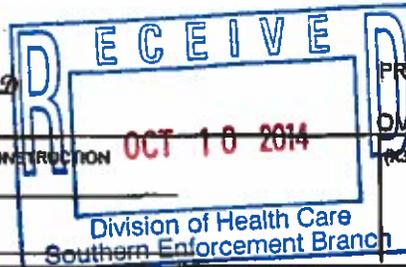


Oct. 10. 2014 2:45PM

No. 0067 P. 2

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

2nd SOD



PRINTED: 10/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423	

(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 09/16-18/14. Deficient practice was identified with the highest scope and severity at "E" level.  An abbreviated survey (KY22175) was also conducted at this time. The complaint was unsubstantiated with no deficient practice identified.	F 000	#1 Resident #1 facial hair was removed /shaved on September 18, 2014.  #2 On Friday September 19, 2014, a complete 100% audit was performed by the Administrative assistant on all residents identifying any hygiene needs including facial hair removal.	
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, record review, and policy review it was determined that the facility failed to promote care that maintained/enhanced dignity and respect for one (1) of seventeen (17) residents (Resident #1). Observations made on 09/16/14 at 1:01 PM and 3:30 PM, on 09/17/14 at 8:29 AM, and on 09/18/14 at 2:04 PM revealed Resident #1 had a heavy growth of long black hair under his/her chin.  The findings include:  Review of a facility policy titled "Quality of Life-Dignity" (dated 2001) with a revision date of August 2009 revealed residents shall be treated with dignity and respect at all times. According to facility policy, "treated with dignity" meant the	F 241	#3 On September 22, 2014, the facility's Director of Nursing revised the shower sheets that are utilized by the SRNA's to include the removal of facial hair for both male and female residents.  The unit managers will review shower sheets daily for compliance with showers and personal hygiene including facial hair removal (shower sheets) on all female residents as needed.  The RN Staff Development Coordinator educated all clinical staff on September 22, 2014 thru October 3, 2014 on the revision of the shower sheets and staff re-educated that removal of facial hair is a part of shower and/or bath hygiene.	

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

TITLE

Adm

(X8) DATE

10/03/2014

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423	
(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 241	<p>Continued From page 1</p> <p>resident would be assisted to maintain and enhance his/her self-esteem and self-worth. Further review of facility policy revealed staff was to groom residents as they wished to be groomed (hairstyles, nails, facial hair, etc.)</p> <p>Review of Resident #1's Admission Record revealed the facility admitted Resident #1 on 05/20/13 with diagnoses that included Dementia, Hypertension, Depression, and Glaucoma.</p> <p>Review of Resident #1's most recent Comprehensive Care Plan dated 05/30/13, with a revision date of 11/19/13, revealed staff was to check residents (including women) for facial hair, and remove the hair "as needed," and provide for privacy and promote dignity.</p> <p>Review of the most recent Quarterly Minimum Data Set (MDS) assessment dated 08/11/14 revealed Resident #1 was assessed to have a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident's cognition was moderately impaired.</p> <p>Observations made on 09/16/14 at 1:01 PM and 3:30 PM, on 09/17/14 at 8:29 AM, and on 09/18/14 at 2:04 PM, revealed Resident #1 had a heavy growth of thick black hair under his/her chin.</p> <p>Interview with Resident #1 on 09/18/14 at 2:04 PM revealed that the growth of hair on his/her chin "bothered" him/her and stated it had been "quite some time" since anyone had removed the hair from his/her chin. Resident #1 stated that if he/she could remove the hair he/she would, but the resident was unable to remove the hair "anymore."</p>	F 241	<p>#4 The staff nurses and the Unit Managers will review the shower sheets daily and will go to observe the resident to ensure the showers and personal hygiene including shaving of facial hair has been performed after the shower. These shower sheets will be turned into the DON daily for review and follow-up. The DON will report findings of the daily shower and personal hygiene including facial hair removal monitoring to the Quality Assurance Committee that meets monthly for recommendations and follow-up.</p> <p>#5 October 4, 2014</p>	

