

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

PRINTED: 05/29/2014
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 02/27/2014
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 FERNDALE APARTMENTS ROAD PINEVILLE, KY 40977		
(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	<p>INITIAL COMMENTS</p> <p>Amended--</p> <p>A standard health survey was conducted on 02/24/14 through 02/27/14. Deficient practice was identified to exist with the highest scope and severity at "K" level.</p> <p>On 02/19/13, all long-term care facilities were notified by the Kentucky Department of Public Health and the Office of Inspector General of a shortage in the manufacturing of Tubersol (a protein derivative used to test for tuberculosis). The letter recommended a blood test, Blood Assay for Mycobacterium Tuberculosis (BAMT), be used as an alternative for tuberculosis (TB) screening in long-term care facilities until the Tubersol shortage was resolved. However, the facility's corporate office developed a policy and procedure on 03/08/13, with a revision date of 07/02/13, that required staff to evaluate residents for signs and symptoms of TB and did not require staff to screen the residents/staff by use of a TB skin test or blood test. Although the facility's corporate office developed the policy and procedure on 03/08/13, the facility continued to administer tuberculin skin tests to residents and staff until 07/02/13, when the facility's supply of Tubersol became low due to being unable to get Tubersol from the pharmacy. After 07/02/13, the facility only administered TB skin tests for newly admitted residents.</p> <p>The facility's failure to have an effective system in place to ensure residents and employees were screened for the presence of tuberculosis per recommendations of the Kentucky Department of Health and the Centers for Disease Control was</p>	F 000			

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

TITLE

(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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F 000	Continued From page 1 likely to cause serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy was identified at 42 CFR 483.65 Infection Control (441) and 42 CFR 483.75 Administration (F493 and F520) on 02/27/14 and was determined to exist on 07/02/13 through 02/06/14. The facility implemented corrective actions which were completed prior to the State Agency's survey, thus it was determined Past Jeopardy. The Immediate Jeopardy was determined to have been corrected on 02/07/14.	F 000			
F 441	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	F 441			

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F 441	<p>Continued From page 2</p> <p>direct contact will transmit the disease.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility policy review, and review of notifications from the Kentucky Department of Public Health (DPH), the Office of Inspector General, and the Centers for Disease Control (CDC) Health Alert Network, it was determined the facility failed to establish and maintain an effective infection control program to help prevent the development and transmission of tuberculosis (TB) for five (5) of eighteen (18) sampled residents (Residents #1, #7, #8, #9, and #15) and twenty-one (21) of seventy-one (71) unsampled residents (Residents A through U).</p> <p>In addition, review of documentation in the facility's personnel files revealed the facility failed to administer a TB skin test or to conduct the blood testing recommended by the Kentucky Department of Public Health, Office of Inspector General, and the CDC for twenty (20) employees hired after 07/02/13 (Employees #1 through #20).</p> <p>On 02/19/13, the Kentucky Department of Public Health and the Office of Inspector General sent a letter to all long-term care facilities to inform them</p>	F 441	Past noncompliance: no plan of correction required.		

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F 441	<p>Continued From page 3</p> <p>of a shortage in the manufacturing of Tubersol (a protein derivative used to test for tuberculosis). The letter recommended a blood test, Blood Assay for Mycobacterium Tuberculosis (BAMT), to be used as an alternative for TB screening in long-term care facilities until the Tubersol shortage was resolved.</p> <p>However, the facility received a corporate policy and procedure with an effective date of 03/08/13 that directed staff to screen residents for signs and symptoms of tuberculosis. However, the policy failed to include the recommendations by the Kentucky Department of Public Health and the Office of Inspector General.</p> <p>In addition, review of a CDC Health Alert Network document, dated 04/12/13, revealed the CDC recommended several approaches to address the shortage of the tuberculin skin test antigen that included substituting Aplisol (solution of purified protein administered intradermally to aid in the diagnosis of tuberculosis) for Tubersol for skin testing.</p> <p>Even though the facility's policy directed staff to screen residents for signs or symptoms of tuberculosis, a review of the facility's immunization records and personnel files revealed prior to 07/02/13, the facility continued to administer Tuberculin skin tests to residents and employees; however, after 07/02/13, the facility only administered tuberculin skin testing to residents that were newly admitted to the facility and failed to administer tuberculin skin testing or blood testing to determine the presence of tuberculosis infection for the other residents or staff as recommended by the Kentucky Department of Public Health and the CDC.</p>	F 441			

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F 441	Continued From page 4 The facility's failure to have an effective system in place to ensure residents and employees were screened for the presence of tuberculosis per recommendations of the Kentucky Department of Health, the Office of Inspector General, and the Centers for Disease Control was likely to cause serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy was identified at 42 CFR 483.65 Infection Control on 02/27/14 and was determined to exist on 07/02/13 through 02/06/14. The facility implemented corrective actions prior to the State Survey Agency's survey and, as a result, the Immediate Jeopardy was determined to have been corrected on 02/07/14. Based on the actions taken by the facility, it was determined to be Past Jeopardy. The findings include: Review of the letter sent to all long-term care facilities on 02/19/13 from the Kentucky Department of Public Health and the Office of Inspector General revealed a nationwide shortage of Tubersol (medication used for TB skin testing). The letter identified a blood test, Blood Assay for Mycobacterium Tuberculosis (BAMT), as an alternative option for TB screening in long-term care facilities. Review of the facility's "Tuberculosis Testing and Screening - Temporary Measures" policy dated 03/08/13, revealed staff was to conduct a "Complete Tuberculosis Screening User Defined Assessment" for all residents and staff. According to the policy, if residents or newly hired employees were assessed to have negative responses to all questions on the assessment no	F 441			

