

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

PRINTED: 11/20/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185188	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING <u>2015</u>	(X3) DATE SURVEY COMPLETED  11/05/2015
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NAME OF PROVIDER OR SUPPLIER  MONROE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 N MAGNOLIA STREET TOMPKINSVILLE, KY 42167
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F 000  F 279 SS=D	<p>INITIAL COMMENTS</p> <p>A standard health survey was conducted on 11/03-05/15. Deficient practice was identified with the highest scope and severity at 'E' level. 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to develop a comprehensive care plan for one (1) of nineteen (19) sampled residents (Resident #8) related to the use of an indwelling urinary catheter. Resident #8 was observed to have an indwelling urinary catheter. However, review of</p>	F 000  F 279	<p>F000 Preparation and execution of the plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. This plan of correction is prepared and executed solely because it is required by law.</p> <p>F279 Criteria#1: On 11/5/15 communication was added to the comprehensive care plan for resident #8, by the Rehabilitation Nurse, to include the use of an indwelling catheter along with interventions to address the risks related to the use of an indwelling catheter.</p> <p>Criteria #2: All comprehensive care plans with all residents with foley catheters/ catheter care reviewed by the IDT (Interdisciplinary Team) on 11/5/15 to ensure that all needs are addressed and that all care plans are current and applicable to the resident. Any updates or revisions will be completed as indicated.</p> <p>Criteria #3: Nursing staff and IDT re-educated on the use of the care plan to direct care and on the need to include special procedures/interventions on the care plan. This was completed by the Director of</p>	F279 11/14/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Sammy Kelly TITLE Administrator (X6) DATE 11/26/15

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.

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NAME OF PROVIDER OR SUPPLIER  MONROE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 706 N MAGNOLIA STREET TOMPKINSVILLE, KY 42167		
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F 279	<p>Continued From page 1</p> <p>Resident #8's comprehensive care plan revealed the facility failed to develop a comprehensive care plan to address the resident's needs and the risks related to the indwelling urinary catheter.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Assessment/Care Planning Policy and Procedure," with a revision date of 06/08/11, revealed a care plan would be developed to promote a more independent state or maintain the resident at his/her current level of functioning.</p> <p>A review of the medical record revealed the facility admitted Resident #8 on 04/17/13, with diagnoses that included Dementia, Benign Prostatic Hypertrophy, and Urinary Retention.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated 08/04/15, revealed the resident was assessed by the facility to have moderately impaired cognition. The MDS also revealed the resident was always incontinent of bowel and bladder and required the extensive assistance of staff for toileting.</p> <p>Review of the physician's orders for Resident #8 dated 11/02/15, revealed an order for Resident #8 to have an indwelling urinary catheter due to a diagnosis of Urinary Retention.</p> <p>Review of Resident #8's care plan dated 08/18/15, revealed Resident #8's care plan did not address the use of an indwelling catheter or provide interventions to address the risks related the use of an indwelling catheter.</p> <p>Interview with the Rehabilitation Nurse on</p>	F 279	<p>(continued F279)</p> <p>Nursing (DON) to the IDT on 11/5/15 and to the licensed nurses on 11/12/15 and to the nursing staff on 11/13/15.</p> <p>Criteria #4: The DON will review 25% of care plans each week for 8 weeks to ensure all care plans are reviewed a second time within the quarter to ensure they are accurate and individualized for each resident. The DON will then review a minimum of 25% of care plans each month to ensure our procedure for development and review of care plan is implemented. The DON will report any issues noted to the facility QA Committee for follow-up no less than quarterly.</p>		

