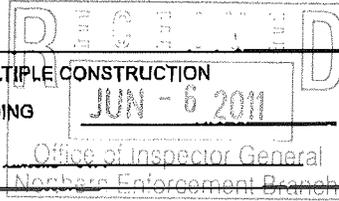


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185237	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING <u>Office of Inspector General Nonbar Enforcement Branch</u>	(X3) DATE SURVEY COMPLETED C 04/29/2011
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NAME OF PROVIDER OR SUPPLIER FOUR COURTS AT CHEROKEE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2100 MILLVALE RD. LOUISVILLE, KY 40205
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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	<p>INITIAL COMMENTS</p> <p>An abbreviated survey was initiated on 04/28/11 and concluded on 04/29/11 Investigating complaints KY00016157 and KY00016197. The Division of Health Care did not substantiate KY00016157, but did substantiate KY00016197 with deficiencies cited under 483.15 Quality of Care.</p>	F 000	<p>Four Courts at Cherokee Park (Facility) does not believe and does not admit that any deficiencies existed either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self-critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p>	
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies, the facility failed to provide quality of care related to maintenance and housekeeping services. The facility failed to clean resident rooms based on facility policy, resulting in multiple rooms with buildup of dust/dirt-like substances along baseboards in resident rooms and hallways. In addition, multiple rooms had peeling wallpaper, discoloration of walls, and multiple holes in walls in resident rooms.</p> <p>The Findings include: Review of the facility policy effective January 2005 revealed the policy detailed the procedure of Damp Mopping as: quad solution mix is changed every three (3) rooms. Run the mop along baseboards, and avoid pushing dirt into</p>	F 253	<p>F253: Room 129 was scrubbed and removed of dust/dirt like substance build</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Tom E. Koles* TITLE *Administrator* (X8) DATE *Peris 6-6-11*

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.

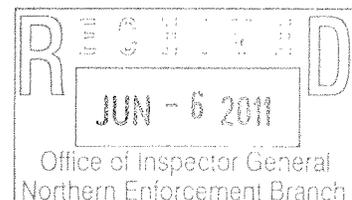
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 253	<p>Continued From page 1</p> <p>corners. The policy for floor care, Damp mopping procedure, effective January 2005 states to use scraper to clean corners, along baseboard or pick up substance stuck to the floor.</p> <p>Review of the facility policy on Maintenance Services effective January 2005, revealed maintenance services shall be provided to all areas of the building, grounds and equipment. Procedure 2B stated maintenance shall maintain the building in good repair and free from hazards.</p> <p>Review of the Job Description for Housekeeping staff effective January 2008 revealed staff are to report damage of walls, floors, furniture, equipment, etc. to supervisor.</p> <p>Review of staff in services for Housekeeping, revealed on 03/23/11 an inservice was conducted on mop and mop water disinfection in rooms. This policy stated that every three (3) rooms, The mop water and mop were to be changed.</p> <p>Observation of the facility on 04/28/11 during initial tour revealed: Room 129 had a build up of dust/dirt-like substance where the baseboards meet the floor, which continued to the bottom of the door entrances on both sides. Room 130 had eight (8) unpatched holes in the wall and the wallpaper was ripped and peeling off. There was a drip of brownish red substance on the wall over the bed that was observed on 04/29/11 as well. Room 133 had wallpaper peeling in two different areas down the wall. Over the light switch there were four (4) unpatched holes. Room 135, had dust/grime-like substance where the baseboards meet the floor which continued to the door entrance. The walls had two (2) different areas of</p>	F 253	<p>up where baseboard meets the floor and to the bottom of door entrance on both sides on 5-17-11. Room 130 had 8 holes in the wall patched, repairs of loose wall paper completed, and stains primed over the bed on 5-18-11. Room 133 had wallpaper repaired where peeling on two sections of wall and 4 holes in wall over light switch patched on 5-18-11. Room 135 was scrubbed and removed of dust/dirt like substance build up where baseboard meets the floor and to the bottom of door entrance on both sides on 5-18-11. 5 holes under the over bed light were patched and loose wallpaper inside window frame was removed and area painted on 5-18-11. Rooms 136, 139, 141 and 155 was scrubbed and removed of dust/dirt like substance build up where baseboard meets the floor and to the bottom of door entrance on both sides on 5-18-11. Room 154 was checked for all stains and walls primed where stains found on 5-18-11. The therapy room will have the 4 tiles that were buckling in front of window at entrance repaired. The dust/dirt like substance build up was removed where</p>	
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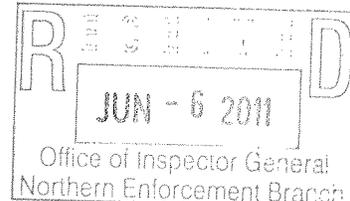
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OMB NO. 0938-0391

