

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

PRINTED: 02/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) LATE SURVEY COMPLETED 01/22/2014
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NAME OF PROVIDER OR SUPPLIER SAYRE CHRISTIAN VILLAGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3775 BELLEAU WOOD DRIVE LEXINGTON, KY 40517
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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
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F 000 INITIAL COMMENTS

A Recertification Survey was conducted 01/20/14 through 01/22/14 with deficiencies cited at the highest Scope and Severity of an "E".

F 371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY
SS=E

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, record review and review of the facility's policies, the facility failed to store, prepare, distribute and serve food under sanitary conditions as evidenced by the nourishment rooms containing food products which were outdated, not labeled or dated; and resident foods present which were not identified, labeled or dated. In addition, observations on the Memory Care Unit (MCU) revealed staff failed to ensure food temperatures were recorded prior to meal service; failed to use accepted hand sanitation between tasks; and failed to ensure sanitization of the thermometer when taking food temperature prior to meal service.

The findings include:
1. Review of the facility's policy titled, "Dietary

F 000
FEB 11 2014

F 371 F371 Food Procure, Store/Prepare/Serve-Sanitary

Targeted Residents
The Certified Dietary Manager removed all of the food items in the refrigerator/freezer located in the Café on 1/22/14. The Activities staff was educated by the Administrator on 1/22/14 regarding labeling/dating and checking for expired food items, documentation of proper temperatures, per facility policy and procedures on 1/22/14. On 1/22/14 The CDM placed a thermometer inside café refrigerator and freezer and placed a temperature log on the outside of the refrigerator. The Maintenance Director installed a lock on refrigerator/freezer doors on 1/29/14.

On 1/22/14 the CDM removed and discarded unlabeled/ undated food items inside the refrigerator/freezer in the nourishment room on the 200 Hall.

On 1/22/14 the CDM removed and discarded all expired, undated and or unlabeled food and liquids found in the 100 Hall Nourishment Room. The CDM all discarded all expired items found in the cabinets in the 100 hall Nourishment room.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ann Phillips</i>	TITLE <i>Administrative</i>	(X6) DATE 2-11-14
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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 SAYRE CHRISTIAN VILLAGE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3775 BELLEAU WOOD DRIVE LEXINGTON, KY 40517	
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F 371 Continued From page 1

Food Handling", undated revealed it was the policy of the facility to provide guidelines for the safe preparation, handling and storage of perishable foods and proper environmental cleaning. Review revealed leftovers were to be dated, labeled, covered and stored in the refrigerator or freezer.

Observation on 01/20/14 at 2:30 PM, of the cafe dining room/nourishment refrigerator revealed a chicken sandwich dated 01/04/14; a 1% milk container dated 11/13/13 with milk which appeared curdled; six (6) covered bowls of carrot raisin salad with no date or label; six (6) frozen unbaked cookies in a clear plastic bag with no date or label; an egg carton with eggs in it dated 10/24/13; ten (10) chocolate individual ice cream containers undated; and evidence of a thermometer visible or of a temperature log for the refrigerator. Further observation revealed a resident's first name and room number on three (3) Styrofoam boxes with no additional identifying information or date of expiration on them.

Observation on 01/20/14 at 3:45 PM, of the 200 Hall nourishment room revealed in the freezer two (2) wrapped, hot pockets out of the box, undated and unlabeled. Further observation revealed inside the refrigerator a covered clear glass bowl with chicken noodle soup which was unlabeled and undated.

Observation on 01/20/14 3:55 PM, of the 100 Hall Nourishment room refrigerator revealed six (6) Magic Cups undated; and a clear plastic pitcher with cranberry colored liquid undated and unlabeled. Continued observation of the room revealed three (3) "Dairy Thick" Honey Consistency in shelf stable box which expired

F 371 On 1/21 /14 the Unit Manager for the Reflections Unit in-serviced SRNA #2 on facility policies and procedures regarding documentation of food temperatures prior to meal service. On 1/21/14 the Unit manager for the Reflections Unit in-serviced SRNA #4 regarding the proper sanitation of the food thermometer while taking and recording food temperatures.

