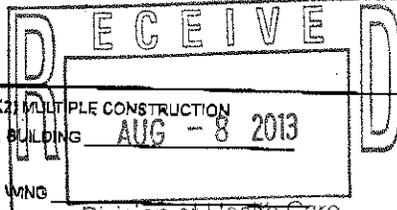


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/31/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185405	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>AUG - 8 2013</u> B. WING	(X3) DATE SURVEY COMPLETED 07/17/2013
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NAME OF PROVIDER OR SUPPLIER
EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**217 SOUTH THIRD STREET
DANVILLE, KY 40422**

(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 A standard health survey was conducted on 07/16-17/13. Deficient practice was identified at "D" level.	F 000		
F 371 SS=D	483.35(j) 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 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility policy, it was determined the facility failed to ensure food items were prepared, stored, and served in accordance with facility policy in an effort to prevent foodborne illness. Observation of the meal service revealed one of the five sampled residents and one unsampled resident (Resident A) in the facility received a pureed diet. A review of facility policy revealed "hot" food items were to be "held" at or above a temperature of 140 degrees Fahrenheit. However, observation of the evening meal on 07/16/13 at 4:26 PM revealed pureed food items were held on the steam table (where hot prepared foods are held and served) at a temperature of 135 degrees and below. The findings include:	F 371	The dietary services will no longer hold prepared pureed food items utilizing the steam table. The following procedure was developed: Frozen, pre-cooked pureed food items will be heated to 165 degrees Fahrenheit, minimum temperature and held in the Hot Food Storage Box until the time of service for all residents/patients receiving pureed food as well as future residents ordered and receiving this food consistency. For immediate implmentation, the procedure was communicated via face to face to dietary Associates 07/18/13 and at the 07/30/13 staff meeting. Refer to Attachments A 07/18/13 (Inservice) and Attachments B1, B2, & B3 07/30/13 Dietary Staff Meeting. To ensure that the violation was corrected and to ensure that the violation will not reoccur and	08/01/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Director Nursing Home Administrator* (X6) DATE: *08/08/13*

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.

Received Time Aug. 8, 2013 5:16PM No. 9104

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

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 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/17/2013
NAME OF PROVIDER OR SUPPLIER EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 217 SOUTH THIRD STREET DANVILLE, KY 40422		
(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	Continued From page 1 Review of the policy, Infection Control Policy for Dietary (August 2011), revealed, "Hot foods shall be held at a temperature of 140 degrees Fahrenheit or above." Observation of the evening meal service on 07/16/13 at 4:26 PM revealed pureed food items were held on the steam table prior to serving. The temperature of the pureed food items to be served was obtained at 4:26 PM and revealed the pureed turkey was held at a temperature of 126 degrees Fahrenheit (14 degrees less than acceptable by policy); the pureed green beans were held at a temperature of at 133 degrees Fahrenheit (7 degrees less than acceptable by policy); and the mashed potatoes were held at a temperature of 117.4 degrees Fahrenheit (32.6 degrees less than acceptable by policy). Interview with the Dietary Cook on 07/16/13 at 4:34 PM revealed facility staff placed pureed food items into the steamer (where frozen, pre-packaged pureed foods are cooked) for at least 20 minutes and the temperature of the food items was required to be 145 degrees. The Dietary Cook stated it was her responsibility to check the temperature of the foods that were removed from the steamer and then to place the pureed food items on the steam table. According to the Dietary Cook, the hostess was to check food temperatures on the steam table prior to serving the food. Interview with the Food Service Hostess on 07/16/13 at 5:47 PM revealed hot food should be 150 degrees Fahrenheit or above at the time it is removed from the steam table; if hot food was below that range, then the Dietary Cook was to	F 371	that compliance is sustained: Cooks will document the internal temperature of pureed food products after heating. The Dietary Hostess will document internal temperature of pureed food products prior to serving at the suggested temperature of greater than 140 degrees Fahrenheit. Logged temperatures will be reviewed by the Dietary Manager for ensurance of compliance, and reported at the Dietary meetings under Performance Improvement. The Dietary Hostess was additionally counselled in regards to the responsibility of communicating variations to assure that this violation does not recur.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185405	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2013
NAME OF PROVIDER OR SUPPLIER EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 217 SOUTH THIRD STREET DANVILLE, KY 40422	

(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>be notified and the food would be reheated to the appropriate temperatures. According to the Food Service Hostess, she had obtained the temperatures of the pureed food items on 07/16/13 at 4:26 PM and the food temperature was less than 150 degrees. The Food Service Hostess said, "I did not notify the cook of the temperatures. I don't know why I didn't notify the cook, it's been a long day."</p> <p>Interview with the Food Service Director on 07/17/13 at 9:30 AM revealed pureed foods were delivered to the facility pre-packaged and pre-cooked in frozen containers. The Food Service Director stated the pureed food was to be steamed for 20 to 30 minutes, and then placed into the hot box (electric warmer) that is maintained at a temperature of 170 degrees until about 5 minutes before serving. The Food Service Director stated during the evening meal on 07/17/13, the pureed food was taken from the hot box too soon and the food temperatures were not maintained at an acceptable level prior to being served.</p> <p>Interview with the Registered Dietitian on 07/16/13 at 4:38 PM revealed food items should be held at a temperature of 145 degrees Fahrenheit. The Dietitian stated the pureed foods should be placed in the "hot box" after coming out of the steamer and stated the temperature of the "hot box" was maintained at 170 degrees Fahrenheit. According to the Dietitian, the hostess was to check food temperatures on the steam table prior to putting the food onto a plate, and if temperatures were below 145 degrees Fahrenheit the food should be reheated to the appropriate temperature. The Dietitian stated dietary staff was required to document all food</p>	F 371		

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2013
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NAME OF PROVIDER OR SUPPLIER EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 217 SOUTH THIRD STREET DANVILLE, KY 40422
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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 371	Continued From page 3 temperatures of each meal prior to serving; however, the Dietitian stated the hostess had not documented or reported the temperatures of the pureed food of the evening meal on 07/16/13.	F 371		

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

PRINTED: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185405	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - TRANSITION CARE UNIT B. WING _____		(X3) DATE SURVEY COMPLETED 07/16/2013
NAME OF PROVIDER OR SUPPLIER EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 217 SOUTH THIRD STREET DANVILLE, KY 40422		
(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>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1974, 1985, 1996</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Type I (443)</p> <p>SMOKE COMPARTMENTS: 2</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type I generators. Fuel source is diesel.</p> <p>A life safety code survey was initiated and concluded on 07/16/13, 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

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