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F 441	<p>Continued From page 5</p> <p>further testing would be required. The policy also revealed if residents or employees were assessed to have a positive response to "Signs and Symptoms" further medical evaluation was to include a chest x-ray. In addition, the policy revealed residents and employees assessed to have a negative response to "Signs and Symptoms" but a positive response to the "Tuberculosis Risks" were to receive a tuberculin skin test unless written documentation of a prior positive skin test and negative chest x-ray was available.</p> <p>Review of the CDC Health Alert Network dated 04/12/13 revealed the CDC recommended any of the following three approaches for addressing the shortage of tuberculin skin test antigen:</p> <ol style="list-style-type: none"> 1) Substituting a blood test that detects TB bacteria infection for tuberculin skin tests (TST). 2) Allocating tuberculin skin tests for priority indications, such as TB contact investigations, as determined by public health authorities. 3) Substituting Aplisol (solution of purified protein administered intradermally to aid in the diagnosis of tuberculosis) for Tubersol for skin testing. <p>Based on review of the letter from the Kentucky Department of Public Health and the Office of Inspector General, and CDC recommendations, screenings conducted for tuberculosis signs and symptoms were not included as an alternative for TB testing.</p> <p>Review of the medical records for Residents #1, #7, #8, #9, and #15 and review of the</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>immunization records for 21 additional residents (Residents A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, and U) revealed their annual tuberculin skin testing had been due between 07/02/13 and 01/22/14. However, review of documentation in the medical records and immunization records revealed the facility had screened the residents for tuberculosis by use of a TB Screening Tool and had failed to administer an annual tuberculin skin test or blood test to determine the presence of tuberculosis.</p> <p>Review of personnel records revealed the facility hired 20 new employees from 07/02/13 through 01/31/14; however, continued review of personnel records revealed the facility failed to ensure the employees received a skin test or lab test to determine the presence of the bacteria that causes tuberculosis as required by the Kentucky Department of Public Health, the Office of Inspector General, and the CDC, and had only screened the employees for the signs, symptoms, and risks of tuberculosis.</p> <p>Interview with the facility's Infection Control Nurse on 02/27/14, at 2:30 PM, revealed the facility's corporate office had developed a new policy in March 2013 for the screening of individuals for tuberculosis after a shortage of Tubersol had been reported. According to the Infection Control Nurse, the facility had an ample supply of Tubersol and had continued to administer TB skin tests until 07/02/13. The Infection Control Nurse stated after 07/02/13, the facility had only administered the two-step tuberculin skin test for residents admitted after 07/02/13. However, the Infection Control Nurse stated beginning on 07/02/13, the facility used a TB screening tool for residents when their annual TB testing was due</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>and also for any employees hired after 07/02/13. According to the Infection Control Nurse, if a resident had a history of a positive TB skin test the facility obtained a chest x-ray for the resident.</p> <p>Interview conducted on 02/25/14, at 1:50 PM with a Registered Nurse (RN) on staff at a local health department revealed she had reviewed and approved the facility's policy titled "Tuberculosis Testing and Screening - Temporary Measures" dated 03/08/13. The RN stated the Department for Public Health recommended the performance of a screening only, unless the person was in a high-risk area for tuberculosis.</p> <p>Interview conducted with the facility's Medical Director on 02/25/14, at 2:00 PM, revealed the facility always notified him with any new policies/policy changes. The Medical Director stated the facility had informed him of the new policy related to screening residents for tuberculosis by means of health screenings for residents and employees and they had contacted the local health department for guidance. However, the Medical Director stated he was not aware the facility had only conducted health screenings for all residents that were due annual TB skin tests after 07/02/13, or for new employees hired after 07/02/13, and had not conducted a TB skin test. The Medical Director stated he could not remember if he had read the policy, or if staff had just informed him of the policy.</p> <p>Interview with the Director of Nurses (DON) on 02/27/14, at 4:50 PM, confirmed a new policy had been developed by the facility's Corporate Office in March 2013 and revised on 07/02/13 related to screening individuals for signs and symptoms of</p>	F 441			

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F 441	<p>Continued From page 8</p> <p>tuberculosis after a shortage of Tubersol had been identified. The DON stated that according to the policy, the facility was to conduct a "Tuberculosis Screening User Defined Assessment" of staff and residents in the event of a shortage of Tubersol. The DON stated the facility had notified the local health department of the change in the facility's policy and had been notified by the health department the policy would be acceptable to use to identify tuberculosis in the event Tubersol was not available. However, the DON stated the facility continued to administer TB skin tests to all residents and staff prior to 07/02/13 and up until the facility experienced a shortage of Tubersol on 07/02/13. At that time, according to the DON, the facility continued to administer two-step TB skin tests for residents that were admitted to the facility after 07/02/13, and implemented the policy titled, "Tuberculosis Testing and Screening Temporary Measures," to screen staff and residents that were due annual TB skin tests. The DON stated if the screening revealed the individual had signs or symptoms of TB the physician would be notified for further screening orders such as a chest x-ray. The DON stated the facility had identified a total of 26 residents and 20 employees for which the facility had conducted a TB Screening and had not administered a TB skin test or laboratory test to identify tuberculosis between 07/02/13 and 01/31/14.</p> <p>The Administrator confirmed in an interview conducted on 02/27/14, at 7:25 PM a new policy had been developed by the facility's corporate office in March 2013. The Administrator stated the new policy received in March 2013 directed staff to perform TB screenings to evaluate the signs/symptoms and risk factors of tuberculosis.</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>The Administrator stated she had provided the health department a copy of the policy developed by the corporation for review and had been told by a health department staff nurse the policy was acceptable to use. The Administrator stated the facility's supply of Tubersol had become low in July 2013 and at that time the facility had begun to utilize the facility's revised policy for staff and residents that were due an annual TB skin test. According to the Administrator, the facility continued to administer a two-step TB skin test to residents admitted to the facility after July 2013. The Administrator stated she had not been aware of the letter that had been sent to long-term care facilities in February 2013 related to the shortage of Tubersol until 01/17/14, when a sister facility had notified her and sent her a copy of the letter that identified the acceptable laboratory testing to be used.</p> <p>**The facility implemented the following actions to correct the deficiency:</p> <p>-The facility experienced a shortage of Tubersol in July 2013; however, all new admissions to the facility continued to receive a two-step TB skin test upon admission.</p> <p>-The facility held a Quality Improvement (QI) meeting on 01/17/14 after it was learned another facility within the corporation had received deficiencies related to the facility's failure to ensure tuberculin testing was administered to the residents/employees in accordance with State guidelines that were provided to facilities on 02/10/13. The QI team decided to revert back to the previous policy used by the facility for tuberculosis testing effective 01/17/14.</p>	F 441			