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No. 0067 P. 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/18/2014
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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423
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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 241	<p>Continued From page 2</p> <p>Interview with State Registered Nurse Aide (SRNA) #4 on 09/18/14 at 2:20 PM revealed residents should be shaved if they had unwanted facial hair. Further interview with SRNA #4 revealed she had not identified that Resident #1 had facial hair that needed to be removed.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 09/18/14 at 5:03 PM revealed she was the Unit Coordinator on resident Unit A, and that she assessed residents on the unit on a daily basis when she conducted "rounds" to make sure residents did not have any unwanted facial hair, but had not identified that Resident #1 had facial hair present.</p> <p>Interview with LPN #4 on 09/18/14 at 5:13 PM revealed she was the Minimum Data Set/Care Plan Coordinator and conducted "rounds" on a random basis to ensure that interventions on the resident's care plan were being followed. According to LPN #4, she had not identified that Resident #1 had facial hair that needed to be removed.</p> <p>Interview with the Director of Nursing (DON) on 09/18/14 at 5:41 PM revealed the interdisciplinary team met on a daily basis to ensure that care plan interventions were followed. The DON also revealed she conducted "rounds" on a random basis along with unit managers and conducted "spot checks" to ensure that care plan interventions were followed. Further interview with the DON revealed that she had not identified that Resident #1 had facial hair that needed to be removed.</p>	F 241		
F 279	483.20(d), 483.20(k)(1) DEVELOP	F 279		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423	
(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 279 SS=E	<p>Continued From page 3</p> <p><b>COMPREHENSIVE CARE PLANS</b></p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review it was determined the facility failed to ensure a comprehensive plan of care that adequately addressed care needs for three (3) of seventeen (17) sampled residents (Residents #1, #4, and #8). Resident #1's diagnoses included Depression; however, facility staff failed to ensure the resident's diagnoses of depression had been addressed on the resident's comprehensive care plan. Resident #4 and Resident #8 were observed to have indwelling urinary catheters in place; however, review of the resident's comprehensive care plan revealed the</p>	F 279	<p>#1 On September 19, 2014 the Care Plans for Resident #1 was updated to include a diagnosis of depression on 9-18-14; and the Care plans for resident's #4 and #8 were updated and revised to include appropriate standard of care interventions for an indwelling Foley Catheter.</p> <p>#2 On September 30, 2014, the MDS nurses and the Director of Nursing performed a complete 100% audit on all Foley catheter care plans to validate appropriate catheter care interventions; and a 100% care plan audit on all residents prescribed with an psychoactive medication to validate appropriate care plan development; in addition, all resident care plans have been reviewed for all care areas</p>	

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 279	<p>Continued From page 4</p> <p>facility failed to address care needs related to use of the catheters.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Care Plans-Comprehensive," (dated 2001) with a revision date of October 2010, revealed the facility's Care Planning/Interdisciplinary Team, in coordination with the resident, his/her family, or representative (sponsor), developed and maintained a comprehensive care plan for each resident that identified the highest level of functioning the resident may be expected to attain. Further review of the facility policy revealed areas of concern that were triggered during the resident assessment would be evaluated before interventions were added to the care plan. In addition, the policy revealed care plan interventions were designed after careful consideration of the relationship between the resident's problem areas and their causes.</p> <p>Review of the facility policy titled "Catheter Care, Urinary" (revised October 2010) revealed staff was to secure the catheter to the upper thigh, with a leg band, to reduce friction and movement at the insertion site.</p> <p>1. Review of Resident #1's Admission Record revealed that the facility admitted Resident #1 on 05/20/13 with diagnoses that included Dementia, Hypertension, Depression, and Glaucoma.</p> <p>Review of Resident #1's most recent Comprehensive Care Plan dated 05/30/13, with a revision date of 11/19/13, revealed the facility failed to develop interventions that addressed the resident's diagnosis of Depression.</p>	F 279	<p>triggered by the Care Area Assessments (CAA) and Care Area Triggers (CAT) process and updated as needed which was completed on October 3, 2014.</p> <p>#3 On September 19, 2014 the Director of Nursing reviewed and revised the Facility policies on Indwelling Foley Catheter per the nursing standard of care for appropriate Foley catheter care and interventions. A new system has been developed by the Consultant Corporate Registered Nurse on October 3, 2014 which validates that all CAT areas has a care plan developed from the Admission MDS Assessment, Annual MDS Assessment and Significant Change MDS Assessment. The MDS Coordinator and Director of Nursing will validate from the CAT list that all care areas</p>		

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 279	Continued From page 5  Review of the most recent Quarterly Minimum Data Set (MDS) assessment dated 08/11/14 revealed Resident #1 was assessed to have a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident's cognition was moderately impaired. Further review of the Quarterly MDS revealed the facility had assessed Resident #1 to have minimal depression.  Review of Resident #1's most recent Physician's Orders dated 08/20/14 revealed on 08/04/14, the resident's physician had prescribed Escitalopram (anti-depressant medication) to treat the resident's depression.  Interview with Licensed Practical Nurse (LPN) #4, who was also the MDS/Care Plan Coordinator, on 09/18/14 at 5:13 PM revealed she and the Unit Managers developed resident care plans. Further interview with LPN #4 revealed she had initiated Resident #1's care plan and had not identified that Resident #1 did not have any care plan interventions in place to address depression. LPN #4 stated that interventions to address Resident #1's depression should have been addressed on the care plan.  Interview with the Director of Nursing (DON) on 09/18/14 at 5:41 PM revealed the Interdisciplinary team reviews resident care plans. In addition, the DON stated she makes random "rounds" along with the Unit Managers, and also conducts periodic "spot checks" to ensure that care plan interventions are in place. However, the DON acknowledged she had not identified that the care plan for Resident #1 failed to include interventions to address the resident's depression.	F 279	have been addressed on the care plan.  Education was completed with the MDS Coordinator and Director of Nursing regarding the RAI process and Care plan development by the Consultant Corporate Registered Nurse on October 3, 2014.  All physician orders will be reviewed daily along with lab results and care plans updated as necessary by the MDS Nurses and Unit Managers.  #4 The MDS Coordinator and Director of Nursing will review the CAT list that all care areas triggered from the MDS assessment have been addressed on the care plan for all Admission, Annual and Significant change		

