

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

PRINTED: 11/05/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/23/2014
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NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF SENECA PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 DUTCHMANS LANE LOUISVILLE, KY 40205
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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  A Recertification Survey was initiated on 10/21/14 and concluded on 10/23/14 with a deficiency cited at the highest scope and severity of an "E".	F 000		
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F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  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, facility policy review, and record review, it was determined the facility failed to ensure the environment remained as free of accident hazards as possible for residents. Observation during the initial tour revealed three (3) of twenty-one (21) doors to storage, mechanical, or equipment rooms were unlocked and unoccupied. One (1) room contained hazardous chemicals. One (1) room contained hazardous equipment.  The findings include:  Review of the facility policy titled " Non-Food Supply Storage " dated 08/01/12, revealed the facility would store supplies in accordance with federal, state, and local sanitation codes.  Observation, on 10/21/14 at 8:45 AM, during	F 323	To the best of my knowledge and belief, as an agent of Diversicare of Seneca Place, the following plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.  Preparation and execution of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.  1) What corrective action will be accomplished for those residents found to have been affected by the deficient practice?  No residents were found to have been affected by the deficient practice.  2) How will the facility identify other residents having the potential to be affected by the same deficient practice?  All residents have the potential to be affected by the deficient practice.	11/28/14 11-29-14 per J. Priddy by PG 11-14-14
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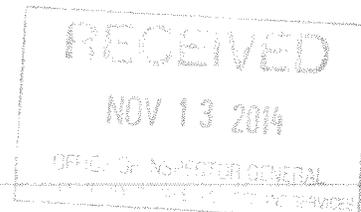
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  X NHA	(X6) DATE  11-13-14
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting 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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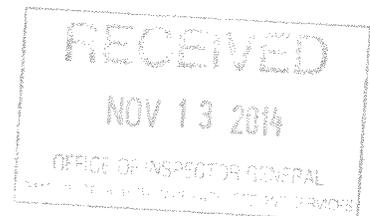
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F 323	<p>Continued From page 1</p> <p>initial tour, revealed an unmarked storage room was unlocked. The room was located in the hallway between A Hall and B Hall across from the dining room. This room contained two (2) bottles of Virex, four (4) bottles of Purell hand sanitizer, and one (1) bottle of Provan medicated hand wash. A key attached to an approximately twelve (12) inch plastic stick was located at the top right side of the doorframe. Velcro adhesive tape held the key to the doorframe.</p> <p>Observation, on 10/21/14 at 8:48 AM, during initial tour, revealed an unmarked equipment storage room. The room was located in the hallway between A Hall and B Hall across from the dining room. The room contained four (4) wheel chairs, one (1) broda chair, one (1) carpet shampooer, two (2) walkers, one (1) television, and several sets of wheelchair footrests. A key attached to an approximately twelve (12) inch plastic stick was located at the top right side of the doorframe. Velcro adhesive tape attached the key to the doorframe.</p> <p>Observation, on 10/21/14 at 8:52 AM, during initial tour, revealed a room was unlocked on B Hall. The room contained a functioning forty (40) gallon water heater, copper piping leading in and out of the water heater, and a sheet metal pipe approximately twelve (12) to eighteen (18) inches in diameter which extended down from the ceiling and ended approximately one (1) and two (2) feet above the floor of the room. Velcro adhesive tape attached the key to the upper overhead doorframe.</p> <p>Interview with Housekeeper #1, on 10/22/14 at 9:45 AM, revealed that housekeeping carts were stored in the housekeeping room in the large</p>	F 323	<p>3) What measures will be put into place or systemic changes made to ensure the deficient practice will not recur?</p> <p>The 3 doors identified within the tag, 1) unlocked storage room located in the hallway between A Hall and B Hall across from the dining room, 2) unmarked equipment storage room located in the hallway between A Hall and B Hall across from the dining room and 3) unlocked room on B Hall were locked by staff on 10/21/14 upon discovery that they had been left unlocked and remained locked as appropriate during the remainder of survey and thereafter. By 10/28/14, the Maintenance Supervisor replaced the door handle/knob locks on each of these 3 doors by installing a utility door locking handle, which cannot be locked from inside and automatically locks from the outside.</p> <p>All utility/storage room doors were inspected by Maintenance Supervisor by 11/11/14. Any other door handle/knob found to have a lock, which can lock on the inside, will be repaired or replaced by 11/28/14 by the Maintenance Supervisor installing a utility door locking handle, which cannot be locked from inside and automatically locks from the outside.</p> <p>By 11/28/14 all staff will receive education, before working their shift, that all doors with locks are to be closed and locked when room is not in use by staff. The education will be completed by Staff Development Coordinator and Nursing Shift Supervisors by 11/28/14 for current employees and thereafter for new hires as part of orientation.</p>	



