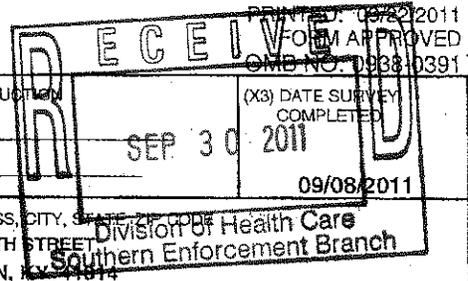


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 09/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2011
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 20TH STREET COVINGTON, LA 70014	Division of Health Care Southern Enforcement Branch
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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	INITIAL COMMENTS A standard health survey was conducted on 09/06-08/11. Deficient practice was identified with the highest scope and severity being at "E" level.	F 000	<i>This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Providence Pavilion agrees with the allegations and citations listed on this statement of deficiencies. Providence Pavilion maintains that the alleged deficiencies do not, individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by the regulations. This plan of correction shall operate as Providence Pavilion's written credible allegation of compliance.</i>	
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 observation, interview, and record review, it was determined the facility failed to provide a sanitary, orderly, and comfortable interior. Observations revealed drywall was chipped and marred, cable outlets were loose and protruding from the wall, privacy curtains were soiled, lights over bathroom sinks were not working, bathroom and entry doors were scraped exposing splintered wood, a shower room wall was observed to have a rust-colored stain, and a shower chair was observed to be stained. The findings include: Review of the facility's policy titled Work Order Protocol (not dated) revealed work order request forms were used to notify Maintenance of areas that needed to be repaired. The policy directed staff to complete the work order form to ensure Departments were notified of any area that could cause harm to residents and/or facility personnel.	F 253	<i>By submitting this plan of correction, Providence Pavilion does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Providence Pavilion reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action, or proceeding.</i> F 253 Providence Pavilion will continue to provide housekeeping and	10/14/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/20/11
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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 PROVIDENCE PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 20TH STREET COVINGTON, KY 41014	
(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 253	<p>Continued From page 1</p> <p>The policy revealed work order forms were located at every nurses' station and were to be completed by any employee of the facility. Further review of the policy revealed the Supervisor of Maintenance personnel would review work orders on a monthly basis to ensure completion.</p> <p>During the environmental tour of the facility on 09/06-08/11, the following items were observed in need of repair:</p> <ul style="list-style-type: none"> - the entrance hallway of room 408 was observed to have deep cuts and gashes in the drywall and created a surface that would be difficult to ensure cleanliness was maintained. - the bathroom wall of resident room 406 was observed to have multiple marred areas of drywall near the toilet dispenser. - the wall beside an electrical outlet located in bedroom 412-A was observed to have an area of drywall that was scraped and peeling, and the electrical outlet beside the resident's bed in the room was observed to be bent and/or damaged. - the cable outlet in resident room 407 was observed to be loose and protruding from the wall. - the privacy curtains in resident rooms 406 and 416 were observed to be soiled with a light brown substance. - the light fixture in the bathroom of resident room 441 was observed to contain three light bulbs, however, only one light bulb was 	F 253	<p>maintenance services necessary to maintain a sanitary, orderly and comfortable interior.</p> <p>Observations from the survey were repaired, cleaned, replaced, and/or removed on or before September 27, 2011 with the following detail:</p> <p>Entrance Hallway to Room 408 was repaired on September 26, 2011.</p> <p>Bathroom wall in Room 406 was repaired on September 27, 2011.</p> <p>Wall beside bed 412-A was repaired on September 27, 2011 and the electrical outlet was replaced on September 27, 2011.</p> <p>Cable outlet in Room 407 was secured to wall on September 9, 2011.</p> <p>Privacy Curtains in Room 406 and 416 was cleaned on September 26, 2011.</p> <p>Light bulbs in bathroom of 441 was replaced on September 9, 2011.</p> <p>Metal Strip on door to Room 412 was removed on September 9, 2011.</p> <p>Shower Room door was repaired and painted on September 9, 2011.</p> <p>Rust color stain on shower wall and shower chair was removed on September 23, 2011.</p> <p>A facility environmental tour was conducted on September 21, 2011 by the maintenance director and</p>	10/14/11