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423	
(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 279	<p>Continued From page 6</p> <p>2. Review of the medical record revealed the facility admitted Resident #4 on 06/14/08 with diagnoses that included Coronary Artery Disease, Degenerative Disc Disease, and Urinary Retention.</p> <p>Resident #4 was observed on 09/16/14, at 12:30 PM, to be lying in bed with an indwelling urinary catheter bag, which contained straw colored urine, attached to the bed frame. Further observation on 09/17/14 at 10:10 AM, revealed catheter care was provided by facility staff. However, the catheter tubing was observed to be unsecured as directed by the facility Foley catheter care policy.</p> <p>Review of the quarterly MDS assessment dated 07/05/14 revealed the resident required the use of intermittent catheterization for urinary retention.</p> <p>Review of the comprehensive care plan revealed the facility developed a care plan to address the use of the urinary catheter on 03/26/14 and revised the care plan on 09/02/14. Further review of the care plan revealed staff had developed interventions related to the catheter that included monitoring the resident for signs/symptoms of urinary tract infection (UTI) and providing catheter care as ordered. However, there was no evidence the facility had developed a care plan to ensure the catheter tubing was secured to prevent tension or possible injury to Resident #4.</p> <p>3. Review of the medical record revealed the facility admitted Resident #8 on 08/05/14 with diagnoses that included Congenital Stenosis of Aortic Valve, Hypertension, Diabetes Mellitus, and Urinary Retention.</p>	F 279	<p>assessment as scheduled per the RAI manual.</p> <p>The MDS Coordinator will report findings of the care plan audits consisting of monitoring of all CAT areas which includes Depression, are being care planned. The audit results will be submitted to the Quality Assurance Committee that meets monthly for recommendations and follow-up.</p> <p>#5 Completion Date: October 4, 2014</p>	

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 279	Continued From page 7  Review of the resident's admission MDS assessment completed on 08/12/14, revealed staff assessed Resident #8 to require the use of an indwelling catheter for urinary control secondary to urinary retention.  Review of the comprehensive care plan for Resident #8 revealed the facility developed a care plan to address the resident's need for the catheter; however, there was no evidence the facility developed an intervention to secure the catheter tubing to prevent tension or pulling on the catheter.  Observation of Resident #8 on 09/17/14, at 9:35 AM revealed catheter care was provided for the resident by facility direct care staff. However, the catheter tubing was not secured to the resident's leg to prevent pulling and possible trauma or injury to the resident's urinary tract from the catheter tubing.  Interview conducted with Licensed Practical Nurse (LPN) #4 on 09/18/14, at 5:10 PM related to the use of indwelling urinary catheters for Residents #4 and #8 revealed she was responsible to assist with the development of the comprehensive care plans for residents. LPN #4 stated care plan concerns should be developed as a result of data collected for the MDS assessment. LPN #4 stated a care plan should have been developed to include an intervention to ensure the Foley catheter was secured to prevent possible injury to the residents.  Interview with the Director of Nursing (DON) on 09/18/14, at 5:40 PM, revealed she was also involved with the development of resident care	F 279			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 279	Continued From page 8 plans. The DON stated a medical record audit was conducted to review for problems with the development of resident care plans and no problems had been identified. However, the DON confirmed the care plan should have been developed to include an Intervention to secure the catheter tubing according to the facility policy.	F 279			
F 282 SS=E	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, the facility failed to ensure care plan interventions were implemented for three (3) of seventeen (17) sampled residents (Residents #1, #3, and #5). Residents #3 and #5 were assessed to require the use of an Indwelling catheter with care plan interventions to secure the catheter tubing to prevent tension; however, observations revealed the catheter tubing was not secured during catheter care observations for Residents #3 and #5. In addition, the facility failed to ensure Resident #1's care plan interventions were implemented related to grooming and the application of TED hoses.  The findings include:  Review of the facility's policy entitled "Care Plans-Comprehensive" (dated October 2010) revealed care plan interventions would be	F 282	#1 Resident #1 has TED hose on as ordered by the physician, and facial hair has been removed and the care plan is being followed; Residents #3 and #5 has been assessed and appropriate catheter care plan interventions are being followed including to use of a catheter strap.  #2 A 100% audit was performed on physician's orders and care plans for TED hose, facial hair and Foley catheter interventions and implementation by the Unit Managers on September 30, 2014.		

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 283 BRUCE COURT DANVILLE, KY 40423	

(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 282	<p>Continued From page 9</p> <p>developed based on consideration of the resident's problem areas and their causes. The policy noted the care plan would identify the highest level of functioning the resident might be expected to attain.</p> <p>1. Review of Resident #3's medical record revealed the facility admitted the resident on 02/16/12, with diagnoses that included Pressure Ulcers, Indwelling Urinary Catheter, Bowel and Bladder Incontinence, and Pain. Review of the Significant Change MDS assessment dated 05/06/13 and the Annual Comprehensive MDS assessment dated 04/20/14 revealed Resident #3 was at high risk for pressure ulcers.</p> <p>Review of Resident #3's care plan dated 11/21/13 revealed the resident required the use of an indwelling urinary catheter to aid in the healing of a Stage 4 pressure ulcer to the right hip. Staff developed care plan interventions to address the resident's catheter use that included keeping the drainage bag below the level of the bladder, and using a leg band to prevent tension on the catheter tubing.</p> <p>Observation of Resident #3 on 09/16/14 at 12:05 PM revealed the resident utilized an indwelling catheter. In addition, an observation was conducted on 09/16/14 at 3:15 PM of State Registered Nurse Aide (SRNA) #8 as she provided catheter care for Resident #3. Resident #3's catheter was observed attached to a bedside drainage bag; however, the tubing was not secured to prevent tension as directed by the resident's plan of care.</p> <p>Interview conducted on 09/18/14 at 1:20 PM with SRNA #8 revealed she had been trained to</p>	F 282	<p>#3 On September 19, 2014 the Director of Nursing reviewed and revised the Facility policies on Indwelling Foley Catheter per the nursing standard of care for appropriate Foley catheter care and interventions.</p> <p>All clinical staff was re-educated on following the care plan interventions including TED hose, removal of facial hair and Foley catheter straps with return demonstrations of competency for application of the catheter strap by the RN Staff Development Coordinator which was completed on October 3, 2014.</p> <p>A new audit tool has been developed by the Director of Nursing for the Unit Managers to validate that care plan interventions are being implemented including Foley catheter straps, TED hose and facial hair removal daily for all Residents on each unit.</p>	

