

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

PRINTED: 01/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/09/2014
NAME OF PROVIDER OR SUPPLIER  WINDSOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353	

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**F 000 INITIAL COMMENTS**

An Abbreviated Survey investigating KY00021116 was initiated on 01/06/14 and concluded on 01/09/14. KY00021116 was substantiated with deficiencies cited.

**F 166 483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES**  
SS=E

A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

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 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) resident dining areas. The facility failed to ensure infection control practices were adhered to during a facility imposed unit closure related to a viral infection within the facility. The facility failed to ensure dining tables were sanitized prior to meals in the temporary Wisteria Unit resident dining area.

The findings include:

Review of the facility's policy, titled "Standard Cleaning Procedures" undated, revealed germicidal cleaners should be used to clean all horizontal and vertical surfaces.

Observation of the Wisteria Unit resident

**F 000** The following constitutes the facility's response to the findings of the Department for Health Services and does not constitute an admission of the facts alleged or conclusions set forth on the summary statement of deficiencies.

This plan of correction is prepared as required by the provisions of the Health Safety code, 42 CFR and constitutes the facility's written credible allegation of compliance.

**F 166**

Residents #1, 3, 4, & 5 have received follow up on the status of their missing items by the social service director and the follow up has been documented.

All residents have the potential to be affected by alleged deficient practice however missing items reports were reviewed by Social Services Director for follow up regarding missing items and all have received appropriate follow up as of 1/29/14.

*(Continued on page 2 of 12)*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kelcee Cooley</i>	TITLE <i>Admin. Director</i>	(X6) DATE <i>2/12/14</i>
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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 166 Continued From page 1  
community area during initial tour, on 01/07/14 at 12:25 PM, revealed staff setting up a temporary dining area for residents. Further observation revealed staff retrieved a folding table stored on the floor in the Medication Cart storage area. Continued observation revealed staff set the table upright and without prior cleaning and sanitizing of the table surface, served six (6) residents their meal. Further observation revealed staff retrieved three (3) bedside rolling tray tables from residents' rooms and without prior clean and sanitizing the table surfaces, served three (3) different residents their meals.

Interview with Certified Nursing Aide (CNA) #2, on 01/07/14 at 1:05 PM, revealed she retrieved rolling bedside table trays from residents' rooms to serve other residents their meals, without prior cleaning and sanitizing the serving surface. Further interview revealed she should have cleaned and sanitized the rolling table trays after one resident and prior to another resident's use to "wipe off the germs".

Interview with Certified Nursing Aide (CNA) #3, on 01/07/14 at 1:18 PM, revealed she retrieved the table from the storage area to serve the residents meals without prior cleaning or sanitizing the table surface. Further interview revealed the table had been stored on the floor and leaned towards the wall. Further interview revealed she should have cleaned and sanitized the table prior to serving the meal on the table surface.

Interview with the Licensed Practical Nurse (LPN) #1, on 01/07/14 at 1:10 PM, revealed the rolling table trays should have been cleaned and sanitized prior to another resident's use. Further interview revealed the portable table with drop

*(Continued from page 1 of 12)*

F 166 Social Services Director was re-educated by Administrator on 1/10/14 on follow up of grievances and documentation.

Social Services implemented complaint/concern log and revised missing item initial report form to include summary of resolution on 1/10/14.

Complaint concern log will be audited weekly x's 4, then monthly x's 3, then quarterly by QA Nurse or ADON to ensure follow up with appropriate parties has been completed.

The completed audits will be reviewed through the QA process weekly x's 4 then monthly x's 3 then quarterly by the QA Sub-Committee which consist of QA Nurse, DNS, ADON, Social Services and Administrator.

