

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

PRINTED: 10/01/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2010
NAME OF PROVIDER OR SUPPLIER ELIZABETHTOWN NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1101 WOODLAND DRIVE ELIZABETHTOWN, KY 42701	
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F 000	INITIAL COMMENTS AMENDED SOD issued 10/01/10 A standard health survey and complaint investigations, KY00014706, KY00015037, KY00015050, KY00015048, and KY00015086 were conducted 09/08/10 through 09/10/10. Deficiencies were cited from the standard health survey with the highest scope and severity of an E. Complaints KY00015048 and KY00015086 were found to be substantiated. A Life Safety Code survey was conducted on 09/09/10 and deficiencies were cited with the highest scope and severity of an F.	F 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements. 1 CORRECTIVE ACTION TAKEN FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: No residents were identified regarding soiled stains on the Heritage Lounge loveseat. This loveseat was cleaned by Housekeeping Staff on 9/15/10.	9/30/2010
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, it was determined the facility failed to provide a sanitary and safe environment for residents as evidenced by: a stained loveseat in the Heritage Lounge, four (4) stained privacy curtains in resident rooms, five (5) stained/soiled floors in resident bathrooms, one (1) soiled telephone cord in a resident room, one (1) soiled emergency pull string in resident bathroom with soiling on wall beside the toilet, six (6) wheelchairs and one (1) Geri-chair with frayed armrests, five (5) rooms with bubbled and cracked paint on the walls of the resident rooms, damaged and exposed drywall with unsecured wallpaper under the serving window in the Dining Room, and exposed drywall from an unfinished	F 253		

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

TITLE

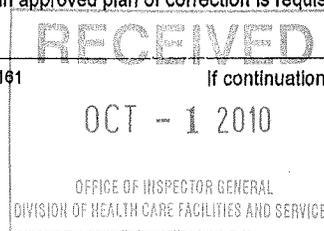
(X6) DATE

[Signature]

Administrator

9/30/10

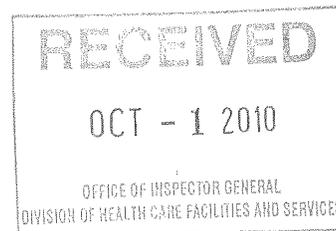
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.



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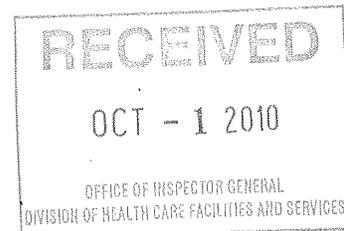
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F 253	<p>Continued From page 1</p> <p>trim around the air-conditioning unit in one (1) resident room.</p> <p>The findings include:</p> <p>Observation of a loveseat in the Heritage Lounge on 09/08/10 at 10:30am revealed dark stains on both seat cushions.</p> <p>Interview with the Maintenance/Housekeeping Supervisor and Administrator on 09/10/10 at 10:30am revealed both were uncertain of the most recent cleaning or cleaning schedule, though the Administrator stated approval has now been obtained to have the sofas in Heritage Hall cleaned.</p> <p>Observation of resident rooms during the environmental tours conducted on 09/08 - 09/09/10 found four (4) stained privacy curtains in resident rooms including room 6B, 9B, 18B, and 20 A&B.</p> <p>Interview with the Maintenance Supervisor and Administrator on 09/10/10 at 10:30am revealed that all privacy curtains should be changed when soiled, and at least monthly. The Maintenance Supervisor stated that some difficulty had been experienced with ordering replacement curtains which created a delay. The Administrator stated an order for new curtains has now been approved.</p> <p>Observation of resident rooms during the environmental tours on 09/08 - 09/09/10 found five (5) resident bathrooms with stained/soiled floors including rooms 3, 16, 18, 24, and 30. Stain/soil was found around the base of the toilet in rooms 3, 16, and 24. Observation of room 18</p>	F 253	<p>Housekeeping Staff cleaned all four of the resident room privacy room curtains for rooms # 6B, 9B, 18B, and 20A&B on 9/27/10.</p> <p>Housekeeping staff cleaned all five resident room #s 3, 16, 18, 24, and 30 bathrooms to remove stains, dirt, odors, and dust from the floor tiles by 9/17/10.</p> <p>The Maintenance Manger re-caulked around the commodes in all the five resident bathrooms (resident bathrooms # 3, 16, 18, 24, and 30) by 9/23/10.</p> <p>Housekeeping staff cleaned the dirt and dust from resident room 18's bathroom on 9/10/10 beside where the wheelchair was parked.</p> <p>Maintenance Manager replaced the call light string in resident room # 24's bathroom on 9/10/10.</p> <p>Housekeeping staff cleaned the resident room # 24's dirty bathroom wall on 9/10/10.</p> <p>Therapy staff replaced the beside commode that was over the commode in resident room # 30's bathroom for a wider and more stable and secure one on 9/10/10.</p> <p>Maintenance Manager repaired and repainted the plaster that was bubbling on the walls in resident rooms 4, 12, 20, 24, and 28 by 9/23/10.</p>	



