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JUN 28 2010

PRINTED: 06/16/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2010
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF SPENCER COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 625 TAYLORSVILLE RD TAYLORSVILLE, KY 40071	
(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 and abbreviated survey investigating KY00014818 were conducted 06/01/10 through 06/03/10. Deficiencies were cited with the highest scope and severity of an E, with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition. KY00014818 was found to be unsubstantiated.	F 000		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the resident environment remained as free of accident hazards as possible by having thirteen (13) of eighty (80) wheelchairs in disrepair. Observation of wheelchairs during environmental tour on 06/01/10 from 9:30am through 10:30am revealed four (4) wheelchairs with torn and frayed armrests posing a skin tear risk for residents. Observation of wheelchairs during environmental tour on 06/02/10 from 8:30am through 4:00pm revealed nine (9) wheelchairs with torn and frayed armrests posing a skin tear risk for residents. Interview with a LPN Unit Manager on 06/03/10 at	F 323	F 323 Free of Accident Hazards/Supervision/Devices 1. Specific residents were not identified who had wheelchairs with tears in the arm rests on their wheel chairs. 2. A complete audit will be conducted by June 25, 2010 by the DON, Unit Managers, Rehab Services Manager, Plant Operations Director and Administrator to identify any wheel chairs with tears on the arm rests. Coverings will be placed over identified torn areas by July 2, 2010 to decrease the risk of skin tears to residents. 3. The issue with the wheelchair arm Rests was identified in March, 2010. This issue was immediately presented to the QA committee for review and recommendations. The arm rests cannot be removed and the wheelchairs are outdated. During the QA committee a plan was written and implemented to begin purchasing 3 wheelchairs per month to replace the chairs with	

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

[Handwritten Signature]

TITLE

Administrator

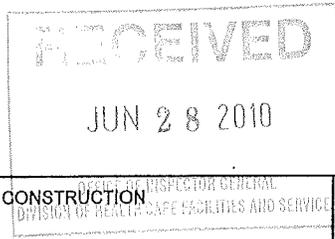
(X6) DATE

6/25/2010

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.

DK

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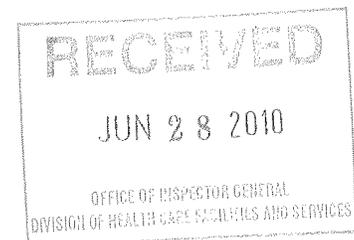
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F 323	<p>Continued From page 1</p> <p>2:00pm revealed she would make out a maintenance request form if a Certified Nurse Aide (CNA) reported a wheelchair in disrepair to her.</p> <p>Interview with the Director of Nursing (DON) on 06/03/10 at 2:20pm revealed it is the responsibility of the maintenance department and the physical therapy department to repair wheelchair armrests. The DON stated that most of the facility wheelchairs armrests could not be replaced, that the problem of frayed wheelchair armrests had been identified, and that a plan was in effect to order new wheelchairs. She stated the CNA's reported to a unit nurse if wheelchairs needed repair, the unit nurse would report to the unit manager, and the unit manager would report to the DON, who would then be responsible to request a new chair be ordered.</p> <p>Interview with PT #1 on 06/03/10 at 2:40pm revealed maintenance was responsible to repair wheelchairs in disrepair.</p> <p>Interview with PT #2 on 06/03/10 at 2:50pm revealed the physical therapy department is responsible to repair wheelchairs for residents on the department caseload and other residents' wheelchairs are repaired by the maintenance department.</p> <p>Interview with the Maintenance Director on 06/03/10 at 3:00pm revealed It is his department's responsibility to repair wheelchairs sometimes and sometimes it is the responsibility of the Physical Therapy Department.</p> <p>No policy or procedure was provided regarding wheelchair maintenance.</p>	F 323	<p>torn arm rests. A total of 12 wheelchairs have been ordered year to date during the months of March, April, May and June, 2010 and replaced chairs with torn arm rests. Staff will be in-serviced on properly identifying wheelchairs in need of repair. A work order will be written and given to the Therapy Department. The Therapy Department will assess the wheelchair and repair if possible. If the Therapy Department cannot repair the wheelchair it will be assigned to the Maintenance Department for additional attention. The Rehab Director and/or Maintenance Director will notify the Director of Nursing and/or Administrator if the chair cannot be repaired and will be discarded.</p> <p>4. A complete inventory of all Wheelchairs in the building will be kept by the Rehab Services Managers and continually updated. The Rehab Services Manager will audit all facility wheelchairs monthly to ensure wheelchairs that have cracks have protective coverings. The results will be presented to the QA committee monthly and continued at the discretion of the QA committee.</p> <p>5. Completion Date: July 2, 2010</p>	

