

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SELLERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the investigation of Complaint IN00119207.</p> <p>Survey Dates: October 31, November 1, 2, 5, 7, 8, and 9, 2012</p> <p>Facility Number: 010613 Provider Number: 155659 AIM Number: 200221040</p> <p>Survey Team: Gloria J. Reisert, MSW/TC Jill Ross RN Diana Sidell RN (10/31, 11/1, 11/2, 11/7, 11/8, 11/9)</p> <p>Census Bed Type: SNF: 18 SNF/NF: 78 Total: 96</p> <p>Census Payor Type: Medicare: 37 Medicaid: 34 Other: 25 Total: 96</p> <p>These deficiencies also reflect State</p>	F0000	<p>This Plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	

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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	findings cited in accordance with 410 IAC 16.2 Quality review completed 11/15/12 Cathy Emswiller RN				

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F0364 SS=F	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on record review, observation and interview the facility failed to ensure foods were at the proper temperatures and palative in that beet salad was warm and ice cream was soupy. This had the potential to affect 95 out of 96 residents receiving food from the kitchen. Resident #37, Resident #5, and Resident #231 complained of foods being cold and ice cream being melted.</p> <p>Findings include:</p> <p>During kitchen tour on 10/31/12 at 11:05 a.m., beet salad had a temperature of 61 degrees so the cook placed them in the freezer. They were pulled out of the freezer and retemped at 11:43 a.m. The temperature at that time was 60.8 degrees. The cook proceeded to serve up the beet salad for 5 trays. The Dietary Manager consulted with the Dietician and it was decided not to serve the beet salad and to replace it with tomato juice.</p> <p>On 11/2/12 at 11:25 a.m., tour of the kitchen found food on the steam table was</p>	F0364	<p>It is the policy of this facility that each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance, and food that is palatable, attractive, and at the proper temperature. The beet salad was discarded and not served to any resident. Food and drink temperatures will be monitored on the tray line at every meal. (Attachment A) Items that fall outside acceptable temperatures will be reheated, cooled or substitution made prior to tray service. Food holding on the steam table will be covered whenever possible. Ice cream will be held in the freezer until the time of service and then placed in a pan of ice for delivery to the floor. Canned fruit will be place in the refrigerator ahead of meal service to get the fruit chilled. The Nutritional Service staff has been in-serviced on Food Handling Guidelines, Meal Assembly Procedures (Attachments B & C) and the above system changes. The Nutritional Services Manager/designee will execute a test tray to monitor for temperature at taste as well as</p>	11/30/2012	

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	<p>left uncovered by the cook for 5 minutes before the Dietary Manager went over and covered it. Ice cream was sitting on the bottom shelf of a cart without ice. At 11:40 a.m. the ice cream was put in a container with ice and ice was then placed on top.</p> <p>On 11/2/12 at 12:25 p.m., a test tray was delivered to the conference room. The ice cream temperature was 18.3 and soupy. The pears were 68 degrees and the sour cream was 69.8 degrees. There were several residents that complained about the temperature of the foods. Interview with Resident #5 on 11/1/12 at 3:49 p.m., she stated, "Ice cream is soupy." Interview with Resident #37 on 11/1/12 at 2:50 p.m., she stated, "Rarely is the food the right temperature." Interview with Resident #231 on 11/1/12 at 4:00 p.m., she stated, "The food is cold more than hot and the ice cream comes melted."</p> <p>Interview on 11/5/12 at 9:55 a.m., the Dietary Manager and Dietician indicated they would start sending the ice cream to the floors in coolers so they would stay frozen and they would put the canned fruit in the refrigerator at least the morning of serving to get the fruit chilled.</p> <p>A policy titled, "Food Handling Guidelines" was received from the</p>		<p>conduct resident interviews three times a week for one month, then two times a week for the next month, then one time a week for the another month. (Attachments D & E) The results will be reviewed and analyzed during the monthly performance improvement meeting for three months. After three months of 100% compliance is achieved the PI committee will determine if further monitoring is required. A subsequent plan of action will be developed and implemented if indicated. The Nutritional Services Manager is responsible to ensure compliance with this standard.</p>				

