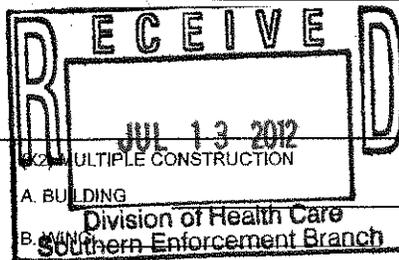


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 07/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185394	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. SNF	(X3) DATE SURVEY COMPLETED 06/21/2012
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NAME OF PROVIDER OR SUPPLIER ST ELIZABETH FLORENCE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042
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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	F 000		
F 164 SS=D	<p>A standard health survey was conducted on 06/19-21/12. Deficient practice was identified with the highest scope and severity at "D" level.</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law, third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 164	<p>Please accept this Plan of Correction as the St. Elizabeth Florence Skilled Nursing Facility's credible allegation of substantial compliance effective July 3, 2012 for the deficiencies noted from the survey completed June 21, 2012. It is our intent that we have substantially corrected our deficiencies per requirements in 42 CFR Part 483 subpart B.</p> <p>F164 Resident Rights/Privacy St. Elizabeth ensures the privacy of its residents through its policy and procedures as evidenced by Policy HIPPA-P-02 [Attachment A: HIPPA Privacy].</p> <p>On June 20 the surveyor observed the Wound Care Nurse with a dressing change. The door was closed and privacy curtain Pulled around bed but the binds on the window remained open. Earlier workmen had been installing scaffolding. There were no workman on the roof outside the window at the time the dressing was changed, however the potential existed.</p> <p>The SNF staff was in-serviced on June 21, at the conclusion of the survey process. [Attachment B: SNF in-service/sign in sheet]. Subsequently the blinds were closed for each dressing change/ personal care provided for Resident #6 and all residents.</p>	7/3/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Wendy Bauer TITLE: Director/Administrator (X6) DATE: 7/9/12

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 ST ELIZABETH FLORENCE SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042		
(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 164	<p>Continued From page 1</p> <p>Based on observation, interview, and review of facility policy, it was determined the facility failed to ensure personal privacy was provided for one of eight sampled residents (Resident #6). Observation on 06/20/12, at 10:00 AM, revealed Registered Nurse (RN) #3 failed to close the window blinds while performing wound care for Resident #6. Observation revealed the facility was engaged in a major reconstruction/remodeling project and construction scaffolding was observed outside the window of Resident #6's room.</p> <p>The findings include:</p> <p>A review of a booklet given to all residents upon admission to the facility entitled "Welcome to St. Elizabeth Healthcare Skilled Nursing Facility," (dated June 2009) revealed each resident would be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and in care for personal needs. Review of the facility policy/procedure entitled HIPAA Privacy (dated 04/02/12) revealed the facility would protect residents' privacy by keeping curtains pulled and doors closed during examinations and treatments.</p> <p>Observation on 06/20/12, at 10:00 AM, revealed RN #3 (wound care nurse) entered Resident #6's private room to apply negative pressure wound therapy to the resident's upper mid-chest wound. RN #3 was observed to shut the door to Resident #6's private room and pull the privacy curtain that only provided privacy if the door to the hallway was opened. Continued observation revealed construction equipment (scaffolding) was erected</p>	F 164	<p>On June 26 the manager for Wound Care in-serviced the Wound Care Nurses on ensuring privacy when providing resident care. [Attachment C: Wound Care In-service/sign in sheets/ attachments].</p> <p>Beginning week of June 25 St. Elizabeth contracted with Messer for the installation of a film covering for the windows in the patient rooms to ensure privacy at all times, particularly during construction begins. This project was completed on July 3, 2012. [Attachment D: Work Order].</p> <p>The Administrator will monitor compliance by observation during walking rounds daily X1 week and then weekly X 3 weeks. The monitoring process will continue as part of the PI audits. [Attachment E: Monitoring Tool].</p>		

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F 164	<p>Continued From page 2</p> <p>outside of Resident #6's window. RN #3 failed to close Resident #6's window blinds, thus failed to ensure visual privacy was maintained during the wound care, and permitted Resident #6's upper chest area to be exposed to any individual, including construction workers, which may have been near the windows.</p> <p>Interview on 06/21/12 at 9:30 AM, with Resident #6 revealed the resident would have been uncomfortable if anyone had been outside the window while the dressing on the resident's chest was changed.</p> <p>An interview conducted with RN #3 on 06/21/12, at 10:40 AM, revealed RN #3 was aware of a major construction/remodeling project at the facility but failed to notice the construction scaffolding erected outside Resident #6's room. RN #3 stated she should have closed the window blinds to ensure Resident #6's privacy during wound care but was nervous and failed to close the window blinds.</p> <p>An interview conducted with the Assistant Nurse Manager (ANM) on 06/21/12, at 11:10 AM, revealed staff was expected to close the door and pull the privacy curtain during any treatment or while providing care to residents. The ANM stated a major construction project was underway throughout the facility and confirmed blinds should be closed to ensure privacy to residents while care was provided.</p>	F 164		
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a</p>	F 441		