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NAME OF PROVIDER OR SUPPLIER  MONROE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 708 N MAGNOLIA STREET TOMPKINSVILLE, KY 42167		
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F 279	Continued From page 2 11/05/15 at 4:00 PM, revealed she was responsible for developing the care plan for Resident #8 to address his/her indwelling urinary catheter. The Rehabilitation Nurse stated she should have developed interventions related to Resident #8's indwelling urinary catheter and had just "missed it."  Interview with the Director of Nursing (DON) on 011/05/15 at 4:25 PM revealed a care plan should have been developed to address Resident #8's indwelling urinary catheter. The DON stated she reviewed care plan meeting minutes and reviewed care plans at that time. The DON stated the Rehabilitation Nurse was responsible for developing the care plans related to all residents' bladder and bowel requirements. The DON stated she had not identified any concerns with care plans for indwelling urinary catheters not being developed.	F 279			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary, and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review,	F 315	F315 Criteria #1: On 11/5/15 a velcro catheter strap was secured to Resident #8's leg by Licensed Practical Nurse (LPN) to prevent trauma.  Criteria #2: All residents with a catheter were assessed on 11/5/15 by the Director of Nursing (DON) to assure that a velcro catheter strap was in place securing the catheter to the resident's leg, unless refused by the resident and then in which case the refusal was noted on the resident's comprehensive care plan.	F315 11/14/15	

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F 315	<p>Continued From page 3</p> <p>and facility policy review, it was determined the facility failed to ensure one (1) of nineteen (19) sampled residents (Resident #8) received appropriate treatment and services for an indwelling urinary catheter to prevent trauma. Observation of a skin assessment and catheter care for Resident #8 on 11/04/15, revealed Resident #8's indwelling urinary catheter was observed to be draped over the resident's left leg and not secured to the resident (to prevent trauma).</p> <p>The findings include:</p> <p>Interview conducted with the Director of Nursing (DON) on 11/05/15 at 4:25 PM revealed the facility did not have a policy related to indwelling urinary catheter care, but referred to "Mosby's Textbook for Long Term Care Nursing Assistants, Seventh Edition" as the reference utilized by the facility. A review of the reference revealed when performing indwelling urinary catheter care, staff was required to secure the catheter to the resident's thigh (to prevent trauma).</p> <p>Review of the medical record revealed the facility admitted Resident #8 on 04/17/13, with diagnoses that included Dementia, Urinary Retention, and Benign Prostatic Hypertrophy.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated 08/04/15, revealed Resident #8 was assessed by the facility to have moderately impaired cognition. The MDS also revealed the resident required the extensive assistance of staff for toileting and was always incontinent of bowel and bladder.</p> <p>Review of Resident #8's care plan dated</p>	F 315	<p>(continued F315)</p> <p>Criteria #3: The DON re-educated the Interdisciplinary Team (IDT) on 11/5/15 and the licensed nurses on 11/12/15 and then re-educated/retrained the remaining nursing staff on 11/13/15 of the need to use a catheter strap to secure catheters to resident's leg to prevent trauma to those residents requiring a catheter. All newly hired nursing employees educated during the orientation process.</p> <p>Criteria #4: The licensed nurses will check all resident's catheters each shift to ensure that the catheter leg strap is in place. The licensed nurse will document this in the resident's medical record each shift.</p> <p>The DON will check all residents with catheters every week times 8 to ensure that a catheter leg strap is used as indicated. The DON will also monitor the licensed nurses documentation weekly times 8 to ensure that the nurses are monitoring resident's with catheters and ensuring that catheter straps are utilized as indicated.</p> <p>The DON will then check all residents with catheters at least monthly to ensure a catheter leg strap is utilized as indicated.</p> <p>Any issues noted by the DON will be</p>	

