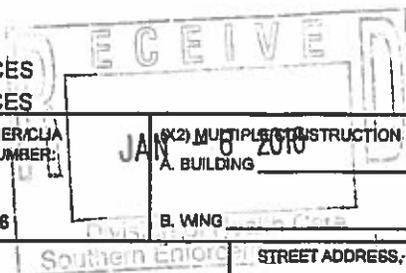


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/28/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2015
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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409
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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 000	INITIAL COMMENTS	F 000		1/24/16
F 364 SS=D	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: The facility failed to serve food that was palatable and at the proper temperature. A test tray was requested on 12/10/15 and the temperature of the test tray food was obtained. The temperature of the pea salad was sixty (60) degrees Fahrenheit.</p> <p>The findings include:</p> <p>Review of the Food Service Temperature policy, "Point of Service Temperatures," no date, revealed food was to be at an acceptable temperature at preparation and at point of service to the resident. The policy stated the temperature of potentially hazardous cold foods shall be no greater than 45 degrees when served to the resident.</p> <p>Observation on the 150 Hall on 12/10/15 at 5:21 PM revealed the test tray temperatures for the pea salad was 60 degrees Fahrenheit at point of</p>	F 364	<p>Rockcastle Health and Rehabilitation, a Signature Healthcare Facility does not believe and does not admit any deficiencies existed before, during or after survey. The facility reserves the rights 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 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 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 of compliance and plan of correction as part of its ongoing efforts to provide quality care to residents.</p> <ol style="list-style-type: none"> All evening meals were served and/or consumed within an one hour timeframe. No other trays were identified to be out of temperature range. On 12/11/15 Dietary staff members were educated on placing potentially hazardous cold foods in insulated serving bowls to decrease warming time. Point of service temperatures will be checked daily by dietary Manager 5 times a week for four weeks then three times a week for four weeks then weekly on-going. Results from temperature audits will be brought to QAPI committee for review and recommendations. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alicia Bullock TITLE: RNA (X6) DATE: 1/6/16

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 ROCKCASTLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409
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<p>F 364</p> <p>F 371 SS=E</p>	<p>Continued From page 1</p> <p>service. The temperature was taken with a stem thermometer that was calibrated on 12/10/15 at 4:47 PM.</p> <p>Interview with the Dietary Manager on 12/11/15 at 1:32 PM revealed when she took the temperature of the pea salad on the serving line it was 30 degrees, and she did not know why it was 60 degrees at the point of service. The Dietary Manager said she should have put it in the insulated bowls instead of serving it on the plates.</p> <p>483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, and review of facility policies, it was determined the facility failed to store, prepare, distribute, and serve food under sanitary conditions. Observations on 12/09/15 revealed the facility Kitchen staff failed to accurately calibrate thermometers. In addition, a significant amount of water was observed dripping from a vent in close proximity to the food prep area and serving line.</p>	<p>F 364</p> <p>F 371</p>	<ol style="list-style-type: none"> 1. Dietary cooks were immediately educated on process of thermometer calibration according to facility policy on 12/9/15 and 12/10/15. On 12/10/15 the Plant Operations Director 12/10/15 moved the Robot Coupe away from the vent and the prep table was moved from under the vent. 2. Dietary cooks were able to properly demonstrate thermometer calibration to dietary manager on 12/9/15 And 12/10/15. 3. A weekly calibration log has been implemented starting 12/9/16. Maintenance Director will be redirecting the air conditioning ventilation away from kitchen prep area to be completed by 1/24/16. 4. Dietary manager will review calibration log on a weekly basis and conduct a quarterly audit that will require staff demonstration of thermometer recalibration and a kitchen audit will be conducted by Dietician that includes environmental audit of air vents. Results will be brought to QAPI committee for review and recommendations. 	<p>1/24/16</p>
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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409	
(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 2</p> <p>The findings include:</p> <p>Review of the facility's policy, "To assure accuracy of food temperatures Thermometer Calibration," no date, revealed HACCP based food safety programs require accurate record keeping to be successful. Temperature is often the parameter of interest when monitoring a critical control point (CCP). Probe thermometers can be calibrated following a few basic procedures. To be considered accurate, calibration of thermometers should be conducted at least weekly and a thermometer must be calibrated to measure within +/- two degrees (2 F) of the actual temperature. For calibration in ice water: 1) Add crushed ice and water to a clean container to form a watery slush. 2) Place thermometer probe into slush for at least one minute taking care to not let the probe contact the container. 3) If the thermometer does not read between thirty degrees (30 F) and thirty-four degrees (34 F), adjust to thirty-two degrees (32 F). Non-adjustable thermometers should be removed from use until they have been professionally serviced.</p> <p>Observation on 12/09/15 at 4:10 PM revealed the Dietary Manager was taking temperatures on the serving line in the kitchen with a digital thermometer. The Dietary Manager was asked how she calibrated the thermometer, and she replied once a week by putting it into ice water until it registered zero degrees (0 F). The Dietary Manager was asked to demonstrate the calibration of the thermometer when finished on the tray line. The Dietary Manager was observed to put the digital thermometer in a glass of ice water and after about five minutes the digital</p>	F 371		1/24/16

