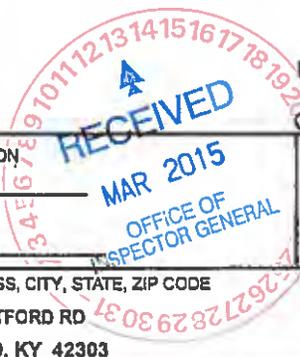


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2015
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST	STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42303
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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 An Abbreviated Survey Investigating Complaint KY#22787 was conducted on 02/19/15 through 02/20/15. KY#22787 was substantiated with deficiencies cited at the highest Scope and Severity of a "D".	F 000	Signature Healthcare at Hillcrest does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves the right to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the 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 privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations or compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review the facility's standards of practice, "Lippincott Manual of Nursing Practice, Ninth edition, and facility policy it was determined the facility failed to ensure the nurse provided wound vac care according to the professional standards of quality for one (1) of four (4) sampled residents (Resident #1). On 10/22/14, Licensed Practical Nurse (LPN #1) failed to follow standards of quality for Negative Pressure Wound Therapy dressing application for Resident #1 when she used her personal ink pen to poke a hole in the transparent dressing. The findings include: Review of the facility's standards of practice, "Lippincott Manual of Nursing Practice, Ninth edition, and policy titled "Negative Pressure Wound Therapy", last revised 02/2014, revealed to use aseptic technique when performing this procedure and to use clean scissors and/or	F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS 1. Resident #1 is no longer a resident at the facility. LPN #1 was disciplined with a written warning on 10/23/2014 and re-educated on the proper technique of wound vac and wound care dressing changes. 2. Director of Nursing and Assistant Director of Nursing completed wound dressing observations beginning on 2/20/2015 with no improper techniques observed. 3. The Director of Nursing and/or Nursing Administration team (Assistant Director of Nursing, Unit Managers and Staff Development Coordinator) will observe wound dressing changes daily for five days and weekly for eleven weeks. Licensed staff was in-serviced by Staff Development Coordinator by 3/20/2015 regarding professional standards of practice and facility policy related to wound vac and wound care dressing changes.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/12/15
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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 281	<p>Continued From page 1 sterile scalpel to complete the procedure.</p> <p>Record review revealed the facility admitted Resident #1 on 10/22/14 with diagnoses which included Joint replacement of the knee, Chronic Airway Obstruction, Anemia, Lung Cancer and Brain Tumor excision.</p> <p>Review of a Complaint received by the State Survey Agency, on 02/04/15, revealed it was alleged a nurse poked a hole in the Resident #1's knee filter for his/her wound vac while providing wound care instead of using a sterile instrument.</p> <p>Interview with LPN#1 on 02/19/15 at 4:37 PM, revealed she did use her personal ink pen to poke a hole in the transparent wound vac dressing instead of using a pair of scissors. She stated using her personal ink pen was not proper technique for a wound vac dressing change and could possibly spread germs.</p> <p>Interview with Resident #1's Physician, on 02/19/15 at 5:08 PM, revealed he would not consider using a personal ink pen to poke a hole in the transparent dressing as proper wound dressing technique. The Physician stated you never know where that ink pen had been, and there might be a possibility of cross contamination.</p> <p>Interview with Assistant Director of Nursing (ADON), on 02/20/15 at 8:45 AM, revealed LPN#1 did admit she used her personal ink pen to poke a hole in the clear transparent dressing, before attaching the tubing to the pressure canister. She stated LPN#1 was disciplined with a written warning and reeducated as to the proper technique of wound vac care and other wound</p>	F 281	<p>4. The Director of Nursing will report findings of observations to the Quality Assurance team (Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Staff Development, Dietary Manager, Registered Dietician, Maintenance Director, Housekeeping Supervisor, Quality of Life Director, Social Services Director and Human Resources Director) monthly for 3 months for recommendations and follow-up to ensure compliance.</p> <p>5. Corrective Action Date: 3/27/2015</p>	3/27/15