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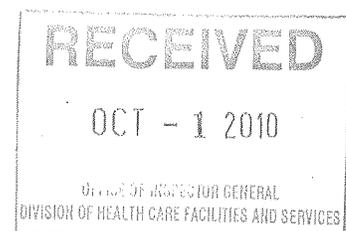
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F 253	<p>Continued From page 2</p> <p>revealed stain around the baseboards with cracked tiles and stain/soil around the base of the toilet. Observation of room 30 revealed stain/soil around the base of the toilet, with a presence of a strong odor in the bathroom, and an over-the-toilet chair that was not secure.</p> <p>Interview with the Maintenance Supervisor on 09/10/10 at 10:30am revealed the toilet in room 24 was replaced last week and the clean-up around the toilet was not completed. The Maintenance Supervisor stated the project to replace the cracked tile had been scheduled.</p> <p>Observation on 09/09/10 at 11:00am of room 20B found a resident's white telephone cord covered with dark matter and room 24 had multiple streaks of dark matter on the wall beside the toilet with dark matter on the emergency call string.</p> <p>Interview with the Maintenance Supervisor on 09/10/10 at 10:30am revealed he was not aware of the need for specific items in need of cleaning in room 20B and room 24. The Maintenance Supervisor responded to streaks on the bathroom wall and dark matter on the emergency call string by saying, "Looks like they had something on their hand when they pulled the cord; I can replace that cord."</p> <p>Observation of wheelchairs and Geri-chairs during the environmental tours conducted on 09/08 - 09/09/10 revealed six (6) wheelchairs and one (1) Geri-chair with frayed armrests. Multiple wheelchairs were found covered with foam and wrapped with tape to cover the frayed parts.</p> <p>Interview with the Maintenance Supervisor on 09/08/10 at 1:00pm regarding foam wraps on</p>	F 253	<p>Maintenance Manager replaced the cracked tiles in resident room # 18 on 9/29/10.</p> <p>Housekeeping staff cleaned the telephone cord that was dirty for resident room #20B on 9/20/10.</p> <p>Maintenance Manager repaired the exposed plaster by the air conditioner in resident room # 20 on 9/22/10.</p> <p>Maintenance Manager repaired the plaster wall in the dining room that had a hole in the wall by the serving window by 9/23/10.</p> <p>The six wheelchairs and one Geri chair that were identified by surveyors as having rips and cracks in the arm rest were identified by Therapy Staff and new arm rest were order on 9/17/10. This ordered was received by the facility on 9/24/10. Maintenance Manager replaced all the frayed arm rest on the identified chairs by 9/29/10.</p> <p>Administrator checked the work and cleanliness completion of all the above mentioned environmental issues on 9/30/10 to assure that all deficient items were addressed and corrected.</p> <p>2 IDENTIFYING OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>All resident furniture in the facility was checked by the Administrator on 9/17/10 to assure that none were stained. No stains were noted.</p>	



