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

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FEB - 2 2012
Division of Health Care
Southern Enforcement Branch

PRINTED: 01/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185172	A. BUILDING B. WING	01/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMSON ARH	260 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503

(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 A standard health survey was conducted on 01/10-12/12. Deficient practice was identified with the highest scope and severity at "E" level.	F 000	Plan of Correction F241	
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 review of the facility's policy, it was determined the facility failed to provide care for each resident that promoted the resident's dignity and respect for one of ten residents (Resident #7). Observation of the morning meal on 01/12/12, revealed Certified Nursing Aide (CNA) #4 stood at a resident's bedside while feeding Resident #7. The findings include: Review of the facility's policy entitled Standard of Care for Feeding Client (revision date 10/1992) directed staff to sit on a chair at bedside if convenient. Observation of the morning meal service on 01/12/12, at 8:00 AM, revealed Certified Nurse Aide (CNA) #4 entered Resident #7's room. Further observation revealed even though there was a chair available in the resident's room, CNA #4 stood at the resident's bedside while she fed	F 241	I. Address what corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #7 is noted have been fed by staff while in the bed with staff standing to feed. Policy states will sit when convenient. Due to the height of the bed a regular chair cannot be used by staff to sit in to feed a resident that remains in the bed for a meal. Resident #7 will be up to a chair as tolerated for meals and staff will feed in a seated position when up to a chair. Elevated stools are being obtained to allow for feeding a resident from a seated position when resident in unable to eat sitting in a chair. In-service to staff (see attachment #1) regarding proper feeding procedures has been provided along with a review with staff of policy (see attachment #2). II. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All resident has the potential to be affected by the same practice that have to be fed by staff. On 1/26/2012 there was noted to be 3 residents that require staff to feed them a po diet.	1/26/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sonya D Wasserman RN BSN	DON/NHA	2/2/12

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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F 000	INITIAL COMMENTS A standard health survey was conducted on 01/10-12/12. Deficient practice was identified with the highest scope and severity at "E" level.	F 000	Of them all 3 were noted to be up for meals including resident #7 identified the day of the survey and were noted to fed by staff from a seated position. Elevated stools are being obtained to	
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 review of the facility's policy, it was determined the facility failed to provide care for each resident that promoted the resident's dignity and respect for one of ten residents (Resident #7). Observation of the morning meal on 01/12/12, revealed Certified Nursing Aide (CNA) #4 stood at a resident's bedside while feeding Resident #7. The findings include: Review of the facility's policy entitled Standard of Care for Feeding Client (revision date 10/1992) directed staff to sit on a chair at bedside if convenient. Observation of the morning meal service on 01/12/12, at 8:00 AM, revealed Certified Nurse Aide (CNA) #4 entered Resident #7's room. Further observation revealed even though there was a chair available in the resident's room, CNA #4 stood at the resident's bedside while she fed	F 241	accommodate those who may be unable to be up to chairs for meals. **III. Address what measures will put into place or systemic changes made to ensure that the deficient practice will not recur:** Staff was in serviced on 1/26/12 (see attachment #1) with a copy of feeding policy reviewed with staff (see attachment #2). Elevated stool are being obtained to allow staff to be seated while feeding residents that are unable to be up to chair for meals. **IV. Indicate how the facility plans to monitor its performance to ensure that solutions are sustained:** A PI monitor has been implemented effective 1/26/2012 (see attachment #3) to monitor for compliance e of staff to be seated while feeding residents. The DON/NHA while on rounds will monitor for compliance with weekly random check and summarize data monthly and report to Skilled nursing PI committee quarterly.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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F 241	Continued From page 1 the resident the meal. CNA #4 failed to sit at eye level of the resident while feeding the resident. Interview on 01/12/12, at 9:10 AM, with CNA #4 revealed to her knowledge staff should face the resident during feeding the resident by positioning self in front of the resident or to the side of the resident. CNA #4 stated she preferred to stand and feed the residents but staff could sit or stand during the procedure. Interview with the Director of Nursing on 01/12/12, at 10:00 AM, revealed staff should be seated in a chair beside the resident, and at the eye level of the resident, when assisting the resident with meals.	F 241		
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 and interview, it was determined the facility failed to provide a sanitary, orderly, and comfortable interior. Observation on 01/11/12, revealed water ran continuously in the tub of the women's shower room, emergency call bell cover plates were loose from the wall, the base of bedside rolling tables and tube feeding poles were soiled, a fall mat was stained, a bedside chair cushion and a geri chair seat was torn, formica was missing from a resident's closet.	F 253	**Plan of Correction** **F253** **1. Address what corrective action will be accomplished for those residents found to have been affected by the deficient practice:** a. Resident rooms 133, 147, 150 and 154 were noted to have soiled bases on rounds on 1/12/12. This was corrected on the day of survey by cleaning of bases on 1/12/12. b. The base of feeding tube pole in resident room 147 was noted soiled and was cleaned the day of inspection on 1/12/12.	1/18/12