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F 315	<p>Continued From page 4</p> <p>08/18/15, revealed Resident #8's care plan did not address the use of an indwelling catheter or provide interventions to address the risks related the use of an indwelling catheter.</p> <p>Review of the physician's orders for Resident #8 dated 11/02/15, revealed an order for Resident #8 to have an indwelling urinary catheter due to a diagnosis of Urinary Retention.</p> <p>Observation of catheter care for Resident #8 by State Registered Nurse Aide (SRNA) #4 and Licensed Practical Nurse (LPN) #3 on 11/04/15 at 3:30 PM revealed SRNA #4 draped the catheter over Resident #8's left leg. The SRNA and the LPN left the room and failed to secure the urinary catheter to the resident's thigh.</p> <p>Interview conducted with SRNA #4 on 11/05/15 at 3:15 PM revealed he had not been trained to secure an indwelling urinary catheter to the resident's body. The SRNA stated he secured the catheter by "coiling" the catheter.</p> <p>Interview conducted with LPN #3 on 11/05/15 at 3:20 PM revealed the catheter should have been attached to the resident's thigh with a Velcro strap. The LPN stated she had just been nervous and had not identified the SRNA had not secured the resident's catheter.</p> <p>Interview conducted with the DON on 11/05/15 at 4:25 PM revealed she made rounds throughout the facility several times a day to ensure residents were being provided the care and treatment they required. The DON stated all indwelling urinary catheters were required to be secured to the resident with a Velcro strap. The DON stated she monitored to ensure indwelling urinary catheters</p>	F 315	<p>(continued F315)</p> <p>reported to the facility Quarterly QA Committee.</p>	

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F 315	Continued From page 5 were being secured and had not identified any concerns.	F 315		
F 323 SS=E	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the resident environment remained as free of accident hazards as possible for fourteen (14) residents who were assessed to wander of ninety-four (94) total residents. Doors to medical supply rooms on the A/B Hallway and the C/D Hall had the door latch taped to prevent the door from locking. In addition, an oxygen supply room door latch had been set to prevent the door from locking.</p> <p>The findings include:  Interview with the Facility Administrator on 11/05/15 at 6:10 PM, revealed the facility did not have an accident hazard policy nor a policy regarding the locking of medical supply rooms or the oxygen supply room. According to the Administrator, the corporation that owned the facility may have a policy but the Administrator could not find a policy related to accident hazards</p>	F 323	<p>F323</p> <p>Criteria #1: On 11/5/15 tape/cardboard immediately removed from A/B Hallway medical supply room by Licensed Practical Nurse (LPN) and from C/D Hallway medical supply room by Administrator. The door latch on the oxygen supply room was set to lock by Maintenance Director. Those doors were immediately checked to ensure they were properly locked by Administrator.</p> <p>Immediately locked the electrical alarm panels/doors- this was done by the Maintenance Director.</p> <p>Criteria #2: Director of Nursing (DON) immediately identified and then assessed 14 residents who were at risk for wandering and who could have been at risk for injury.</p> <p>No injuries were noted to any resident as a result of previously unlatched medical supply room doors and/or oxygen supply room door and/or the previously opened 2 electrical alarm panels.</p> <p>Administrator immediately visually checked all other residents in facility and ensured they were all safe.</p>	F323 11/14/15

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F 323	<p>Continued From page 6</p> <p>of unlocked supply rooms, oxygen storage rooms, or electrical panels.</p> <p>Review of a list of residents who had been assessed by the facility to be at risk for wandering, revealed fourteen (14) residents were on the list. Residents were observed in the hallway throughout the survey wandering near the A/B Hall and the C/D Hall medical supply rooms.</p> <p>Observation of the A/B Hall medical supply room on 11/05/15 at 3:05 PM revealed tape had been placed on the door latch to prevent locking. Observations of shelves and cabinets in the room revealed one (1) bottle of lice shampoo, thirty-six (36) bottles of shampoo/body wash, and eight (8) safety razors.</p> <p>Observation of a medical supply room on the C/D Hall on 11/05/15 at 3:15 PM revealed the door latch had been covered with tape and cardboard to prevent locking. Observation of the medical supply room revealed two (2) high-voltage electrical panels that controlled the facility alarm system were open with exposed electrical connections. Further observations revealed shelves, cabinets, and lockers that contained employee personal items and thirty-nine (39) bottles of enteral feeding for use with feeding tubes.</p> <p>Observation of an oxygen storage room on the C/D Hall revealed the door latch had been set to prevent the door from locking when closed. Observation of the room revealed twenty-three (23) oxygen tanks stored in racks in the room.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) #1 on 11/05/15 at 3:07 PM, revealed</p>	F 323	<p>(continued F323)</p> <p>Criteria #3: All employees were educated by the Interdisciplinary Team (IDT) to keep both medical supply room doors and the oxygen supply room door locked.</p> <p>Employees were not allowed to work before being educated.</p> <p>Locks on all 3 doors changed from a push pad to a key lock on 11/5/15 by Maintenance Director.</p> <p>Maintenance Department or designee to check both electrical alarm boxes in C/D Hallway medical supply room daily to ensure the doors remain locked unless being serviced and in that case the maintenance director will not leave the 2 boxes un-attended and will ensure the boxes are locked after being serviced.</p> <p>Staff re-educated on 11/13/15 by DON on the importance of filing a maintenance repair request for any faulty or difficult-to-work equipment and to also notify their supervisor immediately.</p> <p>IDT to discuss any filed maintenance repair request in morning meetings.</p> <p>Criteria #4: Administrator, Maintenance Department or designee to monitor all 3 doors daily</p>	