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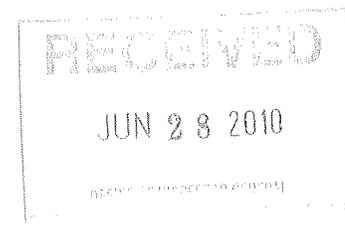
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F 371 SS=E	<p>483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure facility staff served food under sanitary conditions. Five (5) staff were observed to handle food with bare hands on one or more occasions.</p> <p>The findings include:</p> <p>Observation on 06/03/10 at 8:45am revealed Certified Nursing Assistant (CNA) #2 offered Resident #19 assistance with breakfast by handing the resident's bacon and buttering the toast with bare hands. CNA #2 continued to assist the resident throughout breakfast in the same manner.</p> <p>Observation on 06/03/10 at 12:00 noon, lunch served in the resident dining room, revealed Licensed Practical Nurse (LPN) #1 and CNA #1 removed bread from the bag with bare hands and placed the bread on a resident's plate. CNA #3 was observed two times removing bread from the bag with bare hands then proceeded to butter the bread with bare hands and place the bread on</p>	F 371	<p>F371 Food Procure, Store/Prepare/Serve – Sanitary</p> <ol style="list-style-type: none"> 1. R19 was assessed and had no change of condition. 2. All residents had the potential to be affected. 3. Staff will be in-serviced on not touching food with bare hands. Clean gloves if touching food items is necessary. 4. Restorative Nurse Manager or designee will audit two meals per day to ensure no staff are touching food with bare hands and that gloves are worn if a food item has to be touched. The results will be presented to the QA committee monthly x 3 months and then at the discretion of the QA Committee. 5. Completion Date: July 2, 2010 	



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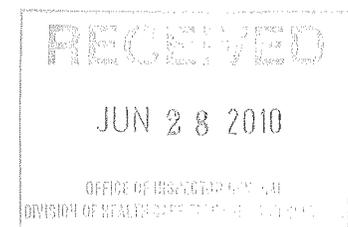
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F 371	<p>Continued From page 3</p> <p>residents' plates. The Hospitality Coordinator removed bread two times from the bag with bare hands and placed the bread on residents' plates.</p> <p>Interview on 06/03/10 at 8:50am with CNA #2 revealed he/she was able to hand residents food with bare hands as long as their hands had been sanitized. Continued interview with the CNA on 06/03/10 at 3pm revealed food service training consisted of removing all lids and coverings from food items, put butter on bread and open condiments, then hand sanitize after every tray. The CNA reported it was acceptable to pick up bacon and bread with bare hands and no one had instructed him/her to use gloves during the food service.</p> <p>Interview on 06/03/10 at 2:25pm with CNA #1 revealed he/she was unable to recall any training regarding food services, except to wash hands between each service. CNA #1 reported there were no gloves in the dining room available for staff use. The CNA continued to say that after removal of all items from the tray, that buttering bread may be done with bare hands.</p> <p>Interview on 06/03/10 at 2:30pm with CNA #3 revealed he/she was trained to remove all items from the tray, sanitize hands every third tray, and then wash hands. Gloves were available but no one used them. The CNA reported it was acceptable to butter bread with bare hands if the hands were sanitized.</p> <p>Interview on 06/03/10 at 2:45pm with LPN #1 revealed he/she was last trained in food service approximately one (1) year ago. The LPN reported staff removed everything from the tray, assisted the resident if needed, then sanitized or</p>	F 371		



