	IT UF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CEIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVE COMPLETED
		185238	B. WING	Na ang mang Tang pang dan pang kang sang pang pang nang kang pang kang pang kang pang kang pang kang pang kang	C 05/26/2013
NAME OF PROVIDER OR SUPPLIER		ł	THEET ADDRESS, CITY, STATE, ZIP COL 58 EASTHAM STREET	<u>ىرى بەر بەر ئەسىلە ئەر بەر سەلەتلە ئېرى بەلەتلە ئەر بەر سەسەت بىر بەر بەر ئەمەتلەر زىز بەر مەلەت ئەر بىر مەسە</u>	
GOLDEI	N LIVINGCENTER - V	ANCEBURG	1	VANCEBURG, KY 41179	
(X4) ID PREFIX JAG	(EACH OEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE / DEFICIENCY)	SHOULD BE COMPLE
F 000	INITIAL COMMEN	TS	F 000	······································	· · · · · · · · · · · · · · · · · · ·
	AMENDED				
	A Decertification of	nd Abbreviated Survey		}.	:
	investigating KY#0	0020154 was conducted			
	unsubstantlated wit	5/26/13. KY#00020154 was https://www.sec.org/actions/sec.org/action/se			
		ly was identified on 05/24/13, d to exist on 03/30/13 at 42	1		
	CFR 483.65 Infecti	on Control, F-441 and 42 CFR			
:		ion, F-490. The facility was edlate Jeopardy on 05/24/13.	1		:
		have a system in place to	-		:
÷		tion of the facility's whillpool			
		id procedules for the			
		//p tub. Observation, on home for the home of the home			
		y. Record review revealed			
		isident #4 both had infections	4 1		
		ipool tub. Resident #2 had a			:
	the ulcer contained	t was cultured and revealed two (2) or canisms			1
		ginosa and Acilletobacter			:
	Species (these bact	eria can cause infection in			
	4	ned immune systems			:
		nters for Disease Control).			
		istory of Methicillin Resistant			
	Staphylococcus Auro Resistant Enferococ	eus (MRSA) and Vancomyciu			
		the buttocks. Resident #4			
		hospital on 03/15/13 and			
		steus Mirabilis Urinary Tract			:
		Clostridium Difficile (C-diff) in			
	nis/her stool. Culture				
		re positive for Acinetobacter			:
	Species. Resident #	4 received a w/p tub bath on			
RATORY	RECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	XE DATE
(and the second s	and the second		LNHA	7/10/13

Any other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days tollowing 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 (4 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.

POINM CMS-2581 (02-99) Previous Versions Obsolete

Event IO: WDK11 Facility IO: 100511

If continuation sheet Page 1 of 33

		HAND HUMAN SERVICES				PRINTED: 06/13/ FORM APPRC OMB NO: 0938-0
STATEMENT	OF DEFICIENCIES CORRECTION	(XI) PROVICERSUPPLIERCLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(XJ) DATE SURVE
		185238	8. WING		ang yanan mananga 🔎 ngayaya na manya na yang yana kana kana kana na	C 05/26/2013
	OVIDER OR SUPPLIER	NCEBURG		58 1	ET ADDRESS. CITY, STATE, ZIP CODE EASTHAM STREET NCEBURG, KY 41179	
X4] ID PREFIX TAG	(EACH OEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATIONI	IO PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCEO TO THE APPRI DEFICIENCY]	JLO BE COMPLET
F 000 I	NITIAL COMMENT	S	FO	00		
1	AMENDED			÷		
		Abbievialed Survey		1		
0 In ai C 48	5/22/13 through 05 risubstantiated with nmediate Jeopardy nd was determined FR 483.65 Infection 83.75 Administratio	020154 was conducted /26/t3, KY#00020154 was into deficiencies cited, was identified on 05/24/t3, to exist on 03/30/13 at 42 in Control, F-441 and 42 CFR in, F-490. The facility was				
Th	ne facility failed to h onitor the disinfecti	liate Jeopardy on 05/24/13.		:		
efi dis 05	fective policies and sinfection of the w/p /23/13, revealed or	b develop and implement procedules for the b tub. Observation, on le (1) whirlpool tub was			JUL 1 1 2013	
Re art De	esident #2 and Res d utilized the whirlp	Record review revealed dent #4 both had infections ool lub. Resident #2 had a was cultured and revealed to (2) organisms.			BY:	
Ps So pel	eudornonas Aerugi ecies (these bacter isons with weakene	nosa and Acinetobacter la can cause infection in ad immune systems als for Disease Control).				
Sta Rei	iphylococcus Aurec sistant Enterococcu	tory of Methicillin Resistant is (MRSA) and Vancomycin is (VRE) and had he buttocks, Resident #4				
was cfag	s admitted to the ho gnosed with a Prote	bspital on 03/15/13 and bspital on 03/15/13 and bus Mirabilis Urinary Tract bstridium Difficile (C-diff) in				
his! Dec	her stool, Cultures subitus Ulcers were					
MODV CHOP		SUPPLIER REPRESENTATIVE'S SIGNAT	v37 ⁻		TIFLE	:×6: 0A13

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from conjecting providing it is determined that Any percently statement enoung with an asterior ("percenters a denoted within the instation may be exceed non-contenting providing in 5 denoted as other safegriards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the indings 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 lindings and plans of correction are disclosable. ¹⁴ days toriowing the date these documents are inade available to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued. program partropation.

FORM CMS-2597(02.09) Previous Versions Obsolete

Sivent (O: UUDK 1)

