

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

PRINTED: 08/20/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185395</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BAPTIST HEALTH TRANSITIONAL CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 HOSPITAL DR. MADISONVILLE, KY 42431</b>
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<p>F 000 INITIAL COMMENTS</p> <p>A standard health survey was initiated on 08/06/13 and concluded on 08/07/13 with deficiencies cited at the highest scope and severity of an "F". A Life Safety Code survey was initiated and concluded on 08/07/13 with no deficiencies cited.</p> <p>This was a Nursing Home Initiative survey with entrance to the facility on 08/06/13 at 6:40 AM.</p> <p>F 372 483.35(i)(3) DISPOSE GARBAGE &amp; REFUSE SS=F PROPERLY</p> <p>The facility must dispose of garbage and refuse properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview, it was determined the facility failed to ensure a sanitary environment that protected the health and safety of residents, personnel, and the public by failing to provide a covering for one (1) of one (1) large garbage dumpster to prevent the potential harborage of pests and rodents.</p> <p>Findings include:</p> <p>The facility did not provide a policy on garbage disposal.</p> <p>Observation, on 08/06/13 at 4:40 PM, revealed one (1) large garbage dumpster at the rear of the facility filled to the top with hospital waste and garbage.</p> <p>Continued observation, on 08/07/13 at 11:00 AM, with the Housekeeping Supervisor revealed a</p>	<p>F 000</p> <p>F 372</p> <p>Corrective actions for the affected patients: The hospital trash was removed from the open top dumpster on 08/09/13. A new smaller trash dumpster with a cover was ordered and placed next to the trash compactor on 08/09/13.</p> <p>The open top dumpster will no longer be used for general hospital waste. It will be used only for large furniture items and construction materials.</p> <p>All patients have the potential to be affected by improper storage of garbage.</p> <p>Listed below are the systemic changes to be put into place to prevent this from recurring:</p> <p>A new smaller trash dumpster with a cover was ordered and placed next to the trash compactor on 08/09/13.</p> <p>A policy was developed on General Waste Disposal. Environmental services (EVS) employees and dishwashers that remove trash from the building will be in-serviced on the new policy and the appropriate use of the small covered dumpster and the open top dumpster. This training will be conducted by the EVS supervisors and or the food services supervisors and will be completed by 09/06/13.</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *X Jerry Robinson RD* TITLE *X Administrator X* (X6) DATE *08-27-13*

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 372 Continued From page 1  
large garbage dumpster filled to the top with hospital waste and garbage, overflowing, and with the lid open.

Interview, on 08/07/13 at 11:00 AM, with the Housekeeping Supervisor revealed the facility contracted garbage disposal service with a local Garbage Disposal Service Company. The Housekeeping Supervisor was unaware that the garbage dumpster should be covered.

F 441 SS=E 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS

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.

F 372 The open top dumpster will no longer be used for general hospital waste. It will be used only for large furniture items and construction materials.

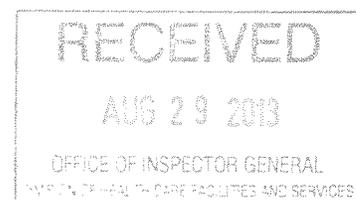
Continued on next page

F 441 Corrective actions for the affected patients: All 8 occupied patient rooms were checked by the director of nursing, clinical leader RN, or RN when the survey team exited on 08/07/13 and all patients receiving oxygen therapy were given new tubings, cannulas, and/or nebulizers. It was verified at that time that each new cannula or nebulizer was stored in a clean plastic bag when not being used. This verification included all rooms listed in the statement of deficiencies 608, 611, 631, 633, and 634.

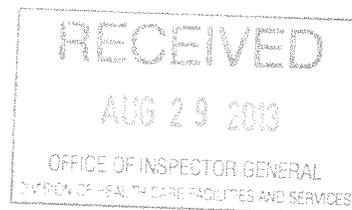
The staff was educated on the spot by the director of nursing that all oxygen cannulas and nebulizer masks must be placed in a clean plastic bag when not in use. This was completed by the director of nursing on 08/07/13 after the survey team exited.