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F 323	<p>Continued From page 7</p> <p>the LPN had placed tape on the A/B medical supply room door because the lock would malfunction and was difficult to open.</p> <p>An interview conducted with LPN #2 on 11/05/15 at 3:08 PM, revealed she was aware the door was taped and that tape was placed on the door by the nurses because the door lock malfunctioned.</p> <p>An interview conducted with LPN #3 on 11/05/15 at 3:15 PM, revealed the LPN was aware of the tape and cardboard on the C/D Hall supply room and thought that maintenance had placed the tape on the door because the lock was not working.</p> <p>An interview conducted with the Maintenance Director on 11/05/15 at 5:00 PM revealed the medical supply room door on the A/B Hall had been replaced in May 2015 and no one had notified Maintenance of any concerns related to the doors not opening. Further interview revealed a contract company had worked on the facility alarm system in October 2015 and may have left the electrical panel open. According to the Maintenance Director, he checked the other facility electrical panels weekly for temperature concerns but did not check the alarm system panels and was not aware the panels were not locked.</p> <p>An interview with the Director of Nursing (DON) on 11/05/15 at 4:25 PM revealed she was not aware the nurses were taping the medical supply room doors to prevent locking and according to the DON, the doors should have been locked. Further interview with the DON revealed she checked the doors at random when she goes in</p>	F 323	<p>(continued F323)</p> <p>times 14 days, then weekly times 4 weeks, then at least monthly to ensure that all doors are properly latched.</p> <p>Maintenance Director to report to QA Committee no less than Quarterly about any issues noted with the 2 electrical alarm boxes being locked as instructed.</p> <p>Maintenance repair requests to be given to Administrator for review as soon as repair is completed with date of repair noted on form.</p>	

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F 323  F 371 SS=E	<p>Continued From page 8 and checks the room but did not have a formal system for checking the rooms or the doors.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, review of facility policies, and review of manufacturer's guidelines it was determined the facility failed to store, prepare, distribute, and serve food under sanitary conditions. Observations on 11/03/15, 11/04/15, and 11/05/15 revealed the following: facility Kitchen staff failed to follow the manufacturer's guidelines for testing the three-compartment sink to ensure proper sanitation of dishes, staff allowed cross-contamination of raw meat with a raw vegetable, the utensil drawers had dried food and grease buildup on the trays and utensils, utensils had cracked handles, the dishwashing machine did not reach appropriate temperatures to assure sanitation of dishes, and there was excessive grease buildup on and behind the gas grill.</p>	F 323  F 371	<p>F371 Criteria #1: On 11/5/15 Ecolab Sanitation Representative came to facility and re-educated dietary staffs, on duty, on the manufacturer's guidelines for testing the three-compartment sink to ensure proper sanitation of dishes. New test strips were provided by Ecolab Representative and old test strips discarded by Administrator. Assistant Dietary Manager (ADM), dietary aide #2 and cook all re-instructed on usage by Ecolab Representative.</p> <p>ADM ordered new heating element for dishwashing machine on 11/4/15. Disposable dishes and flatware utilized beginning 11/6/15 until dish machine repaired on 11/10/15 by Maintenance Director.</p> <p>Dietary aide #3 discarded bacon and tomato and then sanitized food preparation area. That food was not served to anyone.</p> <p>Utensil drawer/trays emptied and then sanitized as well as all utensils that were in that drawer were immediately removed from drawer and sanitized by ADM on 11/3/15.</p>	F371 11/11/15