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F 253	<p>Continued From page 2</p> <p>functioning properly and the lighting in the room was observed to be diminished.</p> <ul style="list-style-type: none"> - the entry door to resident room 412 was observed to have a loose metal stripping at the base of the door that was bent outward and created a potential safety hazard. - the shower room door on the Purpose Unit was observed to be chipped with splintered wood exposed and created a potential safety hazard for residents. - observations of the shower room stall located on the Providence Unit revealed a rust-colored stain on the wall and a brown-colored stain on the seat of a shower chair located in the room. <p>An interview conducted with the Maintenance Supervisor (MS) on 09/08/11 at 9:15 AM, revealed the facility utilized a work order system. The MS stated any staff member could obtain a work order at the nurses' stations to inform him of anything that needed to be repaired. The MS stated staff also informed him verbally or by phone of items in need of repair. The MS revealed maintenance staff checked the box that contained the work orders one to two times a day to ensure orders were received timely. The MS confirmed work orders had not been completed for the identified concerns.</p> <p>An interview with housekeeping staff (Employee #6) on 09/08/11 at 10:10 AM, revealed staff cleaned/changed privacy curtains as needed on Saturdays. Housekeeping staff (Employee #6) stated they were responsible to clean resident rooms and stated the soiled curtains should have</p>	F 253	<p>environmental service team to ensure areas throughout the nursing center were in good repair and cleaned so that residents could continue to receive a sanitary, orderly and comfortable interior.</p> <p>Employees were reeducated by the Maintenance Director and Director of Ancillary Services on both September 26, 2011 and September 27, 2011 regarding the need to fill out maintenance request forms when areas are found to need repair or maintenance.</p> <p>Director of Ancillary Services will review completed maintenance request forms to ensure that repairs are handled timely according to safety first issues. Housekeeping personnel will conduct an environmental audit daily with focus on areas of safety and cleanliness with emphasis on privacy curtains.</p> <p>In order to ensure compliance, Director of Ancillary Services and/or designee will conduct random environmental audits on a weekly basis for eight (8) weeks. Issues identified will be corrected immediately.</p> <p>Results of the audits will be reviewed at the quality assurance committee meeting for further recommendation and determination of frequency for future monitoring.</p>	10/14/11

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F 253	Continued From page 3 been put on a list to be laundered. Continued interview revealed the soiled privacy curtains identified were not on the list to be laundered and or changed.	F 253		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, the facility failed to provide necessary treatment and services to promote healing and prevent infection during wound care for two (2) of seventeen (17) sampled residents (Resident #3 and Resident #5). Observation of wound care treatment on 09/07/11, revealed staff failed to perform appropriate hand washing techniques while providing wound care to Residents #3 and #5. The findings include: 1. A review of the facility's Dressing Change Policy and Procedure (dated 2010) revealed prior to the performance of wound care, staff was to wash their hands, don gloves, appropriately position the resident, and remove the resident's	F 314 F 314	Providence Pavilion will continue to ensure that residents receive necessary treatment and services to promote healing, prevent infection, and prevent new skin sores from developing. Resident #3 and Residents #5 had no negative outcomes from the dressing change and both areas continue to show no further deterioration and continue to show improvement in the wound bed. RN #4 and LPN #1 were immediately re-educated regarding hand washing technique during a wound dressing change. Nurses were re-educated on September 28, 2011 by a Certified Wound Nurse and the Director of Nurses regarding proper dressing change. Nurses will provide a return demonstration to the Director of Nursing or designee ensuring that they understand the correct procedure. In order to ensure compliance, Director of Nursing or designee will conduct a quality assurance review wound dressing changes by different nurses, four (4) times a week for four (4) weeks. The Director of Nursing or the	10/14/11

