

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

PRINTED: 05/18/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2015
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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

A Recertification Survey was initiated on 05/05/15 and concluded on 05/07/15, with deficiencies cited at the highest Scope and Severity of an "F".

F 371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY
SS=F

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 policy, it was determined the facility failed to store, distribute and serve food under sanitary conditions as evidenced by observation of outdated food products in the walk-in cooler and dented cans of food available for resident consumption.

The findings include:

1. Review of the facility's policy titled, "Use of Leftovers", undated, revealed leftover food was to be used within seventy-two (72) hours or discarded.

Observation, during the initial tour of the kitchen

F 000

Robertson County Healthcare Facility does not believe nor does the facility admit that any deficiencies exist. Robertson County Healthcare Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Robertson County Healthcare Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self-critical examination privileges which Robertson County Healthcare Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Robertson County Healthcare Facility offers its responses, credible allegations of compliance and plan of correction as a part of its ongoing effort to provide quality care to residents. Robertson County Healthcare Facility strives to provide the highest quality care while assuring the rights and safety of all residents.

F 371

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

Stephanie G. Lopez RN MSN LNH A

TITLE

Administrator

(X6) DATE

5/22/15

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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2015
NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064		
(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 371	Continued From page 1 on 05/05/15 at 11:10 AM, of the walk-in cooler revealed food items dated 04/29/15, which included two (2) trays of Styrofoam cups of fruit and pudding snacks, and a container with five (5) hard boiled eggs. Additionally, there was a plastic container with four (4) donuts and a plastic bag with one (1) donut, which were undated, and a plastic sandwich container with a sandwich dated 04/05/15. Interview, on 05/07/15 at 10:36 AM, with the Dietary Manager revealed the facility's policy was to use or discard leftover food after seventy-two (72) hours. She revealed all food items in the walk-in cooler which were greater than seventy-two (72) hours should have been discarded prior to the observation by the Surveyor on 05/05/15. 2. Review of the facility's policy titled, "Dry Storage", undated, revealed damaged cans would be identified for removal, and stored together in the storeroom in a separate and distinct area away from other food items. Observation, on 05/06/15 at 8:55 AM, of the dry storage room revealed four dented cans which included one (1) can of vegetable soup, one (1) can of tropical fruit salad, one (1) can of apple pie filling and one (1) can of cherry pie filling, all stored on the shelves available for resident consumption. Continued interview with the Dietary Manager on 05/07/15 at 10:36 AM, revealed there was a labeled crate in the store room for dented cans to be placed in. The Dietary Manager revealed she didn't know why the dented cans were stored on the shelves, unless dietary staff had been	F 371	It is and was on the day of survey the policy of Robertson County Healthcare Facility to store, prepare, distribute and serve food under sanitary conditions; 1. There were food items in the walk in cooler that were noted to have expired which were discarded immediately after the findings. There was also dented cans noted on the shelves in the dry storage room which were immediately discarded upon the findings. No residents were affected by the expired goods. 2. All snacks, food and food sources which are required to be dated and discarded according to expirations have been examined and are in compliance with the above. The walk in cooler was examined by Dietary Manager on 5/5/15 and all expired food sources were removed. All food sources have been stored and labeled properly. All cans that are stored in dry storage were examined and noted to be in compliance as well. This audit was conducted by the Administrator on 5/7/15.		

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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 371 Continued From page 2
"rushing" to put the "stock up" and just missed seeing the cans were dented.

F 371

3. The Dietary Manager, Cooks, and Dietary Aides will observe and document monthly that food sources located within the facility is stored, labeled and discarded within three days per facility policy. The Dietary Manager, Cooks and Dietary Aides will also monitor "stock" and immediately discard or send dented or damaged goods back to the vendor for credit. This is an ongoing observation and documentation process. There was an in-service by the Dietary Manager on 5/11/15 for all dietary staff including: dietary aides and cooks about proper storage, expiration and discarding of food sources as well as proper storage in the dry storage closet. The in-service also discussed infection control procedures in relation to food storage.

4. As part of the facility's ongoing continuous quality assurance program the walk in cooler storage and dry storage closet will be observed monthly for six months and then quarterly if no problems arise by the Dietary Manager or designee. The record will become part of the Quality Assurance and Safety Committee meeting minutes. Proper food storage will also be audited by the Director of Nursing monthly and will become part of the continuous quality assurance program as well.

5. May 11, 2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185359	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2015
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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62 MOUNT OLIVET, KY 41064
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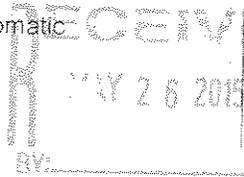
K 000 INITIAL COMMENTS

K 000

CFR: 42 CFR 483.70 (a)
BUILDING: 01
SURVEY UNDER: 2000 Existing
PLAN APPROVAL: 1991
FACILITY TYPE: SNF/NF
TYPE OF STRUCTURE: One (1) story, Type V (000) Unprotected
SMOKE COMPARTMENTS: Four (4)
FIRE ALARM: Complete Supervised Automatic Fire Alarm System
SPRINKLER SYSTEM: Fully Sprinkled, Supervised (Dry System)
EMERGENCY POWER: Type II natural gas fueled generator

A Life Safety Code Survey (using 2786S Short Form) was initiated and concluded on 05/05/15. The facility was found to be in compliance with the requirements for Medicare and Medicaid, Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) NFPA 101 Life Safety Code 2000 Edition. The facility is licensed for sixty (60) beds. The census the day of the survey was fifty-four (54).

Robertson County Healthcare Facility does not believe nor does the facility admit that any deficiencies exist. Robertson County Healthcare Facility reserves all rights to contest the survey findings through informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This Life Safety plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard care, contract, obligation or position. Robertson County Healthcare Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Robertson County Healthcare Facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action, or proceeding. Robertson County Healthcare Facility offers its responses, credible allegations of compliance and plan of correction as a part of its ongoing effort to provide quality care to residents. Robertson County Healthcare Facility strives to provide the highest quality care while assuring the rights and safety of all residents.



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

TITLE

(X6) DATE

Stephanie D. Geyer RN MON LNH A

Administrator

5/22/15

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