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NAME OF PROVIDER OR SUPPLIER ST ELIZABETH FLORENCE SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042	
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F 441	<p>Continued From page 3</p> <p>safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 441	<p>F441 Infection Control St. Elizabeth ensures the privacy of its patients through its procedures. [Attachment F: Hand Hygiene Practices]</p> <p>On June 20 the surveyor observed the Wound Care Nurse with a dressing change. During the procedure the nurse changed gloves twice but failed to wash her hands between the glove changes. Policy requires that hand hygiene be performed between glove changes.</p> <p>The SNF staff was in-serviced on June 21, at the conclusion of the survey process. [Attachment B: SNF In-service/sign in sheet].</p> <p>To ensure that there was no negative outcome for resident #6 vital signs were monitored. [Attachment H: V/S Printouts/Epic]</p> <p>On June 26 the manager for Wound Care in-serviced the Wound Care Nurses on the policy requiring hand hygiene Between glove changes. [Attachment C: Wound Care In-service/ sign in sheets/attachments].</p> <p>The Administrator/designee will monitor compliance by observation of gloved procedures daily X1 week and then weekly X 3 weeks. The monitoring process will continue as part of the P.I. audits. [Attachment G: Monitoring Tool].</p>	7/3/12

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NAME OF PROVIDER OR SUPPLIER ST ELIZABETH FLORENCE SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042		
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F 441	<p>Continued From page 4</p> <p>Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to establish and maintain an effective infection control program to prevent the development and transmission of disease and infection for one of eight sampled residents (Resident #6). Observation of wound care on 06/20/12, revealed the wound care nurse (RN #3) failed to wash/sanitize her hands between glove changes.</p> <p>The findings include:</p> <p>A review of two facility policies titled, "Hand Hygiene Practices," (dated 06/15/12) and "PPE: Gloves/Latex Sensitivity" (dated 05/04/12), revealed staff was required to perform hand hygiene with soap and water or use an alcohol hand sanitizer after removing gloves.</p> <p>A review of the medical record for Resident #6 revealed the facility admitted the resident on 06/19/12, with diagnoses that included Open Wound with Methicillin Resistant Staphylococcus Aureus (MRSA), Hepatitis C, and history of intravenous Heroin use.</p> <p>Observation of wound care for Resident #6 on 06/20/12, at 10:00 AM, revealed Registered Nurse (RN) #3 washed/sanitized her hands and applied gloves prior to wound care. RN #3 was then observed to remove a soiled dressing from a wound to Resident #6's upper mid-chest area, discard the soiled dressing in a biohazard bag, remove her soiled gloves, and apply clean gloves. RN #6 failed to wash/sanitize her hands after removing soiled gloves and prior to applying clean gloves. Continued observation revealed</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER ST ELIZABETH FLORENCE SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042	
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F 441	<p>Continued From page 5</p> <p>RN #3 cleansed the wound to the resident's mid-upper chest with a wound cleansing solution and gauze sponge. The RN disposed of the soiled gauze sponge in the biohazard bag, removed her gloves, and applied clean gloves but failed to wash/sanitize her hands between glove changes. The RN was then observed to spray a skin barrier to the skin surrounding the mid-upper chest wound and obtained measurements of the wound. RN #3 removed her gloves and placed them in the biohazard bag, applied clean gloves, and then applied strips of clear occlusive dressing to the skin around the wound without washing/sanitizing her hands. Continued observation of the wound care revealed RN #3 used a tongue depressor to position Mepitel mesh (prevents the outer absorbent dressing from sticking to the wound) into the wound bed. Black foam was inserted into the wound and secured with clear adhesive dressing. The wound vac tubing was secured to the wound dressing with the appropriate disk and the pump was activated by the nurse. RN #3 was observed to remove her gloves and discard the gloves in the biohazard bag and wash/sanitize her hands upon exiting Resident #6's room.</p> <p>An interview with the Infection Control Nurse/Preventionist (ICN/P) on 06/20/12, at 4:00 PM, revealed hands should be washed/sanitized any time an employee changes his/her gloves. The ICN/P revealed hand hygiene was a part of all employees' initial orientation and frequent in-services were provided.</p> <p>An interview conducted with RN #3 on 06/21/12, at 10:40 AM, revealed the RN was not aware of the requirement to wash/sanitize hands after</p>	F 441		

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NAME OF PROVIDER OR SUPPLIER ST ELIZABETH FLORENCE SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042		
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F 441	<p>Continued From page 6</p> <p>every glove removal. The RN stated she always washed/sanitized her hands prior to starting the wound care and again when the wound care had been completed. RN #3 stated she thought changing her gloves had been sufficient and always washed/sanitized her hands prior to starting any wound care and again when the wound care had been completed.</p> <p>An interview conducted with the Assistant Nurse Manager on 06/21/12, at 11:10 AM, revealed employees were expected to follow facility policy and wash/sanitize their hands after changing gloves. The DON revealed frequent in-services were provided related to infection control/proper hand washing and was not aware of any concerns related to staff failing to wash hands between glove changes. The DON confirmed staff was to wash/sanitize their hands after every glove change.</p>	F 441		

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185394	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - FLOOR B. WING _____		(X3) DATE SURVEY COMPLETED 06/20/2012
NAME OF PROVIDER OR SUPPLIER ST ELIZABETH FLORENCE SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70 (a)</p> <p>Building: 01</p> <p>Plan Approval: 1977</p> <p>Survey Under 2000 Existing</p> <p>Facility Type: Skilled Nursing Facility (SNF)</p> <p>Type of Structure: Type II protected</p> <p>Smoke Compartments: 2</p> <p>Fire Alarm: Complete fire alarm. Updates to the system in 2006 and 2008</p> <p>Sprinkler System: Complete system. Installed 1977</p> <p>A standard Life Safety Code survey was conducted on 06/20/12. St. Elizabeth Florence SNF 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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