The director of nursing and clinical leader has randomly observed patient rooms for the storage of oxygen supplies since the survey. All nasal cannulas and nebulizer masks/tubings have been stored appropriately in clean plastic bags during our reviews.

All patients receiving oxygen therapy or nebulizer treatments could potentially be affected.



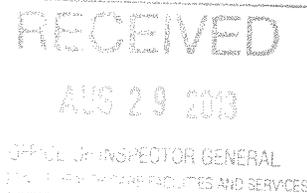
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F372		F372	<p>Continued From page 2</p> <p>As part of our ongoing quality assurance program, and as part of the patient safety evaluation system, a new monitor has been developed to audit that garbage is placed in the appropriate dumpster and that garbage is covered. The audit tool General Waste Disposal will be used. Beginning on 08/23/13 the open top dumpster will be checked to assure that trash is not placed inside, only large furniture and construction waste. The small dumpster will be checked to assure that trash is placed in it correctly and that the lid is closed. For 30 days this will be audited daily by the EVS supervisor or team leader. The next 60 days it will be audited 3 times per week and then twice monthly for the next 9 months. These reviews will be documented on the attached audit sheet.</p> <p>This audit information will be reported at the quarterly quality assurance performance improvement committee by the director of EVS or the EVS supervisor. This data will be used to guide further process improvement and will be part of the quality assurance process.</p>	09/19/13



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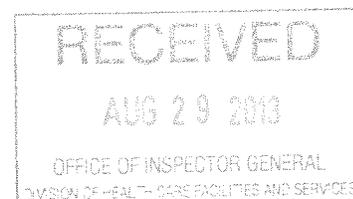
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F 441	<p>Continued From page 2</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility policies titled Infection Control Program and Respiratory Care, it was determined the facility failed to consistently implement their Infection Control Program to inhibit the transmission of infections or disease in regard to the storage of oxygen equipment in four (4) of eight (8) occupied resident rooms where oxygen equipment was stored uncovered.</p> <p>The findings include:</p> <p>Review of the policy titled Infection Control Program, Revised 02/01/13, revealed the purpose of the infection control program included providing a sanitary environment that inhibited and/or prevented the development and transmission of disease and infection.</p> <p>Review of the policy Respiratory Care, Revised 06/2013, revealed Infection Control Policies were followed by Respiratory Care personnel.</p>	F 441	<p>Listed below are the systemic changes to be put into place to prevent this from recurring:</p> <p>A policy was developed on Oxygen Delivery Supply Storage. Nursing staff will receive an in-service on our Oxygen Delivery Supply Storage, Hand Held Nebulizer, and Respiratory Care policies. Nursing staff perform oxygen and nebulizer therapy on the Transitional Care Unit. The director of nursing or clinical leader RN will conduct this training. This will be completed by 09/06/13.</p> <p>As part of our ongoing quality assurance program, and as part of the patient safety evaluation system, a new monitor called Oxygen Delivery Supply Storage Audit will be done monthly. The director of nursing, clinical leader RN, or trained Charge RN will audit patients receiving oxygen or nebulizer therapy to assure supplies are stored in clean plastic bags when not in use by the patient. Audits will begin on 08/21/13. For the first month, each patient receiving oxygen or nebulizer therapy will have their supplies checked at least 5 days per week. The second month supplies will be audited at least 3 days per week for each patient receiving oxygen or nebulizer therapy. After 2 months, 10 random patient oxygen or nebulizer supplies will be audited for 10 additional months.</p> <p>Staff not complying with policy will receive additional training and disciplinary action if they continue to be non compliant.</p> <p>These supply reviews will be documented on the attached audit sheet.</p>	



