

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

PRINTED: 01/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  188148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/08/2015
NAME OF PROVIDER OR SUPPLIER  WILLIAMSBURG HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 287 N ELEVENTH ST WILLIAMSBURG, KY 40769		
(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	F 000		
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to provide care in accordance with the Comprehensive Plan of Care for one (1) of twenty-four (24) sampled residents (Resident #18). Resident #18's Comprehensive Care Plan contained an intervention that the resident's self-care needs will be met on a daily basis. However, on 01/08/15 at 9:40 AM and 10:40 AM Resident #18 was observed with long, jagged fingernails.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "MDS/Careplan Guidelines," (not dated) revealed the resident would be assessed and an initial care plan formulated and updated on an as needed basis.</p> <p>Review of the medical record revealed the facility admitted Resident #18 on 10/07/13 with diagnoses of Alzheimer's, Hypertension, Acute</p>	F 282	See Attached Plan of Correction	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michelle Garbore TITLE: Administratore (X6) DATE: 1/28/15

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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F 282	<p>Continued From page 1</p> <p>Renal Failure, and Urinary Retention. Review of the quarterly Minimum Data Set (MDS) assessment dated 12/01/14 revealed the facility assessed Resident #18 to be cognitively impaired and not interviewable. The resident was also assessed to require limited assistance with personal hygiene. Review of the Comprehensive Care Plan revealed Resident #18's self-care needs would be met on a daily basis. Review of the Treatment Administration Record (TAR) revealed nail care would be provided weekly and as needed.</p> <p>Resident #18 was observed on 01/08/15 at 9:40 AM and 10:40 AM to have long, jagged fingernails.</p> <p>Interview with Nurse Aide (NA) #1 on 01/08/15 at 10:35 AM revealed she had been assigned to Resident #18 on 01/07/15 and 01/08/15. She further revealed Resident #18 was care planned to need limited assistance with personal hygiene and the resident often refused nail care. According to NA #1, if a resident refuses treatment that is on the care plan it should be reported to a nurse. Continued interview with the NA revealed the resident's refusal of nail care had not been reported to the nurse.</p> <p>Interview with the Clinical Coordinator on 01/08/15 at 12:50 PM revealed the NAs were responsible to provide the treatment that is on the care plan. She further stated if a resident refused treatment that is on the care plan, the NA was responsible for notifying a staff nurse, and the staff nurse was responsible to ensure the care plan interventions were being followed.</p> <p>Interview with the Director of Nursing (DON) on</p>	F 282		



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F 312	<p>Continued From page 3</p> <p>assessed Resident #18 to be cognitively impaired and not interviewable. The resident was also assessed to require limited assistance with personal hygiene. Review of the Resident Kardex revealed the resident was to receive personal hygiene with one assist. Review of the Treatment Administration Record (TAR) revealed nail care would be provided weekly and as needed.</p> <p>Resident #18 was observed on 01/08/15 at 9:40 AM and 10:40 AM to have long, jagged fingernails.</p> <p>Interview with Nurse Aide (NA) #1 on 01/08/15 at 10:35 AM revealed she had been assigned to Resident #18 on 01/07/15 and 01/08/15. The NA stated she was responsible to provide nail care for Resident #18 and that the resident was to receive nail care weekly and as needed. She further revealed Resident #18 often refuses nail care; however, she stated she failed to report Resident #18's refusal for nail care to the staff nurse.</p> <p>Interview with the Clinical Coordinator on 01/08/15 at 12:50 PM revealed the NAs were responsible to provide nail care to the residents. She further stated if a resident refuses nail care the NA was responsible for notifying a staff nurse. The Clinical Coordinator stated she made rounds on the floor daily and had not identified any problems with nail care.</p> <p>Interview with the Director of Nursing (DON) on 01/08/15 at 1:45 PM revealed the nurse aides were to ensure resident fingernails were clean and cut on a weekly basis, and should be reported to a nurse if a resident was refusing</p>	F 312		

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F 312	Continued From page 4 care. The DON further stated a problem with nail care had not been identified.	F 312	<i>- See Attached Plan of Correction</i>	
F 441 SS=D	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 direct contact will transmit the disease. (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.  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441		

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F 441	<p>Continued From page 5 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to have an effective infection control program to prevent the spread of infection for one (1) of twenty-four (24) sampled residents. On 01/06/15, A Nurse Aide (NA) was observed to provide direct care for Resident #10, and proceeded to set up the resident's meal tray without first washing her hands. In addition, the NA handled the resident's food with bare hands without first applying gloves.</p> <p>The findings include:</p> <p>Review of facility policy, "Feeding a Person," (not dated) revealed staff would practice hand hygiene during services provided for a resident.</p> <p>Review of facility policy, "Standard Precautions," (not dated) revealed staff would wash hands after touching contaminated items, whether or not gloves are worn.</p> <p>Review of the medical record revealed the facility admitted Resident #10 on 04/26/10 with diagnoses of Dementia, Hypertension, Psychosis, Alzheimer's, and Anxiety. A review of the quarterly Minimum Data Set (MDS) assessment, dated 12/31/14, revealed the resident required total assistance for feeding.</p> <p>Review of the Nurse Aide (NA) care plan for Resident #10 revealed Resident #10 was a</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>"feeder" who required total assistance with meals.</p> <p>Observation on 01/06/15 at 4:50 PM revealed NA #2 while wearing gloves assisted Resident #10 with positioning in the bed. The NA removed her gloves and set up Resident #10's supper tray without first washing her hands. Further observation revealed NA #2 handled Resident #10's food (sandwich) with her bare hands.</p> <p>Interview with NA #2 on 01/07/15 at 1:45 PM revealed staff should wear gloves if handling residents' food per facility policy. She further stated she was very nervous during the evening meal the day before because she was being observed by a surveyor.</p> <p>Interview with the Charge Nurse on 01/07/15 at 2:50 PM revealed staff should wear gloves when handling residents' food. She further stated she did rounds, at times, during mealtime to ensure staff was washing hands/using gloves and had not identified any problems.</p> <p>Interview with the Director of Nursing (DON) on 01/07/15 at 3:10 PM revealed the staff was trained to wear gloves when handling residents' food and no problems had been identified with NAs feeding residents. She further stated she did rounds to check that staff was wearing gloves when they needed to and she believed NA #2 was nervous and just forgot to wash her hands and apply gloves.</p>	F 441			