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F 371	<p>Continued From page 9</p> <p>The findings include:</p> <p>1. Review of the facility's policy, "Environmental Sanitation/Infection Control Policy 9.53 Manual Washing in a Three Compartment Sink," dated August 2004, revealed a stainless steel three-compartment sink with two drain boards was used to manually wash pots, pans, and other production utensils. Production equipment and utensils were cleaned as needed during meal preparation and remaining items were cleaned at the completion of meal service. The policy stated the washing procedure was to wash items in a hot clean detergent solution at a temperature of at least 110 degrees Fahrenheit (F) in one sink, rinse items in clean hot water in a second sink, and sanitize items in an appropriate amount of sanitizing solution as specified by the manufacturer at 75 degrees F for at least one minute in a third sink.</p> <p>Review of the directions for use of the sanitizer revealed that the "required water temperature should be from 65 degrees to 75 degrees (room temperature)" and there should be from 150 parts per million (ppm) to 400 ppm of sanitizer present in the water to ensure sanitation.</p> <p>Observation on 11/04/15 at 11:20 AM revealed Dietary Aide #2 set up the three-compartment sink. Dietary Aide #2 ran hot water, added sanitizer, and filled the sink. Dietary Aide #2 then took a sanitizer reading that indicated the sanitizer level was above 400 ppm.</p> <p>Interview with Dietary Aide #2 on 11/04/15 at 11:23 AM revealed in order to sanitize pots in the three-compartment sink, the pots were to be left in the sanitizer for 30 seconds, and the water</p>	F 371	<p>(continued F371)</p> <p>Utensil (serving ladle) with cracked handle discarded on 11/3/15 by ADM and ladle was not used.</p> <p>The grill and area surrounding the grill and behind the stove on the gas lines and on the floor immediately cleaned by ADM on 11/3/15 removing all grease-like substance build-up.</p> <p>Criteria #2: All residents in facility have the potential to be affected by the same deficient practice. On 11/4/15 ADM checked entire dietary department/equipment and confirmed that dietary cleaning schedule had thoroughly been completed and the dietary department and equipment had been sanitized as scheduled.</p> <p>Criteria #3: On 11/4/15 ADM re-educated dietary staff on when and how to complete a maintenance request form and of the need to always report immediately to DM (Dietary Manager)/ADM any faulty equipment and to not use faulty equipment.</p> <p>ADM reviewed sanitation and infection prevention procedures with dietary staff on 11/4/15.</p>	