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F 253	<p>Continued From page 3</p> <p>wheelchair armrests for Resident #1 revealed, as a normal practice, foam wraps are applied to cover cracks on the armrests in order to avoid skin tears. He stated the last time an order was made to replace a group of armrests was last summer.</p> <p>Interview with the Maintenance Supervisor and Administrator on 09/10/10 at 10:30am revealed it is an accepted practice at the facility to clean foam covered areas with industrial disinfectant. The Maintenance Supervisor said he rewraps the armrests if he sees them, but depends on other staff to advise him when the armrests become cracked or frayed</p> <p>Observation of resident rooms during the environmental tours conducted on 09/08 - 09/09/10 found five (5) resident rooms with bubbling and cracked paint on the walls directly inside the exterior of the building including rooms 4, 12, 20, 24, and 28.</p> <p>Interview with the Maintenance Supervisor and Administrator on 09/10/10 at 10:30am revealed the facility experienced water damage due to inadequate exterior drainage. The Maintenance Supervisor explained that water has absorbed through the exterior brick and interior cinderblock and plaster causing the paint to bubble, and this has been sanded and painted over on multiple interior surfaces. He stated that two (2) estimates for work to improve exterior drainage have been obtained, and that one additional estimate is needed before an order to proceed can be obtained. The Maintenance Supervisor and Administrator were unable to supply copy of estimates received thus far for drainage improvements.</p>	F 253	<p>Administrator instructed the Maintenance Manager on 9/14/2010 to complete an environmental audit through of the facility to identify any other resident rooms that had environmental issues. This environmental audit was completed by the Maintenance Manager by 9/17/10. All environmental issues discovered through this audit were corrected by the Maintenance Manager by 9/30/10.</p> <p>The Housekeeping Supervisor was instructed by the Administrator on 8/14/10 to complete a housekeeping cleaning audit to ensure that all of the resident room bathrooms were cleaned. This housekeeping audit was completed by the Housekeeping Supervisor by 9/17/10 and all the resident bathrooms were cleaned by 9/23/2010. Administrator and Housekeeping Manager checked the resident bathrooms for cleanliness on 9/24/2010 and found no issues with uncleanliness when this rounding was completed.</p> <p>Therapy Staff completed a 100% audit of all wheelchairs and Geri chairs in the facility to identify any others that had rips and cracks in the arm rest. All others were identified and those needing arm rest replacements were ordered by 9/17/10. Maintenance Manager replaced all the frayed arm rest on the identified chairs by 9/29/10. Administrator checked the completion of this work on 9/30/10.</p>	



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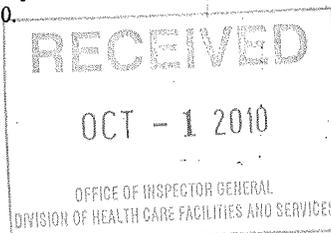
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F 253	<p>F253 POC continued from Page 5</p> <p>Administrator re-educated the Housekeeping Supervisor on 9/14/10 of the need for housekeeping staff to document their daily cleaning and that deep cleaning of the lobby was needed weekly and that monthly deep cleaning for all resident rooms and bathrooms was needed. Administrator also educated the new Housekeeping Manager of the above housekeeping cleaning and documentation requirements on 9/22/10.</p> <p>Housekeeping staff will deep clean the facility lobby once weekly starting the week of 9/27/10. This cleaning will be documented on a cleaning log that is maintained by the Housekeeping Manager.</p> <p>Effective for week of 9/27/2010, Housekeeping Staff will start deep cleaning resident rooms monthly (this deep cleaning will include the resident bathrooms). Routine cleaning of all resident bathrooms will be cleaned daily by Housekeeping Staff and cleaning will be documented on a cleaning logs that will be maintained by the Housekeeping Manager effective starting week of 9/27/10. In addition, starting week of 9/27/10 there will be two resident rooms per day (Monday – Friday) that will be scheduled for deep cleaning. Housekeeping staff will document this on a cleaning log which will be maintained by the Housekeeping Manager.</p> <p>Administrator instructed the Facility Rehab Coordinator and the Maintenance Manager on 9/14/10 that wheelchair or Geri-chair arms are not to be padded when the armrest are frayed or cracked. The practice will be to replace the armrest. This practice was effective for 9/27/2010.</p>	F 253	<p>4 FACILITY PLANS TO MONITOR ITS PERFORMANCE TO ENSURE THAT SOLUTIONS ARE SUSTAINED, AS FOLLOWS:</p> <p>For the next 12 weeks, starting for week of 9/27/2010, Maintenance Manager will be required to complete weekly environmental auditing throughout the facility to identify any areas needing attention from maintenance and will document this on a log. When identified items are repaired, there will be documentation showing when the repair was made. The Maintenance Manager will be required to maintain documentation of these facility environmental audits.</p> <p>For the next 12 weeks, starting for week of 9/27/10, Housekeeping Manager will be required to complete weekly housekeeping audits throughout the facility to identify any housekeeping areas needing attention and will document this on a log. When housekeeping areas are identified, there will be documentation showing when the area was corrected. The Housekeeping Manager will be required to maintain documentation of these facility housekeeping audits.</p> <p>For the next 12 weeks the Therapy Staff will complete an audit of all wheelchairs and Geri chairs in the facility to make sure that arm rest do not have rips or cracks in them. When one is identified a replacement will be ordered. Therapy Staff will maintain records of these weekly audits and findings.</p>	