**Williamsburg Health and Rehabilitation Center**

**Plan of Correction**

**Annual Survey**

**January 5<sup>th</sup>-8<sup>th</sup> 2015**

**F 282**

- 1. Resident # 18 is receiving appropriate nail care and services by nursing staff in accordance with the written plan of care**
- 2. The plan of care for each resident was reviewed by clinical coordinators for each unit to determine that the residents are receiving care , specifically nail care in accordance of their written plan of care by qualified personnel. Additionally, observation of all resident's nails were completed by clinical coordinators to verify that nail care services were being done in accordance with their written plan of care. No problems were identified.**
- 3. Inservices were held with all nursing staff on January 8<sup>th</sup> and 14<sup>th</sup> of 2015 by Director of Nursing, Clinical Coordinators, and Staff Development Coord. The inservices addressed the importance of following the written plan of care in regards to all care but specifically nail care, grooming, and personal hygiene as well as procedures to follow if residents refuse ADL care including nail care. The inservices provided information on the importance of providing nail care and the protocol for nail care including instances of resident refusal of ADL care in which they are to notify the charge nurse for further instructions and notification of md for podiatry services as needed.**
- 4. The MDS Nurses or designee(clinical coord.) will conduct random audits of resident's plan of care and make observations to plan of care and their nail care to ensure the written plan of care is being followed by qualified personnel. These audits will be completed on five residents per unit each week for one month, then monthly for one quarter. Any concerns noted will be corrected immediately and reported to the CQI committee for further follow up.**
- 5. January 15<sup>th</sup> 2015**

## **Williamsburg Health and Rehabilitation Center**

### **Plan of Correction**

#### **Annual Survey**

**January 5<sup>th</sup>-8<sup>th</sup> 2015**

#### **F 312**

1. Resident #18's nails were trimmed and cleaned immediately. Resident #18 is receiving necessary care and services to maintain good grooming and personal hygiene.
2. All resident's nails were checked by the clinical coordinator on each unit to ensure proper nail care was performed. In addition, all residents were observed to ensure they were receiving necessary services to maintain good grooming and personal hygiene. No problems were identified.
3. In-services were held with all nursing staff on January 8<sup>th</sup> 2015 and January 14<sup>th</sup> 2015 by Director of Nursing, Clinical Coordinators, and Staff Development Coord. The in-services addressed the importance of providing all residents with necessary services to maintain good grooming and personal hygiene as well as procedures to follow if residents refuse ADL care including nail care. Nursing staff are to report refusal of care to charge nurse and then nurse will contact md about consult with podiatry services as needed. The in-service information also included a thorough review of the nail care protocol and emphasized the importance of nail care.
4. The Clinical Coordinators or designee (MDS Nurses) on each unit will observe five residents weekly for one month and then monthly for the next quarter to ensure all residents are receiving necessary services to maintain good grooming and personal hygiene specifically nail care. Any irregularities will be corrected immediately and reported to the CQI committee for further follow up.
5. Completion Date: January 15<sup>th</sup>, 2015

Williamsburg Health and Rehabilitation Center

Plan of Correction

Annual Survey

January 5<sup>th</sup>-8<sup>th</sup> 2015

F441

- 1) Resident # 10 was not affected by this deficiency.
- 2) All residents had the potential to be affected by this deficiency.
- 3) All staff members were in-serviced on January 6<sup>th</sup> and 14<sup>th</sup> of 2015 on infection control by the Director of Nursing, clinical coordinators, and staff development coord. They specifically addressed proper infection control procedures including appropriate handwashing/glove procedures to prevent the development and transmission of disease and infection, with return demonstration; and with the example of meal service and not handling food and other objects without decontaminating hands and using gloves. All department heads and unit supervisors were in-serviced on January 6<sup>th</sup>, 2015 by the Administrator on the importance of continuing to randomly monitor infection control practices, specifically handwashing and glove use, of all staff members. One on one counseling was completed with the SRNA by the Director of nursing to ensure she understood her infection control violation and what the correct procedure was for decontaminating hands to maintain a safe and sanitary environment.
- 4) Clinical Coordinators or designee (mds coordinators) will be completing observations of 5 staff members weekly x 1 month, and then bi-weekly thereafter to ensure that they are using the proper infection control/handwashing practices/glove use, with return demonstration of staff members, in order to maintain a safe and sanitary environment for our residents. Any discrepancies will be immediately corrected and then reported to the CQI Committee for follow-up.
- 5) Date of Correction: January 15<sup>th</sup>, 2015

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NAME OF PROVIDER OR SUPPLIER  <b>WILLIAMSBURG HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>287 N ELEVENTH ST WILLIAMSBURG, KY 40769</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: 1989</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (000)</p> <p>SMOKE COMPARTMENTS: Eight</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (WET AND DRY SYSTEM)</p> <p>EMERGENCY POWER: Two Type II diesel generators</p> <p>A life safety code survey was initiated and concluded on 01/06/15, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found 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

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