Facility (0: 100511

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

PRINTED: 06/13/2013 FORMAPPROVED OMB NO: 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	CON	TE SURVEY
		t85238	B. WINC		السيري المالية والالارام في عن المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع 		C 26/2013
NAME OF P	ROVIDER OR SUPPLIER			i	TAOORESS, CITY, STATE, ZIP CODE		
GOLDEN	LIVINGCENTER - VA	NCEBURG			EASTHAM STREET VCEBURG, KY 41179		
(X4) IO PREFIX TAG	(EACH OEFICIENCY	LEMENT OF OEFICIENCIES MUST BE PRECEOED BY FULL SC IDENTIFYING INFORMATION]	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOID CROSS-REFERENCED TO THE APPRO OEFICIENCY)	LO BE	(XS) COMPLETIO DATE
F 000	Continued From pag	ne t	FC	00			
		there was no documented					
		ensured the resident was no		- 4-		,	
	langer infectious prio	or to receiving the w/p tub	-				
	bath.						
(Observation of the fa	acility's whiripool tub					
. (disinfecting system,	on 05/23/13, revealed no					
		cting solution in the system.				:	
	iterview with facility						
		r was responsible for					
		fection system. However,					
		intenance Director revealed					
		the disinfectant in the					
		 years he had been ity. Interview with Certifled 					
		NAs) revealed some used					
		diluted with water, to clean		:			
		wever, review of the					
		mendations revealed this					
S	ilution was not effect	tive when diluted with water.		1			
F	uithei iritervlew with	the CNAs revealed some					
U:	sed the whillpool tub	disinfecting system;					
h	owever, the system	contained no disinfectant.					
		e 42 CFR 483.65 Infection					
	ontiol, F-441 and 42						
Ad	dministration, F-490	at a S/S of a "K".					
i Th	ne facility provided a	n acceptable credible					
	J	ice (AoC) on 05/25/13 with					
		oval of the Immediate					l
	opardy on 05/25/13.						
		he Immediate Jeopardy					
		ed on 05/25/13, prior to in a line remaining non-compliance					
		41), Infection Control and					
), Administration at a S/S					
		ty develops, iniplements,					

FORM CMS-2567(02-99) Previous Versions Obsolete

EvenLID: LUDK11

Faculity ID: 100511

If continuation sheet Page 2 of 33

(X3) OATE SURVEY COMPLETED C 05/26/2013 BE COMPLET ATE CATE
05/26/2013
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FORM CMS-2597(02-99) Previous Versions Obsolete

Event IO: UJOK II

Facility ID: 100511

It continuation sheet Page 3 of 33

	TH AND HUMAN SERVICES			PRINTED: 06/13/2 FORM APPRON OMB NO: 0938-0	
S PATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			TIPLE CONSTRUCTION	(X3) OATE STRVE COMPLETED C	
	185238	B. WING	a sharaya yu yumu a sababaanay a a a shuga a yaxaa kaasaa kayaa ay kaasaa	05/26/2013	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - 1			STREET AOURESS, CITY, STATE, ZIP COOE 58 EASTHAM STREET VANCEBURG, KY 41179		
PREFIX (EACH OEFICIEN	TATEMENT OF OEFICIENCIES CY MUIST BE PRECEOED BY FUI L I SC IOENTIFYING INFORMATIONJ	ID PRÉFIX TAG	PROVICERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TD THE APPRO OEFICIENCY)	LO BE COMPLETI	
F 441 Continued From p infection.	age 3	F 44	j 17 . ș	· " "	
by: Based on observa and review of the factive Infection Control provide safe, sanitary envir development and the infection as evident in place to monitor whirtpoot (w/p) tub a implement effective the disinfection of the Observation, on 05/ whirtpoot tub was provide review revealed Res- both had infections	23/13, reveated one (1) resent in the facility. Record sident #2 and Resident #4 and utilized the whirlpool tub.		The DON and ADON tonk the manif and made a complete check nff sheet for whirlpool education. The Maintenance Director, Central Suppl Administrator, RNAC, Nurses, Nursi Assistants, and Huusekeeping staff w educated in the Dis-infection process A poster sign was placed next to whirlpoot with directions. A complete in-house education of nursing staff, housekeeping staff, and maintenance flirector was completed, which entailed a demonstration of the trainfect th whirlpoot, with a return demonstration required. Audit was 100% completed im 05/3 1/2013. The demonstration and return demonstration form was placed	Y, lug as c d e n	
cultured and reveale organisms, Pseudor Acinetobacter Speci- infection in persons systems according to Control). Resident Resistant Staphyloco Vancomycin Resistan had Decubitus Ulcers #4 was admitted to the diagnosed with a Pro- Infection (UTI) and C his/her stool. Culture Decubitus Ulcers we	Decubitus Utcer that was ad the utcer contained two (2) monas Aeruginosa and es (these bacteria can cause with weakened immune to the Centers for Disease #4 had a history of Methicittin forcus Aureus (MRSA) and at Enterococcus (VRE) and s on the buttocks. Resident the hospital on 03/15/13 and teus Mirabitis Urinary Tract tostridium Difficite (C-diff) in es performed on the re positive for Acinetobacter 4 received a wip tub bath on		-cont-		

FORM I2MS-2507(02-09) Previous Versions Obsidete

Event IO: DJDK H

Facility ID: 100511

I) continuation sheet Page -4 of 33

		AND HUMAN SERVICES	r	(FORM APPROVED OMB NO. 0938-0391
	S FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN DF CORRECTION UMBER:		1	IPLÉ CONSTRUCTION	(XJ) DATE SURVEY COMPLETED C
		185238	B. WING		05/26/2013
	PROVIDER OR SUPPLIER	NCEBURG	S	TREET ADORESS, GITY, STATE, ZIP COOL 58 EASTHAM STREET VANCEBURG, KY 41179	
(J14) IO PREFIX TAG	EACH OEFICIENCY	TEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULT SCIOENTIFYING INFORMATIONJ	i0 PREFIX TAG	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROF GEFICIENCY	O BE COMPLETION
r f t p o	evidence the facility tonger infectious price bath. Observation of the fa- disinfecting system, in presence of a disinfe- tinterview with facility Maintenance Director maintaining the disinf- interview with the Mai- he had never refilled system in the three (3 employed by the facility Nursing Assistants (C Citrus the disinfectant, of the whirlpool tub. How manufacturer's recom- solution was not effec Further interview with used the whirlpool tub. however, the system of Additionally, the facility offowed the facility's p knowledgeable in the the period the assistin- acitity's policy. Based on the above fin- ne facility's failure to m rogram designed to pr onfortable environme	there was no documented ensured the resident was no or to receiving the w/p tub actility's whirlpoot tub on 05/23/13, reveated no octing solution in the system. staff reveated the r was responsible for fection system. However, intenance Director reveated the disinfectant in the 3) years he had been ity. Interview with Certified (NAs) reveated some used diluted with water, to clean wever, review of the imendations reveated this tive when diluted with water. the CNAs reveated some disinfecting system; contained no disinfectant.	F 441	in the orientation packet. A DVD als was ordered on the use of the Whirtpool Tub. The whirtpool disinfectant will he checked daily by Central Supply and if he/she is nut available it is the responsibility of the 200 wing housekeeper. A sheet has been posted by the whirtpoil for disinfecta cleaner fulfness level. Any resident with active infection, cultures pending, or wounds will no funger he permitted in the whirtpool during that time unless M.D. ordered. Once the whirtpool is placed back into service a complete audit of the dis- infection process will be observed three times a week for four weeks, and the time weekly for flour weeks, then once munitily unguing. Any further issues will be presented to the Quality Assurance Process Improvement Cummittee. Completed: May 25, 2013	065 1500 1/23/1300