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:  185168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/05/2015
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NAME OF PROVIDER OR SUPPLIER  MONROE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 N MAGNOLIA STREET TOMPKINSVILLE, KY 42167
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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 371	<p>Continued From page 10</p> <p>temperature must be at least 100 degrees F with a sanitizer level of more than 400 ppm.</p> <p>On 11/04/15 at 11:25 AM an interview with Cook #1, who had worked at the facility for approximately 17 years, revealed she thought the procedure for sanitation was to get the sanitizer water "really really hot" and "just stick the pots in and out of the sanitizer water."</p> <p>Interview with the Assistant Dietary Manager (ADM) on 11/05/15 at 1:49 PM revealed that she had worked at the facility for 14 years and was unaware that the sanitizer should not be above 400 ppm and that hot water should not be used with the sanitizer.</p> <p>2. Review of the facility's policy, "Environmental Sanitation/Infection Control Policy 9.54," revealed a commercial dish machine certified by the National Sanitation Foundation was used following manufacturer's guidelines for proper washing and sanitizing of dishes and utensils. The policy stated that the dish machine should be operated following standards for temperatures and sanitizing agents and the rinse cycle should reach 180 degrees F.</p> <p>However, a review of the Dish Machine Temperature Chart for November 2015 revealed rinse temperatures that were below the required 180 degrees F. On 11/01/15, the rinse temperatures were 137 degrees F in the morning, 167 degrees F at noon, and 132 degrees F in the evening. The rinse temperatures on 11/02/15 were 152 degrees F in the morning, 124 degrees F at noon, and 181 degrees F in the evening. The rinse temperatures on 11/03/15 were 172 degrees F in the morning, 171 degrees F at noon</p>	F 371	<p>(continued F371)</p> <p>Dietician provided in-service education to dietary staff on duty 11/4/15 about properly storing, preparing, distributing and serving food under sanitary conditions.</p> <p>Dietary staff received in-service education on following manufacturers guidelines for testing the three-compartment sink to ensure proper sanitation of dishes on 11/4/15 from ADM and then on 11/13/15 from Ecolab Representative.</p> <p>Dietary staff also received in-service education to prevent cross-contamination of raw meat with a raw vegetable on 11/4/15 by ADM.</p> <p>ADM checked entire dietary department on 11/3/15 and no other cracked utensils noted. Dietary staff received in-service education on storing clean utensils and to discard any cracked or faulty utensils on 11/5/15 by ADM.</p> <p>Dietary cleaning schedule to be monitored daily times 14 days by DM/ADM/Head Cook and then at least weekly per DM/ADM to ensure utensils, drawers/trays are cleaned/sanitized and that there is not any grease build-up on any dietary equipment/utensils or in the dietary department.</p>	

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NAME OF PROVIDER OR SUPPLIER  MONROE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 N MAGNOLIA STREET TOMPKINSVILLE, KY 42187
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F 371	<p>Continued From page 11 and 181 degrees F in the evening.</p> <p>Observation on 11/04/15 at 11:10 AM revealed two dietary staff members in the dish room running dishes through the dish machine and observing the rinse temperature on the dish machine. Observations during five rinse cycles revealed that the rinse temperature did not reach the required 180 degrees F. The temperatures were 153 degrees F, 164 degrees F, 170 degrees F, 179 degrees F, and 164 degrees F.</p> <p>Interview with Dietary Aide # 1 on 11/04/15 at 11:14 AM revealed the highest temperature she had seen that morning was 178 degrees F. Dietary Aide #1 further stated they had been washing dishes without a chemical sanitizing agent or utilizing the three-compartment sink.</p> <p>Interview with the Plant Operations Manager on 11/05/15 at 4:45 PM revealed that the dish washing machine booster heater had a heating element that "went out" and had been replaced "several times" in the past; however, he had not received a work order recently.</p> <p>Interview with the Assistant Dietary Manager (ADM) on 11/05/15 at 1:49 PM revealed she was unaware that the dish machine was not reaching 180 degrees as necessary, and that staff should have let her know and notified Maintenance immediately.</p> <p>3. Review of the facility's policy, "Environmental Sanitation/Infection Control Policy 9.14," revealed kitchen area employees follow routine cleaning schedules that indicate frequency for cleaning equipment and kitchen areas. Surfaces of grills, griddles, and similar cooking equipment were</p>	F 371	<p>(continued F371)</p> <p>Dishwashing machine heating element replaced on 11/10/15 by Maintenance Director.</p> <p>DM/ADM/Head Cook monitoring dish machine temperatures and three-compartment sink daily for appropriate temperatures ensuring sanitation of dishes.</p> <p>Criteria #4: Monthly dietary sanitation audit by Dietician.</p> <p>DM/ADM to review competencies for all dietary staff monthly for 6 months then quarterly times 2 then annually to ensure all dietary staff remain knowledgeable on sanitary conditions (storing, preparing, distributing, and serving food under sanitary conditions).</p> <p>DM/ADM to review dietary's sanitation audits weekly times 8 then no less than monthly.</p> <p>DM/ADM to report on staff observations to facility QA Committee to determine any need for additional education or observations.</p>	

