

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

PRINTED: 01/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

*Acceptable*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/08/2015
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NAME OF PROVIDER OR SUPPLIER  MAYSVILLE NURSING AND REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 620 PARKER ROAD MAYSVILLE, KY 41056
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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  A Recertification Survey was initiated on 01/06/15 and concluded on 01/08/15. A deficiency was cited with the highest Scope and Severity of a "D".	F 000	Maysville Nursing and Rehabilitation Facility does not believe, nor does the facility admit that any deficiencies exist.	
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.  (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.	F 441	Maysville Nursing and Rehabilitation Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Maysville Nursing and Rehabilitation Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privileges which Maysville Nursing and Rehabilitation Facility does not	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE LNHTA	(X6) DATE 2/4/15
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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  
(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, record review and review of the facility's policies, it was determined the facility failed to establish and maintain an Infection Control Program designed to provide a sanitary environment and help prevent the development and transmission of disease and infection for one (1) of four (4) sampled residents (Resident #10) who were observed for skin assessments out of the total twenty-three sampled residents.

Observation revealed the nurse performing Resident #10's skin assessment revealed the nurse used poor infection control techniques.

The findings include:

Review of the facility's policy titled, "Infection Prevention Program Overview", undated, revealed the goals of the infection prevention program was to: decrease the risk of infection to residents and personnel; monitor for occurrence of infection and implement appropriate control measures; identify and correct problems relating to infection prevention practices; and maintain compliance with state and federal regulations relating to infection prevention.

Review of the facility's, "Hand Hygiene" Policy, undated, revealed the purpose of the policy was

F 441  
waive, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceeding. Maysville Nursing and Rehabilitation Facility offers its responses, credible allegations of compliance and plan of correction as part of its on-going effort to provide quality care to residents.

Maysville Nursing and Rehabilitation Facility strives to provide the highest quality care while ensuring the rights and safety of all residents.

F441

It is and was on the day of survey the policy of Maysville Nursing and Rehabilitation Facility to 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.

1. Resident #10 has not exhibited any signs or symptoms of an acute infection. Temperatures

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F 441	<p>Continued From page 2</p> <p>to decrease the risk of transmission of infection by appropriate hand hygiene. Further review of the Policy revealed handwashing/hand hygiene was generally considered the most important single procedure for preventing healthcare associated infections.</p> <p>Review of Resident #10's medical record revealed the facility admitted the resident on 01/05/15, with diagnoses which included a Urinary Tract Infection (UTI). Review of the Physician's Orders dated 01/05/15 revealed an order for Levaquin (an antibiotic medication) 500 milligrams (mgs) every other day for twelve (12) days.</p> <p>Observation on 01/07/15 from 10:45 AM until 11:00 AM, of a skin assessment for Resident #10 performed by Licensed Practical Nurse (LPN) #1, revealed the nurse assisted the resident to ambulate from the chair to the bed while wearing non-skid socks. Observation revealed LPN #1 then washed her hands, donned gloves and assessed Resident #10 from the head to the waist, then moved to the resident's feet and removed the resident's non-skid socks. Continued observation revealed LPN #1 assessed Resident #10's feet, palpating the feet, checking between the toes, and then put his/her non-skid socks back on. Further observation revealed LPN #1 then assessed Resident #10's perineal area without removing her soiled gloves, washing her hands and donning new gloves.</p> <p>Interview, on 01/07/15 at 11:05 AM, with LPN #1 revealed she had not washed or sanitized her hands after assessing Resident #10's feet and prior to assessing the resident's perineal area. She stated she thought she was to assess the</p>	F 441	<p>have been stable and near the resident's baseline.</p> <ol style="list-style-type: none"> <li>2. All residents who have been assigned to Nurse #1 (Licensed Practical Nurse, LPN) have been monitored with weekly temperatures for signs and symptoms of infection. No resident assigned to LPN #1 has developed an acute infection.</li> <li>3. An in-service was conducted on 1-9-15 by the Director of Nursing for all licensed staff reviewing infection control policies and procedures, hand hygiene as it relates to skin assessments.</li> <li>4. As part of the facility's ongoing Quality Assurance program, the Director of Nursing will monitor 10 skin assessments monthly to monitor infection control practices. This audit will continue for the next (6) six months if no additional issues are noted.</li> <li>5. 1-15-15</li> </ol>	

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F 441 Continued From page 3  
entire front of Resident #10's body, then wash her hands and assess the back of the resident's body. She stated, however, she could see how it would be important to have washed her hands prior to assessing Resident #10's perineal area.

Interview, with the Director of Nursing (DON)/Infection Control Nurse (ICN), on 01/08/15 at 5:10 PM and 6:20 PM, revealed compliance rounds were done by Administrative Nurses each month to watch two (2) different nurses perform wound treatments and skin assessments. She further stated competency checks were done by the Administrative Nurses every March and all nurses were observed to ensure they conducted head to toe skin assessments correctly during the competency checks. She stated she would have a problem with a nurse not washing his/her hands after touching a resident's feet and prior to assessing the resident's perineal area.

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K 000 INITIAL COMMENTS K 000

Building: 01  
Plan Approval: 12/01/70  
Survey under: NFPA 101 (2000 Edition)  
Facility type: SNF/NF  
Type of structure: Type V (000) Unprotected  
Smoke Compartment: Ten (10)  
Fire Alarm: Complete Fire Alarm System  
Sprinkler System: Complete Sprinkler System (Dry)  
Generator: Type II Natural Gas  
  
A Life Safety Code Survey was initiated and concluded on 01/06/15. The facility was found to be in compliance with the requirements for participation for Medicare and Medicaid. The facility is licensed for one hundred and thirty (130) beds and the census was one hundred and eleven (111) the day of the survey.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cronchard</i>	TITLE LNHA	(X6) DATE 2/4/15
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