FURM CMS-2557(02-99) Previous Versions Obsolete

Event IO: UJOK H

Facility (D: 100511

if communion sheet Page 5 of 13

STATEMENT OF OFFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIOER/SUPPTIER/CLIA IOENTIFICATION NUMBER:		IPLE CONSTRUCTION	1X3) OATE SURVEY COMPLETEO
	185238	B. WING		C 05/26/2013
NAME OF PROVIOER OR SUPPLIER		5	STREET ADORESS, CITY, STATE, ZIP COOE	,
GOLDEN LIVINGCENTER - VA	NCEBURG		58 EASTHAM STREET	
		1	VANCEBURG, KY 41179	
PREFIX EACH OFFICIENCY	EMENT OF DEFICIENCIES MUS I BE PRECEDED BY FULL CIOENTIFYING INFORMATION]	IO PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCEO TO THE AP OEFICIENCY)	HOULO BE COMPLETION
F 441 Continued From pag	ie 5	F 44	1 [:] Linen	
infection has caused	or is likely to cause serious		L-147CH	
	ent, or death to a resident.		No negative resident nuclimes	
	was identified on 05/24/13		ubserved in the deficient practic	e 🧳 🖉
and determined to ex	(Ist on 03/30/13)		A in-service education was stur	red on / DBS object dling of 7/23/3 P
The facility provided	an acceptable credible		June 10, 2013 and will be crim	olered V
	ince (AoC) on 05/25/13 with		by June 24, 2013, regarding han	dling of 123/13 1
	moval of the Immediale		linen to prevent cruss-contamina	
	3. Immediate Jeopardy was		In-service education does includ	
)5/26/13, as atleged on		guideline on the transportation of and care of soiled linen. Educat	it linen
	ing with the facility, with		being provided to Nursing,	iin is
remaining non-compt			Hnusekceping, and Therapy.	
	ite the facility develops and Correction and the facility's			
	nlinues to monitor to ensure		A daily audit til be enniptered 5x	
	omfortable environment and		by DNS, ADNS, and/ir designed	
	oment and transmission of		assure practice of linen transpirat being completed times own week	
disease.			weekly linen andits will be ubser	
			DNS, ADNS or designee times for	I'm , Ola
The findings include:			weeks. Linen transportation guid	leline V 2 - 117
1. Review of the facilit	vacticias revealed as		will alsn he updated in the orientz packet for new employees. A an	uion 70-812
	of a policy for the use of	:	in-service education will be provi	ded O
	for the facility's whirtphol		un linen handling and transpurtati	$m = \mathcal{M}$
	ew of the facility's poticies			~
revealed an undated p	olicy, which stated if the		Any further cuncerns will be addr	essed
	stem was out of order, staff		through Quality Assurance Cronm monthly	ittee
was to fill the w/p tub w			monthty.	
•	disinfectant (Citrus II); and,		Completed: June 24, 2013	
(30) minutes.	n for twenty (20) to thirty		•	
Observation on 05/231	13 at 3:45 PM, revealed			
	lub present in the facility.		~	
••••••			1 miles	10 March 10
Review, of the facility's			- (cont	(124/13
Valad May 2012 Income	h May 26, 2013, revealed			(15/11/2)

FORM CMS-2507(02/99) Previous Versions Obsolete

Facility i(): (00511

If continuation sheet Page 6 of 33

STALEMEN	NT OF DEFICIENCIES	E & MEDICAID SERVICES	(x2) MULTIPLE CONSTRUCTION A BUILTING			(X3) DATE SURVEY COMPLETED	
	185238		B. WING			C 05/26/2013	
NAME OF	PROVIDER OR SUPPLIER		┹────	STRE	ELADORESS, CITY, STATE, JPCODE		
GOLDE	N LIVINGCENTER - VA	NCEBURG		58 I	EASTHAM STREET		
					NCEBURG, KY 41179		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIPENTIFYING INFORMATION	iD PREFI TAG		PROVIOER'S PLAN OF COHRECTIC (EACH COHRECTIVE ACTION SHOLL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION	
F 441	Continued From page	ge 6	F 4	41	Hand Hygiene		
	eighty (480) baths ir	the wip tub to include a total			•		
	of thirty-three (33) c	urrent residents, Review of			No negative resident juicimes were	2	
		evealed Resident #2 and d whirlpoot tub baths.			observed in the deficient practice	NARS.	
		•			A re-in-service education on hand	Nº Office	
		ated the facility admitted			hygiene was started in June 10, 20	10 1/3/13	
		4/11, and readmitted the			is being completed, including wash	nd and	
		, with Decubitus Ulcers to			hands, hand sanitizer during care an feeding is being completed and will	he ///	
	•	and left bullocks, and right			completed by Jine 24, 2013. Inclu	ding	
		he bony prominences toward			Nursing, Dictary, Therapy. The ha	nd	
		high bone), Review of the			hygiene check hlf sheet is in the		
	laboratory reports re-			1	urientatiun packet.)	
		nt Trochanter ulcer on			Incitation process	, 1	
		the culture results reveated			A hand washing audit will be	1 1	
	the ulcer contained to				associated inservation audit will be	: 7.97 I	
		inosa and Acinetobacter			completed with demonstration will		
		ria can cause infection in			cumpleted five times weekly times	1 31	
	persons with weaken			i	weeks, then weekly times filur wee		
		ters for Disease Control).		1	and bi-annual in-service education	with	
		s Bathing Report revealed			periodic audits to be crimpleted by		
		ived twenty-four (24) w/p lub		:	DNS, ADNS, and/or designee.		
		Imission, both prior to the			Any further concerns will he addre	ssed	
	after the culture was d	us Ulcer and on 01/24/13 completed.			in QA-A munthly.		
		ed Resident #4 had an			a		
		le of 07/25/11, and was			Completed: June 24, 2013		
		ily on 02/27/12, with chronic					
		is/her bullocks and bowel					
		revealed the resident was					
		y of Methicillin Resistant			\$		
		is (MRSA) and Vancomycin			- (and	· ~ .	
		is (VRE). Continued review			- (Ch	white	
		had been admitted to the				6/21/3	
	ospital on 03/15/13 w					1	
		eus Mirabilis Urinary Tract					
	is/her stoot. Addition	stridium Difficile (C-diff) in]	