FORM CMS-2567

Facility ID: 100161

If continuation sheet Page 5 of 12



This Plan of Correction for Environmental Sanitary compliance monitoring will be integrated into the facility's performance improvement quality system where results will be reviewed and monitored by the Performance Improvement Quality Committee for ensuring on-going compliance for the next 3 months. If at any time concerns are identified during this monitoring process, the Performance Improvement Quality Committee will be convened to analyze and recommend any further interventions, as deemed appropriate.

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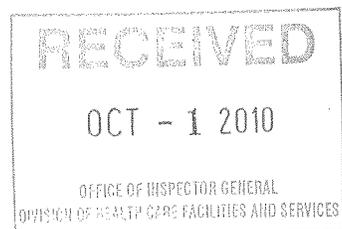
F 253	Continued From page 4 Observation of the Dining Hall during the environmental tours conducted on 09/08 - 09/09/10 found damage in the wall near the kitchen service area primarily located beneath the service window. This damage included loose and torn wallpaper with exposed drywall. Interview with the Maintenance Supervisor and Administrator on 09/10/10 at 10:30am revealed that both were aware of the needed repair in the dining area and the plan to repair this area has been approved and planned. Observation of resident room 20 during the environmental tours conducted on 09/08 - 09/09/10 found the room air conditioner mounted high in the exterior wall without necessary trim to avoid exposure of cinderblock and plaster. Interview with the Maintenance Supervisor on 09/10/10 at 10:30am revealed the necessary trim is planned to be installed.	F 253	3 MEASURES THAT WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Administrator re-educated the Maintenance Manager on 9/14/10 of the need to complete weekly environmental rounding to identify environmental issues that need addressing and corrected. Direction was given to the Maintenance Manager to document this weekly environmental rounding and to maintain this documentation to demonstrate compliance with this requirement, as part of this re-education. POC continued on Page 5A for F253	
F 371 SS=E	483.35(j) 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:	F 371		



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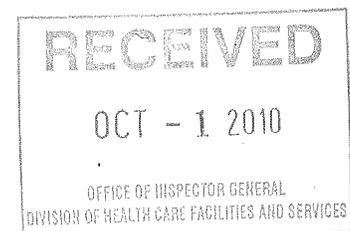
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F 371	<p>Continued From page 5</p> <p>Based on observation, interview, and record review it was determined the facility failed to prepare, distribute, and serve food under sanitary conditions. The facility failed to ensure the meat slicer, can opener, juicer and stove vent were clean and free from dirt and food particles. The facility failed to ensure dietary staff followed the facility's personal hygiene policy related to fingernail polish worn by dietary staff. The facility failed to maintain the coffee carafes in a sanitary condition.</p> <p>The findings include: Observations on 09/08/10 at 9:15am revealed the juice machine handle was sticky with a moist build up under the nozzle. The meat slicer had dry dark food particles both on the base of the slicer and under the blade of the slicer. The can opener had a dried dark solid substance on the blade of the can opener and the vent over the stove appeared dusty.</p> <p>Interview with the Dietary Manager 09/08/10 at 9:20am revealed she would expect those items to be clean and she would take care of it right away.</p> <p>Observation on 09/09/10 at 12:20pm revealed two coffee carafes, used to serve coffee to residents from food carts, had nozzles covered with tape and the tape was discolored with a brown substance.</p> <p>Interview on 09/09/10 at 12:20pm with the Dietary Manager revealed she was aware of the broken carafes and reported that replacement carafes were ordered on 09/03/10. She stated that the tape is supposed to be removed after each use so the carafes can be easily cleaned.</p>	F 371	<p>1 CORRECTIVE ACTION TAKEN FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE</p> <p>Dietary Staff cleaned the meat slicer on 9/8/10.</p> <p>Dietary Staff cleaned the juicer on 9/8/10.</p> <p>Dietary Staff cleaned the can opener on 9/8/10 Hood vents were cleaned by Dietary Staff on 9/8/10.</p> <p>Insulated coffee pitchers were replaced with new ones on 9/10/10 by Dietary Manager.</p> <p>Dietary Manager instructed the Dietary Staff individual on 9/10/10 that she was not allowed to wear finger nail polish when at work. Dietary Manager through observation has checked for compliance with this for this Dietary Staff individual as well as all others working from 9/13/10 – 9/17/10.</p> <p>2 IDENTIFYING OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>Dietary Manager completed sanitation inspections for 5 consecutive days 9/13/10 – 9/17/10 which revealed no deficient practices.</p>	9/30/2010	