1-30-14

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F 186	<p>Continued From page 2</p> <p>down legs should have been cleaned and sanitized after setting upright for meal service and prior to serving the residents' meals.</p> <p>Interview with the Wisteria Unit Manager, on 01/07/14 at 1:21 PM, revealed the tables and trays should have been cleaned and sanitized prior to use due to cross contamination.</p> <p>Interview with the Infection Control Nurse/Assistant Director of Nursing, on 01/07/14 at 1:30 PM, revealed the temporary dining areas were utilized due to the closure of the main dining room, related to a wide spread viral infection within the resident population. Further interview revealed there was no facility policy related to cleaning and sanitizing of a dining table; however, her expectation would be to clean and sanitize the table surface prior to serving meals to decrease or prevent the spread of bacterial and/or viral cross contamination.</p> <p>Interview with the Administrator, on 01/09/14 at 5:43 PM, revealed the tables should have been cleaned prior to use with a sanitizer for infection control purposes to decrease cross contamination.</p>	F 186		
F 250 SS=E	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 250	<p>F 250</p> <p>Resident's #1, 3, 4, and 5 have received follow up on status of missing items by Social Services and follow up has been documented.</p>	

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F 250 Continued From page 3

by:  
Based on record review, interview, review of the facility's Social Service Director's Job Description and Performance Standard and review of the facility's policies, it was determined the facility failed to provide social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility failed to ensure sufficient and appropriate social services were provided to meet the resident's needs for four (4) of the six (6) sampled residents. The facility failed to ensure investigations regarding grievances and/or complaints related to missing items were followed up, completed or resolved and documented per the facility's policy for Residents #1, #3, #4 and #5).

Refer to F166

The findings include:

Review of the Social Service Director's (SSD) Job Description, undated, revealed it was the responsibility of the SSD to develop and implement social service policies and procedures to meet the needs of the residents. Further review revealed the SSD should develop one-to-one professional relationships with residents and families as needed for counseling. Continued review revealed the SSD would counsel residents and families in dealing with emotions. Further review revealed the SSD was responsible for the documentation of psycho-social needs, interactions and follow-up actions with residents and/or families according to the facility policies and procedures. Further review revealed the SSD was responsible for the coordination of the family and community

F 250

All residents have the potential to be affected by alleged deficient practice, however missing items reports were reviewed by Social Services Director for follow up regarding missing items and all have received appropriate follow up as of 1/29/14.

Social Services Director was re-educated by facility Administrator on 1/10/14 on follow up of grievances and documentation.

Social Services implemented complaint/concern log and revised missing item initial report to include summary of resolution on 1/10/14.

Complaint concern log will be audited weekly x's 4 then monthly x's 3, then quarterly to ensure follow up with appropriate parties has been completed by QA Nurse or ADON.

The completed audits will be reviewed through the QA process weekly x's 4 then monthly x's 3 then quarterly by the QA Sub-Committee which consist of QA Nurse, DNS,

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F 250	Continued From page 4 resources as needed to solve financial needs and to promote emotional security. Continued review revealed the SSD was responsible to organize and participate in the theft loss program.  Review of the facility's policy, titled "Policy for Protection of Personal and Property Rights of the Residents" with a reviewed/revised date of 04/09, revealed it was the facility's policy to protect the resident's personal and property rights by checking in at the time of admission all articles that the resident has with him/her. Further review revealed all articles of clothing and property that the resident wishes to retain with him/her were marked with a permanent marker and kept in the resident's bedside table or closet. Continued review revealed every possible means and attention would be given to protecting all personal and property rights of the resident.  Review of the facility's policy, titled "Complaint Handling Policy" with a review date of 04/09, revealed it was the facility's policy to handle all complaints by residents or family members in a professional, unbiased, confidential and understanding manner. Further review revealed a report or results of the investigation of the complaint should be completed within five (5) working days and after the complaint had been resolved the completed Grievance/Complaint report form was to be given to the Administrator for record keeping.  Review of the facility's "Residents Having Missing Items" log with dates from 06/18/13 through 12/12/13, revealed twenty two (22) of the thirty-four (34) items reported missing were not found and the grievance/complaints not resolved.	F 250	(Continued from page 4 of 12) ADON, Social Services and Administrator.	1-36-14	

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F 250 Continued From page 5

F 250:

Interview with the Director of Nursing, on 01/09/14 at 6:30 PM, revealed it was the Social Services Director's (SSD) responsibility to document and investigate missing items. Further interview revealed it was the SSD's responsibility to keep residents and families apprised on the progress of the investigation.

