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

PRINTED: 02/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	185328		01/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ELIZABETH FT THOMAS SNF	85 NORTH GRAND AVENUE FORT THOMAS, KY 41075

(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	**St Elizabeth Ft Thomas SNF**	
	A Recertification Survey was initiated on 01/27/15 and concluded on 01/29/15, with deficiencies cited at the highest Scope and Severity of an "F".		**Survey Ending January 29, 2015**	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371	**Plan of Correction**	
	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		Without admitting or denying the validity or existence of the alleged deficiencies, including but not limited to, any determinations of scope or severity made by the Office of Inspector General, St Elizabeth Ft Thomas SNF ("Ft Thomas") provides the following plan of correction. This plan of correction is submitted as required by the state and federal guidelines and is not an admission or agreement with any of the cited information.	
	This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's policy, the facility failed to store, prepare and serve food under sanitary conditions. Observation of the kitchen revealed: dented cans stored available for use; and a dietary aide removing clean dishes from the dishwasher who took a pan placed it to soak in the three-compartment sink filled with soapy water, got her gloved hand wet which she wiped dry with a paper towel, then continued to unload clean dishes to put away.		This plan of correction is not meant to establish any standard of care, contract, obligation or position and Indianspring reserves all rights to raise all possible contention and defenses in any civil or criminal claim, action or proceeding. THIS PLAN OF CORRECTION SERVES AS FT THOMAS'S CREDIBLE ALLEGATION OF SUBSTANTIAL COMPLIANCE AS OF March 6, 2015.	
	The findings include:		**F371 Food Procure, Store/Prepare/Serve-Sanitary**	
	1. Review of the facility's policy titled, "Storage of Foodstuffs" revised 05/31/12, revealed "any		Ft Thomas SNF stores, prepares, distributes and serves food under sanitary conditions. All cans were observed on January 28, 2015 by Assistant Food Service Director to assure all cans were stored properly and available for use.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 2/20/15

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 371	Continued From page 1 leaky, rusty or dented cans" would be "removed from stock, marked unacceptable, and stored in the assigned damaged goods location until destroyed". Observation, on 01/27/15 at 6:50 PM, during initial tour of the kitchen, revealed three (3) cans of Pizza Sauce, two (2) cans Pinto Beans, four (4) cans Pears and one (1) can sliced Beets which were dented; however, stored on the for use stock rack, and available for staff to utilize. Interview with Dietary Supervisor #5 on 01/27/15 at 7:20 PM, revealed the facility did have a designated area for dented cans to be stored. She stated the facility had "a boy" who put all the stock up who should be checking the cans for dents before placing them on the racks for use. Per interview, dietary staff would put the dented cans observed on the dented can rack back by the dishroom where they should be. Dietary Supervisor #5 stated residents could get sick if one of those dented cans was spoiled and staff used it. Interview with Receiving Clerk #4 on 01/29/15 at 2:20 PM, revealed the process for dented cans was to place the dented cans on the dented can rack. Per interview, then he talked with the supplier of the product to get credit, then disposed of the dented cans. He stated if the cooks found dented cans on the racks they usually put them on his desk. Receiving Clerk #4 stated he knew dented cans were not to be used because they could be contaminated and if used could make everyone sick. Further interview revealed he "missed" seeing the cans were dented when he put them up, or was in a hurry and "just missed them".	F 371	Additional education will be completed by the Assistant Food Service Director, prior to March 6, 2015, with nutritional staff on the proper storage of food cans, specific to dented cans storage and removal from stock. The Assistant Food Service Director will meet with the Receive Clerk to review the department policy related to storage of dented cans. Nutritional staff will received additional education by the Assistant Food Service Director, prior to March 6, 2015 to reinforce the importance of following appropriate hand washing techniques while handling clean dishes. The Assistant Food Service Director will meet with Dietary Aid #2 to review the department infection control guidelines, specifically related to handling clean dishes. A PI audit will be utilized to monitor proper handling of dented cans and hand washing techniques during the dish washing process **(Exhibit A)**. This PI will be completed by the Assistant Food Service Director or designee weekly for four weeks, twice monthly for one month and then monthly thereafter. If issues are noted, the Assistant Food Service Director or designee will take appropriate action at the time the concern is noted. The PI worksheet results will be reported to the Performance Improvement Committee for additional comments/interventions and for a determination of the need of continued formal ongoing monitoring.	

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F 371	Continued From page 2	F 371	The Assistant Food Service Director will monitor. Date of compliance:	March 6, 2015

Interview with the Dietary Manager on 01/29/15 at 3:03 PM, revealed the facility's procedure the receiving clerk was to follow, was when canned food supplies were received to check all cans for dents, and if observed to be dented the can should be placed on the dented can rack by the dish room. Per interview, the receiving clerk had not followed the facility's policy for storage of food.

