

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

PRINTED: 01/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2015
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NAME OF PROVIDER OR SUPPLIER FLAGET MEMORIAL HOSPITAL NF	STREET ADDRESS, CITY, STATE, ZIP CODE 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004
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F 000	INITIAL COMMENTS	F 000	F371 The Dietary Director removed the open package of breaded pickle strips and package of French toast strips and discarded on 01/19/15. The dietary staff was provided education on 1-27-15 on Food Safety/Storage policy and understanding was documented per Dietary Director. The GM, dietary aide, or cook will perform daily inspections of all food storage areas for compliance for 2 weeks. At the end of the 2 weeks, weekly inspections for food storage will continue. A log will be kept tracking the inspections, the Dietary Director will report findings of inspections to quarterly SNU PI meetings for the next year. The Director of Nursing for the Skilled Nursing Unit will be provided monthly reports of the food storage inspections by the Dietary Director.	F371 02-28-15
F 371 SS=F	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 This REQUIREMENT is not met as evidenced by: Based on observations and interviews, it was determined the facility failed to ensure food items in one (1) of three (3) freezers were dated when opened. The findings include: Interview with the Dietary Manager/Dietitian, on 01/19/15 at 3:10 PM, revealed she could not locate a policy that addressed the dating of unused food items when they were opened. Observations, on 01/19/15 at 8:10 AM, revealed an opened package of breaded pickle strips and a package of French Toast strips on the shelf of the walk-in freezer with no date on either package of when it was opened.	F 371		

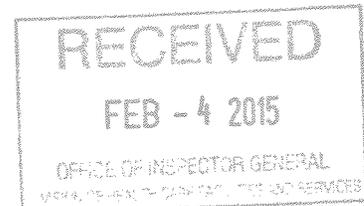
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *X Dena Arnold* TITLE: *X Director* (X6) DATE: *X 2-4-15*

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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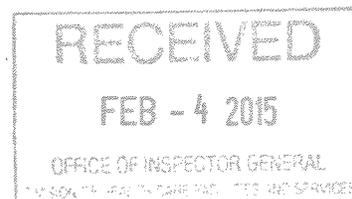
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F 371	Continued From page 1 Interview with the Dietary Manager, on 01/19/15 at 3:10 PM, revealed staff are instructed to date unused food items. In addition she stated she checked for dates on food items weekly and not daily. Another interview with the Dietary Manager, on 01/19/15 at 4:50 PM, revealed dietary staff was trained by a food contract company during orientation to date food items when opened. She indicated she and the two (2) chef's were responsible for removing food items from the freezer and refrigerator during meal preparation and monitoring to ensure food items were dated when opened. Interview with the Dietary Chef, on 01/19/15 at 4:50 PM, revealed as soon as an food item was opened, it should be dated.	F 371			
F 372 SS=D	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, and interviews, it was determined the facility failed to ensure re-cycled bottles, plastic bags, paper boxes and garbage were contained in appropriate dumpsters. Three (3) plastic bags of re-cycle items were observed on top of two (2) of three (3) re-cycle bins. The one (1) large trash compactor had trash debris on the ground and there was an open wagon containing boxes, light bulbs, venetian blinds and other debris not disposed in a covered container.	F 372			



