

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

PRINTED: 04/08/2010
FORM APPROVED
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2010
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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 504 CAMPBELLSVILLE, KY 42710
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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
F 000 F 281 6S=D	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted on 03/23-25/10. Deficiencies were cited with the highest Scope/Severity of an "F".</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to follow physician's orders for three (3) of seventeen (17) sampled residents (Residents #5, #8 and #11). Residents #8 and #11 had orders related to the facility's bowel protocol which were not followed. Resident #5 had an order for a noney cup which was not being followed.</p> <p>The findings include:</p> <p>1. Review of the clinical record revealed Resident # 8's diagnoses included constipation. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 03/05/10 revealed the facility assessed the resident as requiring limited to extensive assistance with Activities of Daily Living including transfers, bathing and toilet use.</p> <p>Review of Resident #8's Physician's Orders, dated March 2010 revealed orders for Senna Laxative 8.6 milligrams (mg), two (2) tabs at bedtime, as needed for constipation per bowel protocol. In addition, review of the same orders revealed an order for Dulcolax Suppository 10 mg, at bedtime as needed for constipation per</p>	F 000 F 281	<p>The Grandview Nursing and Rehabilitation Facility do not believe nor does the facility admit that any deficiencies exist. The Grandview Nursing and Rehabilitation reserves all rights to contest the survey findings through informal dispute resolutions legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard care, contract, obligation or position. The Grandview Nursing and Rehabilitation reserves all rights to raise all possible contentions and criminal claim, action or proceeding. Nothing contained in the plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which The Grandview Nursing and Rehabilitation does not waive, and reserves the right to assert in any administrative, civil or criminal claim action or proceeding. The Grandview Nursing and Rehabilitation offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents.</p> <p>RECEIVED APR 19 2010 BY: _____ F281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>It is and was on the day of survey the policy of The Grandview Nursing and Rehabilitation to ensure that services provided or arranged by the facility meet professional standards of quality</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cindy Blum</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/17/10</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 60 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 those 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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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 504 CAMPBELLSVILLE, KY 42719
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F 2B1	<p>Continued From page 1 bowel protocol.</p> <p>Review of the facility's Program for Bowel Care Protocol revealed, "On the second day of a resident not having a bowel movement, a laxative is to be given during the 8 PM medication pass. If not effective following the next night with a suppository. If not effective then on the next am, day shift will be responsible for giving an enema of choice."</p> <p>Review of the bowel movement (BM) records, dated 03/10 revealed Resident #8 had a medium BM on 03/13/10, however the resident did not have another BM until 03/17/10 (four (4) days later). Review of the Medication Administration Records (MARs) dated March 2010, revealed no documented evidence of any laxative, suppository or enema being given 03/13/10 through 03/17/10.</p> <p>Interview on 03/25/10 at 11:35 AM with the Director of Nursing (DON) revealed Resident #8 should have had a laxative on 03/15/10, and a suppository on 03/16/10, then an enema the following morning on 03/17/10. In addition, she stated "By our records, no way can I say our protocol was followed, because there are no records that say it was".</p> <p>2. Review of the clinical record revealed Resident #5 was admitted with diagnoses which included Parkinson's Disease and Dysphagia.</p> <p>Review of the Quarterly Minimum Data Set (MDS), dated 02/24/10 revealed the facility assessed the resident as having modified independence in cognitive skills for daily decision making. In addition, the facility assessed the resident as requiring limited assistance with</p>	F 2B1	<p>1. Resident #8 and #11 had orders related to bowel protocol that were not followed. Resident #8 had a bowel movement on 3/13/10. Per the facility bowel protocol resident #8 should have had a laxative on 3/15/10, and a suppository on 3/16/10 and then an enema on the following day if no results. Resident #8 had a BM 3/17/10. It appears resident may of also had a BM on 3/15/10 on first shift but this was unable to be verified from the nurse aide documentation. Resident did not have any signs or symptoms of constipation prior having a BM on 3/17/10; no temperature, no complaints of abdominal pain. Resident #11 had a bowel movement on second shift on 1/11/10. Per facility protocol resident should have received a laxative on 1/13/10; if no results then a suppository on 1/14/10 and if still no results an enema a choice should have been given on 1/15/10. There is no documented evidence that the facility protocol was followed. Resident #11 had two BM's on 1/16/10; one on first shift and one on second shift. Resident #11 did not have any signs or symptoms of constipation prior to having a BM on 1/16/10; no temperature, and no complaints of abdominal pain. Resident #5 received an order on 12/6/07, to use a noney cup for all liquids. At this time resident was eating her meals in her room. Since she has been going to the dining room she doesn't want to use the noney cup and wants to drink from a regular glass. We continued to send the noney cup on resident's tray per orders. As of 3/30/10 the noney cup has been discontinued as requested by the resident.</p>	

