

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

PRINTED: 04/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/01/2015
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NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 39 BERNDAL APARTMENTS ROAD PINEVILLE, KY 40977
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(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
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F 000	INITIAL COMMENTS  An abbreviated survey (KY23031) was conducted on 04/01/15. The complaint was substantiated with deficient practice identified at "D" level.	F 000		
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 hand washing is indicated by accepted professional practice.	F 441	Mountain View Nursing & Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and purposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Mountain View Nursing & Rehabilitation Center's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor is that any deficiency accurate. Further, Mountain View Nursing & Rehabilitation Center reserves the right to refute any of the Deficiencies through Informal Dispute Resolution, formal appeal procedures and/or any other administrative or legal proceeding.	5/15/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Kelley M. Greer</i>	TITLE Administrator	(X6) DATE 4/21/15
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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 441	Continued From page 1 (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, interview, record review, and a review of the facility policy it was determined the facility failed to establish and maintain an Infection Control Program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection for one (1) of three (3) sampled residents (Resident #3). Observations and interviews conducted on 04/01/15 revealed Resident #3 had a red/raised rash and was assessed to potentially have scabies by the facility's treatment nurse on 03/31/15 (the previous day). Continued observations and interviews revealed contact isolation was not implemented as required by the facility policy when the resident was suspected to have scabies. Furthermore, direct care staff, the Infection Control Nurse, or the Director of Nursing (DON) had not been notified that the resident possibly had scabies.  The findings include:  A review of the facility policy titled "Skin Rashes," dated August 2005, revealed rashes of unknown origin should be reported to the Director of Nursing (DON) or the Infection Control Professional as soon as possible for investigation	F 441  <u>F441</u>	Resident#3 was placed in contact isolation on 04/01/2015. LPN #1 was provided re-education on 04/01/2015 related to contact precaution procedures to prevent transmission of possible rash according to the facility policy. This re-education was conducted by the Staff Facilitator.  Licensed nurses completed 100 percent audit of all residents in facility to check for skin rash requiring contact isolation on 04/02/2015, none identified.  Staff re-education was initiated, by the Staff Facilitator, for all licensed nurses on 04/01/2015 related to contact precautions and who and when to notify according to the facility policy. Licensed nurses not attending this education on 4/1/15, will be in-serviced prior to working on the floor. This education will be reviewed during orientation for newly hired licensed staff.		

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F 441	<p>Continued From page 2</p> <p>and appropriate treatment. The policy further directed staff to implement contact precautions until diagnosis was made or until appropriate treatment had been completed.</p> <p>Record review for Resident #3 revealed the facility admitted the resident on 08/17/14 with diagnoses that included Anxiety and Depressive Disorder. A review of the resident's quarterly Minimum Data Set (MDS) Assessment dated 02/03/15 revealed the resident required extensive assistance with bed mobility and bathing. Facility staff assessed the resident to have a Brief Interview for Mental Status (BIMS) score of 7, indicating the resident was not interviewable.</p> <p>Observations of a skin assessment for Resident #3 on 04/01/15 at 10:50 AM revealed the resident had a red/raised rash on the right side of his/her back area. Continued observations revealed Licensed Practical Nurse (LPN) #1 (the facility's treatment nurse) and LPN #2 conducted the skin assessment. LPN #1 and LPN #2 utilized gloves during the assessment, but no other precautions were taken to prevent the transmission of scabies to staff or other facility residents.</p> <p>An interview with the facility's treatment nurse, LPN#1, on 04/01/15 at 11:05 AM, revealed she assessed the resident on 03/31/15 to "possibly have scabies." The treatment nurse stated she had not implemented contact precautions to prevent the transmission of scabies, and stated she had not been instructed to do so while employed at the facility. She also stated she had not notified the facility's direct care staff, the Infection Control Nurse, or the DON that Resident #3 potentially had scabies on 03/31/15.</p>	F 441	<p>The staff facilitator or QI nurse will review any resident with a newly diagnosed skin rash to ensure the appropriate precautions are in place. Any identified issues will be corrected with immediate one on one reeducation. These audits will be conducted weekly during April May and June 2015 and then per a schedule established by the QI committee.</p> <p>May 15. 2015</p>	5/15/15	

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F 441	<p>Continued From page 3</p> <p>An interview with LPN #2 on 04/01/15 at 2:20 PM revealed she was assigned to provide care to Resident #3 for the day shift on 04/01/15. The LPN stated she received information in report that the resident had a rash and orders had been written for treatment. LPN #2 further stated she had not been told in report or by anyone else, that it was suspected that Resident #3 had scabies. The LPN stated she was trained to place a resident in contact precautions to prevent the potential spread of the scabies when it was suspected that a resident had scabies. However, contact isolation had not been implemented for Resident #3 until after the skin assessment was conducted on 04/01/15.</p> <p>An interview with State Registered Nurse Aide (SRNA) #1 on 04/01/15 at 2:55 PM revealed she was assigned to provide care to Resident #3 for the day shift of 04/01/15. The SRNA stated she had not been notified that the resident was being treated for suspected scabies, and had not been instructed to utilize contact precautions until after the skin observation was conducted on 04/01/15.</p> <p>An interview with the facility's Infection Control Nurse on 04/01/15 at 3:30 PM revealed she had not been notified that Resident #3 had been assessed to have scabies on 03/31/15. She stated she had not been made aware that the resident was suspected to have scabies, until after the skin assessment was conducted on 04/01/15. The Infection Control Nurse stated staff had been trained to notify her of any resident who was suspected to have scabies, and that those residents should be placed in contact isolation immediately to protect staff and other facility residents from the potential transmission of scabies.</p>	F 441			

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F 441	Continued From page 4  An interview with the DON on 04/01/15 at 3:50 PM revealed she had not been notified that Resident #3 was suspected to have scabies until after the skin assessment was conducted on 04/01/15. The DON stated staff had been trained to notify the Infection Control Nurse or herself and was required to place the resident in contact isolation if a suspected scabies rash had been identified, as outlined in the facility policy.	F 441			