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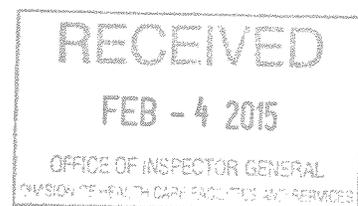
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F 372	Continued From page 2 The findings include: The facility could not provide a policy for proper disposal of garbage and re-cycled items. Observations, on 01/19/15 at 9:30 AM, revealed a bag of trash sitting on top of a paper box on the facility's delivery dock. The bag contained empty food containers, plastic bottles and soda cans. The dock area also had a large trash compactor with empty plastic bags, a large paper bag, a plastic food container and a plastic cup on the ground around the compactor. Observations, on 01/19/15 at 2:50 PM, revealed there was a large blue re-cycle bin behind the facility. In front of the bin was an open wagon with boxes of florescent light bulbs, a venetian blind, and items that looked like dry wall residue. There was no lid. Near the rear exit door (located near the boiler room) were two (2) re-cycle bins with three (3) bags of re-cycled plastic bags outside the bins. The plastic bags contained plastic bottles and soda cans. Interview with a maintenance staff member, on 01/19/15 at 2:50 PM, revealed all recycled items should have been placed in the large blue re-cycle bin. The trash bag on the dock should have been placed in the compactor. In addition, he stated there should have been no trash or debris on the ground around the compactor. He was unable to identify which department was responsible for monitoring the trash. He thought it was Environmental Services. Interview with the Nurse Educator, on 01/19/15 at 3:15 PM, revealed she was responsible for	F 372	F 372 The facilities manager arranged for the trash items and recycle items to be properly placed in the appropriate containers on 1-19-15. The trash around the dumpster was removed on 1-19-15. Investigation revealed on 1-19-15 the grounds keeper in the maintenance department is responsible for ensuring the trash is not laying around the dumpster and ensuring trash and recycle items are in proper storage containers such as the dumpster or recycle bin. Grounds keeper made aware of responsibility on 1-19-15 Department directors were reminded to tell staff to ensure trash went into dumpster and recycle went into recycle bin and it is each individual responsibility to pick up what they drop on 1-20-15. The facilities manager will ensure daily grounds checks are in place and are performed. The grounds keeper will keep daily logs of ground checks.	F372 2-28-15	



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F 372	Continued From page 3 monitoring the re-cycled trash. She stated she made rounds daily that would include inspection of the recycle bins. She revealed the blue recycle bin was new and staff had not been using the bin appropriately. She was unaware of recycled items observed on two (2) of the recycled bins. She said she thought Environmental Services was responsible for monitoring the garbage. Interview with an Environmental Service staff member, on 01/19/15 at 3:30 PM, revealed Environmental Services remove trash from the clinical areas. They do not monitor the compactor or recycle bins. In addition, she stated each department that puts trash in the compactor is responsible for cleaning up spills on the ground and picking up debris. Interview with the Environmental Services Director, on 01/19/15 at 4:45 PM, revealed her department was only responsible for the trash they collect and they do not monitor or clean the compactor area. She identified the grounds keeper for Maintenance as the possible responsible person. In, addition she stated garbage could attract rodents or other scavengers and all departments using the compactor were responsible to keep the area clean.	F 372	F372 The facilities manager will report a summary of the findings of the daily rounds to the Director of Nursing for the Skilled Nursing Unit monthly. The Skilled Nursing Unit Director of Nursing will report findings in the quarterly SNU PI meeting. F372 The open trailer containing boxes of florescent light bulbs, a venetian blind, and items that looked like dry wall residue was removed from the property on 1-19-15. Contractors were informed effective immediately on 1-19-15 per facilities manager that all trash/junk trailers must be covered at all times while on property on 1-19-15. The facilities manager will document rounds when contractors are working on the property ensuring the trash/junk trailers are covered appropriately. The facilities manager will report a summary of the findings to the nursing director who will report to SNU PI a summary of the findings for the contractor rounding.	F372 2-28-15



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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 2005</p> <p>SURVEY UNDER: 2000 New</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Three (3) story, Type II (222)</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartments.</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: Two (2) Type I generators. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 01/19/15. The facility was found not in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire). The facility is certified for twelve (12) beds with a census of twelve (12) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal</p>	K 000	<p>F 372</p> <p>The facilities manager will report findings of rounds to Nursing Director of Skilled Nursing unit monthly. The Director of Nursing will report in SNU quarterly PI meetings.</p>	<p>F372</p> <p>2-28-15</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *[Signature]* (X6) DATE: *2-4-15*

