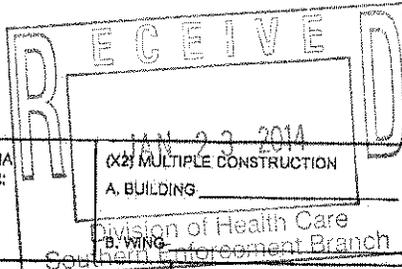


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/16/2014
FORM APPROVED
OMB NO. 0936-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185352	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/02/2014
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NAME OF PROVIDER OR SUPPLIER STANTON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 31 DERICKSON LANE STANTON, KY 40380
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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		
F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure residents received appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible for one of one unsampled resident (Resident A). Observations on 01/02/14 revealed staff failed to change gloves and wash their hands before they provided catheter care to Resident A.</p> <p>The findings include: A review of the facility's policy titled "Catheter Care," which was undated, revealed staff was required to follow physician orders as written for Catheter Care. No direction was provided to</p>	F 315	<p>Submission of this Plan of Correction is neither an admission to nor an agreement with the Deficient Practices noted below, but provided as required under the Conditions of Participation.</p> <p>F 315</p> <ol style="list-style-type: none"> 1. Resident A was being treated for a UTI with Ampicillin and bactrim for 10 days effective January 1, 2014, one day prior to the observation and she developed no additional infections or issues related to the findings cited as a result of the improper incontinence care performed by RN #1. 2. The DON is conducting an audit of all infections in the building from 01/02/2014 through 01/31/2014, to determine if any infections were a result of not following the facility Infection Control Plan. The DON and Unit Managers will perform a one time audit and observe perineal, Catheter care, hand washing and glove changing on all nursing staff by January 31, 2014. 3. The facility is now requiring all Nursing staff to be in-serviced on the proper protocol for perineal, catheter care, hand washing and glove changing. Education on perineal, 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: T. B. D. TITLE: Administrator (X6) DATE: 1/23/14

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 STANTON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 31 DERICKSON LANE STANTON, KY 40380		
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F 315	<p>Continued From page 1</p> <p>facility staff on procedures to follow when catheter care was provided.</p> <p>An interview with the Administrator on 01/02/14 at 5:10 PM revealed staff should change gloves and wash their hands after incontinence care had been provided and before they provided catheter care.</p> <p>A review of the medical record for Resident A revealed the facility admitted the resident on 09/24/13 with diagnoses including Renal Failure and Urinary Retention. A review of the quarterly Minimum Data Set (MDS) assessment, dated 10/18/13, revealed Resident A required extensive assistance with bed mobility and toileting. Further review of the assessment revealed Resident A was frequently incontinent of bowel and had an indwelling urinary catheter.</p> <p>Observation conducted on 01/02/14 at 11:15 AM revealed Registered Nurse (RN) #1 provided incontinence care for Resident A. RN #1 was observed to clean stool from the resident's perineum (area located between the genitals and the rectum) and then provide indwelling urinary catheter care. The RN failed to remove the gloves worn to clean the stool from the resident's perineum and apply clean gloves before she provided the catheter care.</p> <p>Interview conducted with RN #1 on 1/02/14 at 4:30 PM revealed she had been trained to change gloves after providing incontinence care and before catheter care was provided. The RN stated she "felt" she had performed incontinence care and catheter care to Resident A "as required."</p>	F 315	<p>Catheter care, hand washing and glove changing will be incorporated into the new nursing employee orientation and in an annual in-service.</p> <p>4. Ten return demonstrations will be performed of nursing staff performing proper peri, catheter care, hand washing and glove changing will be performed monthly by the DON, Unit Managers or Charge Nurse monthly beginning January 2014. These return demonstrations will be presented to the Quality Performance Improvement (QPI) Committee (Medical Director, Administrator, Director of Nursing, Social Services, Dietary Manager, Activities Director, Therapy and Nurse Managers) by the DON beginning in February 2014 and will continue for three months. The QPI Committee will determine in the April 2014 meeting if the return demonstrations will continue.</p>	02/01/2014	

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F 315	Continued From page 2 Continued interview with the Administrator on 01/02/14 at 5:10 PM revealed staff had been trained to change gloves and perform hand washing when gloves became contaminated.	F 315			
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	F 441	F 441 1. Resident #2 has been monitored for signs and symptoms of infection or sickness. Resident #2 has not had any adverse affects from the cited improper handling of a soiled wash cloth performed by RN #2. 2. All residents have the potential to be affected. The DON is conducting an audit of all infections in the building from 01/02/2014 through 01/31/2014, to determine if any infections were a result of not following the facility Infection Control Plan. 3. The DON and Unit Managers will in service all staff on the Infection Control Plan, proper hand washing, handling of food, linens, washcloths and other items to ensure the spread of infections are prevented. The DON or Unit Managers will observe and document at least one catheter care per week beginning the week of January 20, 2014, to ensure the facility Infection Control Program is being followed. Additionally, the DON, Unit Managers will document/audit weekly observations		

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F 441	<p>Continued From page 3</p> <p>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 observation and interview, the facility failed to maintain effective infection control technique in a manner to prevent the development and transmission of disease and infection for one of three sampled residents (Resident #2). Observation on 01/02/14 at 11:50 AM revealed Registered Nurse (RN) #2 provided catheter care to Resident #2. However, during the catheter care RN #2 was observed to place the soiled washcloths directly on the floor which could contaminate the floor with bacteria and create a means for the transmission of bacteria throughout the facility.</p> <p>The findings include:</p> <p>Interview on 01/02/13 at 5:10 PM with the Administrator revealed all soiled linens should be placed in a bag and should not be placed directly on the floor.</p> <p>Record review revealed Resident #2 was admitted to the facility on 10/09/12 with diagnoses including Renal Failure and Neurogenic Bladder. A review of the quarterly Minimum Data Set (MDS) assessment, dated 08/08/13, revealed the resident required extensive assistance with bed mobility and toileting. Review of the MDS further revealed the resident was frequently incontinent of bowel and had an indwelling urinary catheter.</p>	F 441	<p>beginning the week of January 20, 2014, of Peri-care, hand washing, linen storage, and soiled linen handling to ensure the Infection Control Program is being followed. The DON will track infections for January, February and March 2014 to ensure we are not having patterns of infection developing as a result of not following our infection control program.</p> <p>4. The weekly catheter care documented observation, as well as the DON, Unit Managers weekly audit to observe Peri-care, hand washing, linen storage, soiled linen handling and the DON tracking of infections for January, February and March 2014 to ensure we are not having patterns of infection will be presented to the Quality Performance Improvement Committee (Medical Director, Administrator, Director of Nursing, Social Services, Dietary Manager, Activities Director, Therapy and Nurse Managers) for review in the February and March 2014 meetings and continued audits will be conducted if recommended by the Quality Performance Improvement Committee.</p>	02/01/2014	

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F 441	<p>Continued From page 4</p> <p>Observation on 01/02/14 at 11:50 AM revealed RN #2 provided catheter care to Resident #2 and placed the soiled washcloths directly on the floor after cleaning the resident's catheter tubing.</p> <p>Interview on 01/02/14 at 4:00 PM with RN #2 revealed she should not have placed the soiled washcloths directly on the floor. The interview further revealed placing soiled washcloths directly on the floor could create an infection control problem.</p> <p>Interview on 01/02/14 at 5:10 PM with the Administrator revealed soiled linens should not be placed on the floor. According to the Administrator, soiled linens should be placed in a bag and the bag tied to avoid the transmission of infection.</p>	F 441			