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F 314	<p>Continued From page 4</p> <p>existing dressing. At that time, staff was to wash their hands, don gloves, and cleanse the wound as prescribed by the physician.</p> <p>A review of the medical record revealed the facility admitted Resident #3 on 02/10/11, with diagnoses of Paralysis, Pressure Ulcer, Osteoporosis, and Severe Kyphosis (curvature of the back). Review of a Quarterly Assessment revealed the facility had assessed the resident to require extensive assistance with bed mobility, transfers, and personal hygiene. Further review of the medical record revealed the resident's physician had prescribed antibiotics for a wound infection. However, there were no recent wound cultures of the wound.</p> <p>Registered Nurse (RN) #4 and Licensed Practical Nurse (LPN) #2 were observed to perform wound care to a pressure ulcer located on Resident #3's coccyx on 09/07/11 at 10:15 AM. RN #4 was observed to remove the soiled dressing and packing from the resident's wound. A large amount of purulent yellow drainage was noted on the dressing, packing, and on the bed pad. RN #4 obtained a bottle of solution with her soiled, gloved hands, cleansed the wound with the solution and 4 x 4 gauze, applied a medicated ointment to the gauze, and packed the resident's wound with the medicated gauze. RN #4 failed to change gloves/wash hands after handling the soiled dressings and before proceeding with a clean procedure.</p> <p>An interview conducted with RN # 4 on 09/07/11 at 10:30 AM, revealed she stated she should have changed gloves and washed her hands more often during wound care. RN #4 was unable to state how she had been trained to</p>	F 314	<p>MDS nurse will continue to monitor all wounds to ensure proper healing and progress. These reviews will be ongoing since it is part of the standing quality assurance review. Issues identified will be corrected immediately.</p> <p>Results from the Wound Dressing Change audits will be reviewed at the quality assurance committee meeting for further recommendation and determination of frequency for future monitoring. Identified issues and recommendations will be reviewed with the Medical Director on a weekly basis.</p>	10/14/11

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F 314	<p>Continued From page 5</p> <p>provide wound care and stated, "It had been so long since I was trained to do wound care, I can't remember."</p> <p>An interview conducted with the Director of Nursing (DON) on 09/08/11 at 5:00 PM, revealed staff nurses were required to change gloves and perform hand washing procedures between removing soiled dressings and applying clean dressings to a resident's wound.</p> <p>2. A review of the medical record for Resident #5 revealed the facility admitted the resident on 08/23/11 with diagnoses that included a Left Hip Fracture with Repair (staples still intact). According to the admission Minimum Data Set (MDS) dated 08/30/11, Resident #5 had a Stage II pressure ulcer to the buttocks region upon admission to the facility.</p> <p>LPN #1 was observed on 09/07/11 at 10:45 AM, to perform a wound care treatment to the Stage II pressure ulcer on the resident's coccyx. LPN #1 obtained gauze, tape, a syringe with saline, and an antibiotic ointment from a cart in the hallway and carried the supplies into Resident #5's bathroom. The supplies were placed on the back surface of the toilet. LPN #1 obtained a wheelchair and assisted Resident #5 into the bathroom. LPN #1 washed her hands with soap and water, donned gloves, obtained a trashcan from the resident's room and took the waste can into the bathroom. LPN #1 assisted Resident #5 to stand, lowered the resident's pants and briefs, and removed the soiled dressing from the resident's wound. The area on the buttocks/coccyx region was reddish-purple in color with a white center and had an opening</p>	F 314		

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NAME OF PROVIDER OR SUPPLIER PROVIDENCE PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 20TH STREET COVINGTON, KY 41014	
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F 314	<p>Continued From page 6</p> <p>approximately one-half inch in length. The dressing had a scant amount of dried yellow drainage. The soiled dressing was discarded into the garbage can and the resident's wound was cleansed with gauze moistened with the saline solution. The gauze had a small amount of red drainage after the wound was cleaned. LPN #1 was then observed to apply an antibiotic ointment by use of her gloved finger to the resident's wound. LPN #1 failed to wash her hands after she removed the soiled gloves and before she donned a new pair of gloves. The LPN covered the resident's wound with a gauze dressing, wrote a date on the dressing, and taped the dressing into place. LPN #1 removed her gloves, assisted Resident #5 to raise his/her briefs and pants, and assisted the resident to sit back down into the wheelchair. LPN #1 washed her hands with soap and water and proceeded out of the room.</p> <p>An interview with LPN #1 on 09/07/11 at 10:55 AM, revealed she should have washed her hands after she had touched the garbage can or anything else in the resident's room. LPN #1 stated she should have washed hands before she touched the resident, after she changed the resident's dressing, and after the dressing change was completed. LPN #1 said, "I know when and how to wash hands, and I realize now I should have washed my hands more. I was just nervous."</p> <p>An interview with the Director of Nursing (DON) on 09/07/11 at 11:45 AM, revealed a nurse that specialized in wound care came to the facility every other week and performed all of the dressing changes. According to the DON, "spot" checks were performed weekly and sometimes</p>	F 314		