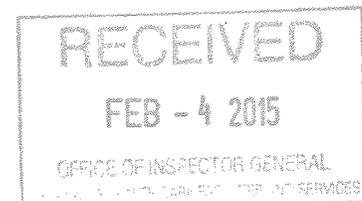
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FEB - 4 2015
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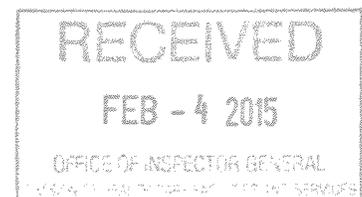
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K 000	Continued From page 1 Regulations, 483.70(a) et seq. (Life Safety from Fire).	K 000	K144 The facilities manager replaced the light switch on 01-19-15. The facilities manager will be responsible for performing monthly checks of the lighting switch to ensure it is operational. The facilities manager will report those monthly findings to the Skilled Nursing Unit Director of Nursing monthly. The Skilled Nursing Unit Director of Nursing will report a summary of those monthly checks in the SNU quarterly PI meetings.	K144 2-28-15
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the facility failed to maintain the generator set by National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect two (2) of two (2) smoke compartments, all residents, staff and visitors. The facility has the capacity for twelve (12) beds with a census of twelve (12) on the day of the survey. The findings include: Observation, on 01/19/15 at 12:05 PM, with the Facility Supervisor revealed the emergency battery-powered lighting installed in the generator failed to operate when tested. Interview, on 01/19/15 at 12:06 PM, with the Facility Supervisor revealed he was not aware the emergency battery-powered light in the generator	K 144		



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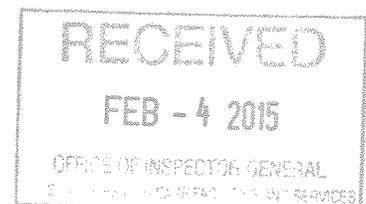
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K 144	Continued From page 2 was not operational. The census of twelve (12) was verified by the Director of the Skilled Nursing Unit on 01/19/15. The findings were acknowledged by the Director of the Skilled Nursing Unit and verified by the Facility Supervisor at the exit interview on 01/19/15. Reference: NFPA 110 (1999 Edition). 5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of two (2) smoke compartments, residents, staff and visitors. The facility has the capacity for twelve (12) beds and at the time of the survey, the census was twelve (12).	K 147		



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K 147	<p>Continued From page 3</p> <p>The findings include:</p> <p>Observation, on 01/19/15 at 11:15 AM, with the Facility Supervisor revealed a hair dryer plugged into an extension cord that was plugged into another extension cord located in the Beauty Shop.</p> <p>Interview, on 01/19/15 at 11:16 AM, with the Facility Supervisor revealed he was aware of the requirements for the proper use of extension cords; however he was not aware the extension cords were in use.</p> <p>The census of twelve (12) was verified by the Director of the Skilled Nursing Unit on 01/19/15. The findings were acknowledged by the Director of the Skilled Nursing Unit and verified by the Facility Supervisor at the exit interview on 01/19/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>Reference: NFPA 70 (1999 Edition) 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure</p>	K 147	<p>K147</p> <p>The facilities manager provided education on the spot for the staff member who was using an extension cord on 01-19-15. A work order was entered on 01-19-15 to have additional plugs put in the area of the beauty shop. On 1-20-15 the additional plugs were put into place. All extension cords were removed immediately. Staff education will be provided to all skilled nursing unit staff by 02-28-15 on the fact that extension cords are not permitted to be used anywhere in the hospital or skilled nursing unit. The activities director will make monthly rounds to check for extension cord use. The activities director will report these monthly findings to the Nursing Director for the skilled nursing unit. The Nursing Director for the skilled nursing unit will report a summary of findings in the quarterly SNU PI meetings.</p>	K147 2-28-15



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K 147	Continued From page 4 (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Reference: NFPA 99 (1999 edition) 3-3.2.1.2 (D) Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 147			

