

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

PRINTED: 05/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2014
NAME OF PROVIDER OR SUPPLIER THE TRANSITIONAL CARE CENTER OF OWENSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303	
(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 A Recertification Survey was conducted on 04/29/14 through 05/02/14 with deficient practice identified at the highest Scope and Severity of a "F".	F 000		
F 371 SS=F	483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's New Employee Handbook, it was determined the facility failed to ensure food was stored and served under sanitary conditions. Review of the facility Census and Condition, dated 04/30/14, revealed there were sixteen (16) residents residing in the building with one (1) resident requiring tube feeding. The findings include: Review of the New Employee Handbook, undated, revealed eating and drinking was only permitted in designated break rooms, dining rooms, and offices. Personal belongings should not be stored with you at your workstation.	F 371	F371 <ul style="list-style-type: none"> Sixteen residents had the potential to be affected by this deficient practice. No residents were found to be affected by this deficient practice. At the time the deficient practice was noted the personal drink was disposed of. The following corrective action was taken by the Director. Policy 8052-514 was revised to include: <ul style="list-style-type: none"> Eating and drinking are only allowed in designated areas i.e. dining room and offices. No personal food/drinks allowed in the main kitchen areas, behind retail service areas. Which includes no storage of personal food/drink in any refrigerator or freezer. Review updated policy with staff. Water station with single use disposable mini cup dispenser for employee use will be installed. Trash can for mini cup disposal will be placed beside the water station. Operation Leader (managers and supervisors) will monitor compliance to policy daily. Any non-compliance will be reported to Director of Food and Nutrition. 	6/6/14



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Joy Kelly* TITLE: *Administrator* (X6) DATE: *5-22-14*

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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F 371	Continued From page 1 Observation in the kitchen, on 04/29/14 at 6:15 PM and on 04/30/14 at 10:15 AM, revealed a handwashing station by the tray line with no accessible trash can. Additional observation, on 04/29/14 at 6:15 PM, revealed one (1) personal drink cup of ice with a lid and straw, located in the freezer. Further review of the New Employee Handbook, undated, revealed to always use the food thermometer correctly and sanitize it before each use. Observation of food temperatures, on 04/30/14 at 10:30 AM, revealed Cook #1 used the thermometer probe to obtain a temperature of the mashed potatoes; however, did not clean the probe afterwards. He then obtained a temperature of the low potassium mashed potatoes, but did not clean the probe before obtaining a temperature of the potato soup. Cook #1 then obtained a temperature of green beans with onions, green beans without onions, and carrots without cleaning the probe between items. He re-used an alcohol swab to clean the probe after the carrots, then obtained a temperature of the brown gravy. Interview with the Food Service Director, on 04/30/14 at 10:50 AM, revealed there should be a trash can available by each handwashing station; however, the one by the tray line had been removed for cleaning. She revealed staff should not store personal drinks in the freezer. She further revealed staff should clean the food thermometer probe with a new alcohol swab after each food item.	F 371	F371 <ul style="list-style-type: none"> Sixteen residents had the potential to be affected by this deficient practice. No residents were found to be affected by this deficient practice. At the time the deficient practice was noted a trash can was placed at the handwashing station by the tray line. The following corrective action was taken by the Director. Staff will be educated on requirement of trash can to be located by each handwashing sink in the department. Operation Leader (managers and supervisors) will monitor compliance to policy daily. Any non-compliance will be reported to Director of Food and Nutrition. 	6/6/14	
F 463	483.70(f) RESIDENT CALL SYSTEM -	F 463	F371 <ul style="list-style-type: none"> Sixteen residents had the potential to be affected by this deficient practice. No residents were found to be affected by this deficient practice. At the time the deficient practice was noted education was provided to that employee on the correct process of cleaning temp probe between use on each food item. The following corrective action was taken by the Director. Revised Policy 8054-204 to include: <ul style="list-style-type: none"> One of the two methods of checking food on the serving line; method one – use a sanitized thermometer in each food product that temperature is being checked. Method two – use one thermometer in one product at a time 	6/6/14	