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No. 0067 P. 12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 282	<p>Continued From page 10</p> <p>provide catheter care and to secure the tubing to prevent tansion but she guessed she just forgot to do it.</p> <p>Interview with Unit Coordinator #1 on 09/18/14 at 1:30 PM revealed that residents with urinary catheters should have a leg strap to secure tubing to prevent tention and she stated she made rounds to check if tubing was secure on residents. She further revealed that some of the aides were fairly new to this side of the facility.</p> <p>2. Review of Resident #1's Admission Record revealed that the facility admitted Resident #1 on 05/20/13 with diagnoses that included Dementia, Hypertension, Depression, and Glaucoma.</p> <p>Review of Resident #1's most recent Comprehensive Care Plan dated 05/30/13 with a revision date of 11/19/13 revealed an intervention to provide Thrombo Embollic Deterrent (TED) hose to Resident #1 related to the resident's diagnosis of Hypertension; and an intervention to check for facial hair and remove as needed and to provide for privacy and promote dignity.</p> <p>Review of Resident #1's Physician's Orders dated 06/19/14 revealed Resident #1 was to have TED hose on daily and off at night.</p> <p>Review of the most recent Quarterly Minimum Data Set (MDS) assessment dated 08/11/14 revealed Resident #1 was assessed to have a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident's cognition was moderately impaired.</p> <p>Interview with the Director of Nursing (DON) on 09/18/14 at 4:10 PM revealed Resident #1 was to</p>	F 282	<p>On September 22, 2014, the facility's Director of Nursing revised the shower sheets that are utilized by the SRNA's to include the removal of facial hair for both male and female residents. The unit managers will review shower sheets daily for compliance.</p> <p>#4</p> <p>The staff nurses and the Unit Managers will review the shower sheets daily and will go to observe the resident to ensure the showers and personal hygiene including shaving of facial hair has been performed after the shower. The shower sheets will be turned into the DON daily for review and follow up. The DON will report findings of the daily shower and personal hygiene including facial hair removal monitoring to the Quality Assurance Committee that meets monthly for recommendations and follow up.</p> <p>The new daily audit tool was developed by the Director of</p>		

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No. 0067 P. 13

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 282	<p>Continued From page 11</p> <p>have TED hose in place; however, according to the DON, the physician's most recent orders dated 08/20/14 failed to include the TED hose.</p> <p>Observations made on 09/16/14 at 1:01 PM and 3:30 PM, on 09/17/14 at 8:29 AM, and on 09/18/14 at 2:04 PM revealed Resident #1 had long, thick black hair present under the chin. In addition, observations made on 09/16/14 at 3:30 PM revealed Resident #1 did not have TED hose applied as ordered by the physician.</p> <p>Interview with State Registered Nurse Aide (SRNA) #4 on 09/18/14 at 2:20 PM revealed residents should be shaved if they have facial hair. Further interview with SRNA #4 revealed she had not identified that Resident #1 had facial hair that needed to be removed.</p> <p>Interview with SRNA #5 on 09/17/14 at 4:13 PM revealed she had seen Resident #1 with TED hose on in the past and was not aware Resident #1 was supposed to have TED hose on this date.</p> <p>Interview with Licensed Practical Nurse (LPN) #5 on 09/17/14 at 4:27 PM revealed she had observed Resident #1 wearing TED hose in the past and that nurses were to check to ensure that residents have TED hose on as ordered.</p> <p>Interview with LPN #2/the Unit Coordinator (A-Hall) on 09/18/14 at 5:03 PM revealed she observes residents to make sure that they do not have any unwanted facial hair as part of daily room rounds, but had not identified that Resident #1 had facial hair present. The LPN also stated she had not identified the resident was not wearing the TED hose as ordered.</p>	F 282	<p>Nursing for the Unit Managers to validate that care plan interventions are being implemented including Foley catheter straps, TED hose and facial hair removal will be performed after making rounds daily and observing all resident's on both units daily. The audits will be turned into the DON daily for review and follow-up. The DON will report findings of the daily shower and personal hygiene including facial hair removal monitoring to the Quality Assurance Committee that meets monthly for recommendations and follow up.</p> <p>#5 Completion Date October 4, 2014</p>		