FCRM CMS-2567(02-99) Previous Versions Obsolete

It continuation sreet Page 7 of 33

STATEMENT OF DEFICIENCIES	ARE & MEDICAID SERVICES	(M01 MIL)	THE CONSTRUCTION	OMB NO, 0938-((x3) date surve
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION MNIS	COMPLETED
			11.41's	l c
	185238	B WING	ی از می ماند از این ماند از می می می می می می می این این می می ماند این می این این این این این این این این این این می ماند این	
				05/26/2013
HAME OF PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP COR	DE
GOLDEN LIVINGCENTER -	VANCEBURG		58 EASTHAM STREET	
			VANCEBURG, KY 41179	
PREFIX EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATIONJ	: ID PREFI 7AG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLET
	***************************************		F441	······
F 441 Continued From	page 7	F4	41	/
	Decubitus Utcers on the		The Facifity DNS and ADNS	witt 1/0/67
	s during the hospitalization.		monitor the infection control The facility will review in-htr	prilgram.
	spital culture results, revealed		intection control, and hospital	treturns V AX
	positive for Acinetobacter		with infections. The Infection	
	review revealed Resident #4		Surveillance Reptirt Form with	the
	ack to the facility on 03/28/13, g treated for the C-diff infection.		completed hy ADNS which w	ill give us
	lity's Bathing Report revealed	•	the average new nu-suctimital i rate it will list fullection Data,	nlèctim Cult
	noted to have received a total o	<mark>f</mark>	information, and Autibilitie Fra	Cinture
	tub baths to include a w/p tub		A coloreit citied flottr plan wit	the
	however, record review		attached and colured for presen	see of the
	s no documented evidence the		Alcaling of the intertion.	
	e resident was no longer		Documentation of infection or Communicable Disease form w	:e# 1
03/30/13.	receiving the w(p tub bath)		cumpleted un each individual re	([] he
00/00/10.			The facility will compile the rec	uirte /
Staff interviews rev	veated inconsistencies on		and louk fur trending, rout cause	* sind
	b lub and lack of knowledge		Further prevention and re-educin be given. The ED, DNS and/or	ion will 75
	es for the w/p tub disinfecting		ilesignee will make riminds three	JORAD.
system.			weekly in assure infection contra	1
	14 D - L F. AF DIA		prevention measures are in place	
	/13 at 5:45 PM, with Certified (CNAs) #15 and #24 revealed		Examples of rounds with include	the
	fecting system on the w/p lub;		Monituring Cumpliance with Inte	ectium
	not know how to tell if there		Crintrol Checklist which includes various Surveillance Items such a	
	the system. They stated they		Environmental, Equipment and	· / 0 - 1
	was responsible for refilling		Nursing. If any breech in infection	n V OH
	ne w/p tub disinfecting system.	4	control observed in ratunds, imme	uliate 🤤 🥰 🐫
	ey did not know who to ask to			n QTT illiate 1/23//34
have the disinfectar how to tell if it need	nt refitted and itid not know		intervention and correction will or	
HOW TO TOUR IN IT HERD			and continue with re-education. A	nv
Interview, on 05/24/	13 at 10:15 PM, with CNA #5		further problems observed will be	-
	he w/p tub disinfecting system		fürwardetl in QA-A für further	
for disinfecting the t	ub after resident baths;		resulutiun.	
	nable to tell if there was			
	stem. She stated she was			
ant rure how to rite	nfect the wip tub if the			

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	& MEDICAID SERVICES		······································	FORM APPRO OMB NO. 0938-0
STATEMENT OF DEFICIENCIES AND PEAN OF CORRECTION			PLE CONSTRUCTION G	(X3) DATE SURVE COMPLETED
	185238	8 WING		C 05/26/2013
NAME OF PROVIDEN OR SUPPLIER	NCEBURG		REET AODRESS, CITY, STATE, ZIP CO 58 EASTHAM STREET VANCEBURG, KY 41179	OE
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC ITIENTIFYING INFORMATION	iD PREFIX IAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCEO TO 1 HE DEFICIENCY)	SHOULD BE SUMPLET
F 441 Continued From page	qe 8	F 441		
disinfecting system	-			
	13 at 10:50 AM, with CNA #1			
	iver used the w/p tub o disinfect the tub. She		1	
	oul". However, was unable			
to say what she "wip	ed it out" with. She stated		:	
	shown how to disinfect the ble to tell if there was			
disinfectant in the dis				
Interview, on 05/23/1	3 at 7:10 PM, CNA #6			
revealed she disinfect	ted the w/p tub with spray			
	e linen closel. She stated			
was not sure.	bleach spray, however she			
	3 at 9:40 AM, with CNA #12			
	d the "cleaning stuff" in the	. i		
	ect the w/p tub; however, vhat the "cleaning stuff" was.			
	d ever shown her how to	:		
disinfect the w/p tub.				
Interview, on 05/25/13	at 9:55 AM, with CNA #13			
revealed she used the	w/p tub disinfecting system			
-	She stated she could lell			
	oming nut of the system by She stated she thought			
	tor was responsible for			
refilling the disinfecting	systein. Per interview,			
	sed the Citrus II disinfectant			
when the disinfecting s	-			
knew when the disinfed	was unable to tell how she			
disinfecting system wa				
Interview, on 05/23/13	at 3:45 PM, with CNA #3			

		HAND HUMAN SERVICES				FOP	ED: 06/13/2 RMAPPRON IO: 0938-03		
STATEMENT OF C	FICIENCIES	IXIT PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A BUILDING				(XJ) NATE SURVEY COMPLETED		
		185238	B. WING			C 05/26/2013			
NAME OF PROVI	FER OR SUPPLIER	, <u>, , , , , , , , , , , , , , , , , , </u>		STREE	ET ADDRESS, CITY, STATE, ZIP CODE				
GOLDEN LIVI	NGCENTER - VA	ANCEBURG			EASTHAM STREET NCEBURG, KY 41179				
(X4) ID PRE£IX 1A5	(EACH DEFICIENC)	NEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	iO PREFI IAG	x	PROVIDER'S PLAN OF CORRECTIO IEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF REFICIENCY) BE	(X5) COMPLE JI DATE		
F 441 · Con	tinued From pa	ae 9	F4	41					
		the w/p disinfecting system	• •						
		. She stated she would lurn		• • •					
		system on, the water would		-					
		ow she could left the		1					
		he tub. She stated if there							
		in the disinfecting system it							
		she would lell a nurse, who							
		enance Director and he would					÷		
		She indicated if the sort was not present in the		:					
		Jess" the nurse would refit							
		e w/p tub (tisinfecting system.							
Interv	/iew, on 05/24/1	3 at 4:00 PM, with Licensed							
		 #4 revealed nurses were 		3 1					
		nfecting process for the w/p							
		CNAs were responsible for							
		e balhs. The LPN stated							
		or the w/p tub disinfection. I, she thought the							
		r was who the CNAs would							
		ything related to the w/p tub.				:			
Obser	vation, on 05/2	3/13 at 6:15 PM, of the				!			
		b disinfecting system							
reveal	ed no visual evi	idence of the presence of a		:					
		he system. Interview,							
		h with the Maintenance							
		licated was responsible for							
		nt, revealed he occasionally							
	wp tub disinfec								
Intervie	ew, on 05/23/13	at 4:50 PM, with the					į		
		lursing (ADON), who was							
also th	e facility's Infect	tion Controt Nurse,							
		system in place to monitor							
(have)	tub disinfectan	t. Additional interview, on					i i		