Interview with Resident #1, who was on the facility provided list of interviewable residents, on 01/08/14 at 1:30 PM, revealed he/she had lived at the facility for two (2) months and since admission he/she has had three (3) pair of pants and one (1) shirt missing. Further interview revealed the facility had not kept him/her apprised of the progress for locating the missing items or resolving the grievance. Record review of the Social Service Notes, revealed no documented evidence of the missing items and no documented evidence the facility followed up with Resident #1 and kept Resident #1 apprised of the progress of the grievance/complaint investigation.

Record Review revealed Resident #3 was admitted by the facility on 10/26/13. Review of the Care Planning Meeting notes, dated 12/11/13, revealed Resident #3's son reported a pair of black shoes missing since the end of November 2013. Continued review revealed no documented evidence the facility identified the shoes were missing prior to the care plan meeting. Review of the Social Service Notes, revealed no documented evidence the facility kept the family apprised of the progress of the investigation for the missing shoes.

Interview with Resident #4, who was on the facility provided list of interviewable residents, on 01/07/14 at 11:23 AM, revealed he/she frequently

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F 250	<p>Continued From page 6</p> <p>had clothing missing and a couple of months ago money was missing from his/her room. Resident #4 reported the money missing and was told the facility would check into it; however, he/she had not received any updates on finding any of the missing items reported. Review of the social Service Notes revealed no documented evidence the facility followed up with Resident #4 and kept Resident #4 apprised of the progress of the grievance/complaint investigation.</p> <p>Interview with Resident #5, who was on the facility provided list of interviewable residents, on 01/07/14 at 10:49 AM, revealed he/she has had multiple items missing. Further interview revealed in July or August of 2013, he/she reported two (2) twenty dollar bills were missing. Further interview revealed he/she was told by the Social Service Director that he/she should not have left the money in the pants pocket and the resident said he/she had not been advised of any further investigation. Continued interview revealed he/she felt they have not receive an acceptable resolution to the items or money reported missing and not returned. Review of the Social Service Notes revealed no documented evidence the facility followed up with Resident #5 and kept Resident #5 apprised of the progress of the grievance/complaint investigations.</p> <p>Interview with the Social Service Director (SSD), on 01/09/14 at 3:01 PM, revealed she was responsible for assessing, investigating and following up with residents and families regarding grievances/complaints in relation to missing items. Further interview revealed it was her responsibility to ensure residents and families were kept apprised as to the progress of the</p>	F 250		

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F 250	Continued From page 7 facility's investigation of each resident's grievance/complaint. She stated she did not inform the resident and/or family of the five (5) day investigation report. Continued interview revealed after notification to the resident or family regarding the facility's initial search for a missing item, she did not keep the resident or family apprised of the progress of the investigation. Further interview revealed she should keep the resident and/or family apprised of the investigation and she should be documenting the follow up in the Social Service Notes of the resident's chart.  Interview with the Administrator, on 01/09/14 at 5:43 PM, revealed it was the responsibility of the Social Service Director (SSD), to document and investigate missing items. Further interview revealed it was also the responsibility of the SSD to keep residents and/or families apprised on the facility's progress of the investigation. Continued interview revealed her expectation would be documentation in the residents record and communication with the resident and/or family with the initial report, at the fifth investigational day and then at least monthly until the item was found or issues were resolved.	F 250			
F 441 SS=D	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	F 441	F 441 Facility was in a state of emergent care and had unit's isolated secondary to gastrointestinal virus. No residents were harmed by alleged deficient practice however the portable tables were cleaned and disinfected on wisteria and the other three units 1/6/14 by the Unit		