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F 281	Continued From page 2 dressings. The ADON revealed LPN#1 should have used scissors instead of her personal ink pen. Interview with the Wound Care Nurse Practitioner on 02/20/15 at 11:50 AM, revealed she would not consider using a personal ink pen as the proper instrument to provide an opening in the wound vac dressing. She stated the proper instrument would be a pair of scissors and/or scalpel. Interview with the Director of Nursing (DON), on 02/20/15 at 11:35 AM, revealed LPN#1 admitted to using her personal ink pen to poke a hole in the transparent wound vac dressing and she has been disciplined and given re-education for proper wound vac care. The DON stated she would have expected LPN#1 to follow proper nursing practice and the facility's policy and procedure for Negative Pressure Wound Therapy.	F 281		
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	F 441	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 1. Resident #1 is no longer a resident at the facility. LPN #1 was disciplined with a written warning on 10/23/2014 and re-educated on the proper technique of wound vac and wound care dressing changes. 2. Director of Nursing and Assistant Director of Nursing completed wound dressing observations beginning on 2/20/2015 with no improper techniques observed related to infection control. 3. The Director of Nursing and/or Nursing Administration team (Assistant Director of Nursing, Unit Managers and Staff Development Coordinator) will observe wound dressing changes daily for five days and weekly of eleven weeks. Licensed staff was in-serviced by Staff Development Coordinator by 3/20/2015 regarding infection control practices during	

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F 441	<p>Continued From page 3 actions related to infections.</p> <p>(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.</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 and review of the facility's standards of practice, "Lippincott Manual of Nursing Practice, Ninth edition," and facility policy it was determined the facility failed to ensure the Infection Control Program was followed related to wound vac care for one (1) of four (4) sampled residents (Resident #1).</p> <p>On 10/22/14, Licensed Practical Nurse (LPN #1) failed to maintain Infection Control procedures when she used her personal ink pen to poke a hole in the transparent dressing while providing a</p>	F 441	<p>wound care and dressing changes. Any negative findings will be reported to Director of Nursing immediately and corrected.</p> <p>4. The Director of Nursing will report findings of observations to the Quality Assurance team (Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Staff Development, Dietary Manager, Registered Dietician, Maintenance Director, Housekeeping Supervisor, Quality of Life Director, Social Services Director and Human Resources Director) monthly for 3 months for recommendations and follow-up to ensure compliance</p> <p>5. Corrective Action Date: 3/27/2015</p>	3/27/15

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F 441	<p>Continued From page 4</p> <p>Negative Pressure Wound Therapy dressing application for Resident #1.</p> <p>The findings include:</p> <p>Review of the facility's standards of practice, titled "Lippincott Manual of Nursing Practice, Ninth edition, and the facility policy titled, "Negative Pressure Wound Therapy" last revised 02/2014, revealed to use aseptic technique when performing this procedure and to use clean scissors and/or sterile scalpel to complete the procedure.</p> <p>Record review revealed the facility admitted Resident #1 on 10/22/14 with diagnoses which included Joint replacement of the knee, Chronic Airway Obstruction, Anemia, Lung Cancer and Brain Tumor excision.</p> <p>Review of a Complaint dated 02/04/15 received by the State Survey Agency, revealed an allegation that a nurse poked used an ink pen to poke a hole in the Resident #1's knee filter while providing wound care for Resident #1 instead of using a sterile instrument.</p> <p>Interview with LPN#1 on 02/19/15 at 4:37 PM, revealed when she provided wound care for Resident #1 she used her personal ink pen to poke a hole in the transparent wound vac dressing instead of using a pair of scissors. She stated by using the ink pen instead of clean scissors or a sterile instrument she may have caused the spread of germs.</p> <p>Interview with Resident #1's Physician, on 02/19/15 at 5:08 PM, revealed the nurse should not have used her ink pen when providing wound</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>care as you never know where that ink pen had been, and there might be a possibility of cross contamination.</p> <p>Interview with Assistant Director of Nursing (ADON), on 02/20/15 at 8:45 AM, revealed LPN#1 admitted she used her personal ink pen to poke a hole in the clear transparent dressing, before attaching the tubing to the pressure canister. The ADON revealed LPN#1 should have used scissors instead of his/her personal ink pen to maintain infection control.</p> <p>Interview with the Director of Nursing on 02/20/15 at 11:35 AM, revealed LPN#1 admitted to using his/her personal ink pen to poke a hole in the transparent wound vac dressing and she expected the LPN to follow proper infection control by following proper nursing practice and the facility's policy and procedure.</p>	F 441			