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F 441	<p>Continued From page 10</p> <p>-All Administrative staff was in-serviced on 01/22/14 on the recommended procedures to test residents/staff for the presence of tuberculosis in the event of a shortage of Tubersol.</p> <p>-The facility performed TB skin testing of all residents and staff as of 01/31/14.</p> <p>-The DON monitored to ensure all residents and staff had had a TB skin test on 01/22/14. The DON printed a roster and verified the results on the resident's chart.</p> <p>-On 01/22/14, the Staff Development Coordinator (SDC) and Administrative Nursing Staff were in-serviced by the Clinical Nurse Consultant regarding what to do if the facility experienced a shortage of Tubersol. The SDC and Administrative Nursing Staff were told if the supply of Tubersol was low, a BAMT, QuantiFERON-TB cold in tube test, or a T-Spot (laboratory blood test for tuberculosis) should be performed on the resident or staff.</p> <p>-All nurses were in-serviced on 02/06/14 on the correct procedure to follow if Tubersol supplies were low. Staff was instructed to notify the Staff Development Coordinator (SDC) immediately. The in-service has also been added to the new employee nurse orientation.</p> <p>-A monthly QI monitor was developed and put into place on 01/21/14, and is being completed monthly to ensure all new/current residents have received their TB skin test. The QI monitor is being completed by the DON.</p> <p>-The QI nurse is completing a QI report after the orientation process for newly hired employees</p>	F 441			

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F 441	<p>Continued From page 11 and on a monthly basis for all current employees to ensure the employees received TB skin testing.</p> <p>-The DON is monitoring the computer to ensure all staff and residents remain current with their TB testing and will be reporting the findings on a monthly basis to the QI team.</p> <p>-The DON and Administrator will be notified immediately if there are any concerns identified with TB skin testing.</p> <p>**The surveyor validated the corrective action as follows:</p> <p>Observations, interviews, record reviews, and policy reviews conducted on 02/24/14 through 02/27/14, revealed all residents were tested or screened for TB as required by policy revised on 01/17/14.</p> <p>Review of the facility's policy entitled, "Tuberculosis Screening and Testing," dated August 2005, revealed at the time of employment all employees would receive a two-step TB skin test with the first step being given on the first day of work. Employees with a negative skin test would receive a second-step TB skin test within seven to fourteen days, and annually by a one-step TB skin testing method. The policy revealed if a new positive TB test occurred employees would be referred to the local health department or to the Medical Director for further diagnostic evaluation and testing to include a chest x-ray. The policy further revealed if an employee had a documented positive TB skin test upon hire, a screening for Tuberculosis symptoms would be performed. An employee</p>	F 441			

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F 441	<p>Continued From page 12</p> <p>with negative symptomology would have an annual screening thereafter. If symptomology was present, the employee would be referred to the local health department or the Medical Director for further diagnostic evaluation and testing to include a chest x-ray.</p> <p>Review of the facility's policy entitled, "Resident Tuberculosis Testing and Screening Policy," dated August 2005, revealed all residents without a known documented positive PPD reaction would receive tuberculosis testing upon admission using a two-step method. The first step would be administered upon admission and if negative, a second PPD would be administered seven to fourteen days thereafter. The policy revealed if the second step was negative annual testing would occur thereafter using a single-step method. The policy revealed evaluation of residents with a new positive PPD would occur by the attending physician or the Medical Director to determine the presence of active tuberculosis. The policy also revealed residents with a known documented positive reaction to a TB skin test would be screened for any history and symptoms of tuberculosis. A chest x-ray would be obtained for residents with a positive screening, and the attending physician or the Medical Director would be notified to determine if further testing, appropriate treatment, and management were necessary. The policy stated any resident with suspected or probable infectious tuberculosis would be transferred to an alternate facility for treatment.</p> <p>Review of the facility's policy entitled, "Tuberculosis Testing and Screening Temporary Measures," dated 01/17/14, revealed in the event the tuberculosis testing agent became</p>	F 441			

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F 441	<p>Continued From page 13</p> <p>unavailable due to the shortage of Tubersol and Aplisol, either a Blood Assay for Mycobacterium Tuberculosis (BAMT), QuantiFERON-TB Cold In-Tube Test (IGRA), or T-Spot TB (TST) (blood tests that test for the presence of tuberculosis infection) would be performed. If these tests were not available from the facility's laboratory, the facility would consult with the local health department for measures to be taken for tuberculosis testing and/or screening.</p> <p>Review of Immunization Records revealed all residents in the facility had received a TB skin test by 01/31/14. Residents who had a positive reaction in the past received a TB screening as well as a chest x-ray. Documentation revealed all residents had tested negative for tuberculosis.</p> <p>Review of Immunization Records revealed all staff in the facility had received a TB skin test by 01/31/14. Staff who had a positive reaction in the past had received a TB screening as well as a chest x-ray. Documentation revealed all staff had tested negative for tuberculosis.</p> <p>Review of QI meeting minutes dated 01/17/14 and signed by the Administrator revealed the QI team met and decided to revert back to the former policy dated August 2005.</p> <p>Review of an Inservice Roster dated 01/22/14 revealed the Clinical Nurse Consultant provided all Administrative staff an in-service on the actions to take in the event the facility had a low supply of Tubersol.</p> <p>Review of a QI monitoring tool completed by the Director of Nursing (DON) on 01/22/14 revealed the DON had monitored to ensure all residents</p>	F 441			

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F 441	<p>Continued From page 14</p> <p>and staff had been tested for tuberculosis with a TB skin test or that if the resident or staff member had previously tested positive a chest x-ray would be completed. The Administrator had acknowledged by signature that he had reviewed the QI monitoring tool.</p> <p>Review of a QI monitoring tool dated 02/21/14, revealed the SDC documented the facility had ten new residents since 01/22/14, and all had been tested for tuberculosis. The DON and the Administrator had acknowledged by signature that they had reviewed the monitoring tool.</p> <p>Review of documentation provided by the Administrator revealed there had not been any new employees hired to provide services at the facility since 01/21/14.</p> <p>Review of an Inservice Roster dated 02/06/14 revealed the SDC had provided an in-service to all nurses related to the correct way to administer and read a TB skin test and to notify the SDC if the supply of Tubersol becomes low.</p> <p>Interviews conducted with Registered Nurse (RN) #1 on 02/27/14 at 6:00 PM, with Licensed Practical Nurse (LPN) #2 at 6:10 PM, LPN #1 at 6:15 PM, and LPN #3 at 6:15 PM, revealed they had all attended an in-service training on how to administer and read a TB skin test. The nurses also revealed they were to notify the SDC if the facility's supply of Tubersol became low.</p> <p>Interviews conducted with the facility's QI Nurse on 02/25/14 at 1:05 PM, the SDC on 02/27/14 at 2:30 PM, the DON on 02/27/14 at 4:50 PM, and the Administrator on 02/27/14 at 7:25 PM, revealed they had all attended the QI meeting on</p>	F 441			