2. Review of the facility's policy titled, "Infection Control Guidelines", reviewed 01/15/13, under Section N-d revealed nutrition services department employees were to thoroughly their wash hands before handling clean dishes to prevent contamination.

However, observation of the dish room on 01/28/15 at 9:20 AM revealed Dietary Aide #2 to leave the area where dirty dishes were, wash her hands, apply gloves and enter the clean side of the dishwasher area. Continued observation revealed Dietary Aide #2 started removing clean dishes from the dishwasher and storing them. Dietary Aide #2 was then observed to remove a pan which had some food stuck on it, take it to the three (3) compartment sink and place it in the soapy water getting her right hand wet. Further observation revealed she then obtained paper towels and dried her gloved right hand and returned to the clean side of the dishwasher to continue putting dishes away.

Interview with Dietary Aide #2 on 01/28/15 at 9:40 AM, revealed she should have washed her hands and applied new gloves when her gloved hand got wet from the soapy water. She stated however, she was nervous, but knew that was a

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F 371	Continued From page 3 cross contamination issue. Interview with the Dietary Manager on 01/29/15 at 2:05 PM, revealed Dietary Aide #2 had not followed the facility's policy and the procedures; however, should have. Per interview, this matter had been discussed with Dietary Aide #2 and inservicing of dietary staff would be done.	F 371		
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 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	F 441	**F441 Infection control, prevent spread, linens** Ft Thomas SNF has established and maintains an infection control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection. As a component of their routine duties, Charge Nurses/Assistant Nurse Managers make direct observations of care provided by with the observation of the resident on a periodic basis. Additionally, the Administrator makes informal rounds to assure the infection control procedures within the facility are being maintained. All resident rooms were observed by the Administrator on January 29, 2015 to ensure all linen was properly handled and stored.	

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F 441	Continued From page 4 hand washing is indicated by accepted professional practice. (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 and interview, it was determined the facility failed to provide a safe and sanitary environment and to help prevent the development and transmission of disease and infection. Observation of nursing staff on 01/29/15, revealed staff placed dirty linens on the floor of a resident's room, and after picking the linen up transported the dirty linen held against their clothing. The findings include: Observation, on 01/29/15 at 10:20 AM , revealed State Registered Nursing Assistant (SRNA) #1 removed dirty linen from a resident's bed and placed it on the floor. Further observation revealed SRNA #1 picked the dirty linen up off the floor and transported it by holding the dirty linen against her clothing. Interview with SRNA #1 on 01/29/15 at 10:25 AM, revealed she did not remember if she had been trained not to put dirty linens on the floor or on how to transport dirty linens. Per interview, she stated she guessed this could spread infections though.	F 441	Nursing staff, both licensed and SRNA's, will receive additional education by the Administrator, prior to March 6, 2015 to reinforce the importance of maintaining a sanitary environment. The information covered will include the proper handling and removal of soiled linen from a resident's room. The Administrator will meet with SRNA #1 to review the department's linen handling policy. A PI audit will be utilized to monitor proper handling and removal of soiled linen **(Exhibit B)**. This PI will be completed by the Assistant Nurse Manager or designee weekly for four weeks, twice monthly for one month and then monthly thereafter. If issues are noted, the Assistant Nurse Manager or designee will take appropriate action at the time the concern is noted. The PI worksheet results will be reported to the Performance Improvement Committee for additional comments/interventions and for a determination of the need of continued formal ongoing monitoring. The Administrator will monitor. Date of compliance: March 6, 2015	

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F 441	Continued From page 5 Interview with the Assistant Nurse Manager (ANM) on 01/29/15 at 3:15 PM, revealed SRNA's were trained in orientation and on the unit on how to handle linen, clean and dirty. Per interview, she expected linens to be handled per policy, not to be on the floor and not carried touching staff's clothing. Interview with the Administrator on 01/29/15 at 4:30 PM, revealed the facility did not have a policy for linen and how to handle it. She stated however, she expected staff to put dirty linen in a bag or in the linen cart, and not carry dirty linen against their clothing related to infection control issues.	F 441		

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K 000	INITIAL COMMENTS	K 000		
	CFR: 42 CFR 483.70(a)			
	Building: 01			
	Survey under: NFPA 101 (2000 Edition)			
	Plan approval: 1954, 1965			
	Facility type: SNF			
	Type of structure: Type II protected Five (5) stories with basement			
	Smoke Compartment: Three (3)			
	Fire Alarm: Complete fire alarm with smoke detectors installed in corridors			
	Sprinkler System: Complete (wet) automatic sprinkler system			
	Generator: Four (4) type 1. Fuel source is diesel generators installed in 1954 and 1984			
	A Standard Life Safety Code Survey was conducted on 01/29/15. The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid.			

FEB 2 3 2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 2/20/15

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