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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 604 CAMPBELLVILLE, KY 42710
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F 281	<p>Continued From page 2</p> <p>eating.</p> <p>Review of the Physician's Orders dated March, 2010 revealed an order for use of a "Nosey" cup for all liquids.</p> <p>Review of the Comprehensive Care Plan, revised on 03/10/10, revealed the facility assessed Resident #5 as having an alteration in nutrition related to difficulty swallowing. Interventions included "Nosey" cups for all liquids.</p> <p>Observation on 03/24/10 at 11:55 AM revealed Resident #5 received water and tea in regular drinking glasses.</p> <p>Interview with CNA #7 revealed Resident #5 drank liquids from a Nosey cup. The CNA indicated the resident should have received the Nosey cups when he/she received the liquids to drink.</p> <p>3. Review of the clinical record revealed Resident #11 was admitted to the facility on 10/13/09 with diagnoses which included Generalized Weakness, Dementia and Alzheimer's Disease.</p> <p>Review of the Significant Change MDS, dated 12/11/09, revealed the facility assessed Resident #11 as being usually continent of bowel and bladder. Review of the Plan of Care revealed the resident was care planned for being at risk for constipation. Interventions included following bowel protocol, per facility policy and administering medications as ordered.</p> <p>Review of the Bowel Movement Record, dated 01/20/10 revealed no documented evidence</p>	F 281	<ol style="list-style-type: none"> Nursing assistants/Nursing will document every shift if a resident has a bowel movement. The night nurse will check each resident's bowel movement record daily. A laxative list/bowel elimination log will be written of the residents who need to have the bowel protocol implemented. All residents that have an order for a nosey cup to be used for their liquids have been reviewed and care planned. All residents will be documented on every shift to note if they have had a bowel movement. The night nurse will be responsible for checking the residents' bowel movement record daily. The nurse will make of list of residents needing to have the bowel protocol implemented. The day shift nurse will monitor for results and follow up with the next step of the bowel protocol. The Dietary Manager will review, at least quarterly, if the resident is still using a nosey cup as ordered. If the resident is randomly using the nosey cup it will be care planned as so. As part of the facility's quality assurance program the Director of Nursing will monitor the laxative list/bowel elimination log, at least weekly, and will randomly review the residents' bowel movement record, at least weekly. The Dietary Manager will review, at least monthly, the list of residents having an order for a nosey cup. 	4-19-10