On 1/21/14 the Unit Manager for the Reflections Unit in-serviced SRNA #5 on proper hand washing and glove usage, including changing gloves in between tasks.

Identification of other residents

All residents have the potential to be affected. On 1/22/14 The CDM audited all food storage areas on all units, to include cabinets, refrigerators/freezers and drawers and discarded all unlabeled/undated and expired food and or liquids. On 1/22/14 the CDM hung up a temperature log sheet and left over policy on all refrigerators and checked and ensured thermometers were present in all refrigerator/freezers. The Reflections Unit Manager in-serviced SRNA#2 on the facility policy of documenting temperatures of food prior to meal service. The Reflections Unit Manger in-serviced SRNA #4 on thermometer sanitation and proper usage on 1/21/14. The Reflections Unit Manager in-serviced SRNA # 5 on proper glove usage and hand-washing on 1/21/14.

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NAME OF PROVIDER OR SUPPLIER SAYRE CHRISTIAN VILLAGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3775 BELLEAU WOOD DRIVE LEXINGTON, KY 40517
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F 371 Continued From page 2

- 12/13/13; eight (8) "Dairy Thick" Nectar Consistency in shelf stable box which expired 12/06/13; two (2) Hershey's Whole milk boxes which expired 12/14/13; and Arginaid (a nutritional supplement) in shelf stable box which expired 02/13.

Interview, on 01/22/14 at 10:00 AM, with the Certified Dietary Manager (CDM) revealed she checked the nourishment rooms weekly; and the Activities Director was responsible for the Cafe' dining room nourishment refrigerator. She further revealed dietary staff were to check for outdated and expired food products when they restocked the nourishment rooms daily.

Interview, on 01/22/14 at 11:00 AM, with the Activities Director revealed the food that was in the refrigerator in the Cafe' dining room was used by activities and dietary. She stated she believed dietary was responsible for the nourishment refrigerator and was not aware the Cafe' dining room/nourishment refrigerator was the responsibility of activities. The Activities Director stated she looked for outdated/expired products once a month and threw the products away if they were outdated. According to the Activities Director, the eggs in the refrigerator which were outdated belonged to a resident so she hadn't thrown them away. She stated the expired curdled 1% milk did not belong to activities, so she had not thrown it away.

2. Review of the facility's policy titled, "Cooked Food Serving Temperatures", undated, revealed temperatures were to be recorded on the food temperature log sheet after they were obtained.

Interview with the Certified Dietary Manager

F 371 Systemic changes

Mandatory facility wide in-services were presented beginning January 29, 2014 through February 1, 2014 by the Director of Nursing and Assistant Director of Nursing and the Certified Dietary Manager to re-educate on standard infection control practices and the facility's infection Control Policy This in-service included review of the policy on the standard practice of hand hygiene and proper glove usage, to also include glove usage during food service. Staff was also in-serviced on Food Thermometer Sanitation and usage, to include the proper documentation of food temperatures taken prior to meal service, food left over policy, labeling and dating procedures and properly handling of expired and unlabeled food and liquid items. The staff was also in-serviced on refrigerator and freezer temperature logs.

During new employee orientation, newly hired staff will receive education by the Certified Dietary Manager or Staff Development Nurse on standard infection control practices regarding hand hygiene and the facilities Infection Control Policy. They will also be in-serviced on proper glove usage when handling food, recording of temperatures prior to meal service, labeling and dating of food and liquids and proper sanitation of food thermometers and the recording of refrigerator/freezer temperatures.

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NAME OF PROVIDER OR SUPPLIER SAYRE CHRISTIAN VILLAGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3775 BELLEAU WOOD DRIVE LEXINGTON, KY 40517
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F 371 Continued From page 3
(CDM) on 01/22/14 at 10:00 AM revealed the correct method to sanitize the thermometer between foods when taking food temperatures was to use an alcohol pad.

Observation of the food temperature log for 01/20/13 on the MCU revealed no documented evidence of food temperatures for all three (3) meals.