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F 441	<p>Continued From page 8</p> <p>Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</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</p> <p>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's policy, it was determined the facility failed to 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) resident dining areas. The facility failed to ensure infection</p>	F 441	<p>Managers and the Infection Control Nurse made rounds to check for sanitation, hand washing, glove usage, cleaning of over bed tables and portable tables on 1/10/14, no issues identified.</p> <p>Infection control rounds were performed on 1/10/14 by the Infection Control Nurse, observed for sanitation, hand washing, glove usage, cleaning of over bed tables and portable tables. No concerns identified.</p> <p>Infection control in-service began on 1/6/14 by ADON and will be completed by 2/3/14. Areas covered were sanitation, hand washing, gloves, cross contamination, cleaning of over bed tables and portable tables and prevention of infection</p> <p>Infection control audits will be performed weekly x's 4 then monthly by Infection control nurse or QA Nurse utilizing infection control audit form.</p> <p><i>(Continued on page 10 of 12)</i></p>

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F 441	Continued From page 9 control practices were adhered to during a facility imposed unit closure related to a viral infection within the facility. The facility failed to ensure dining tables were sanitized prior to meals in the temporary Wisteria Unit resident dining area.  The findings include:  Review of the facility's policy, titled "Standard Cleaning Procedures" undated, revealed germicidal cleaners should be used to clean all horizontal and vertical surfaces.  Observation of the Wisteria Unit resident community area during initial tour, on 01/07/14 at 12:25 PM, revealed staff setting up a temporary dining area for residents. Further observation revealed staff retrieved a folding table stored on the floor in the Medication Cart storage area. Continued observation revealed staff set the table upright and without prior cleaning and sanitizing of the table surface, served six (6) residents their meal. Further observation revealed staff retrieved three (3) bedside rolling tray tables from residents' rooms and without prior clean and sanitizing the table surfaces, served three (3) different residents their meals.  Interview with Certified Nursing Aide (CNA) #2, on 01/07/14 at 1:05 PM, revealed she retrieved rolling bedside table trays from residents' rooms to serve other residents their meals, without prior cleaning and sanitizing the serving surface. Further interview revealed she should have cleaned and sanitized the rolling table trays after one resident and prior to another resident's use to "wipe off the germs".  Interview with Certified Nursing Aide (CNA) #3, on	F 441	(Continued from page 9 of 12)  The completed audits will be reviewed through the QA process weekly x's 4, monthly x's 3 then quarterly by QA Sub-Committee which consist of Infection Control Nurse, DNS and QA Nurse.  2-4-14		

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F 441 : Continued From page 10

01/07/14 at 1:18 PM, revealed she retrieved the table from the storage area to serve the residents meals without prior cleaning or sanitizing the table surface. Further interview revealed the table had been stored on the floor and leaned towards the wall. Further interview revealed she should have cleaned and sanitized the table prior to serving the meal on the table surface.

Interview with the Licensed Practical Nurse (LPN) #1, on 01/07/14 at 1:10 PM, revealed the rolling table trays should have been cleaned and sanitized prior to another resident's use. Further interview revealed the portable table with drop down legs should have been cleaned and sanitized after setting upright for meal service and prior to serving the residents' meals.

Interview with the Wisteria Unit Manager, on 01/07/14 at 1:21 PM, revealed the tables and trays should have been cleaned and sanitized prior to use due to cross contamination.

Interview with the Infection Control Nurse/Assistant Director of Nursing, on 01/07/14 at 1:30 PM, revealed the temporary dining areas were utilized due to the closure of the main dining room, related to a wide spread viral infection within the resident population. Further interview revealed there was no facility policy related to cleaning and sanitizing of a dining table; however, her expectation would be to clean and sanitize the table surface prior to serving meals to decrease or prevent the spread of bacterial and/or viral cross contamination.

Interview with the Administrator, on 01/09/14 at 5:43 PM, revealed the tables should have been cleaned prior to use with a sanitizer for infection

F 441

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

PRINTED: 01/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/09/2014
NAME OF PROVIDER OR SUPPLIER  WINDSOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 STERLING WAY MOUNT STERLING, KY 40353	
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441	Continued From page 11 control purposes to decrease cross contamination.	F 441		