STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	185277		C 01/25/2013

NAME OF PROVIDER OR SUPPLIER
HERITAGE HALL HEALTH & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
331 SOUTH MAIN STREET
LAWRENCEBURG, KY 40342

(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		
	An abbreviated survey investigating KY#00019679 was initiated on 01/23/13 and concluded on 01/25/13. KY#00019679 was unsubstantiated with unrelated deficiencies cited.			
F 441	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441		
	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.			
	(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.			
	(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.			

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

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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F 441	Continued From page 1 (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's policy, it was determined the facility failed to establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection. Observations during perineal care revealed State Registered Nursing Assistant (SRNA) #13 picked up Sensi Care cream from the floor and did not wash hands or change gloves prior to applying the cream to Unsampled Resident D. The findings include: A review of the facility's "Infection Control Policy", undated, revealed the facility would establish and maintain an infection control program to provide a safe, sanitary environment and assist in preventing the developing and transmission of disease and infection. Observation, on 01/25/13 at 10:30 AM, revealed SRNA #13 was performing perineal care after an incontinent episode for Unsampled Resident D. While providing perineal care, SRNA #13, dropped the tube of Sensi Care cream on the floor. After dropping the cream, the SRNA picked the tube of cream off the floor with her gloved	F 441		

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F 441	Continued From page 2 hand and proceeded to apply the cream to Unsampled Resident D's buttocks. Prior to applying the cream to Unsampled Resident D's buttocks, SRNA #13 did not wash her hands or change gloves after she picked up cream off the floor. Interview with SRNA #13, on 01/25/13 at 10:30 AM, revealed she was aware she should have removed her gloves, washed her hands and donned new gloves after retrieving the Sensi Care cream from the floor and prior to applying it to Unsampled Resident D's buttocks. Furthermore, SRNA #13 stated she knew the importance of handwashing in order to prevent germ transmission. Interview with the Acting Director of Nursing (DON), on 01/25/13 at 11:03 AM, revealed staff was trained on infection control practices. In addition, she stated SRNA #13 should have washed her hands and applied new gloves after removing the Sensi Care cream off the floor.	F 441		