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F 253	<p>Continued From page 2</p> <p>five (5) unpatched holes under the overbed lights. The wallpaper inside the window was loose and rolling up. Rooms 136, 139, 141, and 155 had a dust/grime-like substance buildup where the baseboards meet the floor. This buildup continued around to the door entrance on both sides of the floor and was visible from the hallway. Room 154 had a yellowish color splatter area located from the electrical outlet down to the baseboard and along half of the wall.</p> <p>Observation of the Therapy room on 04/28/11 during initial tour revealed, four (4) tiles were buckled and loose in front of the window by the entrance to the Therapy Department. In addition there was dust/grime-like substance along the baseboards where they meet the floor.</p> <p>Observation of Housekeeper #1 on 04/28/11 at 2:30pm revealed the Housekeeper cleaning the bathroom of room 110.</p> <p>Observation of Housekeeper #2 on 04/29/11 at 9:15am revealed she was cleaning the dining room. She wiped down all the tables, chairs, and baseboards with Sani wipes, then mopped the floor.</p> <p>There were no other observations of any housekeepers wiping down baseboards or using a scraper to remove the buildup of Dust/grime-like substance, in the corners, and along the baseboards and floor of resident rooms.</p> <p>Interview with Housekeeper #1 on 04/28/11 at 2:30pm revealed there were at least four (4) housekeepers scheduled everyday.</p>	F 253	<p>baseboard meets the floor at therapy entrance on 5-18-11.</p> <p>Housekeeping employees and floor tech will be in serviced on floor care policies including damp moping, spot cleaning walls, and scraping corners along baseboards on 5-20-11. All hallways and entrance to all resident rooms on both sides of door were scraped, scrubbed and removed of dust/dirt like substance by 5-16-11.</p> <p>16 resident rooms per month will be scheduled to be scrubbed and stripped to remove buildup of dust/dirt like substance where baseboard meets the floor. One room per week will be scheduled for remodel to include repair of walls. This process will continue until all rooms are completed.</p> <p>Environmental Services Supervisor will complete a weekly audit to ensure that floor and base board care is being completed. This weekly audit will be reviewed with the administrator to ensure completion on an ongoing basis.</p>	
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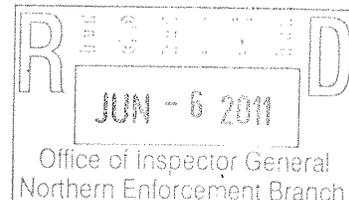
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F 253	<p>Continued From page 3</p> <p>Housekeeper #1 stated when she cleans the room, she takes the garbage out, makes sure there is toilet paper, sweeps and mops the entire room, cleans the sink and toilet. Housekeeper #1 stated she usually changed her water for mopping about midway through her shift, and before she mops the dining room. There was no mention of cleaning the corner or baseboards with a scraper.</p> <p>Interview with Housekeeper #2 on 04/29/11 at 10:30am revealed she had worked for the facility for about one year. She stated she gets her cart in the morning, dust and mops the floors in the hallway and in the resident rooms and cleans the bathroom. She continued to state she emptied the trash, and replaced toilet paper. She stated she had about twenty (20) rooms. She stated she felt she had enough time to get her work done. Housekeeper #2 stated she changed her water three (3) times per room. The surveyor repeated the question three (3) times to assure accuracy of the response. Housekeeper #2 stated that the rooms are cleaned because the residents don't want to be in a room that is not clean. In addition, she stated it was important to keep the resident rooms clean because it impacts infection control.</p> <p>Interview with the Floor Technician on 04/29/11 at 8:30am revealed, he had worked at the facility since March 2011. He stated there is no schedule of when floors are waxed. He stated they wax them as needed, and since he has worked there only empty rooms have been waxed. He stated there was no documentation of what room or areas had been waxed before March, 2011. When asked what he thought the buildup was around the baseboards, he stated, "It</p>	F 253	<p>All staff will be in serviced on the importance and purpose of using the maintenance log. System was revised so that Maintenance logs are located at nursing stations and in the front office. They are checked twice daily by maintenance and notes are made as to action being taken. After the maintenance issues are corrected the completed page from the maintenance log is reviewed with the administrator to ensure that maintenance issues are being identified and corrected. A report in the QAA meeting will summarize compliance with this new tracking system. A preventive maintenance audit will be completed on a quarterly basis to identify all rooms that are in need of wall repairs and/or painting and as part of the facilities QAA program to monitor performance of this Plan of Correction.</p>	<p><i>Completion Date 6/6/11</i></p>
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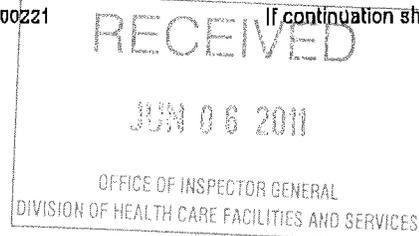
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F 253	<p>Continued From page 4 looks like dirt".</p> <p>Interview with Housekeeping Supervisor on 04/29/11 at 8:45am, revealed she had worked at the facility about a year and a half. She stated they had an inservice and a plan of correction about a month ago that all of maintenance and housekeeping attended. She stated they had been deep cleaning the bathrooms first, and then continue with the floors and walls later. She stated that Housekeepers were suppose to deep clean one room a day, meaning that everything in the rooms was cleaned from top to bottom.</p> <p>Interview with the Housekeeping Supervisor on 04/29/11 at 10:30am regarding the wall in room 154 with yellowish color spatters on the wall, revealed they should have been wiped down, and if it didn't come off they should have told maintenance. She stated this was not acceptable resident room maintenance.</p> <p>Interview with the Housekeeping Supervisor on 04/29/11 at 3:00pm, revealed she didn't think the deep cleaning was getting done. She went on to say she didn't think residents would want to be here, if the facility was not clean and stated residents could get germs from that.</p> <p>Interview with the Maintenance Director on 04/29/11 at 8:00am, revealed they try to remodel one room a month and are getting ready to do a large scale remodel of the facility in a couple of months.</p> <p>Interview with the Maintenance Worker on 04/29/11 at 2:00pm revealed there were no maintenance request documents before 03/18/11.</p>	F 253		
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F 253	Continued From page 5 The person who was responsible for that is no longer here and they were unable to locate them. He went on to say the maintenance staff only do room audits for door closure and to see if GFI outlets are working properly. He stated they do not audit general maintenance needs such as wall paper peeling, and holes in the walls. He said Nursing and Housekeeping are responsible for reporting general maintenance request for repair. The Maintenance worker stated it was their job to maintain the building and residents are not going to want to stay at this facility if the building is not maintained.	F 263			