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F 281	Continued From page 3 Resident #11 had a bowel movement for four (4) days (from 01/12/10 through 01/15/10). Review of the Physician's Orders dated January, 2010 revealed Resident #11 had an order for Dulcolax (Laxative) suppository as needed at bedtime, and Senna (Laxative), as needed at bedtime for constipation per bowel protocol. Review of Resident #11's Medication Administration Record (MAR) dated January 2010 revealed no documented evidence the resident was given the physician ordered medications until 01/15/10. Interview, on 03/25/10 at 2:00 PM, with the Director of Nursing (DON) revealed Resident #11 should have received the ordered medications, Dulcolax and Senna, per facility protocol. Review of the facility's policy titled " Program for Bowel Care", undated, revealed that on the second day of a resident not having a bowel movement, a laxative would be given during the 8:00 PM medication pass. Further review of the policy revealed if the laxative was ineffective, then the following night a suppository would be administered and if no bowel movement by the next AM, day shift would administer an enema of choice.	F 281		
F 371 SS=f	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY It is and was on the day of survey the policy of The Grandview Nursing and Rehabilitation to procure food from sources approved or considered satisfactory by Federal, State or local authorities and store, prepare, distribute and serve food under sanitary conditions.	

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F 371	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to store distribute and serve food under sanitary conditions. Observations revealed steam table pans were stored wet and staff attempted to serve food from the steam table when the proper temperatures had not been maintained.</p> <p>The findings include:</p> <p>Observations, on 03/23/10 during the initial kitchen tour at 10:40 AM revealed four (4) steam table pans stored wet. Additional observation on 03/25/10 at 1:30 PM revealed five (5) steam table pans stored wet.</p> <p>Interview on 03/25/10 at 1:35 PM with the Dietary Manager revealed, it was the facility's policy to let the pans air-dry before putting them away to store. She further added, "Storing pans wet can cause the residents to get sick." She further added, "We will do an in-service tomorrow with the morning girls, and tonight with my evening girls."</p> <p>Observation, on 03/24/10 at 11:15 AM, of the tray line service revealed the temperature of the pureed beef stew was 120 degrees, and the temperature of the mashed potatoes was 130 degrees. Interview with the dietary cook, who was taking the temperatures revealed, she wanted the temperatures to be 170 degrees, so</p>	F 371	<ol style="list-style-type: none"> 1. It is the policy of the facility that to clean and sanitize pots and pans to maintain sanitary food preparation, service and delivery environment. The pots and pans are manually washed and are to air dry before storing. The dietary department was re-inserviced of this sanitation policy on 3/25/10. It is the policy of the facility to maintain food-holding temperatures and to serve the food at appropriate temperatures. The dietary department was re-inserviced of the food holding temperatures and the point of service temperatures. This in-service was held on 4/12/10. 2. The Dietary Manager or Dietary Assistant will do a daily walk through of the kitchen to assure the sanitation and food service policies are being followed. The cleaning schedule is posted as well as the recommended food temperatures. 3. The dietary department has been re-inserviced on the sanitation policy and the food temperatures. The in-services were conducted by the Dietary Assistant and the Registered Dietitian. 4. As part of the facility's quality assurance program the Dietary Manager will perform a point of service temperature audit utilizing a test tray at least weekly. The Dietary Manager or Dietary Assistant will complete a daily sanitation check list, for the next three months. The Registered Dietitian will also do routine audits, at least monthly, to ensure the sanitation and the food temperature policy are being followed. 	4-17-10
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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 840 WATER TOWER BYPASS, P O BOX 804 CAMPBELLSVILLE, KY 42719
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F 371	<p>Continued From page 5</p> <p>she would reheat those items before serving them. Continued observation revealed the foods were not reheated; however, the staff prepared three (3) residents' plates and put them on the food cart.</p> <p>Interview with the Dietary Manager following the observation of the three (3) plates being placed on the food cart revealed, the food should not go out if the temperatures were not at least 160 degrees. After the dietary manager reviewed the documented food temperatures, and after surveyor intervention, she told the staff to remove the three (3) prepared plates from the cart, and to reheat the food that did not meet the required temperatures.</p> <p>Interview on 03/25/10 at 1:35 PM with the Dietary Manager revealed anytime the food temperatures on the steam table were less than 160 degrees, the food should be put back into the steamer and re-tested again. She further stated that the cook that was serving the food knew not to serve food that wasn't at the proper temperature."</p> <p>Observation of a test tray on 03/25/10 at 1:00 PM revealed the Dietary Manager stated the temperature of corn nuggets on the test tray was 100 degrees. Interview, at that time with the Dietary Manager revealed "The corn nuggets should have been 140-160 degrees."</p> <p>Observation on 03/24/10 at 12:15 PM during tray line service revealed the dietary cook that was serving food on the tray line, left the tray line to open the door of the refrigerator and take something out, and returned to the tray line to continue serving trays, without changing gloves. Interview on 03/24/10 at 1:05 PM with the dietary</p>	F 371		
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F 371	Continued From page 6 cook revealed, "I noticed I didn't change gloves when I opened the refrigerator. I should have changed them." Interview on 03/25/10 at 1:35 PM with the Dietary Manager revealed "Staff is taught not to touch anything, like opening doors with gloves on without changing gloves right after, so you don't cross contaminate anything. Seniors are more susceptible to viruses, and that could get them sick."	F 371		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the Consultant Pharmacist failed to report all drug therapy irregularities to the Attending Physician and the Director of Nursing for one (1) of seventeen (17) residents (Resident #16). The findings include: Review of the clinical record revealed Resident #16 was diagnosed with Osteoarthritis and	F 428	<u>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</u> It is and was on the day of survey the policy of the facility for the licensed pharmacist to review at least once a month each resident's drug regimen. The consultant pharmacist is to report any irregularities to the attending physician and the director of nursing, and these reports are to be acted upon. 1. Resident #16 was admitted to the facility on 2/4/10, with a prn order for Tylenol every four hours. Resident also had a routine order for Lortab qid. On 2/25/10, order was received to give resident routine Tylenol one tablet qid due to resident having increased pain. The consultant pharmacist reviewed resident's medication regimen on 3/5/10, but failed to find that resident had available a medication regimen of acetaminophen greater than four grams daily. The resident never received any excessive daily dosage of the acetaminophen. The routine Tylenol order for qid was changed to bid on 3/24/10.	