Facility ID: 100511

It continuation sheet Page 10 of 33

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X.F) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		с	
		185238	A. WING		05/26/2013	
PIAME OF PI	ROVINER OR SUPPLIER	2		EET ADDRESS, CITY, STATE, LIP CODE		
GOLDEN	LIVINGCENTER - V	ANCEBURG	1	8 EASTHAM STREET ANCEBURG, KY 41179		
/X4J IÐ PREFIX TAG	/EACH DEFICIEN(ATEMENT OF DEFICIENCIES Y MUST BE PRECEIFED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COHREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP OEFICIENCY)	DULD BE COMPLET	
F -141	Continued From p	age 10	F 441			
		M, with the ADON revealed she	-			
		staff could tell if there was				
		n/p tub disinfecting system. id she was unaware of what				
[he disinfecting soli	ution for the w/p tub				
		looked like. She indicated it concerned it concerns to birector's responsibility to concern.				
		infecting system with				
d	isinfectant.					
		erview with the Maintenance				
		3 at 6:30 PM, revealed he had sinfectant in the w/p tub				
		in the three (3) years he had				
		stated he did not know what tainer tooked like and didn't				
	iow who would kn					
÷ tr:	terview, on 05/23/	13 at 6:10 PM, with the ADON				
		clant for the w/p tub				
		was stored in the "cage" yarea). However,				
ob	servation during It	ne interview of the facility's				
		d no evidence of the for the whirtpoot disinfecting	i			
	stem.					
Int	erview, on 05/23/1	3 at 6:45 PM, with the				
		, who was responsible for vealed she was unaware the				
		cling system. She stated				
		asked to order the or the disinfecting system on				
	w/p tub.	or the distingening system on				
E. a	ther interview, on i	05/25/13 at 4:37 PM, with				
1 127		n 05/14/13 she was made				

A BUILDING C 185238 B WING 05/26/20 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE GOLDEN LIVINGCENTER - VANCEBURG STREET VANCEBURG, KY 41179 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE STIME	STATEMENT OF DEFICIENCIES	RE & MEDICAID SERVICES	(X2) MULTIPLE	CONSTRUCTION	OMB NO: 0938-0 (X.)) DATE SURVEY
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organisms to other residents. Interview, on 05/25/13 at 3:23 PM, with the		
representative of the company who supplied the		
w/p (ub, revealed the w/p tub disinfecting system		
should always be used for disinfecting the wp		
tub. He stated if the disinfecting system was broken then the w/p tub should not be used until		
The disinfecting system was fixed.		
······································		

STATEMENT OF DEFICIEN AND FILM OF CORRECTION		DVIDER/SUPPLIER/CLIA NT/FICATION NUMBER:		IPLE CONSTRUCT			OMPLETED
		10 60 30					С
		185238		·	**************************************		05/26/2013
NAME OF PROVIDER OR		RG	STREET AODRESS, CITY, STATE, ZIP C 58 EASTHAM STREET VANCEBURG, KY 41179		JOE		
PREFIX (EACH)		OF DEFICIENCIES PRECEDEO BY FULL FYING INFORMATION)	IO PREFIX TAG	(EACH C	IOER'S PLAN OF CO ORRECTIVE ACTIO FERENCEO TO THE DEFICIENCY)	N SHOULD BE	(XS) CDMPLETH DATE
F 441 Continued	From page 13		F 44	t _			:
Linens to P	revent and Contr		a	 :			:
 Ihat all pote with approp 	ntially contamina riate measures to						
linen as pot		ility handled all used = ated. Further review)irect Caregiver					
linen carts v	vere to be placed	3/12, revealed dirty I by the doorway ident care. Review		:			
revealed if li placed in a t	nens were soiled	they should be then into the dirty					
	dirty linen cart d	lirectly outside of		1			
9:30 AM, rev	on the initial tour ealed CNA #4 ca lothing from Roo	rried soiled linen					:
		all in front of room					
revealed she		23/13 at 9:30 AM, ne soiled linens out	:				
stated she sh against her cl	ould not have ca othes because o	rried soiled linens					
interview reve	 Observation at aled no evidence soited linen in as 	e of bags in the					
Interview, on (ADON, who a Control Nurse)5/25/13 at 4:37 l so was the facilit , revealed staff s nst their dothing	ly's infection heuld not carry					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PHOVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	OMB NO. 0938-0 (X.) DATE SURVEY COMPLETED
	185238	B. WING		C 05/26/2013
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COOR	· · · · · · · · · · · · · · · · · · ·
GOLDEN LIVINGCENTER - V	ANCEBURG		58 EASTHAM STREET VANCEBURG, KY 41179	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEHICIENCIES Y MUST BE PHECEDEO BY FULL SC IDENTIFYING INFORMATION	iO PREFIX TAG	PROVIDER'S PLAN OF CORR EACH CORRECTIVE ACTION S CRCSS REFERENCED TO THE AF DEFICIENCY (HOULO BE COMPLETI
F 441 Continued From pa	ge 14	F 44	1	
	their clothing and carry			
organisms to other	residents. She stated staff	• • •		
	linen cart outside the room		1	
	o it. The ADON indicated			
	y dirty linen in the hallway.			
	ON, the only time the facility in ien in a bag in the room, was			
	soiled with bowel movement.			
3. Review of the fac	ility's policy litled			
	d Hygiene", revised August			
	ersonnel was to follow the			
established Handwa			1	1
	t the spread of infections and			
	sonnel, residents, and			
	ew revealed personnel was			
	least fifteen (15) seconds			
	r non-antimicrobial soap and er assisting a resident with			
	lling soiled equipment or			
utensils,	ang bonce equipment of		:	
Observation of the m	eal service in the			
	oom, on 05/23/13 at 12:20			
	5 assisted Unsampled			
Resident A with cuing	-			
Unsampled Resident				
	≇15 picked up Unsampled			
Resident A's eating ut				
resident continue eatil				
	nsampled Resident B by g utensil and encouraged			
him/her to continue ea				
observed not sanitizing				:
between residents.	~ * '			
Interview, on 05/23/13 #15, revealed she sho	at 12:30 PM, with CNA			