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NAME OF PROVIDER OR SUPPLIER  MONROE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 N MAGNOLIA STREET TOMPKINSVILLE, KY 42167
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F 371	<p>Continued From page 12</p> <p>cleaned at least daily or at intervals throughout the day. The cleaning schedule was based on the amount of soil accumulation and interruptions in production. The policy further stated work surfaces were cleaned and sanitized at the start of each day, after each production period, and after using potentially hazardous products such as raw meats.</p> <p>Observation on 11/03/15 at 5:53 PM revealed a utensil drawer that had food particles and a grease-like substance built up on the drawer trays and a serving ladle that was cracked with a grease-like substance built up in the cracked areas. Further observation in the kitchen revealed a heavy grease-like substance built up on the back, bottom, and behind the grill, and behind the stove on the gas lines and floor.</p> <p>Interview with the Assistant Dietary Manager (ADM) on 11/05/15 at 1:49 PM revealed the grease buildup on the grill and the pipes, and the food particles and grease buildup in the utensil drawers and on the utensils should not have been there. She stated staff had been signing off that they were cleaning the items, but stated it appeared it was not being done.</p> <p>4. Interview with the Registered Dietitian on 11/05/15 at 10:49 AM revealed the facility did not have a policy regarding transporting foods.</p> <p>Observation on 11/03/15 at 6:10 PM revealed Dietary Aide #3 placed raw bacon on a countertop, fried the bacon, and placed the bacon on a paper plate. Dietary Aide #3 then placed a tomato on the same area of the countertop where the raw bacon was placed before preparation. The aide sliced the tomato and placed it on the</p>	F 371		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 371	Continued From page 13 bacon to be served. The aide did not sanitize or clean the countertop after laying raw meal on the area.	F 371		
F 456 SS=E	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION  The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of equipment manuals, it was determined the facility failed to assure that a Vulcan Gas Range and a Hobart Dish Machine were in safe operating condition.  The findings include:  1. Review of the facility's policy, "9.56 Meal Service Repair of Dish machine," revised August 2014, revealed in the event the dish machine was scheduled for repairs or was not operating properly, meals were served using disposable dishes and flatware.  Interview with the Plant Operations Manager on 11/05/15 at 4:45 PM revealed the facility did not have other policies for the repair or replacement of kitchen equipment.	F 456	F456 Criteria #1: On 11/4/15 gas was shut down to the Vulcan Endurance Gas Restaurant Range at the main shut off valve by Administrator. Gas company notified 11/4/15 by Administrator and their representative immediately came to facility and checked dietary department, including gas range and gas grill, with a CGI gas detector and reported no gas leaks noted in dietary department.  Assistant Dietary Manager (ADM) ordered new heating element for dish machine on 11/4/15. On 11/5/15 Administrator instructed dietary staff to use disposable dishes and flatware beginning 11/6/15 until dish machine repaired (on 11/10/15).  Maintenance Director applied air vent shield/guide to air vent above stove on 11/5/15.  On 11/5/15 Maintenance Director cleaned and repaired all gas range pilot lights.	F456 11/18/15