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F 428	<p>Continued From page 7</p> <p>Muscular Weakness. The facility assessed the resident as experiencing periodic episodes of back pain of moderate intensity.</p> <p>On the morning of 03/24/10, during a medication pass observation, Resident #16 was observed to receive a total of eighteen (18) regularly-scheduled medications which included one tablet each of Lortab 7.5/750 and Acetaminophen 500 milligram (mg.).</p> <p>Review of Resident #16's medication orders revealed that upon admission, the resident had an order for Lortab 7.5/750, an analgesic consisting of Hydrocodone 7.5 mg. and Acetaminophen 750 mg., prescribed to be administered four times daily on a routinely-scheduled basis. Through taking four doses of the drug per day, the resident would receive a total of 3 Grams of Acetaminophen per day. The resident also had a "PRN" (as needed) order for Acetaminophen 500 mg. (two tablets every 4 hours) to be available for break-through pain which, so far, had not been required.</p> <p>Further review of Resident #16's clinical record revealed that, on 02/25/10, the Physician had augmented the resident's pain medication regimen with an order for Acetaminophen 500 mg., one tablet four times daily on a routinely-scheduled basis which would provide the resident an additional dose of two (2) Grams of Acetaminophen per day. Thus, if administered as ordered, the Lortab 7.5/750 and Acetaminophen 500 mg. orders would provide the resident with a total daily dose of 5 (five) Grams of Acetaminophen per day. Further review of the resident's clinical record, as well as the MAR (Medication Administration Record), revealed</p>	F 428	<ol style="list-style-type: none"> 2. All MAR's of residents receiving medications containing acetaminophen have been reviewed to make sure no one is receiving dual medications or more than four grams of acetaminophen a day. 3. The Director of Nursing will randomly review residents' medication list, at least monthly. The consultant pharmacist will review all residents' medication regimen every month. 4. As part of the facility's quality assurance program the Director of Nursing will randomly review residents' medication list for dual medication orders. The Consultant Pharmacist will review all residents' medication regime monthly. 	4-19-10