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F 371	<p>Continued From page 1</p> <p>Observation in the kitchen, on 04/29/14 at 6:15 PM and on 04/30/14 at 10:15 AM, revealed a handwashing station by the tray line with no accessible trash can. Additional observation, on 04/29/14 at 6:15 PM, revealed one (1) personal drink cup of ice with a lid and straw, located in the freezer.</p> <p>Further review of the New Employee Handbook, undated, revealed to always use the food thermometer correctly and sanitize it before each use.</p> <p>Observation of food temperatures, on 04/30/14 at 10:30 AM, revealed Cook #1 used the thermometer probe to obtain a temperature of the mashed potatoes; however, did not clean the probe afterwards. He then obtained a temperature of the low potassium mashed potatoes, but did not clean the probe before obtaining a temperature of the potato soup. Cook #1 then obtained a temperature of green beans with onions, green beans without onions, and carrots without cleaning the probe between items. He re-used an alcohol swab to clean the probe after the carrots, then obtained a temperature of the brown gravy.</p> <p>Interview with the Food Service Director, on 04/30/14 at 10:50 AM, revealed there should be a trash can available by each handwashing station; however, the one by the tray line had been removed for cleaning. She revealed staff should not store personal drinks in the freezer. She further revealed staff should clean the food thermometer probe with a new alcohol swab after each food item.</p>	F 371	<p>and after checking food always sanitize probe of the thermometer before checking the next product.</p> <ul style="list-style-type: none"> - Always wash, rinse and sanitize the probe of the thermometer before storing thermometer in the clean, sanitized holder. • Each staff member performing this job will be observed and competency documented. 	
F 463	483.70(f) RESIDENT CALL SYSTEM -	F 463		

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F 463 SS=D	<p>Continued From page 2 ROOMS/TOILET/BATH</p> <p>The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure each resident accessible bathroom was equipped to receive resident calls through a communication system. Two bathrooms located in the facility were unlocked and resident accessible; however, did not have a call system in place.</p> <p>The findings include: Observation, on 04/30/14 at 3:00 PM, revealed one (1) bathroom across from the mechanical room and one (1) bathroom across from the dining/recreation room was unlocked with no call system in place.</p> <p>Interview with the Manager of Nursing, on 05/02/14 at 10:15 AM, revealed the hallway bathrooms were accessible to residents; however, she was not aware of the need for a call system. She revealed there was no facility policy related to the call system.</p>	F 463	<p>F463</p> <ul style="list-style-type: none"> Sixteen residents had the potential to be affected by this deficient practice. No residents were found to have been affected. To address the deficiency signs were placed outside each bathroom indicating these bathrooms are not intended for patient use. Emergency pull cords will be installed in each bathroom by Southwestern Communications. 	6/6/14	

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NAME OF PROVIDER OR SUPPLIER THE TRANSITIONAL CARE CENTER OF OWENSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 PLEASANT VALLEY ROAD OWENSBORO, KY 42303	
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 2011.</p> <p>SURVEY UNDER: 2000 New.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: Nine (9) stories, Type I (332).</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 2012 with smoke detectors and heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 2012.</p> <p>GENERATOR: Three (3) Type I generators installed in 2012. Fuel source is Diesel.</p> <p>A standard Life Safety Code Survey was conducted on 05/01/14. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for thirty (30) beds with a census of sixteen (16) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Joyce Lynn NWA

TITLE

Director Extended Care Services 6/18/14

(X6) DATE

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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K 000	Continued From page 1	K 000		
K 052 SS=F	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on fire alarm inspections and interview, it was determined the facility failed to ensure the fire alarm system was inspected and tested in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice has the potential to affect four (4) of four (4) smoke compartments, all residents, staff and visitors. The facility has the capacity for thirty (30) beds and at the time of the survey, the census was sixteen (16).</p> <p>The findings include:</p> <p>Fire alarm inspection review, on 05/01/14 at 11:00 AM with the Facilities Supervisor and Manager of Safety and Security, revealed the facility failed to provide documentation to show the fire alarm had been tested properly on a quarterly basis.</p> <p>Interview, on 05/01/14 at 11:01 AM with the Facilities Supervisor and Manager of Safety and</p>	K 052	<p>K052 Failed to provide documentation to show fire alarm had been tested on a quarterly basis.</p> <ul style="list-style-type: none"> At the time the deficient practice was noted Southwestern Communications implemented panel testing. The panel will be tested quarterly by Southwestern Communications. Documentation of the panel test will be included in the quarterly test/inspection report and reviewed by the Manager of Biomed Engineering. 	6/6/14

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K 052	<p>Continued From page 2</p> <p>Security, revealed the facility has a new inspection company and they are sure the checks have been completed but could not produce any documentation for the quarterly inspections.</p> <p>The census of sixteen (16) was verified by the Manager on 05/01/14. The findings were acknowledged by the Manager at the exit interview on 05/01/14.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 ed.) 9.6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code.</p>	K 052		