	FOEFICIENCIES	RE & MEDICAID SERVICES	(X2) ML	ILTIPLE	CONSTRUCTION	OMB NO. 0938- (X3) DATE SURVE	ÉΥ
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUIL	DING		COMPLETED	i
		185238	B. WINC	3		C 05/26/201	
NAME OF PRO	VIDER OR SUPPLIEF	· · · · · · · · · · · · · · · · · · ·	.I	STREE	ET ADORESS, CITY, STATE, ZIP DODE	33/26/201	<u> </u>
GOLDENL	VINGCENTER - \	ANCEBURG		58 E	EASTHAM STREET NCEBURG, KY 41179		
(X4LID PREFIX TAG	(EACH DE FICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDEO BY FULL ESC IDENT # YING INFORMATION /	ID PREF TAG		PROVIDER'S PLAN OF CORRECT& (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DIBE COMPLE	ACTED
E 441 C	ontinued From p	age 15	F 4	41:			********
		residents. CNA #15 further					
		ot doing so, she could spread stated, "it is unsanitary".					
lha be Th	at personnel sho tween providing, le DON further re	I/13 at 2:10 PM, DON revealed uld sanitize their hands assistance with each resident. evealed that staff should					
DC		etween resident care. The handwashing was important handwa				:	
	view of the facitit 25/13, revealed	ty's acceptable AoC, dated the following:					
ser	vice on 05/23/13	/p) tub was placed out of , by placing signs on the w/p disinfecting system.					
05/3		w/p tub was turned off on, ing" was placed across the urther use.					
the the the The copi Adm	w/p tub represer w/p, lhe disinfect wp lub disinfecti manual was fax es were given to	Central Supply Clerk notified native to obtain a manual for tant and the parts needed for ing system were ordered. ed that day to the facility and the DON, ADON, enance Director, and Central					ويستعمد والمحمد
(05/2 he a	29/13) to bring th suld not come th ain out of service	sentative scheduled a date le parts for the disinfectant, if at day the wip tub was to luntil the representative					Adam y Paramata y managang dan barang sa dan yang sa pang sa Panasa sa pang sa pang sa pang sa pang sa pang sa

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EvenLID: UJDK11

Facility 10: 100511

Il coninuation sheet Page 16 of 23

STATEMEN	NT OF DEFICIENCIES OF COHRECTION	E & MEDICAID SERVICES			ECONSTRUCTION		(X3) DAT	<u>. 0938-0</u> E SURVEY PLETED
		107000	B. WING					С
		185238	B. WING		9 - Abalanta anda anda anda anda ay ny ang		05/	26/2013
	PROVIDER OR SUPPLIER	ANCEBURG		58	EETADDRESS, CITY, STATE, 21 EASTHAM STREET ANCEBURG, KY 41179	CODE		
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE FREEEDED BY FULL .SC IDENTIFYING INFORMATION)	IO I'REFI TAG	×	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CHOSS REFERENCED TO DEFICIENT	TION SHOLLD	BE	(XS) CD/APLE1# DALE
F 441	Continued From pa	nae 16	F4	41				
		all housekeeping staff, the						
		k and Maintenance Director						
	were to be inservice	ed on how to properly disinfect						
		OON, ADON, or Minimum Data						
		They were then to perform a						
		on the disinfection process.						
	-	eturn demonstration was						
	started on 05/24/13.	Staff would not be allowed		:				
	,	d completed the inservice						
	and performed the c	checkoff.						
	nursing staff, all hou Supply Clerk and Ma	t was being kept to ensure all sekeeping staff, the Central aintenance Director received ion and performed the						
(check list were adde	cation and competency d to the orientation packet for and housekeeping staff.						
	8. Whirlpool tub clear by the w/p tub on 05/	ning instructions were posted 25/13.						
ן d	The Ceritral Supply C lisinfecting system fo	Is developed on 05/24/13. Jerk was to theck the w/p or appropriate levels of n on duty. The 200 wing		-				
Ч w ti	lousekeeper was res //p when the Central uty. If the disinfectal	sponsible for checking the Supply Clerk was not on ht was low an order was to						
	e placed into the fac laintenance,	lity's computer system for						i
di	4 1	as to be audited three (3)						to to Strandoveriumussay
tír	mes a week for lour i	(4) weeks, then one (1)						
	02-991 Previous Versions Obs	colele Event IO UJDK11			: 190511 If c			17 of 33

	NT OF DEFICIENCIES	E & MEDICAID SERVICES	/X21MB	i TIPI F	CONSTRUCTION	00100000000000000000000000000000000000
	OF CORRECTION	IDENTIFICATION NUMBER:				COMPLETED
		185238	B. WING		د د الله من الله الله الله الله الله الله الله الل	C 05/26/2013
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ABORESS, CITY, STATE, ZIP CODE	1 00.20.20.0
GOLDE	N LIVINGCENTER - VA	ANCEBURG			EASTHAM STREET NCEBURG, KY 41179	
(X4) ID FREFIX TAG	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	io PREFI TAG	x :	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROP DEFICIENCY;	BE COMPLET
F 441	Continued From pa	ge 17	F 4	41		
		(4) weeks, then once a				
		e audits were to be performed." For her designee. Any issues				
	were to be presente					
		ated the corrective action prior to exit on 05/26/13, as				
		26/13 at 2:40 PM, of the				
	-	evealed a sign on the wall by disinfecting instructions.		:		
		d the w/p tub to have				
		tub to prevent use, out of tub, and the water to the		·		
		off. Further observation				
		persons receiving the vith return demonstration.				
	Review of an orienta	ition packet revealed the		I		
	riservice education a were present in the pa	nd competency check list acket.				·
r L	elated to the abatem list of all nursing staff	als submitted for review ent revealed a Master Staff f, all housekeeping staff, the				
		and Maintenance Director				
þ	erformed the compe	tency, and of those who still				
	equired the education ff.	and competency check		1		
<u>र</u>	entral Supply Clerk r	2 at 1:30 PM, with the evealed she had obtained				i
	e manual and receiv	ed a copy of it. She DON, and Maintenance				
		ed copies of the manual				