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F 428	<p>Continued From page 8</p> <p>both orders had been in effect and available for the resident from at least 02/26/10 through 03/23/10, a period of twenty-six (26) consecutive days.</p> <p>Because of the potential for causing liver toxicity, manufacturers of the various formulations of Acetaminophen specified that dosing of the drug for individuals should be limited to under four (4) Grams per day. However, review of Resident #16's Drug Regimen Review conducted on 02/05/10 revealed no documented evidence the Consultant Pharmacist had addressed the resident's current dosage of the Lortab 7.5/750 (i.e., 3 Grams of Acetaminophen per day) and the risk posed by the possible use of the PRN Acetaminophen order. Likewise, during the subsequent Drug Regimen Review on 03/05/10 (after the routine Acetaminophen order had been initiated), there was no evidence the Pharmacist had addressed the excessive daily dosage of the Acetaminophen, or that the coupling of the Lortab and Acetaminophen 500 mg. dosages had exceeded the maximum daily limit for Acetaminophen.</p> <p>On 03/24/10 at 10:15 AM, the issue involving Resident #16's daily intake of Acetaminophen was discussed with the Director of Nursing (DON). The DON explained she was aware that dosing of Acetaminophen should not exceed 4 Grams daily. When asked if the Consultant Pharmacist had identified or commented regarding the issue, she explained she would re-check her records for a pharmacy comment. However, no documented evidence was provided to show the Consultant Pharmacist had identified a problem regarding the dosing of Resident #16's Acetaminophen.</p>	F 428		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2010
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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 840 WATER TOWER BYPASS, P O BOX 604 CAMPBELLVILLE, KY 42719
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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

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

PRINTED: 04/08/2010
FORM APPROVED
OMB NO. 0938-0991

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2010
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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 840 WATER TOWER BYPASS, P O BOX 504 CAMPBELLSVILLE, KY 42719
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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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K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code survey was initiated and concluded on March 24, 2010 for compliance with Title 42, Code of Federal Regulations 483.70. The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000	<p>RECEIVED APR 19 2010</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cindy [Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/17/10</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TEACHABLE MOMENTS

Date: 3/25/10

RECEIVED
APR 19 2010

Subject Matter: Cross Contamination, Proper drying of
wet pans, glove usage, food temperatures

Employees instructed:

Instructed by: Robin Robbins

Comments:

Re-instructed on proper way to let pan's air dry before
putting away. Discussed about sickness, germs etc.
due to pans not being put up dry. Use of gloves -
to change everytime you open fridge w/ gloves on,
changing when handling dirty to clean. Discussed
importance of temperatures on foods - if under the
proper temp to reheat & take temperature again
before serving.

Food Holding Temperatures on Dietary Line

POLICY

It is the policy of this facility to maintain food-holding temperatures on dietary line to meet quality standards and federal, state and local sanitary codes. All foods will be served at appropriate temperatures to ensure resident acceptance while reducing the risk of foodborne illness.

PROCEDURE

1. Maintain food-holding temperatures on dietary line with the following standards:
 - a. Broth, soups and hot beverages: 180°-190° F
 - b. Meat, portioned for service: 140° F or above
 - c. Casserole dishes and creamed items: 140° F or above
 - d. Potato and vegetables: 140°-190° F
 - e. Chilled foods and beverages: less than 41° F

2. Food holding temperatures are recommended temperatures, above the minimum temperature of 140° F, required to prevent rapid bacterial growth that will help ensure that foods as served to the resident are at appropriate eating temperatures.
3. Chilled foods should be held below 41° F* to insure appropriate service temperatures.

***NOTE:** It is recommended that cold food be held under refrigeration and for service at 41° F, however, individual states may vary in temperature required.