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	<p>Administrator on 11/2/12 at 8:15 a.m. This policy states, "...Foods should be covered during hot holding whenever possible to minimize the effects of evaporative cooling on the surface...Foods should be held cold for service at a temperature of 41 degrees of less..." This policy has a date of 2009 and the Dietary Manager indicated this was the latest policy.</p> <p>3.1-21(a)(2)</p>			

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F0371 SS=F	<p>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 Based on record review, observation and interview the facility failed to ensure food was stored and served under sanitary conditions in that foods and drinks were outdated, lettuce was held against the uniform, hairnets were not properly worn, stored dishes and pans were wet and dirty, glove use and handwashing was not properly done. This had the potential to affect 95 out of 96 residents receiving food from the kitchen.</p> <p>Findings include:</p> <p>During dietary tour with Dietary Manager on 10/31/12 at 8:50 a.m., there were beets in the refrigerator with an expiration date of 10/29/12, 1/4 pitcher of lemonade and one of orange juice (per Dietary Manager) with no label as to what they were or dates of any kind. There were 5 pitchers with lids but pour spouts were not covered. There was a carton 1/2 full of buttermilk sitting on a cart that had come back from breakfast with an expiration date of 10/29/12.</p>	F0371	<p>It is the policy of this facility to procure food from sources approved or considered satisfactory by Federal, State or local authorities; and store, prepare, distribute and serve food under sanitary conditions. The beets, lemonade, orange juice, buttermilk, and two cal HN snake were all discarded and not served to any resident. New pitchers with covered pour spouts were purchased. All food and drinks will be stored under sanitary conditions. A nightly audit will be done to verify all food and drinks are not expired and properly dated and labeled. (Attachment F) All food and drink will be served under sanitary conditions and all dishes will be washed, dried and stored in a sanitary manor. The nutritional Service staff has been in-serviced on Food and Supply Storage Procedures, Food handling Guidelines, Hand Hygiene, Disposable Glove Use and the proper use of hair nets. (Attachments G, B, H, I, J) The Nutritional Services Manager/designee will execute sanitation rounds daily.</p>	11/30/2012			

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	<p>On 10/31/12 at 11:05 a.m., the Dietary Manager had no hairnet on and Cook #1 and Dietary Aide #2 had hair hanging out of their hairnets around their faces and at the base of their necks. Beets were left uncovered. An opened binder was resting on uncovered biscuits while food was being served. Cook #1 served food, moved trays which held bowls, moved a cart that had food on it and went back to serving food with the same gloves. Dietary Aide #2 carried uncovered lettuce next to her uniform. Dietary Aide #3 washed her hands and then lifted the lid on the trash can. She then went back to putting silverware in napkins for the trays.</p> <p>On 10/31/12 at 11:11:50 a.m., Dietary Aide #4 was putting drinks and desert on trays and then putting them in the cart to be delivered to the floors. She reached into her pocket and got her cell phone. She left the floor for a call and came back to the serving line without washing her hands.</p> <p>On 10/31/12 at 12:30 p.m., the Activity Director served 5 trays without using hand sanitizer. On 11/2/12 at 12:17 p.m., 3 room trays were served with no handwashing or hand sanitizer used.</p> <p>On 11/2/12 at 11:25 a.m., after food temperatures were done the food was left</p>		(Attachment K) The results will be reviewed and analyzed during the monthly performance improvement meeting for three months. After three months of 100% compliance is achieved the PI committee will determine the frequency of further monitoring. A subsequent plan of action will be developed and implemented if indicated. The Nutritional Service manager is responsible to ensure compliance with this standard.		

