

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

PRINTED: 02/28/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED  02/23/2012
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NAME OF PROVIDER OR SUPPLIER  SANSBURY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2625 BARDSTOWN ROAD SAINT CATHARINE, KY 40061
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  A Standard Health survey was initiated on 02/21/12 and concluded on 02/23/12 and the Life Safety Code survey was conducted on 02/22/12 with deficiencies cited at the highest scope and severity of an "F". The facility had the opportunity to correct the deficiencies before remedies would be imposed.	F 000		
F 371 SS=F	483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review it was determined the facility failed to serve food in a sanitary manner involving two (2) of two (2) dietary employees. Dietary Aide #1 used hand sanitizer instead of hand washing between glove changes. Dietary Aide #2 did not wash her hands or change gloves after contamination of the gloves.  The findings include:  Review of the facility's policy "Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices" revealed employees must	F 371		No residents were identified as affected by this deficient practice. Under the supervision of the Registered Dietician and Certified Dietary Manager observation audits of staff are being conducted, with 100% compliance to date.  Under the supervision of the Registered Dietician, on February 22, 2012, all staff (particularly Dietary Aide # 1 and Dietary Aide # 2) was educated regarding proper hand hygiene/glove use in the Food Service. In addition, mandatory in-services on "Hand Hygiene and Preventing Foodborne Illness" were held for dietary staff on March 1, 2012 and March 2, 2012. The Registered Dietitian, the Certified Dietary Manager, and the Infection Control Nurse taught the in-service. Sansbury policies were reviewed, including proper way to wash hands, when hand washing/sanitizing hand gel is appropriate, and the use of gloves in Food Service. Dietary Staff were required to demonstrate proper hand washing technique to the Infection Control Nurse. Staff was informed that antimicrobial agents cannot be used in place of proper hand washing techniques in a food service setting. All hand sanitizer dispensers are being

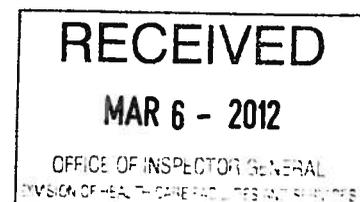
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>03/06/2012</i>
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any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be 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.

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NAME OF PROVIDER OR SUPPLIER  SANSBURY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2625 BARDSTOWN ROAD SAINT CATHARINE, KY 40061	
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F 371 STA ANT	<p>Continued From page 1</p> <p>wash their hands after engaging in activities that contaminate the hands and antimicrobial hand gel cannot be used in place of hand washing in food service areas. The use of disposable gloves does not substitute for proper hand washing.</p> <p>Observation, on 02/22/12 at 12:05 PM, revealed Dietary Aide #1 was serving food, left the tray line, and removed and disposed of her gloves in the trash. Upon return to the tray line, she used hand sanitizer on her hands and then donned gloves. She then resumed serving the residents' lunch.</p> <p>Observation, on 02/22/12 at 12:15 PM, revealed Dietary Aide #2 assisted with food service when a resident requested a Ginger Ale soda, which was not available on the tray line. She left the tray line and without removing her gloves, opened a door and obtained the can of ginger ale. Dietary #2 then returned to the tray line and without changing her gloves or washing her hands resumed assisting with the food service for residents. This included placing plates on the trays with gloved hands. During the same meal Dietary Aide #2 was observed picking up a plate cover off the floor with the contaminated gloved hands, placed the plate cover aside and resumed food service without changing her gloves or washing her hands.</p> <p>Interview with Dietary Aide #1, on 02/23/12 at 12:15 PM, revealed she was unaware hand sanitizer would not replace hand washing in food service areas. She stated proper hand washing was especially important in the kitchen area because bacteria could easily be spread throughout the building to all residents if poor</p>	F 371	<p>removed from food preparation areas. The Administrator and the Director of Nursing were also in attendance for the in-service. Any resident who may use food prepared with improper hand hygiene have the potential to be affected by this deficient practice.</p> <p>The Registered Dietitian and the Certified Dietary Manager conducted a 100% audit of all staff on February 24 and February 27, 2012 to assure all hand hygiene guidelines were followed with no problems noted. Documented, visual audits will be completed each week by the Certified Dietary Manager to assure compliance is maintained with "minimizing the potential for foodborne illness" by using proper "employee hygienic practices". The weekly audits are presented to the Registered Dietitian each Friday for review and monitoring. The Q/A committee will review these on-going audits to assure compliance.</p> <p>Dietary staff are educated regarding proper hand hygiene through both the initial facility orientation and actual dietary orientation prior to being placed in their dietary position. Dietary staff will be re-educated on hand hygiene semi-annually by Registered Dietitian and Certified Dietary Manager as well as annually by the Infection Control Nurse during facility-wide in-service or more frequently if deemed necessary.</p> <p>Completion date: March 12, 2012</p>	02/23/12



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NAME OF PROVIDER OR SUPPLIER  <b>SANSBURY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2625 BARDSTOWN ROAD SAINT CATHARINE, KY 40061</b>		
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F 371	<p>Continued From page 2 technique was used.</p> <p>Interview with Dietary Aide #2, on 02/23/12 at 12:20 PM, revealed she did realize she had not removed her gloves when leaving the food service area. She stated she did not think about picking up the plate cover from the floor but realized now she should have removed her gloves and washed her hands prior to resuming food service. Dietary Aide #2 stated proper hand washing was especially important in the food service area in order to keep from spreading germs and making residents sick.</p> <p>Interview with the Registered Dietician (RD), on 02/23/12 at 10:15 AM, revealed she was unaware that hand sanitizer could not be used in place of hand washing in the kitchen area. The RD was surprised that a Dietary Aide would not properly change her gloves after contaminating them. She stated infection control is extremely important, especially in the kitchen. The RD stated they had infection control in-services several times a year however, she saw the need to revisit those concerns.</p>	F 371		



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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Building: 01</p> <p>Plan Approval: 6/29/1961</p> <p>Survey under: . NFPA 101 (2000 Edition)</p> <p>Facility type: SNF/NF</p> <p>Type of structure: Three (3) Story with basement Type I (332) Protected</p> <p>Smoke Compartment: Eight (8)</p> <p>Fire Alarm: Complete Fire alarm System (Installed 1979)</p> <p>Sprinkler System: No Sprinkler System (new system being installed expected completion is late 2012)</p> <p>Generator: Type II LP Installed in 1979</p> <p>A standard Life Safety Code survey was conducted on 02/22/12. Sansbury (185297) was found to be in compliance with the requirements for participation in Medicare and Medicaid.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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