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NAME OF PROVIDER OR SUPPLIER: WILLIAMSON ARH

STREET ADDRESS, CITY, STATE, ZIP CODE: 260 HOSPITAL DRIVE, SOUTH WILLIAMSON, KY 41503

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F 253	Continued From page 2 door and cabinet The findings include: According to the facility's Administrator on 01/12/12, at 10:25 AM, the facility did not have a policy related to maintenance/housekeeping needs of the facility. During the environmental tour of the facility on 01/12/12, at 4:00 PM, the following items were observed to be in need of repair: -The base of the rolling bedside tables was soiled with a dried white and brownish substance in resident rooms 133, 147, 150, and 154. -The base of the tube feeding pole in resident room 147 was soiled with a brownish substance. -A section of formica was missing from the closet door in resident room 151 and from the base cabinet below the window in resident room 147. -The seat cushion of the bedside chair in resident room 149 was torn. -The emergency call bell cover plates were not firmly secured to the wall in resident room 149 and in the men's shower room. -Water was observed to run continuously in the tub of the women's shower room. -The geri-chair seat cushion in resident room 133 was torn and exposed a piece of wood and the armrests of the geri-chair in resident room 147 were torn.	F 253	c. Section of Formica noted missing from closet door in 151 and base cabinet below window in resident's room 147 was repaired and replaced on 1/18/12 per maintaince staff. d. The seat cushion to visitor bedside chair was noted torn in room 149 and was removed from use on day of survey on 1/12/12. e. On the day of the survey it was noted that emergency call bell covers were loose in room 149 bathroom and in the men's shower with repairs on 1/18/12 to secure base of emergency call lights covers by maintaince. f. The water was noted to continually run/drip in the tub of the women's shower area. A temporary fix was implemented by maintaince on the day of survey on 1/12/12 with a completed repair on 1/18/12 noted. g. On the day of survey it was noted that a Geri chair seat cushion for resident in room 133 was torn with exposed wood and was removed from use at that time on 1/12/12. A Geri chair in resident room 147 was noted to have a tare to armrests and noted removed on 1/12/12 on the day of survey.	

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F 253	Continued From page 2 door and cabinet. The findings include: According to the facility's Administrator on 01/12/12, at 10:25 AM, the facility did not have a policy related to maintenance/housekeeping needs of the facility. During the environmental tour of the facility on 01/12/12, at 4:00 PM, the following items were observed to be in need of repair: -The base of the rolling bedside tables was soiled with a dried white and brownish substance in resident rooms 133, 147, 150, and 154. -The base of the tube feeding pole in resident room 147 was soiled with a brownish substance. -A section of formica was missing from the closet door in resident room 151 and from the base cabinet below the window in resident room 147. -The seat cushion of the bedside chair in resident room 149 was torn. -The emergency call bell cover plates were not firmly secured to the wall in resident room 149 and in the men's shower room. -Water was observed to run continuously in the tub of the women's shower room. -The geri-chair seat cushion in resident room 133 was torn and exposed a piece of wood and the armrests of the geri-chair in resident room 147 were torn.	F 253	I. Fall mats in room 131 were noted to be stained/soiled on day of survey.. Both mats were replaced the day of survey on 1/12/12 with alternate mats. II.- Address how the facility will identify other residents having the potential to be affected by the same deficient practice: a. All resident were at risk of the same practice on 1/18/12 there were noted to be 41 total over bed tables on unit in use with all 41 inspected and all noted to be clean on the day of review with the bottom of the tables added to daily checks and cleaning as soiled or needed per housekeeping duties (see attachment #4) as per in-service per housekeeping supervisor. In addition weekly rounds will be made to ensure there are no areas in need of cleaning. b. All resident who have IV or feeding tube poles in use have the same risk for soiled bases. On 1/18/12 there noted to be 12 IV/feeding tube poles in use and no bases were noted soiled. Housekeeping has added checking and cleaning of bases as identified as soiled to daily rounds (see attachment #4). Also weekly rounds will be made to ensure that there are no areas in need of cleaning.	