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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409		
(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 3</p> <p>thermometer read 39.9 degrees. The Dietary Manager said she did not know what the facility policy was for calibration of the food thermometer.</p> <p>Observation on 12/09/15 at 4:45 PM revealed a vent directly above the Robot Coupe food processor was dripping water onto the table and splattering onto the Robot Coupe. A steamer which was in close proximity to the vent was billowing steam out directly onto the vent causing a moderate amount of condensation buildup.</p> <p>Interview with Cook #1 on 12/09/15 at 4:35 PM revealed staff was supposed to put thermometers in ice water and when they reached zero degrees (0 F) the thermometers were calibrated. The Cook said the vent had been dripping water since the steamer had been installed there about a year ago.</p> <p>Interview with Cook #2 on 12/09/15 at 4:40 PM revealed that she had never calibrated a thermometer before and did not know how.</p> <p>Interview with the Dietary Manager on 12/11/15 at 1:32 PM revealed she was trained to calibrate a thermometer by putting the thermometer in ice water and waiting until it read zero degrees (0 F). When the thermometer was on zero, it was ready to use. The Dietary Manager said she was never shown how to calibrate thermometers. The Dietary Manager said she had not identified the condensation on the vent before and did not realize it was that bad.</p> <p>Interview with the Plant Operations Director on 12/11/15 at 1:50 PM revealed he did not know that the condensation was that bad on the vent</p>	F 371		1/24/16	

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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40408	
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F 371	Continued From page 4 and was not sure what to do with all the steam from the steamer. The Plant Operations Director stated he planned to take the vent out and that should eliminate the dripping water.	F 371		1/24/16
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 and interview, it was determined the facility failed to assure that a walk-in cooler was in safe operating condition. Observation on 12/09/15, 12/10/15, and 12/11/15 revealed temperatures in a walk-in cooler were greater than 41 degrees Fahrenheit. Staff interviews revealed the walk-in cooler temperatures had been higher than usual for the last week. The findings include: Interview with the facility Administrator on 12/11/15 at 4:40 PM revealed the facility did not have a policy regarding equipment. Observations from 12/09/15, 12/10/15, and 12/11/15 of the walk-in cooler revealed the temperature on 12/09/15 at 10:20 AM was 48 degrees Fahrenheit (F); 12/09/15 at 11:15 AM, 48 degrees F; 12/10/15 at 4:55 PM, 46 degrees F; and 12/11/15 at 9:50 AM, 44 degrees F; this was after the door remained closed for 30 minutes.	F 456	1. On 12/11/16 the compressor was replaced for the walk-in refrigerator. A door closure system was also purchased on 12/11/16 to ensure that the door would not stay ajar. 2. Temperature of milk stored in refrigerator was noted by dietary manager to be at 38 degrees on 12/11/15. 3. Dietary staff educated on 1/5/16 on process of notification of maintenance in the event freezer and/ or cooler temperatures are out of range. replacement of cooler scheduled for 1/7/16. 4. Temperatures for coolers and freezers are to obtained three times a day by dietary staff. Dietary manager will audit temperature logs 5 times a week for 4 weeks then, 3 times a week for 4 weeks then, weekly for weeks. results will be brought to QAPI committee for review and recommendations.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2015
NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409		
(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 456	Continued From page 5 Review of the temperature log for the walk-in cooler revealed that it was never above 40 degrees F for the last ten days. Interview with the Dietary Manager (DM) on 12/11/15 at 1:32 PM revealed that she had noticed the temperature of the walk-in cooler was running a little high in the last week but the temperature had not been above 40 degrees F. The DM stated she had told Maintenance staff on the previous night that it was running too high and the Maintenance staff called someone. The DM said someone had arrived that morning to work on the cooler. Interview with the Plant Operations Manager on 12/11/15 at 1:50 PM revealed he was not aware the walk-in cooler temperatures were out of the safe zone until the previous night when the DM told him. He said a refrigeration company worked on it a couple of months ago but after examining an invoice discovered it was June 2015 when the cooler was worked on. The Plant Operations Manager said a new company was working on it on the day of interview. He stated the walk-in cooler was 20 years old and needed to be replaced because it had several problems. Interview with the Refrigeration Tech on 12/11/15 at 1:14 PM revealed the cooler had a bad compressor that had to be replaced.	F 456		1/24/16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185246	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/09/2015
NAME OF PROVIDER OR SUPPLIER ROCKCASTLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 371 WEST MAIN STREET BRODHEAD, KY 40409		
(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	
K 000	<p>INITIAL COMMENTS</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 V (111)</p> <p>SMOKE COMPARTMENTS: 8</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II diesel generator and Type 11 propane generator</p> <p>A life safety code survey was initiated and concluded on 12/09/15, for compliance with Title 42, Code of Federal Regulations, 483.70(a) 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.