

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/18/2013
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - FRANKFORT			STREET ADDRESS, CITY, STATE, ZIP CODE 117 OLD SOLDIERS LANE FRANKFORT, KY 40601		
(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 441	<p>An Abbreviated Survey was conducted 1/17/13 investigating KY#00019648. KY#00019648 was substantiated with no deficiencies. However, an unrelated deficiency was cited.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</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>	F 441			

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.

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

PRINTED: 04/05/2013
FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 1</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: Based on observation, interview, record review and review of facility's policy, it was determined the facility failed to 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 for one (1) of three (3) sampled residents (Resident #3).</p> <p>Observation of urinary catheter care and incontinence care for Resident #3 revealed both the nurse and the State Registered Nurse (SRNA) removed their soiled gloves after completion of urinary catheter care and incontinence care and exited the resident's room without washing their hands.</p> <p>In addition, the nurse removed the soiled dressing from Resident #3's coccyx, removed her soiled gloves, and exited the room without washing her hands.</p> <p>The findings include:</p> <p>Review of the facility's, "Hand Washing Policy", undated, revealed staff should wash hands before and after resident contact and wash hands when soiled.</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>Observation of Urinary catheter care/incontinence care for Resident #3, on 01/18/13 at 1:45 PM, revealed Licensed Practical Nurse (LPN) #1 completed the catheter care, placed soiled linens in a bag, removed her gloves, and exited the room without washing her hands. LPN #1 then re-entered the room and removed the soiled dressing from the resident's coccyx. She then removed her soiled gloves, wrapping the dressing in the soiled gloves, and exited the room without washing her hands. LPN #1 was observed to walk down the hall and then return placing the soiled gloves with the soiled dressing in the trash on the treatment cart. LPN #1 then turned the resident and cleansed stool from the resident's anal area and buttocks with wet wash cloths and with the same soiled gloves, picked up the perineal cleanser and sprayed, setting the contaminated bottle of perineal cleanser back on the bedside table. SRNA #1 who was assisting, pulled the soiled attends from the resident's buttocks and placed it in a plastic bag, removed her gloves and exited the room without washing her hands.</p> <p>Interview, on 01/18/13 at 2:25 PM, with SRNA #1 revealed she normally washed her hands after removing her gloves. She stated she had a perineal care in-service a few weeks ago; however, did not remember ever being audited or observed while performing perineal care.</p> <p>Interview, on 01/18/13 at 2:25 PM, with LPN #1 revealed she had exited the room after completing Urinary catheter care without washing her hands and stated she knew to wash her hands after providing care and after removing soiled gloves. Further interview revealed she had</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>removed the soiled dressing and exited the room without washing her hands. Continued interview revealed she had contaminated the bottle of perineal wash by picking it up with the same soiled gloves in which she had wiped stool from the resident's buttocks. She stated she was usually careful with infection control.</p> <p>Interview, on 01/18/13 at 5:30PM, with the Director of Nursing (DON) revealed staff should wash hands immediately after Urinary catheter care, incontinence care, or after removing a soiled dressing. She further stated the nurse should not have contaminated the perineal wash with soiled hands. Continued interview revealed the staff received a computer in-service and a physical check off on perineal care once a year.</p>	F 441			