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No. 0067 P. 14

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423	
(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 282	<p>Continued From page 12</p> <p>Interview with LPN #4/the MDS/Care Plan Coordinator on 09/18/14 at 5:13 PM revealed she conducted random room rounds to ensure that interventions on the resident's care plan were being followed and had not identified that Resident #1 had facial hair that needed to be removed.</p> <p>Interview with the Director of Nursing (DON) on 09/18/14 at 5:41 PM revealed that the interdisciplinary team meets to review care plans. The DON also revealed she made random rounds along with the Unit Managers, and conducted "spot checks" to ensure that care plan interventions were followed. Further interview with the DON revealed that she had not identified that Resident #1 had facial hair that needed to be removed or that the resident's TED hose were not intact.</p> <p>3. Review of Resident #5's Admission Record revealed the facility admitted Resident #5 on 04/15/14 with diagnoses that included Urinary Tract Infection, Uterine Cancer, Hypertension, Edema, Acute Kidney Injury, Hypokalemia, Anemia, Alkalosis, Candiduria, and Peripheral Vascular Disease.</p> <p>Review of Resident #5's most recent Significant Change Minimum Data Set (MDS) assessment dated 09/08/14 revealed Resident #5 was assessed to have a Brief Interview for Mental Status (BIMS) score of 8, which indicates the resident's cognition was moderately impaired.</p> <p>Review of Resident #5's most recent Comprehensive Care Plan dated 08/21/14 with a revision date of 09/09/14 revealed an intervention for Resident #5 to have a Foley catheter as per</p>	F 282		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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)	(X3) COMPLETION DATE	
F 282	Continued From page 13 facility protocol.  Observation on 09/17/14 at 1:30 PM revealed the resident's catheter bag was not anchored to the resident's leg with a leg strap to prevent tension according to facility policy.  Interview with Licensed Practical Nurse (LPN) #2, who is also the Unit Coordinator, on 09/18/14 at 5:01 PM revealed she made rounds to observe staff's performance providing urinary catheter care and had not identified any issues with catheter care. Further interview with the A & C-Hall Unit Manager revealed catheter bags should be secured to the resident's leg.  Interview with the Director of Nursing (DON) on 09/18/14 at 5:41 PM revealed that the interdisciplinary team meets to review care plans. The DON also revealed she conducted observations of residents at random, along with the Unit Managers, and conducts "spot checks" to ensure that care plan interventions were followed. Further interview with the DON revealed that she had not identified any issues with catheter tubing not being secured.	F 282			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309	#1 Resident #1 has TED hose on as ordered by the physician and care planned.  #2 A 100% audit was performed on physician's orders and care plans for TED hose and implementation by the Unit Managers on September 30, 2014.		

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No. 0067 P. 16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 309	Continued From page 14  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review it was determined that the facility failed to ensure residents received necessary care to maintain the highest practicable physical well-being for one (1) of seventeen (17) sampled residents (Resident #1). Resident #1 had a care plan intervention for Thrombo Embolic Deterrent hose (compression stockings) as ordered by the physician. However, observation on 09/16/14 at 3:30 PM revealed Resident #1 did not have Thrombo Embolic Deterrent (TED) hose applied as ordered.  The findings include:  Review of facility policy titled "Care Plans-Comprehensive," (dated 2001) with a revision date of October 2010, revealed no information relevant to following care plan interventions.  Observation made on 09/16/14 at 3:30 PM revealed Resident #1 did not have Thrombo Embolic Deterrent (TED) hose applied as ordered by the physician.  Review of Resident #1's Admission Record revealed that the facility admitted Resident #1 on 05/20/13 with diagnoses that included Dementia, Hypertension, Depression, and Glaucoma.  Review of the most recent Quarterly Minimum Data Set (MDS) assessment dated 08/11/14 revealed Resident #1 was assessed to have a Brief Interview for Mental Status (BIMS) score of 12, which indicates the resident's cognition was	F 309	#3 All clinical staff was re-educated on following the care plan interventions including TED hose by the RN Staff Development Coordinator which was completed on October 3, 2014.  A new daily audit tool has been developed by the Director of Nursing for the Unit Managers to validate daily that care plan interventions are being implemented including TED hose and the audits will be turned into the DON daily for review.  #4 The staff nurses and the Unit Managers will review the shower sheets daily and will go to observe the resident to ensure the showers and personal hygiene including shaving of facial hair has been performed after the shower. The shower sheets will be turned into the DON daily for review and		