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F 371	<p>Continued From page 6</p> <p>Interview on 09/09/10 at 12:22pm with the Cook revealed the tape should have been removed. When asked if she thought the tape on the carafes were clean, she reported that they were not clean.</p> <p>Policy review of Nutrition Services Practice Manual 7.29.1 Sanitation Procedure revealed; Procedure #5- Keep fingernails short, clean, and without fingernail polish and Procedure #14- Do not wear finger nail polish, or false finger nails.</p> <p>Observation on 09/09/10 at 12:45pm revealed Dietary Aide #1 wearing dark nail polish which was chipping. This dietary aide was putting lids on drinks which were then served to the residents. Her hands were passing over uncovered food on the trays.</p> <p>Interview on 09/10/10 at 10:45am with Dietary Aide #1 revealed she had removed her dark chipping nail polish. The Dietary Aide stated she understood she should not wear polish while at work but just forgot about it. When asked how that could affect the residents she reported that chipping nail polish could get in resident's food and contaminate it.</p> <p>Interview on 09/10/10 at 11:00am with the Dietary Manager revealed she was aware the coffee carafes were cracked and related that staff had been changing the tape after each meal and cleaning the carafes. She stated she did not know why the tape had not been changed on 09/08/10. She stated the carafes could not be cleaned properly with the tape present and could cause contamination of resident's coffee. In addition, the Dietary Manager stated the stove vent, meat slicer, juicer handle and can opener</p>	F 371	<p>Administrator checked the Dietary Manager's sanitation inspection monitoring on 9/23/10 and observed that the meat slicer, juicer, can opener, and stove hood were all clean, and that no Dietary Staff were observed wearing finger nail polish.</p> <p>3 MEASURES THAT WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>To ensure that these dietary deficient practices do not recur the following monitor has been put into place --- the Dietary Manager did an initial daily sanitation inspection for 5 days (9/13/10 - 9/17/10) to make sure that all dietary issues were corrected and that the kitchen was clean and sanitary.</p> <p>Dietary Manager re-trained all the Dietary Staff on the cleaning of the meat slicer after each use, cleaning of the can opener after each use, cleaning of the stove hood once weekly, that insulated coffee pitchers should never have tape on the tops when cracked, but instead should be replaced, nail polished is prohibited in the workplace environment, and that cleaning schedules should be completed and documentation maintained. All of this re-training was completed by 9/17/10.</p>	



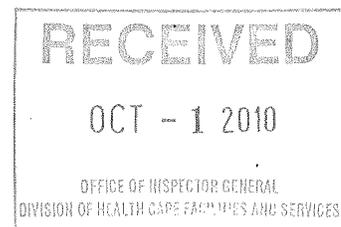
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2010
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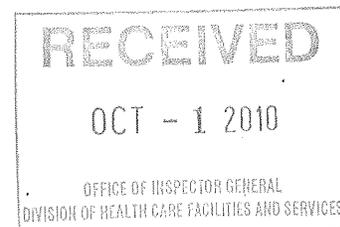
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F 371	Continued From page 7 were now clean but when asked about the possible consequences to residents she replied that if those items were dirty it could cause contamination of resident's food.	F 371	<p>4 FACILITY PLANS TO MONITOR ITS PERFORMANCE TO ENSURE THAT SOLUTIONS ARE SUSTAINED, AS FOLLOWS:</p> <p>Dietary Manager will complete dietary sanitation inspections for three times weekly for the next four weeks, starting for the week of 9/20/10 and then will be once-weekly for the next 9 weeks. This monitoring will be documented on the sanitation inspection form and will be maintained by the Dietary Manager. This sanitation audit will include an inspection of all of the sanitary issues with cleanliness as well as observing to make sure dietary staff are in compliance with not wearing nail polish.</p> <p>This Plan of Correction for Dietary Sanitary compliance monitoring will be integrated into the facility's performance improvement quality system where results will be reviewed and monitored by the Performance Improvement Quality Committee for ensuring on-going compliance for the next 3 months. If at any time concerns are identified during this monitoring process, the Performance Improvement Quality Committee will be convened to analyze and recommend any further interventions, as deemed appropriate</p>	
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. (c) Linens Personnel must handle, store, process and	F 441		