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F 441	<p>Continued From page 15</p> <p>01/17/14, when the facility's TB testing policy had been reverted back to the previous TB testing policy dated August 2005. The interviews also revealed the Clinical Nurse Consultant provided in-service training to them on the policy and if the facility's supply of Tubersol was to become low staff was required to notify the SDC and begin using laboratory testing for tuberculosis.</p> <p>Interview conducted with the QI Nurse on 02/25/14 at 1:05 PM, revealed she was monitoring to ensure all residents and staff had been either TB skin tested or received a chest x-ray if they were a positive reactor for tuberculosis skin testing.</p> <p>Interview conducted with the DON on 02/27/14, at 4:50 PM, revealed on 01/22/14, she had monitored to ensure and verify all residents and staff had completed TB skin testing or had received a chest x-ray if they were positive reactors. The DON stated she had reviewed the information with the Administrator. The DON stated all residents and staff had completed testing by 01/31/14. The DON stated no staff or resident tested positive for tuberculosis.</p> <p>Interview conducted with the Administrator on 02/27/14, at 7:25 PM, revealed she had reviewed the QI tool used by the DON and the QI nurse to monitor for resident and staff tuberculosis testing. The Administrator stated as of present all residents and staff had been tested for tuberculosis. The Administrator stated staff was to notify her immediately if they had any concerns related to tuberculosis testing of residents or staff.</p>	F 441			
F 493	483.75(d)(1)-(2) GOVERNING BODY-FACILITY	F 493			

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F 493	<p>Continued From page 16 POLICIES/APPOINT ADMN</p> <p>The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and the governing body appoints the administrator who is licensed by the State where licensing is required; and responsible for the management of the facility</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, guidelines from the Centers for Disease Control, the Kentucky Department of Public Health, the Office of Inspector General, and the Association of Health System Pharmaceutical Center, it was determined the facility failed to have an effective governing body or designated persons responsible for establishing and implementing policies regarding the management and operation of the facility related to infection control practices.</p> <p>On 02/19/13, the Kentucky Department of Public Health and the Office of Inspector General issued a letter to all long-term care facilities regarding the recommendations for screening for Tuberculosis while there was a shortage of Tubersol (a protein derivative used to test for tuberculosis). The letter recommended a Blood Assay for Mycobacterium Tuberculosis (BAMT) be used as an option for TB screening in long-term care facilities until the Tubersol shortage was resolved. On 04/12/13, the Centers</p>	F 493	Past noncompliance: no plan of correction required.		

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

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F 493	<p>Continued From page 17</p> <p>for Disease Control (CDC) also issued recommendations for screening for TB. However, the facility's Governing Body failed to ensure these recommendations were implemented. The Governing Body developed and implemented a policy and procedure for all residents and employees to be screened for tuberculosis through an evaluation of signs and symptoms and risk factors associated with tuberculosis. Although the policy was developed on 03/08/13, residents and staff continued to receive tuberculin skin testing until the policy was reviewed on 07/02/13. The facility's supply of Tubersol became low in July 2013, and the facility only administered TB skin testing to new admissions to the facility. After 07/02/13, the facility conducted tuberculin screening for residents and staff to evaluate for risk factors and signs/symptoms of TB through 02/06/14 (refer to F441).</p> <p>The facility's failure to have an effective governing body to ensure policies/procedures were developed for testing of possible tuberculosis infections in accordance with the Kentucky Department of Public Health, the Office of Inspector General, and the CDC was likely to cause serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy was identified at 42 CFR 483.65 Infection Control on 02/27/14, and was determined to exist on 07/02/13 through 02/06/14. The facility implemented corrective actions which were completed prior to the State Survey Agency's survey and the Immediate Jeopardy was determined to have been corrected on 02/07/14; therefore, it was determined the facility had Past Jeopardy.</p>	F 493			

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F 493	<p>Continued From page 18</p> <p>The findings include:</p> <p>Review of the Governing Body policy (dated 01/02/09) revealed in some instances the standards of practice in the local community or the informed judgment of the individual clinician may warrant a method, technique, or frequency of assessment or treatment other than what was suggested in the facility policy manual.</p> <p>Review of the facility's policy entitled "Tuberculosis Testing and Screening - Temporary Measure" dated 03/08/13, and revised on 07/02/13 revealed a Tuberculosis Screening would be conducted for all residents and employees. The screening consisted of answering questions about signs/symptoms and risk factors associated with tuberculosis. According to the policy, TB skin tests would be completed only if residents or staff had a positive response to the "Tuberculosis Risks."</p> <p>Review of a letter sent to all long-term care facilities on 02/19/13 from the Kentucky Department of Public Health and the Office of Inspector General confirmed a nationwide shortage of Tubersol (medication used for TB skin testing) had been identified by the Association of Health System Pharmacists Centers. According to the letter, facilities had two options for testing residents and staff for TB. One option was using Aplisol, another brand of tuberculin used for skin testing, or the facility could conduct a Blood Assay for Mycobacterium Tuberculosis (or BAMT, a blood test that can aid in diagnosing Mycobacterium tuberculosis [TB] infection). The DPH recommended BAMT testing as opposed to skin testing utilizing Aplisol.</p>	F 493			

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F 493	<p>Continued From page 19</p> <p>Review of the Centers for Disease Control and Prevention (CDC) recommendations dated 04/12/13, revealed a skin test or blood test was recommended to test individuals for possible infections of tuberculosis.</p> <p>Further review of the letter from the Kentucky Department of Public Health and recommendations from the CDC revealed screening for tuberculosis signs and symptoms and risk factors was not included as an alternative for TB testing.</p> <p>Review of immunization and medical records revealed annual tuberculin skin testing had been due between 07/02/13 and 01/22/14 for Residents #1, #7, #8, #9, #15, A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, and U. Further review revealed the facility had screened the residents for tuberculosis by use of a TB screening tool and had failed to administer an annual tuberculin skin test or blood test to determine the presence of tuberculosis.</p> <p>In addition, the facility hired 20 new employees from 07/02/13 through 01/31/14; however, the facility failed to administer a skin test or lab test to determine the presence of the bacteria that causes tuberculosis as required by the Kentucky Department of Public Health, the CDC, the Office of Inspector General, and the facility's policy for the new employees.</p> <p>The Administrator stated in an interview conducted on 02/27/14, at 7:25 PM that the facility's corporate office had sent them a policy in March 2013 related to screening for tuberculosis in the event of a shortage of Tubersol. The Administrator stated the policy directed staff to</p>	F 493			