Interview with State Registered Nurse Aide (SRNA) #2, on 01/20/14 at 5:10 PM, revealed she had taken food temperatures for all (3) meals that day, however failed to document the temperatures on the log as she was taking them. Further interview revealed she was aware the facility policy was to record the food temperatures prior to meal service. She indicated she should have recorded the temperatures as per facility policy.

Observation on 01/21/14 at 11:55 AM, revealed SRNA #4 rinsed the food thermometer with running tap water and dried it with a paper towel after taking the temperature for each menu item. Interview with SRNA #4 during the observation revealed she was unaware there was a facility accepted practice to sanitize the thermometer with an alcohol pad after obtaining the temperature of a food item.

Interview with the CDM on 01/22/14 at 10:00 AM revealed MCU staff had been educated on proper procedures for recording food temperatures and sanitizing the food thermometer. The CDM indicated staff should have recorded the food temperatures on 01/20/14, and sanitized the thermometer with an alcohol pad between checking food items on the service line.

F 371 Monitoring
The Certified Dietary Manager or the Cook will complete daily audits Sunday-Saturday to ensure proper labeling and dating of all food and liquid items. During this audit, the auditor will ensure that refrigerator/freezer temperature logs are being filled out daily and thermometers are present.

The Certified Dietary Manager or the cook will complete audits 3 x's a week to ensure proper thermometer sanitation is being utilized.

The Certified Dietary Manager or cook will perform daily Sunday thru Saturday audits to ensure that food temperatures are being taken and recorded properly.

Daily Meal Monitoring will be conducted by various staff members Sunday through Saturday (MDS, Medical Records, Nurse Managers, Dietary Manager, Housekeeping Supervisor, Social Services, and Activity Staff) at various dining locations at least daily Sunday through Saturday to monitor the proper usage of gloves and hand washing procedures.

Results of the audits will be submitted to the Quality Assurance Committee for review and revision until the Quality Assurance committee has determined 100% compliance has been achieved.

02/10/2014

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NAME OF PROVIDER OR SUPPLIER SAYRE CHRISTIAN VILLAGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3775 BELLEAU WOOD DRIVE LEXINGTON, KY 40517
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F 371 Continued From page 4

3. Review of the facility's policy titled, "Glove Use", undated, revealed gloves were to be changed prior to beginning a new task.

Observation on 01/21/14 at 12:05 PM, during meal service, revealed SRNA #5 touched the food temperature log book and handed it to the surveyor without removing her gloves which she had been using for meal service. Further observation revealed SRNA #5 continued with the meal service without removing her contaminated gloves, washing her hands and donning new gloves prior to returning to meal service.

Interview with SRNA #5 on 01/21/14 at 12:07 PM revealed she was unaware that she needed to wash her hands and change gloves between tasks.

Interview with SRNA #4 on 01/21/14 at 12:10 PM revealed hands were to be washed and gloves changed between any task.

Interview with the CDM on 01/22/14 at 10:00 AM revealed MCU staff had been educated on hand sanitation. The CDM indicated staff should remove contaminated gloves, wash their hands and don new gloves prior to returning to meal service.

F 371

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NAME OF PROVIDER OR SUPPLIER SAYRE CHRISTIAN VILLAGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3775 BELLEAU WOOD DRIVE LEXINGTON, KY 40517
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K 000 INITIAL COMMENTS

CFR: 42 CFR 483.70(a)

Building: 01

Plan Approval: 1982

Survey under: NFPA 101 (2000 Edition), Chapter 19 (existing health care)

Facility type: SNF/NF

Type Of Structure: One (1) story Type V (111) Protected

Smoke Compartment: 5

Fire Alarm: Complete fire alarm

Sprinkler System: Complete automatic sprinkler system

A Life Safety Code survey was initiated and concluded on 01/22/14. The facility was found to meet the minimum requirements with 42 Code of the Federal Regulations, Part 483.70.

K 000

RECEIVED
FEB 11 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Ann Phillips* TITLE: *Administrator* (X6) DATE: *2-11-14*

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