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F 371	<p>Continued From page 4</p> <p>washed hands between trays. The LPN stated it is acceptable to touch the residents' food with bare hands as long as your hands are clean. The LPN revealed there was no training on use of gloves during food services.</p> <p>Interview on 06/03/10 at 3:40pm with the Activities Director revealed the hands should be sanitized after three (3) trays are served. She reported it was acceptable to touch food with bare hands. She also reported gloves were available, but not used in the dining room while serving.</p> <p>Interview with the Registered Dietician on 06/03/10 at 4:30pm revealed he did not think it was a problem that staff were handling food with bare hands as long as they were washing or sanitizing hands.</p> <p>Review of the facility policy updated 05/2009 regarding handwashing and gloves revealed gloves must be used when working with food to avoid contact with hands. Gloves must be worn when touching any ready-to-eat food.</p>	F 371			



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K 000	INITIAL COMMENTS	K 000		
K 062 SS=D	<p>A Life Safety Code survey was initiated and concluded on 06/17/2010. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was a "D".</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, and interview, the facility failed to maintain their sprinkler system according NFPA standards.</p> <p>Observation on 06/17/2010 at 9:40 AM, with the Maintenance Director, revealed that the accelerator valve on the sprinkler riser was in the off position.</p> <p>Interview on 06/17/2010 at 9:40 AM, with the Maintenance Director, revealed that he was unaware of the accelerator valve on the sprinkler riser being in the off position.</p> <p>Reference: NFPA 101 (2000 edition)</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25,</p>	K 062	<p>K062 Life Safety Code</p> <ol style="list-style-type: none"> 1. There were no residents Identified in the findings to be directly affected 2. A contractor will inspect and If necessary, replace the existing accelerator valve. The accelerator valve will remain in the on position 3. The Maintenance Director and/or designee will check the accelerator valve at least 5 times per week to ensure it is operating properly and is in the on position. 4. The results of the checks will be presented to the QA committee monthly and continued at the discretion of the QA committee 5. Completion Date: 	07/31/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE **Administrator** (X8) DATE **6/30/2010**

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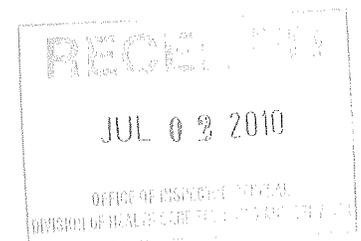
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K 062 K 130 SS=D	<p>Continued From page 1</p> <p>Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure exits were properly marked according to NFPA standards.</p> <p>Observations on 06/17/2010 at 10:06 AM, with the Maintenance Director revealed that the exit for the dining room area released by means of delayed-egress. Further observation revealed that the door contained no markings indicating that the door released using delayed-egress mechanisms.</p> <p>Interview on 06/17/2010 at 10:06 AM, with the Maintenance Director revealed that he was unaware of the door not being properly marked.</p> <p>Reference: NFPA 101 (2000 edition) 7.2.1.6.1 Delayed-Egress Locks. Approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7,</p>	K 062 K 130	<p>K130 Miscellaneous</p> <ol style="list-style-type: none"> 1. There were no residents identified in the findings to be directly affected 2. A sign will be installed on the door adjacent to the release device that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 30 SECONDS 3. All delayed egress doors will be checked by the Maintenance Director and/or Designee 5 times per week to ensure signage is in place and doors are operating correctly. 4. The results of the checks and signage installation Verification will be presented to the QA Committee monthly and continued at the discretion of the QA Committee. 5. Completion Date: 	07/15/2010



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K 130	Continued From page 2 and where permitted in Chapters 12 through 42, provided that the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) * On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS	K 130		