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	<p>uncovered by Cook/Dietary Aide #2. She wore gloves to serve food, pull up her pants 5 times and go back to serving food. There was no glove change or handwashing done. The plate warmers x 10 were wet. She dropped a bowl cover on the floor and picked it up with her gloves and placed it on the steam table. No gloves were changed and she went back to serving food.</p> <p>During another tour of the kitchen on 11/2/12 at 1:10 p.m., there were dirty dishes and pans found. They were: 5 soup bowls, 4 big soup bowls, 2 saucers, and 4 steam table pans. Also found at this time was the top of the knife holder. It had a thick layer of dust and grime on it. There were 15 knives in the holder at this time.</p> <p>During the environmental tour on 11/8/12 at 9:00 a.m., there was a can of Two Cal HN nutrition shake with an expiration date of April 1, 2012 in the 100 hall nourishment room.</p> <p>On 11/2/12 at 2:13 p.m., during an interview with the Dietary Manager, she indicated she had already started inservicing her staff on handwashing, glove use, hair covering, and proper labeling and dating items. She indicated she would continue to observe and</p>			

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	<p>inservice her staff to improve the service of the kitchen.</p> <p>A policy titled, "Food Handling Guidelines" was received from the Administrator on 11/2/12 at 8:15 a.m. This policy stated, "...Gloves are changed between tasks or if punctured or ripped. Hands are washed after gloves are removed...Use disposable gloves for handling cooked meat during slicing and for handling salad or other ready-to-eat foods...ensure that potentially hazardous food does not exceed 45 degrees...Foods should be covered during hot holding whenever possible to minimize the effects of evaporative cooling on the surface..."</p> <p>Another policy titled, "Food Supply Storage Procedures" was received from the Administrator on 11/2/12 at 8:15 a.m. This policy stated, "...Date and rotate items, first in, first out(FIFO). Discard food past the use-by date...Label and date container...As with all refrigerated storage, temperature must be maintained at 41 degrees or below..."</p> <p>3.1-18(1) 3.1-21(i)(3)</p>				

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F0441 SS=E	<p>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.</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. Based on record review, observation and interview the facility failed to ensure</p>	F0441	It is the policy of this facility to establish and maintain an	11/30/2012			

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	<p>proper peri care was done for Resident #31 and Resident #45 in that there was lack of cleansing the perineum. This affected 2 of 2 residents observed for peri care during 2 of 2 observations.</p> <p>Findings include:</p> <p>During peri care for Resident #31 on 11/7/12 at 10:07 a.m., CNA #4 did not spread the resident's legs to cleanse her labia properly. This same practice was done when peri care was done for Resident #45 on 11/7/12 at 1:40 p.m.</p> <p>An interview with the Director of Nursing on 11/7/12 at 10:30 a.m., she indicated she had been working very hard to be sure her staff was doing the proper care for all the residents.</p> <p>A policy titled, "Incontinence/Perineal Care" was received on 11/7/12 at 2:04 p.m., from the Director of Nursing. This policy stated, "...15. Ask female patient to separate her legs and flex knees...17. Gently wash the pubic area. a. For women - use one gloved hand to stabilize and separate the labia and use the other hand to wash from front to back..."</p> <p>Review of the infection control log received on 11/9/12 at 9:15 a.m., indicated the facility had 12 urinary tract</p>		<p>Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. The Director of Nursing Services and the Staff Development Coordinator counseled and provided individualized training to CNA #4 involved in providing incontinent care to residents #31 and #45. The Director of Nursing Services/designee will review residents to indentify incontinent care needs. The DNS, SDC and/or designee will monitor staff performance through direct observation and provide individual counseling and/or education as indicated. The SDC/designee began in-servicing CNAs on 11/7/12 in Incontinence/Perineal Care. (Attachment L) In-services include return demonstration and skill competency in Perineal Care for the Female Resident (Attachment M) and will be completed by 11/30/12. Incontinent care will continue to be included in the orientation of nursing staff. The DNS/designee will randomly monitor incontinent care through direct observation. The results of these audits will be reviewed and analyzed monthly for the next three months then quarterly in the monthly PI committee meeting with a subsequent action plan developed and implemented if</p>		

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	infections (UTI) in October. Nine of these were women. In September there were 8 UTI's and 7 of those were women. 3.1-18(b)(5)		indicated. The Director of Nursing Services is responsible to ensure compliance with this standard.		