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F 493	<p>Continued From page 20</p> <p>perform TB screenings to evaluate for the signs/symptoms and risk factors of tuberculosis. According to the Administrator, she believed the policy adopted by the corporation was acceptable to use because she had provided an employee at the local health department a copy of the policy and had been informed by the employee that the policy was acceptable to use. The Administrator stated employees and residents at the facility had continued to receive TB skin testing prior to 07/16/13 and, when the facility's supply of Tubersol became low in July 2013, the facility only administered TB skin testing to new admissions to the facility. The Administrator stated if the residents or staff reported any signs and symptoms of tuberculosis, or had a past positive history of a TB skin test, a chest x-ray was obtained. According to the Administrator, she had not been aware of the letter from the Department of Public Health and the Office of Inspector General until 01/17/14, when a sister facility had notified her and sent her a copy of the letter that identified the acceptable laboratory testing to be used.</p> <p>A post-survey interview conducted with the Regional Vice President, a member of the governing body, on 04/28/14, at 4:27 PM, revealed he was not involved in the development of the temporary policy and procedure to address the Tubersol shortage and testing for tuberculosis. The Vice President stated the policy had been developed by the corporate clinical vice president and the corporate pharmacist. The Vice President stated he had reviewed the policy and had no concerns and believed it was acceptable to assess residents and staff for possible tuberculosis.</p>	F 493			

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F 493	<p>Continued From page 21</p> <p>**The facility implemented the following actions to correct the deficiency:</p> <p>-The facility experienced a shortage of Tubersol in July 2013; however, all new admissions to the facility continued to receive a two-step TB skin test upon admission.</p> <p>-The facility held a Quality Improvement (QI) meeting on 01/17/14 after it was learned another facility within the corporation had received deficiencies related to the facility's failure to ensure tuberculin testing was administered to the residents/employees in accordance with State guidelines that were provided to facilities on 02/10/13. The QI team decided to revert back to the previous policy used by the facility for tuberculosis testing effective 01/17/14.</p> <p>-All Administrative staff was in-serviced on 01/22/14 on the recommended procedures to test residents/staff for the presence of tuberculosis in the event of a shortage of Tubersol.</p> <p>-The facility performed TB skin testing of all residents and staff as of 01/31/14.</p> <p>-The DON monitored to ensure all residents and staff had had a TB skin test on 01/22/14. The DON printed a roster and verified the results on the resident's chart.</p> <p>-On 01/22/14, the Staff Development Coordinator (SDC) and Administrative Nursing Staff were in-serviced by the Clinical Nurse Consultant regarding what to do if the facility experienced a shortage of Tubersol. The SDC and Administrative Nursing Staff were told if the supply of Tubersol was low, a BAMT,</p>	F 493			

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F 493	<p>Continued From page 22</p> <p>QuantiferON-TB cold in tube test, or a T-Spot (laboratory blood test for tuberculosis) should be performed on the resident or staff.</p> <p>-All nurses were in-serviced on 02/06/14 on the correct procedure to follow if Tubersol supplies were low. Staff was instructed to notify the Staff Development Coordinator (SDC) immediately. The in-service has also been added to the new employee nurse orientation.</p> <p>-A monthly QI monitor was developed and put into place on 01/21/14, and is being completed monthly to ensure all new/current residents have received their TB skin test. The QI monitor is being completed by the DON.</p> <p>-The QI nurse is completing a QI report after the orientation process for newly hired employees and on a monthly basis for all current employees to ensure the employees received TB skin testing.</p> <p>-The DON is monitoring the computer to ensure all staff and residents remain current with their TB testing and will be reporting the findings on a monthly basis to the QI team.</p> <p>-The DON and Administrator will be notified immediately if there are any concerns identified with TB skin testing.</p> <p>**The surveyor validated the corrective action as follows:</p> <p>Observations, interviews, record reviews, and policy reviews conducted on 02/24/14 through 02/27/14, revealed all residents were tested or screened for TB as required by policy revised on</p>	F 493			

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F 493	Continued From page 23 01/17/14. Review of the facility's policy entitled, "Tuberculosis Screening and Testing," dated August 2005, revealed at the time of employment all employees would receive a two-step TB skin test with the first step being given on the first day of work. Employees with a negative skin test would receive a second-step TB skin test within seven to fourteen days, and annually by a one-step TB skin testing method. The policy revealed if a new positive TB test occurred employees would be referred to the local health department or to the Medical Director for further diagnostic evaluation and testing to include a chest x-ray. The policy further revealed if an employee had a documented positive TB skin test upon hire, a screening for Tuberculosis symptoms would be performed. An employee with negative symptomology would have an annual screening thereafter. If symptomology was present, the employee would be referred to the local health department or the Medical Director for further diagnostic evaluation and testing to include a chest x-ray. Review of the facility's policy entitled, "Resident Tuberculosis Testing and Screening Policy," dated August 2005, revealed all residents without a known documented positive PPD reaction would receive tuberculosis testing upon admission using a two-step method. The first step would be administered upon admission and if negative, a second PPD would be administered seven to fourteen days thereafter. The policy revealed if the second step was negative annual testing would occur thereafter using a single-step method. The policy revealed evaluation of residents with a new positive PPD would occur by	F 493			

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F 493	<p>Continued From page 24</p> <p>the attending physician or the Medical Director to determine the presence of active tuberculosis. The policy also revealed residents with a known documented positive reaction to a TB skin test would be screened for any history and symptoms of tuberculosis. A chest x-ray would be obtained for residents with a positive screening, and the attending physician or the Medical Director would be notified to determine if further testing, appropriate treatment, and management were necessary. The policy stated any resident with suspected or probable infectious tuberculosis would be transferred to an alternate facility for treatment.</p> <p>Review of the facility's policy entitled, "Tuberculosis Testing and Screening Temporary Measures," dated 01/17/14, revealed in the event the tuberculosis testing agent became unavailable due to the shortage of Tubersol and Aplisol, either a Blood Assay for Mycobacterium Tuberculosis (BAMT), QuantiFERON-TB Cold In-Tube Test (IGRA), or T-Spot TB (TST) (blood tests that test for the presence of tuberculosis infection) would be performed. If these tests were not available from the facility's laboratory, the facility would consult with the local health department for measures to be taken for tuberculosis testing and/or screening.</p> <p>Review of Immunization Records revealed all residents in the facility had received a TB skin test by 01/31/14. Residents who had a positive reaction in the past received a TB screening as well as a chest x-ray. Documentation revealed all residents had tested negative for tuberculosis.</p> <p>Review of Immunization Records revealed all staff in the facility had received a TB skin test by</p>	F 493			