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F 253	Continued From page 3 -The fall mats in resident room 131 were soiled/stained with a dried brownish substance. Interview on 01/12/12, at 10:45 AM, with the Director of Support Services (DSS) revealed rounds were conducted several times each day to monitor the environment and determine if there were items in need of repair. The DSS also stated when staff identified anything in need of repair/cleaning they were required to complete a work order request on the computer or call/page the maintenance staff to inform them of the identified concern. The DSS confirmed work orders had not been issued for the items identified.	F 253	Weekly rounds will be made by social services to monitor with any finding conveyed that need repaired /replaced to maintainance or those needed cleaned to housekeeping for attention required with any damaged equipment removed from use (see attachment #6). Data will be complied monthly and reported to Skilled Nursing PI committee quarterly.	
F 371 SS=D	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, interview, and review of the facility's policy it was determined the facility failed to prepare and distribute food in a sanitary manner. Observation of the tray line for the noon meal on 01/10/12, revealed a cook failed to change gloves and wash hands between tasks	F 371	Plan of correction F371 **1. Address what corrective action will be accomplished for those residents found to have been affected by the deficient practice:** On 1/10/12 dietary manager spoke with employee involved in cross contamination by not removing gloves and washing hands between tasks on tray line. On 1/11/12 employee involved and staff on duty were in serviced on proper hand washing with in-service (see attachment #7).	1/12/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185172	A. BUILDING ____ B. WING ____	01/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMSON ARH	260 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503

(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 371	Continued From page 4 and the cook handled residents' cornbread with soiled gloves. The findings include: Review of the facility dietary policies entitled Special Handwash Procedures/When to Wash and General Requirements for Food Handlers in Dietetic Service (not dated) revealed gloves were to be worn at all times during food preparation and gloves should be changed when an interruption of a task occurred. The policy directed the dietary staff to wash hands after handling soiled equipment or utensils, before donning gloves, and after engaging in other activities that would contaminate the hands. Observation of the tray line for the noon meal on 01/10/12, revealed the cook opened a metal drawer with her gloved hands to obtain an alcohol pad to cleanse the food thermometer. The cook used her gloved hands to move items in the drawer in an attempt to find an alcohol pad, and after failing to locate a pad, asked a dietary aide to obtain an alcohol pad for her. The aide handed an alcohol pad to the cook. The cook cleaned the thermometer and checked the temperature of the mashed potatoes. Further observation revealed the cook began the tray line service, without changing gloves or washing hands, handled the residents' cornbread with her soiled gloves, and placed the cornbread on eight residents' trays. Interview on 01/11/12, at 2:45 PM, with the cook revealed staff was late getting the tray line set up and she felt rushed to get the tray line started. The cook stated she was knowledgeable of the	F 371	**II. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:** All other dietary workers have the same potential not to change gloves and wash hand during food prop on tray line. On 1/11/12 dietary staff was in serviced (see attachment #7) on proper technique and dietary manger will continue to monitor weekly for compliance with proper technique. **III. Address what measures will put into place or systemic changes made to ensure that the deficient practice will not recur:** The dietary manger will observe employee on weekly basis to ensure compliance win change of gloves and hand washing with tray line. (see attachment #9) **IV. Indicate how the facility plans to monitor its performance to ensure that solutions are sustained:** A PI monitor will be continued by the dietary manager and she will perform weekly observation of various dietary employees for proper hand washing and changing of gloves with data to compiled monthly and reported to Skilled nursing PI committee quarterly. (see attachment #8)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185172		01/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMSON ARH	260 HOSPITAL DRIVE SOUTH WILLIAMSON, KY 41503

(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 371	Continued From page 5 requirement to change gloves and wash hands after touching any contaminated surface. The cook stated she should have removed her gloves and washed her hands after touching the drawer and prior to starting the tray line. Interview on 01/11/12, at 3:00 PM, with the Dietary Manager revealed gloves should be removed when contaminated and hands should be washed before clean gloves were applied.	F 371		

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

RECEIVED
FEB - 2 2012
Division of Health Care
Southern Enforcement Branch

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185172	A. BUILDING 01 - MAIN BUILDING 01 B. WING	01/11/2012

NAME OF PROVIDER OR SUPPLIER: WILLIAMSON ARH

STREET ADDRESS, CITY, STATE, ZIP CODE: 260 HOSPITAL DRIVE, SOUTH WILLIAMSON, KY 41503

(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
K 000	INITIAL COMMENTS Building: 01 Plan Approval: Unknown Survey under: NFPA 101 (2000 Edition) Facility type: SNF/NF Type of structure: Type I (332) Protected Smoke Compartment: Three Fire Alarm: Complete Fire alarm System Sprinkler System: Complete Sprinkler System (Wet) Generator: Type I Diesel and Type I Natural Gas. Natural Gas was original and Diesel was installed in 1996. A standard Life Safety Code survey was conducted on 01/11/12. Williamson ARH was found to be in compliance with the requirements for participation in Medicare and Medicaid.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sonya N Wasserman RN, BSN
TITLE: DON/NHA
(X6) DATE: 2/2/12

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.