

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

PRINTED: 06/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2014
NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064	
(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)

F 000 INITIAL COMMENTS F 000

A Recertification Survey was initiated on 05/27/14 and concluded on 05/29/14. Deficiencies were cited with the highest Scope and Severity of an "E".

F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES F 323

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

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 ensure the residents' environment remained as free of accident hazards as was possible.

Observation of the soiled utility room on the Cedar Brook Hall revealed the door to the room did not remain locked and the room contained chemicals. The facility reported having fourteen (14) residents who wandered throughout the facility.

The findings include:

Review of the facility's policy titled, "Storage Areas, Maintenance" dated 08/01/13, revealed materials including chemical toxins that might pose a safety hazard to vulnerable residents

Robertson County Health Care Facility does not believe nor does the facility admit that any deficiencies existed before, during, or after the survey. Robertson County Health Care Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings, or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard of care, contract obligation, or position and Robertson County Health Care Facility reserves all rights to raise all possible contests and defenses in any type of civil or criminal claim, action or proceedings. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance, or self-critical examination privileges which Robertson County Health Care Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceedings. Robertson County Health Care Facility offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to residents. Robertson County Health Care Facility strives to provide the highest quality care while assuring the rights and safety of residents.

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JUN 18 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Stephanie L. ... ADMINISTRATOR
TITLE ADMINISTRATOR
(X6) DATE 6/17/14

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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			(X5) COMPLETION DATE

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should be monitored and/or stored safely.

Observation during initial tour of the facility on 05/27/14 at 2:13 PM, revealed the soiled utility room on the Cedar Brook Hall was unlocked. Continued observation revealed the storage area of the room contained chemicals which included: Sani-Cloth with Bleach Wipes; Sani-Cloth Bleach Germicidal Disposable Wipes; a thirty-two (32) ounce bottle of Cavicide Surface Disinfectant/Decontaminate Cleaner; and a mop bucket with soiled water that contained Stride Floral SC Neutral Cleaner floor cleaner.

Further observation on 05/29/14 at 9:31 AM, revealed the soiled utility room once again was unlocked and contained the same chemicals.

Interview with Housekeeper #6 on 05/29/14 at 10:16 AM, revealed Stride was the chemical that was used to clean the floors and would have been in the mop bucket in the soiled utility room.

Review of the facility's Materials Safety Data Sheet (MSDS) for Sani-Cloth with Bleach Wipes, revealed this product was a "Hazardous Chemical" as defined by the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, 29 CFR 1910.1200. Continued review revealed staff should wear protective eyewear when handling the product. Further review revealed, the wipes might be irritating to the eyes or skin.

Review of the facility's MSDS for PDI Sani-Cloth Bleach Germicidal Wipes, revealed this product was a "Hazardous Chemical" as defined by the OSHA Hazard Communication Standard, 29 CFR 1910.1200. Continued review revealed staff

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It is and was on the day of survey the policy of Robertson County Healthcare Facility to maintain a safe, accident free environment as is possible for the residents of the facility.

1. The latching mechanisms on the soiled utility room door were repaired immediately after the findings. No residents were affected by the clean utility room being unlocked.
2. All utility doors which are required to be locked have been examined and are in compliance with the above. The doors were examined by Maintenance on 5/29/14 and repaired. All chemicals have been stored properly. This audit was conducted by the Director of Nursing on 05/29/14. There are no access points for the residents in relation to these doors. The residents that are noted to be wanderers are monitored hourly to ensure safety.

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should wear protective eyewear when handling the product and the product might be irritating to the eyes or skin.

Review of the facility's MSDS for Cavicide Surface Disinfectant/Decontaminate Cleaner, revealed this product was a flammable liquid which contained Isopropanol Aqueous solution (alcohol). Further review revealed contact with eyes might cause reversible damage and the product might be harmful if swallowed.

Review of the facility's MSDS for Stride Floral SC Neutral Cleaner, revealed this product was irritating to the eyes, mouth and skin.

Interview with the Director of Nursing (DON) on 05/29/14 at 9:31 AM, revealed the door to the soiled utility room had a lock which required a push button code to access the area. The DON indicated however, the push button code lock was malfunctioning. The DON stated the door should have remained locked to protect the safety of the residents. Continued interview with the DON revealed the facility had fourteen (14) residents with a Brief Interview for Mental Status (BIMS) score of below eight (8) indicating those residents were cognitively impaired. The DON stated eight (8) of the fourteen (14) residents were mobile without staff's assistance.

Interview with the Housekeeping Supervisor on 05/29/14 at 1:13 PM, revealed chemicals used to clean were her responsibility and were locked in the Housekeeping storage area of the dirty utility room. Further interview revealed chemicals should be locked for the safety of the residents.

Interview with the Maintenance Director on

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3. The Maintenance Supervisor and Director of Nursing will observe and document monthly that the door is in proper working order including self-locking upon the exit of the room. This is an ongoing observation and documentation process. There was an in-service by the DON on 6/13/14 about maintaining a hazard free environment as well as proper chemical storage. The in-service also discussed safety of the utility room and ensuring that is properly locking before leaving the area.

4. As part of the facility's ongoing continuous quality assurance program the door locking mechanism will be observed annually by the Maintenance Supervisor or designee. The record will become part of the Quality Assurance and Safety Committee meeting minutes. Proper chemical storage will also be audited by the Director of Nursing monthly and will become part of the continuous quality assurance program as well.

5. July 1, 2014

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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064
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05/29/14 at 1:01 PM, revealed it was his responsibility to ensure the locks on the doors functioned correctly. He revealed the malfunctioning lock had not been reported to his department for repair. The Maintenance Director stated the facility's procedure was for his department to check the egress doors for the integrity of the locks and to ensure the alarms were functioning properly. Further interview revealed his department did not have a system in place to ensure the proper functioning of the locks on the interior doors.

Interview with the Administrator on 05/29/14 at 10:38 AM, revealed the facility's procedure was to ensure chemicals were monitored or secured. The Administrator stated the chemicals should have been secured behind a locked door. According to the Administrator, the soiled utility room door not remaining locked was a safety risk for residents. Further interview revealed the locks were to be replaced immediately.

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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064	
(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)

K 000 INITIAL COMMENTS K 000

CFR: 42 CFR 483.70 (a)
BUILDING: 01
SURVEY UNDER: 2000 Existing
PLAN APPROVAL: 1991
FACILITY TYPE: SNF/NF
TYPE OF STRUCTURE: One (1) story, Type V (000) Unprotected
SMOKE COMPARTMENTS: Four (4)
FIRE ALARM: Complete Supervised Automatic Fire Alarm System
SPRINKLER SYSTEM: Fully Sprinkled, Supervised (Dry System)
EMERGENCY POWER: Type II natural gas fueled generator
A Life Safety Code Survey (using 2786S Short Form) was initiated and concluded on 05/28/14. The facility was found to be in compliance with the requirements for Medicare and Medicaid, Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) NFPA 101 Life Safety Code 2000 Edition. The facility is licensed for sixty (60) beds. The census the day of the survey was fifty-nine (59).

Robertson County Healthcare Facility does not believe nor does the facility admit that any deficiencies exist. Robertson County Healthcare Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This Life Safety plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Robertson County Healthcare Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Robertson County Healthcare Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Robertson County Healthcare Facility offers its responses, credible allegations of compliance and plan of correction as a part of its ongoing effort to provide quality care to residents. Robertson County Healthcare Facility strives to provide the highest quality care while assuring the rights and safety of all residents.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Stephanie Hays RN, MSN, LNA Administrator (X6) DATE
6/17/14

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