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No. 0067 P. 17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 309	<p>Continued From page 15 moderately impaired.</p> <p>Review of Resident #1's most recent Comprehensive Care Plan dated 05/30/13, with a revision date of 11/19/13, revealed an intervention to have Thrombo Embolism Deterrent (TED) hose as ordered related to Resident #1's Hypertension.</p> <p>Review of Resident #1's Physician's Orders dated 06/19/14 revealed Resident #1 had physician's orders to have TED hose applied daily and removed at night.</p> <p>Interview with Resident #1 on 09/16/14 at 3:22 PM revealed he/she had compression stockings put on at night.</p> <p>Interview with State Registered Nurse Aide (SRNA) #5 on 09/17/14 at 4:13 PM revealed she had seen Resident #1 with TED hose on in the past and was not aware of Resident #1 not having TED hose on this date.</p> <p>Interview with Licensed Practical Nurse (LPN) #5 on 09/17/14 at 4:27 PM revealed she had observed Resident #1 wearing TED hose in the past and that nurses were responsible to ensure that residents had TED hose on as ordered.</p> <p>Interview with the Director of Nursing (DON) on 09/18/14 at 4:10 PM revealed that Resident #1's most recent physician's orders did not include the order for TED hose due to an oversight.</p> <p>Interview with LPN #2/the Unit Coordinator (A-Hall) on 09/18/14 at 5:03 PM revealed she looked at residents during random rounds to ensure they had TED hose on as ordered, but</p>	F 309	<p>follow up. The DON will report findings of the daily shower and personal hygiene including shaving of facial hair monitoring to the Quality Assurance Committee that meets monthly for recommendations and follow up.</p> <p>The new audit tool developed by the Director of Nursing for the Unit Managers to observe and monitor that the care plan interventions are being implemented daily during their rounds on both units for all residents including Foley catheter straps, TED hose and facial hair removal. The audits will be turned into the DON daily for review and follow up. The DON will report findings to the Quality Assurance Committee that meets monthly for recommendations and follow up.</p> <p>#5 Completion Date October 4, 2014</p>		

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No. 0067 P. 18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 309	Continued From page 16 had not identified that Resident #1 did not have TED hose present on 09/16/14.  Interview with LPN #4/the MDS/Care Plan Coordinator on 09/18/14 at 5:13 PM revealed she conducted random room rounds to ensure that interventions on the resident's care plan were being followed and had not identified that Resident #1 did not have on TED hose as ordered.  Interview with the DON on 09/18/14 at 5:41 PM revealed that the interdisciplinary team met to review care plans. The DON also revealed that she made random rounds along with Unit Managers, and did spot checks to ensure that care plan interventions were in place.	F 309			
F 315 SS=E	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure services were provided in a manner to restore as much normal bladder	F 315	#1 Resident's #3, #4, #5 and #8 was assessed for risk factors of having an indwelling Foley catheter and presently has a catheter strap to prevent pulling, pressure and potential trauma and/or injury to the resident's urinary tract.  #2 A 100% audit was performed on physician's orders and care plans for Foley catheter interventions and implementation by the Unit Managers on September 30, 2014.		

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No. 0067 P. 19

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423
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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)	(X6) COMPLETION DATE
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F 315	<p>Continued From page 17</p> <p>function as possible for four (4) of seventeen (17) sampled residents (Residents #3, #4, #5, and #8). Observation revealed Residents #3, #4, #5, and #8 had indwelling urinary catheters. However, the facility failed to assess the risk factors of an indwelling catheter and to ensure the indwelling urinary catheters were secure in an effort to prevent pulling, pressure, potential trauma, and/or injury to the resident's urinary tract.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Catheter Care, Urinary" (revised October 2010) revealed staff was to secure the catheter to the upper thigh, with a leg band, to reduce friction and movement at the insertion site.</p> <p>1. Review of Resident #3's medical record revealed the facility admitted the resident on 02/16/12, with diagnoses that included Pressure Ulcer, Bowel and Bladder Incontinence, and Pain. Documentation revealed the resident had an indwelling urinary catheter.</p> <p>Review of the Significant Change Comprehensive Assessment dated 05/06/13 revealed Resident #3 was at high risk for pressure ulcers and required extensive assistance of two (2) staff persons for all transfers in bed.</p> <p>Review of Resident #3's care plan dated 11/21/13 revealed the resident required the use of an indwelling urinary catheter to aid in the healing of a Stage 4 pressure ulcer to the right hip.</p> <p>Review of the Annual Comprehensive Assessment dated 04/20/14 revealed the resident</p>	F 315	<p>#3 All clinical staff was re-educated on following the care plan interventions including Foley catheter straps with return demonstrations of competency for application of the catheter strap by the RN Staff Development Coordinator which was completed on October 3, 2014.</p> <p>A new audit tool has been developed by the Director of Nursing for the Unit Managers to validate daily that care plan interventions are being implemented including Foley catheter straps. These daily audits will be turned into the DON daily for review.</p> <p>#4 The staff nurses and the Unit Managers will review the shower sheets daily per the shower schedule and will go to observe the resident to ensure the showers and personal hygiene including shaving of facial hair has been performed after the shower.</p>	
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No. 0067 P. 20