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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	
F 493	<p>Continued From page 25</p> <p>01/31/14. Staff who had a positive reaction in the past had received a TB screening as well as a chest x-ray. Documentation revealed all staff had tested negative for tuberculosis.</p> <p>Review of QI meeting minutes dated 01/17/14 and signed by the Administrator revealed the QI team met and decided to revert back to the former policy dated August 2005.</p> <p>Review of an Inservice Roster dated 01/22/14 revealed the Clinical Nurse Consultant provided all Administrative staff an in-service on the actions to take in the event the facility had a low supply of Tubersol.</p> <p>Review of a QI monitoring tool completed by the Director of Nursing (DON) on 01/22/14 revealed the DON had monitored to ensure all residents and staff had been tested for tuberculosis with a TB skin test or that if the resident or staff member had previously tested positive a chest x-ray would be completed. The Administrator had acknowledged by signature that he had reviewed the QI monitoring tool.</p> <p>Review of a QI monitoring tool dated 02/21/14, revealed the SDC documented the facility had ten new residents since 01/22/14, and all had been tested for tuberculosis. The DON and the Administrator had acknowledged by signature that they had reviewed the monitoring tool.</p> <p>Review of documentation provided by the Administrator revealed there had not been any new employees hired to provide services at the facility since 01/21/14.</p> <p>Review of an Inservice Roster dated 02/06/14</p>	F 493			

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F 493	<p>Continued From page 26</p> <p>revealed the SDC had provided an in-service to all nurses related to the correct way to administer and read a TB skin test and to notify the SDC if the supply of Tubersol becomes low.</p> <p>Interviews conducted with Registered Nurse (RN) #1 on 02/27/14 at 6:00 PM, with Licensed Practical Nurse (LPN) #2 at 6:10 PM, LPN #1 at 6:15 PM, and LPN #3 at 6:15 PM, revealed they had all attended an in-service training on how to administer and read a TB skin test. The nurses also revealed they were to notify the SDC if the facility's supply of Tubersol became low.</p> <p>Interviews conducted with the facility's QI Nurse on 02/25/14 at 1:05 PM, the SDC on 02/27/14 at 2:30 PM, the DON on 02/27/14 at 4:50 PM, and the Administrator on 02/27/14 at 7:25 PM, revealed they had all attended the QI meeting on 01/17/14, when the facility's TB testing policy had been reverted back to the previous TB testing policy dated August 2005. The interviews also revealed the Clinical Nurse Consultant provided in-service training to them on the policy and if the facility's supply of Tubersol was to become low staff was required to notify the SDC and begin using laboratory testing for tuberculosis.</p> <p>Interview conducted with the QI Nurse on 02/25/14 at 1:05 PM, revealed she was monitoring to ensure all residents and staff had been either TB skin tested or received a chest x-ray if they were a positive reactor for tuberculosis skin testing.</p> <p>Interview conducted with the DON on 02/27/14, at 4:50 PM, revealed on 01/22/14, she had monitored to ensure and verify all residents and staff had completed TB skin testing or had</p>	F 493			

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

PRINTED: 05/29/2014
FORM APPROVED
OMB NO. 0938-0391

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F 493	Continued From page 27 received a chest x-ray if they were positive reactors. The DON stated she had reviewed the information with the Administrator. The DON stated all residents and staff had completed testing by 01/31/14. The DON stated no staff or resident tested positive for tuberculosis. Interview conducted with the Administrator on 02/27/14, at 7:25 PM, revealed she had reviewed the QI tool used by the DON and the QI nurse to monitor for resident and staff tuberculosis testing. The Administrator stated as of present all residents and staff had been tested for tuberculosis. The Administrator stated staff was to notify her immediately if they had any concerns related to tuberculosis testing of residents or staff.	F 493			
F 520	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the	F 520			

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F 520	<p>Continued From page 28</p> <p>compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility policy review, and review of notifications from the Kentucky Department of Public Health (DPH), the Office of Inspector General, and the Centers for Disease Control (CDC) Health Alert Network, it was determined the facility failed to have an effective Quality Assessment and Assurance Committee to identify quality deficiencies related to infection control and to develop and implement plans of action to correct infection control practices.</p> <p>On 02/19/13, all long-term care facilities were notified by the Kentucky Department of Public Health (DPH) and the Office of Inspector General of a shortage in the manufacturing of Tubersol (a protein derivative used to test for tuberculosis). On 03/08/13, the facility developed a temporary policy to address the shortage of Tubersol. However, the procedures the facility developed for tuberculosis (TB) screening were not in accordance with recommendations from the Kentucky Department of Public Health (DPH) regarding screening of residents and employees for tuberculosis.</p> <p>In addition, review of a CDC Health Alert Network document, dated 04/12/13, revealed the CDC</p>	F 520	Past noncompliance: no plan of correction required.	

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F 520	<p>Continued From page 29</p> <p>recommended several approaches to address the shortage of the tuberculin skin test antigen that included substituting Aplisol (solution of purified protein administered intradermally to aid in the diagnosis of tuberculosis) for Tubersol for skin testing.</p> <p>Although the facility's policy was changed on 03/08/13, the facility began to screen residents and staff that were due an annual TB skin test after 07/02/13 for signs, symptoms, and risk factors of tuberculosis. However, the facility failed to develop a plan of action to monitor the effectiveness and efficiency of the newly developed policy/procedure. The facility failed to evaluate and monitor for possible infections of tuberculosis in accordance with the Kentucky DPH and CDC recommendations for residents that were due an annual TB skin test after 07/02/13 and for staff that was hired between 07/02/13 and 01/31/14. The failure affected a total of five (5) of eighteen (18) sampled residents, twenty-one (21) of seventy-one (71) unsampled residents, and twenty (20) employees.</p> <p>The facility's failure to have an effective system in place to monitor and ensure residents and employees were screened for the presence of tuberculosis per recommendations of the Kentucky Department of Health, the Office of Inspector General, and the Centers for Disease Control was likely to cause serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy was identified at 42 CFR 483.65 Infection Control on 02/27/14 and was determined to exist on 07/02/13 through 02/06/14. The facility implemented corrective actions prior to the State Survey Agency's survey and, as a result, the Immediate Jeopardy was</p>	F 520			