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F0465 SS=F	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview the facility failed to ensure the facility was clean and properly repaired in that cabinet drawers with locks would not lock, there was a broken water spout handle, the ceiling had stains from a roof leak, and light covers were dirty. This had the potential to affect 96 of 96 residents in the facility.</p> <p>Findings include:</p> <p>During environmental tour with the Maintenance Supervisor on 11/8/12 at 9:00 a.m., there was a water system set up in the restorative dining room. The blue water spout had a broken handle with sharp edges. The cabinets in the activity room had locks on them but 2 would not lock. There were 4 heavy metal structures in one cabinet, an electric skillet and a griddle in the other. The plugs were stored with them. There were multiple dirty light covers in the activity rooms and shower rooms. There was a water stain around a sprinkler that ran down the ceiling slope 5 ft and across 5 ft. in the activity room.</p>	F0465	<p>It is the policy of this facility to provide a safe, functional, sanitary, and comfortable environment of residents, staff and the public. The cabinet drawers and ceiling were repaired, the water cooler was replaced and the light covers were replaced. Housekeeping and maintenance staff has been in-services on the importance of maintaining a safe, functional, sanitary, and comfortable environment of residents, staff and the public. (Attachment N) The Maintenance Director, Housekeeping Supervisor/designee will complete environmental rounds three times a week for one month, then two times a week for the next month, then one time a week for another month. (Attachment O) The results will be reviewed and analyzed during the monthly performance improvement meeting for three months. After three months of 100% compliance is achieved the PI committee will determine if further monitoring is required. A subsequent plan of action will be developed and implemented if indicated. The Maintenance Director is responsible to ensure compliance with this standard.</p>	11/30/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SELLERSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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	<p>An interview with the Administrator on 11/8/12 at 9:30 a.m., indicated the roof had leaked and they had fixed it but had not fixed the inside yet. The leak had been repaired 30 days ago. "We have had many problems with our roof and it is the plan to get it fixed sometime next year."</p> <p>3.1-19(f)</p>			

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F9999	<p>A physical examination shall be required for each employee of a facility within one (1) month prior to employment.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the employee health screening was completed by a licensed nurse or physician before the employee began working. This deficient practice affected 2 of 11 employee health screenings reviewed in a sample of 11 employee files. *Dietary Worker #1 and #2)</p> <p>Findings includes:</p> <p>1. Review of the Employee file for Dietary Worker # 1 on 11/9/2012 at 1:00 p.m. indicated the employee was hired on 8/13/2012. Review of the Health Statement completed by the employee indicated only the Dietary Manager had signed the statement. Documentation was lacking of a licensed nurse or physician having reviewed and signed the form. The form also was observed to not have been completed until 8/30/12 - 17 days after the employee was hired.</p>	F9999	<p>It is the policy of this facility to require a physical examination for each employee within one (1) month prior to employment. Dietary employees #1 and #2 have had new health statements completed by a licensed nurse. All other dietary files have been reviewed and any necessary corrections made. All new dietary employees will have Health Statements completed by a nurse or physician prior to employment. The Nutritional Services Manager will audit all new hires files for proper physical examinations and report findings to the monthly performance improvement meetings. After three months of 100% compliance is achieved the PI committee will determine the frequency of further monitoring. A subsequent plan of action will be developed and implemented if indicated The Nutritional Service Manager is responsible to ensure compliance with this standard.</p>	11/30/2012			

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	<p>2. Review of the Employee files for Dietary Worker #2 on 11/9/12 at 1:00 p.m. indicated the employee was hired on 10/24/2012. Review of the Health Statement completed by the employee indicated only the Dietary Manager had signed the statement. Documentation was lacking of a licensed nurse or physician having reviewed and signed the form.</p> <p>During an interview with the Dietary Manager on 11/8/2012 at 2:00 p.m., she indicated that because there was a line on the form for the Manager's signature, she believed only her signature would suffice and all that was needed.</p> <p>During the final exit meeting with the Administrator and Director of Nursing on 11/9/2012 at 5:00 p.m., he indicated that the nurse who did initial orientation with the new employees would be the one to complete the Health Screening form with the staff member at hire.</p> <p>3.1-14(t)(3)</p>				