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Event ID: UDDK II

7 adility (D: 1005 (1

If continuation sheet Page 18 of 33

		MEDICAID SERVICES					0.0938-03
STATEMENT DE DEFICIENCIES AND 12 AN OF CORRECTION	$s \alpha$	EPROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		ATE SURVEY MULETED
			IN BUILL	/ING		l	C
		185238	B.WING	·		05	5/26/2013
NAME OF PROVIDER OF SHP	PLIER		1	STREE	TAODRESS, CITY, STATE, 211' CODE		
	O VANO	-Buoo			ASTHAM STREET		
GOLDEN LIVINGCENTE		EDURG		VAN	ICEBURG, KY 41179		
PREFIX (EACH DEFIC	CIENCY MUS	ENT OF DEFICIENCIES BT BE PRECEOED BY FULL SENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) (COMPLET) DATE
		0					
F 441 Continued Fro			F 4	41			
		ly Clerk stated she had					+
		isinfecting solution for the					
-		had received inservice					
		ction of the w/p tub with a competency. Further					
		now her responsibility to					
		ectant in the disinfecting					
		en she's on duty. She					
		lipboard with a checklist					
		t when observing the					
		interview revealed she					
works Monday	through F	riday and would be					
		s. The Central Supply					
		efill the disinfectant if it					
was low and ord	der a new	supply to replace it.		1			
*Interview, on 0:	5/26/13 a	t 3:00 PM, with the DON					
revealed the fac	cility had o	contacted the w/p tub					
		of the w/p tub manual.					
She stated she	had recei	ved a copy of the		ł			
manual, as well	as, the Ai	DON, Maintenance					
		ply Clerk. She stated					
		service and competency					
		e disinfection process					
		stated she had trained					
		ator, Central Supply					
		Prector. In addition, she					
		ned by herself, the stated					
		to work until they had					
		ning and performed a		1			
		ompetency. The DON					
indicated the w/p		, , -					
	•	3) to bring the parts,					
		vide education to her,					1
		irector, and Central					
Sunaly Clark on	anv undat	as related to the wild					
Soppiy Clerk on a	any apuat	es related to the w/p					(

FORM CMS-2867(02-90) Previous Versions Obsolele

Facility ID: 177/511

il continuation sheet Page, 19 of 33

		AND HUMAN SERVICES			PRINTED: 06/13/2 FORMAPPRON OMB NO: 0938-03		
STATEMEN	I OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:		LTRILE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		18523 8	8. WING	······································	C 05/26/2013		
	PROVIDER OR SUPPLIER	NCEBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 58 EASTHAM STREET VANCEBURG, KY 41179				
(X4) ID PREFIX TAG	EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION (ID PREFIC TAG	I'ROVIDER'S FLAN OF C X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLETE IE APPROPRIATE UATE		
F 44 1	Continued Froin pag	je 19	F 4	41			
		epresentative could not //p tub was to remain out of esentative arrived.		:			
	Hall Housekeeping S been inserviced on th system on 05/25/13. Supply Clerk was not checking of the w/p tu	13 at 2:00 PM, with the 200 iupervisor revealed she had he w/p tub disinfecting She stated if the Central present to conduct the daily ub disinfectant the 200 Hall be responsible for checking.					
	11:25 AM with House on the 100 Hall; and, a	worked on the 200 Hall; at keeper #2, who was working at 11:30 AM with					
i (Hall, revealed they ha) was working on the 100 d all been inserviced on 3 related to the w/p lub d had performed a return		· •			
ו v t	lemonstration for coir v/p disinfecting system by the Central Supply	npetency. They stated the n was to be checked daily Clerk if she was on duty		:			
F c	tall would be respons	Housekeeper on the 200 ible for performing the was disinfectant in the		:			
*) M W	, Interview, on 05/26/13 faintenance Director r ater off to the w/p tub irned off until the w/p	evealed he had turned the and it would remain tub part was fixed and the		· · · · · · · · · · · · · · · · · · ·			
re th st	ceived. He stated he e w/p tub manual. Th ated he had been insi	disinfecting system was that had been given a copy of le Maintenance Director erviced on the w/p tub had completed a return					

FORM IDMS-256/202-09) Previous Versions Obsolele

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Facility ID: 100511 If continuation sheet Page 20 of 33

STATEMENT OF DEFICIENCIES	RE & MEDICAID SERVICES	X21 MUN YILLE Z	CONSTRUCTION	OMB NO. 0938-((X.)) DATE SURVE
AND FLAN OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED
	185238	B. WING		C 05/26/2013
NAME OF PROVIDER OR SUPPLIER		STREE	TAOURESS, CITY, STATE, ZIP COUE	03/20/2013
		(ASTHAM STREET	
GOLDEN LIVINGCENTER - V	ANCEBURG	VAN	ICEBURG, KY 41179	
	TATEMENT OF DEFICIENCIES	IO PREFIX	PROVIDER'S PLAN OF CORRE	
	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE AIPP OEFICIENCY)	
F 441 Continued From p	age 20	F 441		
	-	1		4
Interview, on 05/2	6/13 at 3:40 PM, with the MDS			
	ed she had received an			
	the DON on the w/p tub			
	and had performed a return			
	competency. She stated she			
-	vices to staff and observed			
	stated staff would not be			
9	il they had received the			
	nd performed a return			
deinonstration for c	ompetency.			
*Interviews were co	inducted on 05/26/13 to verify	:		
	ed education, performed a	!		
	n for competency, and verify			
	the disinfection of the w/p tub			
	d Practical Nurse (LPN) #2 at	!		
	2:10 PM, LPN #3 at 2:45 PM,			
	CNA #5 at 11:40 AM, CNA A #1 at 1:42 PM, CNA #6 at			
	it 2:15 PM, CNA #13 at 2:30			
	D PM, CNA #16 at 2:15 PM,			
	, CNA #18 at 2:25 PM, CNA			
#17 at 2:30 PM, CN/	4 #25 at 2:37 PM, CNA #23 at			
	ered Nurse (RN) #1 at 2:50			
	ed having received the			
	05/24/13 or 05/25/13 related			
to the w/p tub disinfe	•			
performance of return	re aware the w/p tub would			
	il the tub was repaired and			
	on for the disinfecting			
	. Record review validated			
the training was provi				
05/25/13				
"Interview, on 05/26/1	3 at 3:47 PM, with the			