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F 323	<p>Continued From page 2</p> <p>activity room when not in use. Housekeeping chemicals were stored in the locked compartment on the cart. Housekeeper #1 revealed that she must manually lock this compartment back after opening it. The compartments on the cart did not self-lock. Housekeeper #1 also stated that she was to keep the compartment locked at all times.</p> <p>Observation of the housekeeping room during interview with Housekeeper #1 revealed that the housekeeping room contained housekeeping carts, mop heads, assignment sheets, and a few bottles of cleaning supplies inside the room.</p> <p>Interview with Housekeeper #1 also revealed the facility kept housekeeping chemicals in the central supply office and that housekeepers needed to go to the Housekeeping Supervisor in central supply to obtain additional cleaning supplies. Housekeeper #1 revealed that the central supply office was located on the A/B Hall.</p> <p>Interview with Housekeeper #2, on 10/22/14 at 2:25 PM, revealed the facility used two (2) of the unmarked rooms on the hallway between A and B halls across from the dining area for housekeeping purposes. The interview revealed the facility used the room in question as storage for a few housekeeping items including garbage bags, hand soap, and bottles of Virex cleaner. The facility used the other unmarked space next to this room to store housekeeping carts.</p> <p>Interview with the Housekeeping Manager, on 10/22/14 at 2:35 PM, revealed that he kept the majority of the cleaning supplies in the housekeeping office, also known as Central Supply. The Housekeeping Manager further revealed that a few cleaning supplies were kept in</p>	F 323	<p>4) How will the facility monitor performance to ensure solutions are sustained?</p> <p>All utility/storage room doors will be inspected daily during routine rounds for one month and thereafter monthly during routine Preventive Maintenance Rounds by Maintenance Supervisor. These checks will be documented in the center's Life Safety Preventive Maintenance Log.</p> <p>Preventive Maintenance Logs will be reviewed by the QAPI committee and Administrator monthly x3 to ensure continued compliance and then quarterly or until QAPI Committee and Administrator determines compliance has been sustained.</p>



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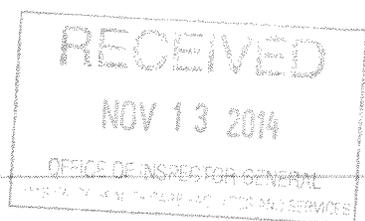
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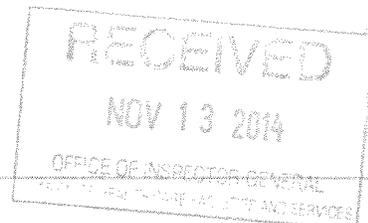
F 323	<p>Continued From page 3</p> <p>the storage room next to the equipment storage. The Supervisor indicated this room was the unmarked room in the hallway between A and B Halls across from the dining area. The Housekeeping Supervisor revealed that he expected the Certified Nursing Assistants (CNAs) on second and third shifts to access this area to obtain supplies, particularly garbage bags. The Housekeeping Supervisor also expected Housekeepers to access this space to obtain hand soap and hand sanitizer. The Housekeeping Supervisor further revealed that he had found this door unlocked on more than one occasion. The Housekeeping Supervisor revealed he checked the door to this room each morning in route to Central Supply to ensure staff had locked this room.</p> <p>Observation of the door with the Housekeeping Supervisor revealed that a person must lock the door from the inside or use the key to lock the door.</p> <p>Interview with the Maintenance Director, on 10/23/14 at 9:20 AM, revealed the facility had a forty (40) gallon water heater on the A Hall, a forty (40) gallon water heater on the B Hall, a one hundred (100) gallon water heater on the E/F hall, and a one hundred (100) gallon water heater on the G Hall. The forty (40) gallon water heaters were located in small, unmarked rooms at the end of their respective hallways. The interview the revealed Maintenance Director considered these rooms to have been mechanical rooms and expected these rooms to be kept locked at all times. The interview further revealed that the Maintenance Director recalled being in the B Hall water heater mechanical room last on Tuesday, 10/14/14.</p>	F 323		
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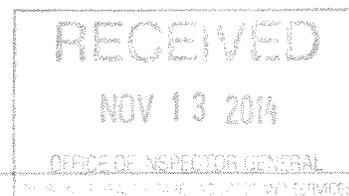
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F 323	<p>Continued From page 4</p> <p>The Maintenance Director revealed that a resident could injure himself or herself if they went into this room. The Maintenance Director revealed a resident could burn himself or herself if the resident touched a hot pipe or hot part of the water heater. He further revealed that a resident could cut himself or herself from touching a sharp edge on the bottom of the vent pipe that extended down from the ceiling of the room.</p> <p>The interview with the Maintenance Director further revealed that family members had been seen opening doors with the keys located above or to the side of the doors.</p> <p>Interview with the Housekeeping Supervisor, on 10/23/14 at 10:00 AM, revealed housekeepers used Virex. Virex was kept in Central Supply, in the locked compartment on the housekeeping carts, and four (4) bottles were being kept in the unmarked supply room between A and B hall across from the dining area. This closet also contained Provan medicated hand soap and Purell hand sanitizer. The Housekeeping Supervisor kept Virex cleaner in this room for ease of access to the four (4) housekeepers.</p> <p>Interview with the Housekeeping Supervisor, on 10/23/14 at 10:16 AM, revealed again that the Housekeeping Supervisor checked the lock on that closet. The Supervisor revealed that the door had been unlocked some of the time.</p> <p>Interview with the Maintenance Director, on 10/23/14 at 10:45 AM, revealed there was no floor plan of the facility that specifically stated the purpose or name of each of the storage,</p>	F 323		