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F 314	Continued From page 7 more frequently for wound dressing changes, infection control, and hand washing. The DON further stated that in-services were provided to all staff about hand washing and infection control.	F 314		
F 371 SS=E	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 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy, it was determined the facility failed to prepare, store, and distribute food under sanitary conditions. The facility failed to ensure food service staff properly sanitized hands and utilized proper glove changing during preparation of resident meal trays during the evening meal on 09/06/11. The findings include: Review of the facility's Dietary Services Policy regarding use of gloves and handwashing techniques (not dated) revealed gloves were to be worn by food service employees to prevent cross-contamination during food preparation and serving. The policy guided food service staff to wash hands after removing gloves and before	F 371	F 371 Providence Pavilion will continue to store, prepare, distribute and serve food under sanitary conditions. Providence Pavilion believes that no residents were adversely affected by the observed events where gloves were not changed during serving the meal. Food Service staff was educated on proper food handling and glove use on both September 26, 2011 and September 27, 2011 by the Registered Dietitian. New processes were put in place to ensure that the cooks coordinate distribution more effectively in order to reduce contact between sanitized and non-sanitized areas. In order to ensure compliance the Registered Dietitian and/or designee will conduct a food handling audit two (2) times per week for three (3) weeks and then one (1) time per week for three (3) weeks. All identified issues will be corrected immediately. Results will be reviewed at the quality assurance committee meeting for further recommendation and determination of frequency for future monitoring.	10/14/11

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F 371	<p>Continued From page 8</p> <p>putting on clean gloves. The policy further directed staff to wash hands before starting work, after visiting the rest room, after coughing or sneezing, after handling garbage or poisonous compounds, and when hands have been soiled. The policy informed staff to change gloves any time a contaminated surface was touched or after they handled anything soiled.</p> <p>Observation of tray line service in the Main Dining Room during the evening meal on 09/06/11, revealed the cook handled meal cards (printed strips of paper with resident diet order information/food preferences), opened a cabinet with her gloved hand, removed a bowl from the cabinet, opened the food warmer and handled/obtained grilled ham and cheese sandwiches with the soiled, gloved hands, and continued to prepare resident trays. The cook was observed to handle the meal cards, open the warmer, and then handle dinner rolls and grilled ham and cheese sandwiches multiple times with the same soiled gloves.</p> <p>Interview on 09/06/11 at 5:40 PM, with the cook revealed she was knowledgeable of the requirement to change gloves any time contact was made with a dirty object. The cook stated the warmer was cleaned every day and she did not consider the door to be contaminated. The cook stated the meal tickets and the cabinet handle would be considered dirty because so many people handle them with bare hands. The cook also stated hands should be washed any time gloves were removed. The cook acknowledged she failed to change her gloves and wash her hands as required.</p>	F 371		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185038	(X2) MULTIPLE CONSTRUCTION A. BUILDING PP - 4TH FLOOR SKILLED UNIT B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2011
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01</p> <p>Plan Approval: 1992</p> <p>Survey under: 2000 existing</p> <p>Facility type: S/NF</p> <p>Type of structure: Five story Type I (Fire Resistive).</p> <p>Smoke Compartment: Four smoke compartments</p> <p>Fire Alarm: Manual initiating devices located at exits. Smoke detectors located in all corridors and resident rooms. Fire Alarm panel updated in 2010.</p> <p>Sprinkler System: Complete automatic (wet) sprinkler system</p> <p>Generator: Type II diesel, installation date unknown by facility.</p> <p>A standard Life Safety Code survey was conducted on 09/07/11. Providence Pavilion was found to be in compliance with the requirements for participation in Medicare and Medicaid. The census the day of the survey was 69. The facility is licensed for 82.</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

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