

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

PRINTED: 09/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/12/2015
NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1595 US HWY 231 S. BEAVER DAM, KY 42320		
(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 Based upon implementation of the acceptable POC, the facility was deemed to be in compliance 10/12/15, as alleged.	{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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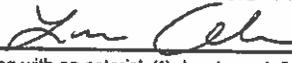
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SEP 2015
OFFICE OF INSPECTOR GENERAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2015
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NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1595 US HWY 231 S. BEAVER DAM, KY 42320
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F 000	INITIAL COMMENTS A Recertification Survey was conducted on 09/01/14 through 09/03/14 with a deficiency cited at a Scope and Severity of a "F".	F 000	Disclaimer: Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.	
F 371 SS=F	483.35(i) 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 facility policy review, it was determined the facility failed to store, prepare, distribute or serve food under sanitary conditions. Observation revealed Dietary Staff failed to sanitize hands or don protective aprons to prevent the cross contamination between cleaning dirty dishes and removing clean dishes. Review of the Census and Condition, dated 09/01/15, revealed there were fifty-five (55) residents in the building and all the residents received there meals from the kitchen as there were no residents who received tube feedings. The findings include:	F 371	F 371 SANITARY CONDITIONS The facility shall (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: Criteria #1: Dishwashing observations were completed on 9/2/15, 9/25/15, and 9/28/15 by the DM and RD to verify that dietary staff are observing/practicing proper hand sanitation and changing aprons between handling of soiled and clean dishes Criteria #2: A kitchen sanitation audit was completed on 9/28/15 by the consultant Registered Dietician (RD) to verify that the kitchen meets sanitary conditions in accordance with State and Federal guidelines.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NHA	(X6) DATE 9-22-15
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NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1595 US HWY 231 S. BEAVER DAM, KY 42320
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F 371	<p>Continued From page 1</p> <p>Review of the facility's policy titled, "Dishwashing Procedure", not dated, revealed if there are two (2) staff in the dish room, one (1) will work on the dirty side and one (1) on the clean side. However, if there is one (1) person in the dish room, they must wash their hands between dirty and clean areas.</p> <p>Review of the facility's policy titled, "Infection Prevention", not dated, revealed the facility will provide precautionary measures to prevent the spread of potential infection.</p> <p>A review of the facility's "Clinical Practice Guidelines" not dated, revealed proper hand washing will be emphasized during orientation in addition to infection control practices regarding precautionary measures.</p> <p>Observation of the dish washer area in the kitchen, on 09/02/15 at 9:35 AM, revealed Dishwasher #1 cleaned off the dirty dishes, placed them in the dish washing rack, sprayed the dishes off and then placed the rack in the dishwasher. Dishwasher #1 was observed to not be wearing any apron device to protect her clothing from contamination. Dishwasher #1 was observed to clean off the dirty dishes and then remove the clean dishes making contact with her clothing which was stained with dirty food particles and observed to not wash her hands between the five (5) cycles of dirty dish to clean dish area. Further observation revealed she opened the door to the dirty dish washing area, entered the hall and pulled a dirty tray cart into the dirty area, unloaded the tray cart and proceeded with the same process of processing dirty dishes and placing them in the dishwasher</p>	F 371	<p>Criteria #3: All dietary staff members received in-service education on 10/12/15 by the DM which included, but was not limited to: proper hand sanitation and changing aprons during the handling of soiled and clean dishes when running the dishwasher.</p> <p>Criteria #4: The QA tool for the monitoring of dietary sanitation (which includes, but is not limited to: hand sanitation and changing aprons) shall be utilized weekly X 4, and then monthly under the supervision of the DM. Results of the audits will be reported to the QA Committee by the DM each month it is completed. If an accepted threshold of compliance is not achieved, the DM shall immediately develop and oversee a corrective plan. The details of the corrective plan will be reported to the QA Committee, with updated audit results, at the next monthly meeting.</p> <p>Criteria #5: Target Date:</p>	10/12/15
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NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1695 US HWY 231 S. BEAVER DAM, KY 42320		
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F 371	<p>Continued From page 2</p> <p>then entering the clean area and making contact with the sanitized dishes with both her hands and clothing without sanitizing her hands or wearing and removing any form of apron barrier to prevent the spread of cross contamination.</p> <p>Interview with Dishwasher #1, on 09/02/15 at 9:50 AM, revealed the process was to bring in dirty dishes on the dirty side, clean them off, load the rack, spray the dishes off, and load them in the dishwasher. She stated once the cycle was finished, the staff should wash their hands and unload the dishwasher before handling the clean dishes. She further stated she thought she had washed her hands and not washing her hands could cause the spread of infection or cross contamination.</p> <p>Interview with the Dietary Manager, on 09/02/15 at 9:97 AM, revealed she expected the staff to wash their hands and use an apron between clean and dirty dishes to prevent the spread of infection and cross contamination. What about apron</p> <p>Interview with the Administrator, on 09/03/15 at 9:30 AM, revealed she expected the person responsible for dish washing to follow practice guidelines and policy and wash their hands between clean and dirty dishes to prevent cross contamination.</p>	F 371			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185334	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2015
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NAME OF PROVIDER OR SUPPLIER BEAVER DAM NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1595 US HWY 231 S. BEAVER DAM, KY 42320
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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: 1964, 1975, 1984</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Type V (000)</p> <p>SMOKE COMPARTMENTS: Five (5) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is propane.</p> <p>A Life Safety Code Survey was initiated and concluded on 09/02/15, for compliance with Title 42, Code of Federal Regulations, 483.70(a) 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		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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