4. Once food is on the steam table, the temperatures will be taken prior to each meal service.
5. A sanitized metal stem-type dietary thermometer calibrated to an accuracy of +/- 3° will be utilized.
6. Temperatures will be recorded on the "Food Temperatures By Meal" form in the Dietary Policy and Procedure Manual.
7. Temperature sheets will be reviewed by the Dietary Manager.

8. Temperature logs will be kept on file per state regulations.
9. Weekly, the Dietary Manager will perform a point-of-service temperature audit utilizing a test tray.
10. The test tray will be placed on a cart as it leaves the dietary department. After all trays have been passed, then the test tray temperatures will be checked.
11. A plan of correction must be developed when unacceptable temperatures have been identified.

Minimum Temperature at Point of Service to Resident

POLICY

It is the policy of this facility to have the minimum temperature at point of delivery to the resident be of appropriate temperature.

PROCEDURE

The minimum temperature of the food at point of service to the resident should be:

FOOD ITEM	**MINIMUM TEMPERATURE AT DELIVERY
CREAMED SOUP	>130°
BROTH SOUP	>150°
POTATOES (MASHED, CREAMED)	>115-125°
GRAVY	>115-125°
VEGETABLES	>115-125°
PUREED VEGETABLES	>115-125°
CASSEROLE DISHES	>115-125°
MEAT, PORTIONED FOR SERVICE	>115-125°
*PUREED MEAT	>115-125°
JUICE, CHILLED FOODS	≤55°
MILK	<45°
*COFFEE, TEA, BROTH, HOT BEVERAGE	>150°
ICE CREAM	<18°
SHERBET	<18°

*HAS A FAST TEMPERATURE DROP

**CHECK STATE REGULATIONS FOR MINIMUM TEMPERATURE AT DELIVERY

Manager's Daily Walk Through

Date _____ Initials _____

Answer questions with a "Y" or "N" in the blank

Food Storage

- _____ 1. Refrigerator shelves and floor are clean.
- _____ 2. Foods are covered, labeled and dated.
- _____ 3. No outdated food on shelves, food stored on proper shelf.
- _____ 4. Temperature 41 or below
- _____ 5. Freezer shelves and floor are clean.
- _____ 6. Foods are covered, labeled and dated.
- _____ 7. Temperature 0 or below
- _____ 8. Dry storage is neat, clean and food is in sealed containers. No evidence of insects.

Food Preparation

- _____ 9. Foods are thawed properly
- _____ 10. Sanitizing solution is available, and at proper concentration, rags stored in bucket.
- _____ 11. Tables and shelves are clean, equipment handles are clean.

Food Service/Sanitation

- _____ 12. Trayline temperatures are recorded and appropriate for hot and cold food.
- _____ 13. Trays, dishes, glasses, utensils are clean and air dried.
- _____ 14. Employees are washing hands before and after handling food, utensils are used.
- _____ 15. Equipment is clean-refer to cleaning schedule.

- _____ 16. Dishwasher is working properly-soap, rinse agent, temperatures.
- _____ 17. Hands are washed when moving from dirty side to clean side of dishwasher.
- _____ 18. Pot and Pan sink has proper water temperature, and sanitizer concentration.
- _____ 19. Pans are air dried and free from greasy film
- _____ 20. Proper consistency of food.
- _____ 21. Proper portion size is used.
- _____ 22. Food has good flavor, meat is tender, looks appetizing.

Comments _____

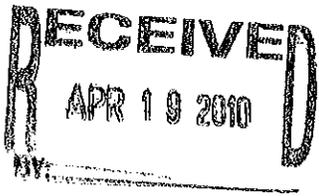
Plan of Correction _____

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

PRINTED: 04/08/2010
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2010
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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 604 CAMPBELLVILLE, KY 42719
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LABORATORY/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Cindy Brennan* TITLE *Administrator* (X6) DATE *4/17/10*

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