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F 520	<p>Continued From page 30</p> <p>determined to have been corrected on 02/07/14. Based on the actions taken by the facility, it was determined to be Past Jeopardy.</p> <p>The findings include:</p> <p>Review of the Quality Improvement policy (dated January 2011) revealed the Quality Improvement Committee was responsible to determine if changes in plans of action were required to improve outcomes, if action plans needed to be formed or modified, and if increased monitoring of resident care was required.</p> <p>Review of the letter sent to all long-term care facilities on 02/19/13 from the Kentucky Department of Public Health and the Office of Inspector General revealed a nationwide shortage of Tubersol (medication used for TB skin testing). The letter identified a blood test, Blood Assay for Mycobacterium Tuberculosis (BAMT), as an alternative option for TB screening in long-term care facilities.</p> <p>Review of the facility's "Tuberculosis Testing and Screening - Temporary Measures" policy dated 03/08/13, revealed staff was to conduct a "Complete Tuberculosis Screening User Defined Assessment" for all residents and staff. According to the policy, if residents or newly hired employees were assessed to have negative responses to all questions on the assessment no further testing would be required. The policy also revealed if residents or employees were assessed to have a positive response to "Signs and Symptoms" further medical evaluation was to include a chest x-ray. In addition, the policy revealed residents and employees assessed to have a negative response to "Signs and</p>	F 520		

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F 520	<p>Continued From page 31</p> <p>Symptoms" but a positive response to the "Tuberculosis Risks" were to receive a tuberculin skin test unless written documentation of a prior positive skin test and negative chest x-ray was available.</p> <p>Review of the CDC Health Alert Network dated 04/12/13, revealed the CDC recommended substituting a type of blood test for a tuberculin skin test or substituting Aplisol (a solution that could be used for TB skin tests) for Tubersol for skin testing. The CDC health alert stated tuberculin skin tests could be allocated to priority indications, such as TB investigations.</p> <p>Review of the medical records for sampled Residents #1, #7, #8, #9, and #15, and review of the immunization records for 21 unsampled residents (Residents A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, and U) revealed their annual tuberculin skin testing had been due between 07/02/13 and 01/22/14. However, review of documentation in the medical records and immunization records revealed the facility had screened the residents for signs, symptoms, and risk of tuberculosis by use of a TB Screening Tool and had failed to administer an annual tuberculin skin test or blood test to determine the presence of tuberculosis.</p> <p>Review of personnel records revealed the facility hired 20 new employees from 07/02/13 through 01/31/14; however, continued review of personnel records revealed the facility failed to ensure the employees received a skin test or lab test to determine the presence of the bacteria that causes tuberculosis as required by the Kentucky Department of Public Health, the Office of Inspector General, and the CDC, and had only</p>	F 520			

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F 520	<p>Continued From page 32</p> <p>screened the employees for the signs, symptoms, and risks of tuberculosis.</p> <p>Interview with the Quality Improvement (QI) Nurse on 02/25/14, at 1:05 PM, revealed the newly adopted policy/procedure regarding tuberculin testing had not been monitored through the QI program because the policy was temporary. The QI Nurse stated the Staff Development Coordinator (SDC) was responsible for monitoring to ensure residents and staff received the designated TB screening and had not reported any problems to her related to the completion of the screenings. The QI Nurse stated the facility had not monitored the effectiveness of the new policy and had not monitored to ensure all residents and employees received the recommended TB skin testing or blood testing in accordance with the facility's policy.</p> <p>Interview with the Administrator on 02/27/14, at 7:25 PM, revealed monitoring had not been conducted through the QI program to evaluate the effectiveness and efficiency of the new TB screening policy.</p> <p>**The facility implemented the following actions to correct the deficiency:</p> <p>-The facility experienced a shortage of Tubersol in July 2013; however, all new admissions to the facility continued to receive a two-step TB skin test upon admission.</p> <p>-The facility held a QI meeting on 01/17/14 after it was learned another facility within the corporation had received deficiencies related to the facility's failure to ensure tuberculin testing was</p>	F 520			

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F 520	<p>Continued From page 33</p> <p>administered to the residents/employees in accordance with State guidelines that were provided to facilities on 02/10/13. The QI team decided to revert back to the previous policy used by the facility for tuberculosis testing effective 01/17/14.</p> <p>-All Administrative staff was in-serviced on 01/22/14 on the recommended procedures to test residents/staff for the presence of tuberculosis in the event of a shortage of Tubersol.</p> <p>-The facility performed TB skin testing of all residents and staff as of 01/31/14.</p> <p>-The DON monitored to ensure all residents and staff had had a TB skin test on 01/22/14. The DON printed a roster and verified the results on the resident's chart.</p> <p>-On 01/22/14, the SDC and Administrative Nursing Staff were in-serviced by the Clinical Nurse Consultant regarding what to do if the facility experienced a shortage of Tubersol. The SDC and Administrative Nursing Staff were told if the supply of Tubersol was low, a BAMT, QuantiFERON-TB cold in tube test, or a T-Spot (laboratory blood test for tuberculosis) should be performed on the resident or staff.</p> <p>-All nurses were in-serviced on 02/06/14, on the correct procedure to follow if Tubersol supplies were low. Staff was instructed to notify the SDC immediately. The in-service has also been added to the new employee nurse orientation.</p> <p>-A monthly QI monitor was developed and put into place on 01/21/14, and is being completed monthly to ensure all new/current residents have</p>	F 520			

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F 520	<p>Continued From page 34</p> <p>received their TB skin test. The QI monitor is being completed by the DON.</p> <p>-The QI nurse is completing a QI report after the orientation process for newly hired employees and on a monthly basis for all current employees to ensure the employees received TB skin testing.</p> <p>-The DON is monitoring the computer to ensure all staff and residents remain current with their TB testing and will be reporting the findings on a monthly basis to the QI team.</p> <p>-The DON and Administrator will be notified immediately if there are any concerns identified with TB skin testing.</p> <p>**The surveyor validated the corrective action as follows:</p> <p>Observations, interviews, record reviews, and policy reviews conducted on 02/24/14 through 02/27/14, revealed all residents were tested or screened for TB as required by policy revised on 01/17/14.</p> <p>Review of the facility's policy entitled, "Tuberculosis Screening and Testing," dated August 2005, revealed at the time of employment all employees would receive a two-step TB skin test with the first step being given on the first day of work. Employees with a negative skin test would receive a second-step TB skin test within seven to fourteen days, and annually by a one-step TB skin testing method. The policy revealed if a new positive TB test occurred employees would be referred to the local health department or to the Medical Director for further</p>	F 520			