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 315	<p>Continued From page 18 continued to be at risk for pressure ulcers.</p> <p>Observation of Resident #3 on 09/16/14 at 12:05 PM revealed the resident utilized an indwelling catheter.</p> <p>On 09/16/14 at 3:15 PM, State Registered Nurse Aide (SRNA) #6 provided incontinence care to Resident #3. The catheter was observed attached to a bedside drainage bag; however, the tubing was not secured to the resident's leg as required per facility policy.</p> <p>Interview conducted on 09/18/14 at 1:20 PM with SRNA #6 revealed the facility had trained the SRNA on catheter care and to secure the catheter tubing to prevent pulling or injury.</p> <p>Interview conducted on 09/18/14 at 1:30 PM with Unit Coordinator #1 revealed that residents with urinary catheters should have a leg strap to secure tubing and that aides were trained to use them. She also stated that some of the aides were fairly new to this side of the facility and she usually makes rounds to check to see if the urinary catheters were secure.</p> <p>2. Observation on 09/17/14 at 1:30 PM revealed Resident #5's catheter bag was not anchored to the resident's leg with a leg strap to prevent tension according to facility policy.</p> <p>Review of Resident #5's Admission Record revealed the facility admitted Resident #5 on 04/15/14 with diagnoses that included Urinary Tract Infection, Uterine Cancer, Hypertension, Edema, Acute Kidney Injury, Hypokalemia, Anemia, Alkalosis, Candiduria, and Peripheral Vascular Disease.</p>	F 315	<p>The shower sheets will be turned into the DON daily for review and follow up. The DON will report findings to the Quality Assurance Committee that meets monthly for review and follow up.</p> <p>The new audit tool developed by the Director of Nursing for the Unit Managers to validate that care plan interventions are being implemented including Foley catheter straps, TED hose and facial hair removal will be performed after making rounds daily and observing all resident's on both units daily. The audits will be turned into the DON daily for review and follow up.</p> <p>The DON will report findings to the Quality Assurance Committee that meets monthly for recommendations and follow up.</p> <p>#5 Completion Date October 4, 2014</p>		

Oct. 10. 2014 2:52PM

No. 0067 P. 21

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2014
NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
(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 315	Continued From page 19  Review of Resident #5's most recent Significant Change Minimum Data Set (MDS) assessment dated 09/08/14 revealed staff assessed Resident #5 was assessed to have a Brief Interview for Mental Status (BIMS) score of 8, which indicated the resident's cognition was moderately impaired.  Review of Resident #5's most recent Comprehensive Care Plan dated 08/21/14 with a revision date of 09/09/14 revealed an intervention for Resident #5 to have indwelling urinary catheter as per facility protocol.  Interview with Licensed Practical Nurse #2/the Unit Coordinator (A-Hall) on 09/18/14 at 5:01 PM revealed she made rounds to observe staff doing urinary catheter care and had not identified any issues with urinary catheter care. Further interview with the A & C-Hall Unit Manager revealed catheter bags should be secured to the resident's leg.  Interview with the Director of Nursing (DON) on 09/18/14 at 5:41 PM revealed that the interdisciplinary team met to review care plans. The DON also revealed she made random rounds along with the Unit Managers, and did "spot checks" to ensure that care plan interventions were followed. Further interview with the DON revealed the catheter tubing should be secured according to facility policy.  3. Review of the medical record revealed the facility admitted Resident #4 on 06/14/06 with diagnoses that included Coronary Artery Disease, Degenerative Disc Disease, and Urinary Retention.	F 315			

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F 315	<p>Continued From page 20</p> <p>Resident #4 was observed on 09/16/14, at 12:30 PM, to be lying in bed. Further observation on 09/17/14 at 10:10 AM, revealed catheter care was provided by facility staff. However, the catheter tubing was observed to be unsecured as directed by the facility policy.</p> <p>Interview conducted with State Registered Nurse Aide (SRNA) #1 on 09/18/14, at 2:10 PM, revealed she was aware the Foley catheter tubing should be secured to prevent possible trauma to the resident. SRNA #1 stated, "That is not routinely done here."</p> <p>4. Review of the medical record revealed the facility admitted Resident #8 on 08/05/14 with diagnoses that included Congenital Stenosis of Aortic Valve, Hypertension, Diabetes Mellitus, and Urinary Retention. Review of the admission MDS assessment dated 08/12/14 revealed Resident #8 was assessed to have a BIMS score of 13, indicating the resident was cognitively intact.</p> <p>Observations of Resident #8 revealed catheter care was provided for the resident by facility direct care staff on 09/17/14, at 9:35 AM. However, the catheter tubing was not secured to prevent possible trauma or injury to the resident.</p> <p>Interview with SRNA #2 on 09/18/14, at 1:55 PM, revealed she had been trained to secure the catheter tubing to the resident's leg to prevent pulling or tension on the catheter. The SRNA stated Resident #8 did not want the tubing to be secured.</p> <p>Interview with Resident #8 on 09/17/14, at 12:30 PM, revealed staff had not talked to him/her about securing the catheter tubing.</p>	F 315			

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 283 BRUCE COURT DANVILLE, KY 40423	

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F 315	Continued From page 21	F 315		
F 364 SS=E	<p>Interview conducted with LPN #2 on 09/18/14, at 5:00 PM, revealed she was the Unit Coordinator and was responsible to ensure resident care needs were provided per facility policy. LPN #2 stated she was "on the floor" and observed staff performing catheter care. The LPN acknowledged the catheter tubing should be secured to the resident's leg to prevent possible injury to the resident.</p> <p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and a review of the facility's policies and recipes, it was determined the facility failed to serve food that was palatable to residents that received a pureed diet. Interview revealed eleven (11) of eighty-four (84) residents in the facility received a diet that was of pureed consistency. A palatability test was conducted during the lunch meal on 09/17/14 of a test tray that contained pureed foods and revealed the mashed potatoes and the collard greens were not seasoned and tasted bland.</p> <p>The findings include:  Review of the facility's "Condiments" policy (no date) revealed, "The Center endeavors to meet</p>	F 364	<p>#1 The Residents that were severed pureed food were offered a new puree meal.</p> <p>#2 All residents on a pureed diet was offered supplement/substitute if meal was not consumed</p> <p>#3 The Dietary Manager in-serviced the dietary department on September 19, 2014 on tasting pureed food for correct seasonings and palatability, in addition the Dietitian in-serviced the dietary department on September 24, 2014 on food palatability and appropriate seasonings. The dietary manager and/or cooks will be tasting meals including pureed meals for seasonings and palatability before serving to the residents at each meal.</p>	