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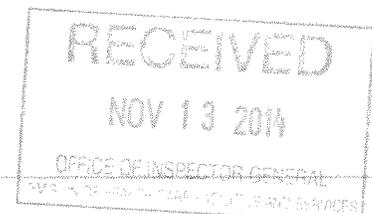
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F 323	<p>Continued From page 5</p> <p>mechanical or supply rooms. The Maintenance Director further revealed there were no records specifying self-locking and manual locking doors.</p> <p>The Maintenance Director created and provided a list of locked areas. Review of this list revealed a total of thirty-two (32) locking doors in the facility. These doors included entrances to locking public rest rooms, closets and storage spaces with or without keys outside of doors, Beauty Shop, basement, attic, offices, and telephone areas, bathing areas, and two (2) doors for the laundry area. Further review of this list revealed there were a total of twenty-one (21) locking storage, supply, or mechanical rooms.</p> <p>Interview with the Housekeeping Supervisor, on 10/23/14 at 11:30 AM, revealed that the supply room in question contained hazards. The Supervisor revealed that this room and the housekeeping room next to it where housekeeping stores carts were the only two rooms that did not automatically lock back when the door was closed. The housekeeping room did not have a key at the top or side of the doorframe. The interview with the Housekeeping Supervisor revealed he had discussed with the Administrator three (3) to four (4) months prior about having found the door unlocked in the mornings. The Housekeeping Supervisor stated it had occurred less frequently after he had reported the issue.</p> <p>Telephone interview with the Licensed Practical Nurse (LPN), on 10/23/14 at 2:05 PM, revealed the LPN worked the night shift at the facility and on various units in the facility. Interview revealed supplies were kept in locked storage areas at each of the nurses stations, in medication rooms,</p>	F 323		



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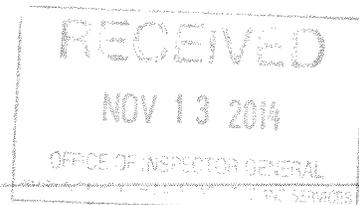
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F 323	Continued From page 6 and in a locked storage room on the C/D unit. The LPN stated the nurses have keys to these area and was unsure which areas had keys hanging by the door and which did not. LPN stated she had not witnessed chemicals in any supply area. LPN stated she had not witnessed any locking doors that staff had left unlocked.  Interview with the Assistant Director of Nursing (ADON), on 10/23/14 at 2:20 PM, revealed that the ADON was unaware the hot water heater room on B Unit was unlocked. The ADON was unaware that staff had witnessed family members opening doors using keys located nearby. The ADON stated she was not aware of any time that anyone other than staff had opened any locked door. The ADON revealed that the Housekeeping Supervisor had not discussed that the middle unmarked door in the hall across from the dining area between A and B Halls had been found unlocked. The ADON further revealed that she would consider either of these rooms to be hazardous to a resident if a resident entered one of these rooms. She stated that a resident could burn himself or herself if they went into the hot water heater room and could injur himself or herself if they drank a chemical or got chemicals on their skin. The ADON stated if she found a door unlocked she would lock that door, in-service the staff on each unit including the housekeeping staff. The ADON stated she would also implement a check list to have the door checked to ensure the staff had locked the door.  Interview with the Administrator, on 10/23/14 at 2:40 PM, revealed there were no in-services about locking doors. The Administrator revealed that he had never seen or heard from any staff that a resident or family member has used a key	F 323			



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F 323	Continued From page 7 available near a door to open a door in the facility. The Administrator further revealed that unlocked doors to rooms containing chemicals or hot water heaters were a resident safety concern.	F 323	



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K 000	<p><b>INITIAL COMMENTS</b></p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1960, 1962, 1970, 1991, 1998</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: S/NF DP</p> <p>TYPE OF STRUCTURE: One (1) story with a partial basement, Type III Protected.</p> <p>SMOKE COMPARTMENTS: Twelve (12) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors, upgraded in 1998.</p> <p>SPRINKLER SYSTEM: Complete automatic, dry sprinkler system, upgraded in 1998.</p> <p>GENERATOR: Type II, 125 KW rating, fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 10/21/14. The facility was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000		
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