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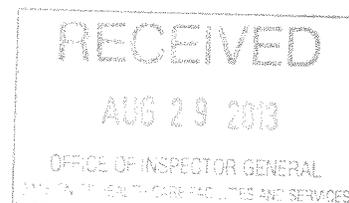
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F 441	<p>Continued From page 3</p> <p>Continued review revealed all clean respiratory care equipment was to be stored in plastic bags.</p> <p>Observation, on 08/06/13 during the tour of the facility which began at 6:40 AM, revealed Room 608 and Room 611 contained a nasal cannula with tubing coiled on the oxygen connector attached to the wall, uncovered. In Room 633 a nasal cannula was found on the bedside table, uncovered and in Room 634 there was a nasal cannula uncovered and looped around a humidifier bottle containing water which was plugged into the oxygen in the wall.</p> <p>Observation, on 08/06/13 at 9:03 AM, revealed in Room 608 the nasal cannula remained uncovered. There was a Registered Nurse (RN) in the room with the resident during the observation. Continued observation at 2:05 PM and on 08/07/13 at 8:36 AM, revealed the nasal cannula remained uncovered.</p> <p>Observation, on 08/07/13 at 8:43 AM, revealed in Room 631 oxygen tubing coming out of a plastic bag which contained a nebulizer with face mask. The tubing was touching an item in the garbage can located under the plastic bag attached to the wall.</p> <p>Observation, on 08/07/13 at 8:46 AM, revealed in Room 634 the nasal cannula remained uncovered and looped around a humidifier bottle containing water which was plugged into the oxygen in the wall.</p>	F 441	<p>This audit information will be reported at the quarterly quality assurance performance improvement committee by the director of nursing or clinical leader RN. This data will be used to guide further process improvement and will be part of the quality assurance process.</p>	09/07/13



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F 441	Continued From page 4  Interview, on 08/07/13 at 11:05 AM, with RN #1 revealed a nasal cannula, when not in use, was to be stored in a plastic bag. She revealed this was to prevent contamination and not put the resident at risk for an infection. She stated she had been in-serviced on the storage of oxygen equipment and nursing was responsible to monitor the equipment to ensure proper storage.  Interview, on 08/07/13 at 11:17 AM, with the MDS RN revealed she was responsible to in-service staff on the storage of oxygen equipment. She revealed nasal cannulas were to be stored in plastic bags to prevent contamination and the possible spread of infection to the resident. She stated the "nurses" were to monitor the oxygen equipment.  Interview, on 08/17/13 at 11:20 AM, with RN #4 revealed the oxygen equipment, when not in use, were to be stored in a plastic bag in the resident's room. She revealed the nurses were the ones to store the oxygen equipment. She stated the reason to store the equipment in a plastic bag was to prevent bacteria or germs from getting into the equipment and putting the residents at risk for a lung infection. She stated the nurses monitor the equipment.  Interview, on 08/07/13 at 11:28 AM, with RN #5 revealed oxygen equipment, when not in use, was to be stored in clear bags for the purpose of keeping germs and bacteria out. She revealed if equipment was not stored correctly, there was the potential for the resident to get an infection. RN	F 441			



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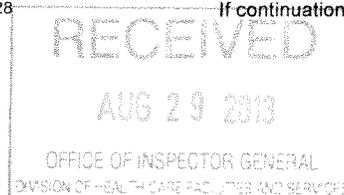
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F 441	<p>Continued From page 5</p> <p>#5 revealed she did not know who monitored the oxygen equipment and had not had an official in-service on the storage of oxygen equipment.</p> <p>Interview, on 08/07/13 at 11:35 AM, with the Director of Nursing (DON) revealed a nebulizer was to be stored in a bag in the resident's room. He stated the facility did not have a policy for the storage of nasal cannulas. He stated the storage needed to be clean and he did not see how storing a nasal cannula in a bag would decrease the growth of bacteria. The DON revealed staff were in-serviced upon hire with a check list which included oxygen equipment and through a competency once a year. He revealed the oxygen equipment was to be monitored by the nurse taking care of the resident.</p>	F 441		
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{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 09/19/13 as alleged.</p>	{F 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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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: 1971.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: Six (6) story, Type III (200).</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1971, upgraded in 2003 with 300 smoke detectors and 12 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1971.</p> <p>GENERATOR: Type I generator installed in 1979. Fuel source is Diesel.</p> <p>A standard Life Safety Code survey was conducted on 08/07/13. Baptisit Health Transitional Care was found in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for Twenty (20) beds with a census of Nine (9) on the day of the survey.</p> <p>The findings that follow demonstrate compliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000			
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