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NAME OF PROVIDER OR SUPPLIER  CHARLESTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423		
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F 364	Continued From page 22 the palatability of each resident." Further review of the facility's "Condiments" policy revealed the condiments (ground pepper, other spices, salt, sugar/sugar substitute, etc.) would be provided in accordance with each resident's nutritional requirements.  Review of the facility's recipes was conducted and revealed the recipe for pureed mashed potatoes and collard greens specified one (1) teaspoon of salt should be added to each quantity of twenty-five (25) servings.  A test tray of a pureed diet was requested and delivered to the dining room at 1:10 PM on 09/17/14. A palatability test of the pureed food was conducted with the Dietary Manager (DM) and the facility's Registered Dietitian (RD). The pureed mashed potatoes and the pureed collard greens tasted bland, and were not seasoned (e.g., salt). The RD and DM confirmed the pureed mashed potatoes and pureed collard greens tasted bland and were not seasoned or palatable.  An interview conducted with the Cook at 10:55 AM on 09/18/14 revealed she had not added "much" salt to the pureed mashed potatoes or to the pureed collard greens. The cook stated staff was supposed to add salt to the foods when it was served. The Cook stated eleven (11) residents in the facility received diets of pureed consistency.	F 364	On 9-24-2014 the dietary manager reviewed and revised the Palatability/Pureed Food Prep to include the cooks to taste all foods for temperature and taste, only add thicker if necessary and then go back and season accordingly. In addition, the Dietician will taste meals weekly for palatability and seasonings.  #4 The results of the meal tasting performed weekly by the dietitian will be submitted to the Administrator weekly and results will be submitted to the Quality Assurance Committee meeting that meets monthly recommendations and follow up.  #5 Completion Date October 4, 2014		
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	F 441			

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F 441	<p>Continued From page 23</p> <p>safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and a review of the facility's laundry and linen policy it was</p>	F 441	<p>#1 The bedside table and the over bed table for Resident #3 was immediately sanitized on September 16, 2014.</p> <p>#2 The SRNA was re-educated on proper handling of soiled linens and the housekeepers sanitized all tables and over bed tables.</p> <p>#3 The RN Staff Development Coordinator in-serviced from September 22, 2014 thru October 3, 2014 all clinical staff on Infection Control which included the policy on handling soiled linen.</p> <p>The Director of Nursing created an infection control audit tool for the infection control nurse which will be done weekly and turned into the DON for review. In addition; a new audit tool was created for the Unit managers to utilize during the daily rounds to validate that</p>		

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F 441	<p>Continued From page 24</p> <p>determined the facility failed to ensure soiled linens were disposed of in a manner to prevent transmission of infection and disease for one (1) of seventeen (17) sampled residents (Resident #3). Observation of catheter care for Resident #3 on 09/16/14 at 3:15 PM revealed State Registered Nurse Aide (SRNA) #8 placed soiled washcloths directly on the bedside table, which was not in accordance with the facility's policy.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Laundry and Linen," (not dated) revealed soiled linens should be directly deposited into a red plastic bag when gathering soiled linens from residents with large amounts of body fluids. The policy revealed that soiled linen should be considered to be potentially infectious.</p> <p>Review of the medical record revealed the facility admitted Resident #3 on 02/16/12 with diagnoses including Pressure Ulcer, Indwelling Urinary Catheter, Bowel and Bladder Incontinence, and Pain. A review of the quarterly Minimum Data Set (MDS) assessment, dated 07/16/14, revealed the resident required extensive assistance for bed mobility and toileting. Review of the MDS further revealed the resident was frequently incontinent of bowel and had an indwelling urinary catheter.</p> <p>Observation on 09/16/14 at 3:15 PM revealed Resident #3 was incontinent of bowel and bladder. SRNA #1 was observed to provide incontinence care to Resident #3 and placed the soiled washcloths that the SRNA used to clean the resident's buttocks directly on the bedside table.</p>	F 441	<p>infection control measures are being performed by the SRNA's and nurses, which includes handling of soiled linen. These daily audits will be turned into the DON daily for review.</p> <p>#4 The Infection control audits performed by the Unit Managers daily during the daily rounds will observe and monitor that infection control measures are being performed by the SRNA's and nurses, which includes handling of soiled linen and these audits will be turned into the DON daily for review. The infection control nurse's audit will be turned into the DON weekly for review and follow up. These audit findings will be submitted by the DON to the Quality Assurance Committee Meeting that meets monthly for recommendations and follow up.</p> <p>#5 Completion Date October 4, 2014</p>		

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F 441	Continued From page 25 Interview on 09/18/14 at 1:20 PM with SRNA #1 revealed she should have placed the soiled washcloths in a plastic bag. The interview further revealed that she had been instructed how to do incontinence care in orientation.  Interview on 09/18/14 at 1:30 PM with the Unit Coordinator revealed staff should never place soiled linen on the bedside table. She stated staff should place soiled linen in a bag and take to the soiled linen container.	F 441			