meal revealed Speech Therapist (ST) #3 entered the dining area, placed a chair between two (2) residents, touched each of the resident's clothing, plate and utensils without washing or sanitizing hands prior to or between resident care.

Interview with CNA #2 on 03/25/14 at 6:20 PM, revealed she was aware she had not sanitized her hands between resident care. Further interview revealed she should have sanitized her hands between the resident care due to cross contamination and infection control.

F 441

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F 441 Continued From page 3

Interview with ST #3, on 03/26/14 at 8:55 AM, revealed she had washed her hands prior to leaving her office; however she did touch the handrail, door knob, chair and multiple residents prior to beginning resident care. Continued interview revealed the facility's procedure was to wash or sanitize hands prior to beginning resident care and between residents' care. Further interview revealed she should have wash or sanitized her hands prior to providing care to decrease the risk of cross contamination.

Interview with RN #1, on 03/26/14 at 9:04 AM, revealed she should have washed or sanitized her hands between resident care to keep from spreading germs. Further interview revealed it was the facility's policy to wash or sanitize hands before and between residents' care.

Interview with the DON/Infection Control Nurse on 03/27/14 at 2:05 PM, revealed washing or sanitizing of hands was the first defense against infection. She stated staff should have washed or sanitized their hands prior to and between residents' care. Further interview revealed her expectations were for staff to follow the facility's Lippincott guidelines and wash or sanitize their hands prior to and between provision of resident care.

F 441