PRINTED: 06/17/2010
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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185394		C 06/03/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LUKE HOSPITAL WEST	7380 TURFWAY ROAD FLORENCE, KY 41042

(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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS A Recertification Survey and an Abbreviated Survey investigating ARO# KY00014851 was conducted 06/01/10 through 06/03/10 with a deficiency cited with the highest scope and severity being a "D". A Life Safety Code Survey was conducted on 06/02/10, without deficiencies. ARO# KY00014851 was substantiated without deficiencies.	F 000	**Please accept this Plan of Correction as the St. Luke Hospital West Skilled Nursing Facility's credible allegation of substantial compliance effective July 18, 2010 for the deficiencies noted from the survey completed June 3, 2010. It is our intent that we have substantially corrected our deficiencies per requirements in 42 CFR Part 483 subpart B.**	
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 and interview the facility failed to store, prepare, distribute and serve food in a sanitary manner. Observation during the initial tour revealed ten (10) hotel pans containing food stored in the refrigerator and freezer undated. In addition, observation during the lunch meal service on 06/02/10 at 10:30 AM revealed staff were not wearing hairnets which covered all their hair. Observation also revealed staff failed to change gloves and washing hands before returning to prepare residents trays after touching other items that could potential contaminate the gloves.	F 371	F371 St. Elizabeth ensures safe preparation and storage of food through its in-servicing program. **See Page Two of Attachment A.** Annual in-service that reviews HCCAP program - focusing on identifying hazards, controlling points from receiving to serving and monitoring for effectiveness. This program reviews all aspects of sanitation and food preparation. **See Attachment C.** Observation #1: covered but unlabeled hotel pans. On 6/1/10, during the survey, 10 hotel pans were stored without a label. The unlabeled pans had been stored by a nutrition assistant. When Cook #5 was notified by the surveyor, she labeled the pans as as they were located. Observation #2 –improper use of hairnet and failure to wash hands and change gloves after touching other items and then returning to prepare trays. Employee #11's hairnet was adjusted to cover hair and she was immediately counseled. **See Attachment E** RECEIVED JUN 29 2010 BY:	7/18/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wendy Bauer NHA — TITLE: June 29, 2010 — (X6) DATE

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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	185394		C 06/03/2010

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F 371	Continued From page 1 The findings include: 1. Observation on 06/01/10 at 12:30 PM revealed one (1) half size pan off eggs, one (1) half size pan of mashed potatoes, one (1) quarter-size pan of sauce stored in the freezer. Pans were covered, however they were not dated or labeled. Observation on 06/01/10 at 12:35 PM revealed one (1) hotel size pan of potato wedges, one (1) hotel size pan of hamburger patties, two (2) half size hotel pans of mixed vegetables, one (1) half size hotel pan of green beans, and one half size hotel pan of broccoli stored in the refrigerator. These items were covered, but not dated or labeled. Interview with the Nutrition Services Supervisor on 06/01/10 at 12:40 PM revealed normally these items were dated before they were stored in the refrigerator or freezer. Cook #5 was also present during the interview with the Supervisor and stated another Food Service Worker had put the items up for her and had forgot to label them. Cook #5 dated and labeled the items as they were located. 2. Observation on 06/2/10 at 10:30 AM revealed Food Service Worker #11 who was working on trayline preparing resident trays and then left the trayline to obtain a canned item from dry storage. However, upon returning to the trayline Food Service Worker #11 was observed to continue preparing resident trays without changing gloves or washing her hands. Food Service Worker #11 was also observed to be wearing a hairnet which she did not have covering her hair entirely. Interview with the Assistant Director of Nutrition	F 371	On June 7, 2010 an in-service was held for the nutrition assistants. **See Attachment B.** All aspects of safe food preparation And were sanitation were discussed, with a focus on deficient areas. In-service reviewed the HACCP program presented at their annual training held in March 2010 – as outlined above. **See Attachment C.** This handout and a handout on handwashing were given out at the in-services. **See Attachment F.** Also, On June 7, 2010 the Assistant Director conducted a facility inspection. **See Attachment D.** Using this same form, weekly inspections will be conducted by the supervisors with reports submitted to the Assistant Director. The Assistant Director Will conduct the inspection monthly. Supervisors will be responsible for daily monitoring through observation of all daily operations. This process of monitoring will be ongoing without stop date.	

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F 371	Continued From page 2 Services on 06/02/10 at 10:40 AM revealed that all hair should be covered at all times in the kitchen and the Food Service Worker should have washer her hands and changed her gloves to prevent hair from getting into the food, infection control.	F 371		

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	185394		06/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LUKE HOSPITAL WEST	7380 TURFWAY ROAD FLORENCE, KY 41042

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K 000	INITIAL COMMENTS A Life Safety Code survey was initiated and concluded on 06/02/10, for compliance with Title 42, Code of Federal Regulations, §483.70, the facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition. No deficiencies were identified during this survey.	K 000		

RECEIVED
JUN 28 2010
BY:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wendy Bauer RN/NHA
TITLE: Administrator
(X6) DATE: 6/25/10

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.