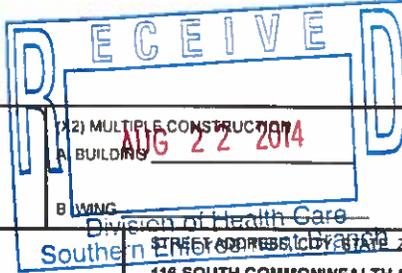


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/14/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186232	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING Division of Health Care Southern Error, KY 40702	(X3) DATE SURVEY COMPLETED 07/31/2014
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER		STREET ADDRESS, CITY, STATE ZIP CODE 116 SOUTH COMMONWEALTH AVENUE CORBIN, KY 40702	

(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 A standard health survey was conducted on 07/29-31/14. Deficient practice was identified with the highest scope and severity at "E" level.	F 000	Preparation or execution of this Plan of Correction does not constitute admission or agreement to any alleged deficiencies cited in this document.	
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to provide maintenance and housekeeping services to maintain a sanitary, orderly, and comfortable interior. Observation of the light above bed A in room 216 revealed the plastic shielding over the light was broken with a piece measuring 3x4x5 inches missing from the plastic shielding or diffuser. Also, observation of the overbed table in room 328A, revealed the laminate on an overbed table was damaged and had sharp edges. The findings include: An interview with the Administrator on 07/31/14 at 1:30 PM revealed the facility did not have a specific policy addressing maintenance repairs; however, he stated all staff is responsible to notify maintenance staff of needed repairs by filling out a maintenance form. The form is to be placed in the Maintenance Director's box which he picks up daily and does repairs. Review of the facility's policy/procedure, "Safety and Supervision of Residents 17.0 dated July 2013" revealed,	F 253	This Plan of Correction is prepared and executed as required by the provision of federal and state law. F-253 1. The broken plastic shielding over bed A in room 216 was replaced and the over-bed table in room 328-A was replaced on 07/31/2014. 2. All residents have the ability to be affected. All resident rooms were searched for broken and unsafe items by members of the Interdisciplinary Team on 08/01/2014. Staff has addressed all broken and unsafe conditions found during the search. 3. All staff members were educated on 08/19/2014 by the Director of Staff Development or their representative Department Head to be observant for potentially unsafe or broken items and use of the Repair Requisition forms. The	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Bill Collins* TITLE: Administrator (X6) DATE: 08/22/2014

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 CHRISTIAN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 116 SOUTH COMMONWEALTH AVENUE CORBIN, KY 40702	
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F 253	Continued From page 1 "Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QA reviews of safety and incident/accident reports; and facility-wide commitment to safety at all levels of the organization." Observations during the environmental tour of resident room 216 on 07/31/14, at 2:40 PM, and resident room 328 on 07/31/14, at 2:53 PM revealed in resident room 216A, a triangular piece measuring approximately 3"x4"x5" was missing from the light diffuser above bed A. In resident room 328A, the laminate on the overbed table had rough and sharp edges. Interview with the Maintenance Director on 07/31/14, at 3:40 PM, revealed staff is to fill out repair requisitions for areas identified to be in need of repair and the requisition is to be given to the Maintenance Director. The Maintenance Director said the repairs were completed when he obtained the work order. The Maintenance Director stated he conducted environmental rounds on a weekly basis to identify environmental concerns and had not observed the areas identified to be in need of repair, nor received work orders from staff.	F 253	Continued from page 1 Administrator will correlate items found in need of repair with the repair requisition forms to ensure timely completion. The Administrator will audit 100% of the repair requisitions for the first month, 50% the second month, 25% for the third month, and then as recommended by the Quality Assurance Committee. 4. The Administrator will present these findings to the Quality Assurance Committee monthly to ensure accuracy and completeness of the process.	08/22/14
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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	F 371	F-371 1. No individual residents have been identified. 2. All residents have the ability to be affected by the observed practice.	

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F 371	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, it was determined the facility failed to prepare and serve food under sanitary conditions. A male dietary employee with facial hair was observed working on the tray line at the noon meal on 07/29/14. Observation revealed the male's facial hair was not covered. The findings include: Review of the facility's policy for Employee Sanitary Practices (dated 2013) revealed all hair must be covered, including facial hair. Observation of the noon meal at 11:50 AM on 07/29/14 revealed a male employee with a beard was assisting on the tray line preparing resident food trays. The beard was not covered and there was potential that food on the tray line could be contaminated. An interview conducted with the Dietary Manager (DM) at 12:15 PM on 07/29/14, revealed the facility did not have beard guards in stock. The DM stated beards needed to be covered to keep any hair from falling into the food.	F 371	Continued from page 2 3. Employee with facial hair was instructed to use a hair covering for his facial hair when working in the kitchen. Beard guards were ordered on 07/30/2014. Protective covering for facial hair is now in place. Dietary staff members were educated by the Administrator on 08/19/14. The education included the requirement for all dietary staff to wear hair nets and that all hair must be covered including facial hair as stated in our policy, 'Employee Sanitary Practices.' The Administrator will audit the tray line for use of hair nets and beard guards one time weekly for 8 weeks, bi-weekly for 4 weeks, monthly for 3 months, then as recommended by the Quality Assurance Committee.	
F 468 SS=E	483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS The facility must equip corridors with firmly secured handrails on each side.	F 468	4. The Administrator will present these findings to the Quality Assurance Committee monthly to ensure accuracy and completeness of the process.	08/22/14

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F 468

Continued From page 3

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and policy review, it was determined the facility failed to ensure handrails were securely fastened to the wall around the dining room on the second floor and the dining room and two hallways on the third floor.

The findings include:

An interview with the Administrator on 07/31/14 at 1:30 PM revealed the facility did not have a specific policy addressing handrails; however, he did state all staff is responsible to notify maintenance staff of needed repairs by filling out a maintenance form. The form is to be placed in the Maintenance Director's box which he picks up daily and does repairs. Review of the facility's policy/procedure, "Safety and Supervision of Residents 17.0 dated July 2013" revealed, "Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QA reviews of safety and incident/accident reports; and facility-wide commitment to safety at all levels of the organization."

During the environmental tour conducted on 07/31/14 at 8:30 AM, the handrails around the "Garden" dining room on the second floor were observed to be loose and not securely fastened to the wall. The handrails around the "Lodge" dining room on the third floor were noted to be loose. In addition, the handrails on the third floor between resident rooms 338 and 339 and

F 468 F-468

1. No individual residents have been identified.
2. Most residents have the ability to be affected by the observed practice.
3. All handrails in the facility were checked and tightened on 07/31/2014.

All staff members were educated by the Administrator or their representative Department Head on the policy for *Safety and Supervision of Residents* which includes training on potential accident hazards and how to identify and report accident hazards to try to prevent avoidable accidents.

The Maintenance Director will audit handrails in the facility one time weekly for 8 weeks, bi-weekly for 4 weeks, monthly for 3 months, then as recommended by the Quality Assurance Committee. Audits will be reviewed with the Administrator.

4. The Administrator will present

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F 468	Continued From page 4 between resident rooms 318 and 319 were noted to be loose. Interview with the Maintenance Director on 07/31/14 at 9:40 AM revealed handrails were checked weekly. The Maintenance Director stated he receives sporadic reports for loose handrails and tightens the reported rails. The Maintenance Director revealed he was not aware of the loose sections of handrails and stated staff is also responsible for reporting maintenance issues. The Maintenance Director revealed handrails should be secured to the wall for resident safety.	F 468	Continued from page 4 these findings to the Quality Assurance Committee monthly to ensure accuracy and completeness of the process.	08/22/14