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F 441	<p>Continued From page 8</p> <p>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 record review it was determined the facility failed to maintain a sanitary environment to prevent transmission of disease and infection for two (2) unsampled and two (2) sampled residents (#4 and #9). Observation revealed a staff member and a Certified Nursing Assistant (CNA) student touched two unsampled resident's food with their bare hands, which created the potential for cross-contamination. In addition, the facility failed to use correct peri care technique for Resident #4 and Resident #9.</p> <p>The findings include:</p> <p>1. Review of the facility policy for serving food states that food should be served safely in order to prevent contamination and foodborne illness. The policy also states that staff are never to touch cooked or ready-to-eat foods (i.e., raw fruits/vegetables, breads) with bare hands.</p> <p>Observation of lunch meal tray pass on 09/08/10 at 12:25pm revealed CNA #1 used her bare hands to remove a sandwich from a wax paper wrapper. In addition, the CNA removed a slice of bread from a wax paper wrapper for the same resident.</p> <p>Interview with CNA #1 on 09/10/10 at 9:55am revealed normally she takes the bread out of the package and puts it on a napkin. The CNA stated</p>	F 441	<p>1 CORRECTIVE ACTION TAKEN FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>Resident meal service observed on 9/13/10 by the Dietary Manager for residents eating in the dining room revealed no concerns with any staff or students touching food with their bare hands.</p> <p>Resident meal service observed on 9/13/10 by the Education Training Director, Assistant Director of Nursing, and Unit Nurse Supervisor for residents served their trays in their rooms revealed no concerns with any staff or students touching food with their bare hands.</p> <p>Residents #4 & 9, the Unit Nurse Supervisor observed the CNA staff providing peri-care the proper way on 9/23/10.</p> <p>2 IDENTIFYING OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>Dietary Manager observed meal service for residents in the dining room on 9/17/10 that revealed no staff or students touching food with their bare hands.</p>	9/30/2010



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F 441	<p>Continued From page 9</p> <p>that it is okay to touch it with bare hands if sanitized. When told that she was observed touching a resident's bread and sandwich food with bare hands she responded that she did not know she had touched the food that much. CNA #1 stated during interview that touching food with bare hands could lead to cross-contamination which, in turn, could spread disease.</p> <p>Observation of lunch in the dining room on 09/08/10 at 12:40pm revealed one CNA student feeding an unsampled resident used bare hands to touch the bread. The student also held the bread in her bare hands while feeding the resident.</p> <p>Interview on 09/08/10 at 12:50pm with the CNA instructor for the student revealed there should be no bare hand contact with food because bacteria/microorganisms can be introduced with bare hand contact.</p> <p>Interview with the CNA student on 09/08/10 at 1:00pm revealed the student believed it was okay to touch the resident's ready-to-eat foods with bare hands as long as hands have been washed or hand sanitizer used. The student acknowledged that contamination could be transferred from her hands to the resident because she was touching other items, such as a cup and silverware and this could lead to the transmission of disease.</p> <p>Interview with the Education/Training Director, on 09/10/10 at 3:00pm revealed that when asked about handling resident's ready-to-eat foods she stated that she would have to check the policy, but did not think food should ever be handled or touched with bare hands.</p>	F 441	<p>Education Training Director, Assistant Director of Nursing, and Unit Nursing Supervisor observed meal service for residents served trays in their rooms on 9/17/10 that revealed no staff or students touching food with their bare hands.</p> <p>Observation of peri-care by the Education Training Director, Assistant Director of Nursing, and the Unit Nursing Supervisor on 9/24/10 was completed and revealed peri-care was provided correctly with no deviations in infection control practices.</p> <p>3 MEASURES THAT WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>All staff --- dietary, nursing, Certified Nursing Assistants (CNAs) and students in the facility that handle resident food were re-educated on the correct way to handle resident food without touching food with bare hands by the Dietary Manager or Education Training Director (ETD) by 9/17/10.</p> <p>Education Training Coordinator (ETD) re-educated all Certified Nursing Assistants (CNAs) staff on proper peri-care on 9/17/10.</p>		