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F 520	<p>Continued From page 35</p> <p>diagnostic evaluation and testing to include a chest x-ray. The policy further revealed if an employee had a documented positive TB skin test upon hire a screening for tuberculosis symptoms would be performed. An employee with negative symptomology would have an annual screening thereafter. If symptomology was present, the employee would be referred to the local health department or the Medical Director for further diagnostic evaluation and testing to include a chest x-ray.</p> <p>Review of the facility's policy entitled, "Resident Tuberculosis Testing and Screening Policy," dated August 2005, revealed all residents without a known documented positive PPD reaction would receive tuberculosis testing upon admission using a two-step method. The first step would be administered upon admission and if negative a second PPD would be administered seven to fourteen days thereafter. The policy revealed if the second step was negative annual testing would occur thereafter using a single-step method. The policy revealed evaluation of residents with a new positive PPD would occur by the attending physician or the Medical Director to determine the presence of active tuberculosis. The policy also revealed residents with a known documented positive reaction to a TB skin test would be screened for any history and symptoms of tuberculosis. A chest x-ray would be obtained for residents with a positive screening, and the attending physician or the Medical Director would be notified to determine if further testing, appropriate treatment, and management were necessary. The policy stated any resident with suspected or probable infectious tuberculosis would be transferred to an alternate facility for treatment.</p>	F 520			

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F 520	Continued From page 36 Review of the facility's policy entitled, "Tuberculosis Testing and Screening Temporary Measures," dated 01/17/14, revealed in the event the tuberculosis testing agent became unavailable due to the shortage of Tubersol and Aplisol, either a Blood Assay for Mycobacterium Tuberculosis (BAMT), QuantiFERON-TB Cold In-Tube Test (IGRA), or T-Spot TB (TST) (blood tests that test for the presence of tuberculosis infection) would be performed. If these tests were not available from the facility's laboratory, the facility would consult with the local health department for measures to be taken for tuberculosis testing and/or screening. Review of Immunization Records revealed all residents in the facility had received a TB skin test by 01/31/14. Residents who had a positive reaction in the past received a TB screening as well as a chest x-ray. Documentation revealed all residents had tested negative for tuberculosis. Review of Immunization Records revealed all staff in the facility had received a TB skin test by 01/31/14. Staff who had a positive reaction in the past had received a TB screening as well as a chest x-ray. Documentation revealed all staff had tested negative for tuberculosis. Review of QI meeting minutes dated 01/17/14 and signed by the Administrator revealed the QI team met and decided to revert back to the former policy dated August 2005. Review of an Inservice Roster dated 01/22/14 revealed the Clinical Nurse Consultant provided all Administrative staff an in-service on the actions to take in the event the facility had a low	F 520			

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F 520	<p>Continued From page 37 supply of Tubersol.</p> <p>Review of a QI monitoring tool completed by the Director of Nursing (DON) on 01/22/14, revealed the DON had monitored to ensure all residents and staff had been tested for tuberculosis with a TB skin test or that if the resident or staff member had previously tested positive a chest x-ray would be completed. The Administrator had acknowledged by signature that he had reviewed the QI monitoring tool.</p> <p>Review of a QI monitoring tool dated 02/21/14, revealed the SDC documented the facility had ten new residents since 01/22/14, and all had been tested for tuberculosis. The DON and the Administrator had acknowledged by signature that they had reviewed the monitoring tool.</p> <p>Review of documentation provided by the Administrator revealed there had not been any new employees hired to provide services at the facility since 01/21/14.</p> <p>Review of an Inservice Roster dated 02/06/14, revealed the SDC had provided an in-service to all nurses related to the correct way to administer and read a TB skin test and to notify the SDC if the supply of Tubersol becomes low.</p> <p>Interviews conducted with Registered Nurse (RN) #1 on 02/27/14 at 6:00 PM, with Licensed Practical Nurse (LPN) #2 at 6:10 PM, LPN #1 at 6:15 PM, and LPN #3 at 6:15 PM, revealed they had all attended an in-service training on how to administer and read a TB skin test. The nurses also revealed they were to notify the SDC if the facility's supply of Tubersol became low.</p>	F 520			

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 02/27/2014
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 FERNDAL APARTMENTS ROAD PINEVILLE, KY 40977		
(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 520	<p>Continued From page 38</p> <p>Interviews conducted with the facility's QI Nurse on 02/25/14 at 1:05 PM, and with the SDC on 02/27/14 at 2:30 PM, the DON on 02/27/14 at 4:50 PM, and the Administrator on 02/27/14 at 7:25 PM, revealed they had all attended the QI meeting on 01/17/14, when the facility's TB testing policy had been reverted back to the previous TB testing policy dated August 2005. The interviews also revealed the Clinical Nurse Consultant provided in-service training to them on the policy and, if the facility's supply of Tubersol became low, staff was required to notify the SDC and begin using laboratory testing for tuberculosis.</p> <p>Interview conducted with the QI Nurse on 02/25/14 at 1:05 PM, revealed she was monitoring to ensure all residents and staff had been either TB skin tested or received a chest x-ray if they were a positive reactor for tuberculosis skin testing.</p> <p>Interview conducted with the DON on 02/27/14, at 4:50 PM, revealed on 01/22/14 she had monitored to ensure and verify all residents and staff had completed TB skin testing or had received a chest x-ray if they were positive reactors. The DON stated she had reviewed the information with the Administrator. The DON stated all residents and staff had completed testing by 01/31/14. The DON stated no staff or resident tested positive for tuberculosis.</p> <p>Interview conducted with the Administrator on 02/27/14, at 7:25 PM, revealed she had reviewed the QI tool used by the DON and the QI Nurse to monitor for resident and staff tuberculosis testing. The Administrator stated as of present all residents and staff had been tested for</p>	F 520			

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

PRINTED: 05/29/2014
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 02/27/2014
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 39 FERNDALE APARTMENTS ROAD PINEVILLE, KY 40977		
(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 520	Continued From page 39 tuberculosis. The Administrator stated staff was to notify her immediately if they had any concerns related to tuberculosis testing of residents or staff.	F 520		

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

PRINTED: 05/29/2014
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 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2014
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 FERNDAL APARTMENTS ROAD PINEVILLE, KY 40977		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1976</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type 111(000)</p> <p>SMOKE COMPARTMENTS: Five</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II Diesel generator</p> <p>A Life Safety Code Survey was initiated and concluded on 02/25/14, for compliance with Title 42, Code of Federal Regulations, §483.70 and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(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.