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F 456	<p>Continued From page 14</p> <p>Review of the facility's policy, "Environmental Sanitation/Infection Control Policy 9.54," revealed the facility's dish machine rinse cycle should reach 180 degrees Fahrenheit (F) to ensure proper washing and sanitizing of dishes and utensils.</p> <p>Review of the Installation and Operation Manual for the facility's dishwasher revealed the booster water heater was designed to maintain a minimum final rinse temperature of 180 degrees F.</p> <p>Review of the Dish Machine Temperature Chart for November 2015 revealed the rinse temperatures did not reach 180 degrees on 11/01/15 or on 11/02/15 and 11/03/15 after breakfast and noon meals.</p> <p>Observation on 11/04/15 at 11:10 AM revealed two (2) dietary staff members were running dishes through the dish machine and observing the rinse temperature on the dish machine. Observations during five (5) rinse cycles revealed that the rinse temperature did not reach 180 degrees F.</p> <p>Interview with Dietary Aide # 1 on 11/04/15 at 11:14 AM revealed the highest temperature she had seen that morning was 178 degrees F. Dietary Aide #1 further stated they had been washing dishes without a chemical sanitizing agent or utilizing the three-compartment sink.</p> <p>Interview with the Plant Operations Manager on 11/05/15 at 4:45 PM revealed the dishwashing machine booster heater had a heating element that "went out" and had been replaced in the past,</p>	F 456	<p>(continued F456)</p> <p>11/6/15 ADM notified Hobart's Company and ordered 6 new pilot lights for gas range. These were received and installed on 11/17/15 by Maintenance Director.</p> <p>ADM in-serviced dietary staff about the gas range and dish machine operating instructions and proper usage on 11/4/15.</p> <p>Criteria #2: All residents in facility have potential to be affected by the same deficient practice. Administrator checked 24 hour reports x past 2 weeks and no indication of illness related to defective dish machine and/or gas range noted.</p> <p>Criteria #3: On 11/4/15 ADM re-educated dietary staff on when and how to complete a maintenance request form and to always report immediately to Dietary Director (DM)/ADM/Maintenance Director any faulty equipment and do not use faulty equipment and if pilot light is out then do not turn on gas range- report to Maintenance immediately.</p> <p>Dietary staff to check dish machine temperatures at least three times daily and DM/ADM/Head Cook to monitor temperatures for correct range and if rinse cycle temperature is below 180 degrees F, notify maintenance immediately.</p>	

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F 456	<p>Continued From page 15 but he had not received a work order recently.</p> <p>Interview with the Assistant Dietary Manager (ADM) on 11/05/15 at 1:49 PM revealed she was not aware that the dish machine was not reaching 180 degrees as necessary. She stated staff should have notified her and Maintenance immediately.</p> <p>2. Review of the "Installation &amp; Operation Manual Vulcan Endurance Gas Restaurant Range," revised July 2008, revealed in the event a gas odor was detected, staff was required to shut down the units at the main shutoff valve and contact the local gas supplier for service. The manual stated that if the range had a pilot outage, staff should call for service.</p> <p>Observation on 11/03/15 at 4:47 PM and at 6:05 PM revealed a strong odor of what appeared to be natural gas in the kitchen area; however, staff said they did not smell anything.</p> <p>Observation on 11/04/15 at 11:21 AM revealed a strong natural gas odor in the kitchen.</p> <p>Observation on 11/04/15 at 11:34 AM revealed there were four pilot lights out on the facility's Vulcan brand six-burner range, and a strong odor of natural gas near the gas range.</p> <p>Interview with Dietary Aide #2 on 11/04/15 at 11:40 AM revealed she could not smell gas, but stated that the pilot light on the range went out all the time.</p> <p>Interview with the Plant Operations Manager on 11/05/15 at 4:45 PM revealed the gas range pilot lights kept going out. He stated he believed an</p>	F 456	<p>(continued F456) Criteria #4: Monthly dietary equipment audits by Dietician/DM/ADM/or designated person.  DM to report finding to QA committee no less than quarterly.</p>	

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NAME OF PROVIDER OR SUPPLIER  MONROE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 706 N MAGNOLIA STREET TOMPKINSVILLE, KY 42167
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F 456	<p>Continued From page 16</p> <p>air vent was blowing them out. The Plant Operations Manager further stated he believed staff turned on the gas burner and when the pilot light did not light the burner, staff left the gas burner running, causing the gas smell.</p> <p>Interview with the Assistant Dietary Manager (ADM) on 11/05/15 at 1:49 PM revealed she was aware that the gas range had four pilot lights that kept going out. She stated she thought an air vent was blowing them out. She further stated she did not know if a work order to check/repair the range had been completed.</p>	F 456		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF MONROE COUNTY REHAB &amp; WELL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>706 NORTH MAGNOLIA STREET TOMPKINSVILLE, KY 42167</b>		
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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: 1985</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: Six</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II diesel generator</p> <p>A life safety code survey was initiated and concluded on 11/03/15, 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.