

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

PRINTED: 07/19/2014  
FORM APPROVED  
OMB NO. 0938-0391

*Acceptable  
POC  
date 7/24/14*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/03/2014
NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101	
(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  
  
An Abbreviated Survey to investigate #KY00021849 was initiated on 07/01/14 and concluded on 07/03/14. #KY00021849 was substantiated with deficient practice identified and cited.

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.

F 000  
  
Woodland Oaks does not believe and does not admit that any deficiencies existed, either before, during, or after the survey. Woodland Oaks reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or legal proceedings.  
  
F 441  
  
This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is meant to establish any standard of care, contract obligation or position. Woodland Oaks 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 or any potentially applicable peer review, quality assurance or self-critical examination privileges which Woodland Oaks does not waive, and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Woodland Oaks offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to our residents.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Am Deel* ADMINISTRATOR TITLE 7/31/14 (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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F 441	Continued From page 1  (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.  This REQUIREMENT is not met as evidenced by: Based on observation, record reviews and interviews, it was determined the facility failed to ensure proper hand washing and gloving technique during the performance of perineal (incontinence) care for two (2) of four (4) sampled residents, and one (1) of two (2) unsampled residents ( Residents #1 and #3, and Unsampled Resident A).  The findings include:  The facility did not provide a policy related to perineal care; however, the facility did provide a copy of the educational material which was used for training staff on the proper performance of perineal care. Interview with the Director of Nursing, on 07/03/14 at 2:30 PM, revealed the educational reference represented facility practice for the performance of perineal care. Review of the reference material revealed the training included a focus on the importance of washing hands and changing gloves when moving from a contaminated area of the body to a clean area of the body during the performance of perineal care.  1. Review of the medical record revealed Resident #1 was admitted by the facility on 08/09/10 with diagnoses which included: Parkinson's Disease, Alzheimer's Dementia, and	F 441	F 441  1) Resident #1 and #3 had no ill effects to the alleged improper peri-care as evidenced by no abdominal pain or elevated temps. Resident #1 and #3 was assessed by staff LPN on July 21, 2014. The SRNA's involved with the incident received education the day it was reported by the ADON and acknowledged understanding. 2) This practice has potential to affect all residents in the facility. All residents have been assessed by staff LPN's and RN's to ensure there are no signs or symptoms of infection related to improper peri-care as evidenced by no elevated temps or abdominal pain.		

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F 441	<p>Continued From page 2 Generalized Muscle Weakness.</p> <p>Observation of perineal care performed for Resident #1, on 07/02/14 at 12:45 PM, revealed SRNA #2 washed her hands and applied gloves prior to the procedure. She was observed to cleanse the perineal area and apply moisture barrier cream to the rectal area. Continued observation revealed SRNA #2 proceeded to re-apply the resident's incontinence brief, touch the bed linens and blanket, and re-position Resident #1 in the bed without removing her gloves and washing her hands. In other words, SRNA #2 did not remove her gloves and wash her hands when she moved from a contaminated area of the body to a clean area.</p> <p>2. Medical record review revealed Resident #3 was admitted by the facility on 06/11/96 with diagnoses which included Diabetes, Cerebral Vascular Accident (stroke), and Hypertension.</p> <p>Observation of perineal care performed for Resident #3, on 07/03/14 at 1:15 PM, revealed SRNA #2 washed her hands and applied gloves prior to the procedure. Continued observation revealed after cleansing the rectal area, SRNA #2 proceeded to apply a new incontinence brief, reposition the resident in bed, and adjust the resident's pillows and clothing, before removing her gloves and washing her hands.</p> <p>3. Observation of perineal care for Unsampled Resident A, on 07/03/14 at 1:45 PM, revealed SRNA #4 washed her hands and applied gloves prior to the procedure. Continued observation revealed after cleansing stool from the rectal area, SRNA #4 applied an incontinence brief, repositioned the resident by touching the bilateral</p>	F 441	<p>Assessments completed by 7/23/14.</p> <p>One on One education was completed with all SRNA's to ensure proper peri-care per Infection Control Nurse and LPN's by 7/23/14.</p> <p>3) Upon orientation SRNA's will be educated by CQI/Infection Control Nurse on proper peri-care, catheter care, and hand washing. In-services will be completed annually.</p> <p>4) The ADON will conduct a direct observation audit of at least 10% of resident population on a monthly basis on proper peri-care. This will be included into the QA review.</p> <p>5) July 24, 2014</p>	

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F 441	<p>Continued From page 3</p> <p>lower legs, and rearranged the sheets and blankets without removing her gloves and washing her hands.</p> <p>Interview with SRNA #4, on 07/03/14 at 12:20 PM, revealed she did not realize she had not changed her gloves and washed her hands when moving from a contaminated area to a clean area. She stated she had learned the proper procedure in school and must have just forgotten.</p> <p>Interview with SRNA #2, on 07/03/14 at 1:45 PM, revealed she was not aware she did not change her gloves and wash her hands when she moved from a contaminated area of the body to a clean area. She stated she must have been nervous and forgot to follow the correct procedure.</p> <p>Continued interview with the DON, on 07/03/14 at 2:30 PM, revealed it was her expectation for all nursing staff to use correct hand washing and gloving techniques when performing any resident care. She stated the SRNAs should have changed their gloves and washed their hands when they moved from a contaminated area to a clean area during the performance of perineal care, in order to help prevent infection. Further interview revealed the DON was also responsible for Staff Development activities in the facility. She stated an in-service titled "Peri-Care Refresher" was conducted on 01/28/14. Review of the in-service sign-in sheet with the DON revealed SRNA #2 attended the in-service; however, SRNA #4 did not.</p>	F 441		