AND FLAN DE CO	EFICIENCIES RRECTION	(XT) PROVIDER/ST/PPLIER/CUA IDENTIFICATION NUMBER:	/		CONSTRUCTION	COM	E SURVEY PLETEO
		185238	B. WING		C 05/26/2013		
NAME OF PROVIE	ER OR SUPPLIER	ANCEBURG		58	ET ADDRESS, CITY, STATE, ZIP COD EASTHAM STREET NCEBURG, KY 41179		
	EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDEO BY FULL SC IDENTIFYING INFORMATION)	ID FREFIX TAG	<	PROVIDER'S PLAN OF COR /EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A OEFICIENCY;	SHOULD BE	(X5) COMPLETE DATE
F 441 Cont	inued From pa	qe 21	F 44	; \$1			
Adm	inistrator revea	led the w/p tub was placed 3/13 in the evening. She			· · · · · · · · · · · · · · · · · · ·		
state	d the w/p repre	sentative was contacted, a manual was requested and	:	-		•	
state	d the disinfecta	ub was ordered. She also nt for the w/p tub disinfecting					
made	an appointme	, and the representative nt to come on 05/29/13 to					
provid	le training on a	sinlectant solution and ny updates to the w/p tub	:				
stated	a copy of the	em. The Administrator w/p tub manual was repeived en to her, the DON, the	1 1	1			
ADON	I, the Maintena	nce Director, and the Central tated inservice training had					
been (Accon trained	leveloped with ding to the Adn Land required	a competency check list. ninistrator, staff was being to do a return demonstration				:	
: The A	dministrator sta	to being allowed to work. Ited the w/p tub would					
disinfe	cting solution o	unitil the part and ame in. Further interview of disinfecting process					
would (4) wee	be audited thre eks, on e (1) tim	e (3) times a week for four le a week for lour (4)		•			
F 490 483.75	EFFECTIVE	nthly and ongoing.	F 490				
		ESIDENT WELL-BEING					
enables efficien practica	i it to use its re ly to attain or r ible physical, n	sources effectively and naintain the highest rental, and psychosocial					
weil-Dei	ng of each res						

CENTERS FOR MEDICAR STATEMENT OF CIEPICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	ECONSTRUCTION	OMB NO. 0938-03
AND PLAN OF CORRECTION	IUENTIFICATION NUMBER:			COMPLETED
		1		C
	185238	B. WING		05/26/2013
NAME OF PROVIDER OR SUPPLIER		STR	ET ADDRESS, CITY, STALE, ZIP CODE	
GOLDEN LIVINGCENTER - V	ANCEBURG	1	BEASTHAM SIREET ANCEBURG, KY 41179	
PREFIX (EACH DEFICIENC)	N EMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FILL SC IDENTIFYING INFORMATION?	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY	IOULD BE COMPLETO
F 490 Continued From pa	ge 22 NT is not met as evidenced	F 490	F490 Infection Control Program:	
by: Based on observat and review of the facility ensure the facility withat enabled it to us officiently to attain of practicable, physica of each resident. The system in place to effective policies and and implemented for tub. Observation, on 05/2 whirlpool tub was pree #2 and Resident #4 bit utilized the whirlpool utilized the work two (2) organisms, Pi and Acinetobacter Sp cause infection in per immune systems acc Disease Control). Rei have a history of Mett Staphylococcus Aureu Resistant Enterococci admitted to the hospit diagnosed with a Prot Infection (UTI) and Cli- his/her stool. Cultures Decuhitus Ulcers on Fi	ion, interview, record review icility's policy, it was ity's Administration failed to as administered in a manner e its resources effectively and r maintain the highest l, or psychosocial well-being he facility failed to have a nsure disinfection of the /p) lub and failed to ensure d procedures were developed r the disinfection of the w/p 23/13, revealed one (1) esent in the facility. Resident both had infections and tub. Resident #2, who ad a Decubitus Ulcer that ealed the ulcer contained seudomonas Aeruginosa lecies (these bacteria can sons with weakened ording to the Centers for esident #4 was noted to nicillin Resistant us (MRSA) and Vancomycin us (VRE). Resident #4 was af on 03/15/13 and eus Mirabilis Urinary Tract ostridium Difficile (C-diff) in s were performed on the Resident #4's buttocks and		The facility ED and DNS will er administer a effective Infection program, and utilize its resource: effectively and efficiently in atta maintain the highest practicable, physical, or psychosocial well be each resident. A review of the in- control program (policy and pro- was completed by the ED, DNS, review of systems, including infe- control manual, cleaning of equi and education on dis-infection of medical equipment i.e. shower ch- wheelchairs. The ADNS has bee educated regarding the infection of pulicy and the procedure, and the program will be overseen by the and DNS. The ED and DNS will assure the effective policy and or procedure is in place for dis-infec- ul the whirlpool tub. Will require munthly repurting from the ADNS infections and intervention utilize. The ED, DNS and ADNS will be responsible fur the Infection Cont Policy and Procedure including: Tracking, Monituring, Surveilland Trending, and Action plan related infection control atong with educa and auditing, however this will be monitured with a munthly report sylbmitted by the ADNS to the ED DNS. Completed: May 25, 2013	s in or TLA in or TLA fection redure) with section pment, tairs, n re- control ED t stion S of d. TOI re, tion TAM TLA TLA TLA TLA TLA TLA TLA TLA

FORM CMS-2967()2-991 Previous Versions Obsidele

Event (D: UJDK ()

Facility ID: (0051)

If continuation sheet Page 20 of 33

CENTERS FOR MEDICAR STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:		IT FIFLE CONSTRUCTION DING	OMB NO. 0938-0391 X31 DATE SIIRVEY COMPLETED C
	185238		· · · · · · · · · · · · · · · · · · ·	05/26/2013
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - VANCEBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 58 EAS THAM STREET VANCEBURG, KY 41179	
PREFIX FACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MILST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF FAG		LD BE COMPLETION
	ice the facility ensured the ger infectious prior to	F 4	The nursing staff is being re-edue on hand washing, hand sanitizing,	cated On 193743
disinfecting system, presence of a disinf- Interview with facility Maintenance Directo- imaintaining the disin- interview with the Ma he had never refilled system in the three (employed by the faci Nursing Assistants (Citrus II disinfectant, the whirlpool tub. Ho manufacturer's recor- solution was not effec Further interview with used the whirlpool tub however, the system Based on the findings lacility's Administratio and procedures were educated related to th to ensure the prevent transmission of disea; cause serious injury, 1 to a resident. Immedi identified on 05/24/13 03/30/13.	br was responsible for infection system. However, aintenance Director revealed the disinfectant in the 3) years he had been lity. Intervlew with Certified CNAs) revealed some used diluted with water, to clean owever, review of the mmendations revealed this ctive when diluted with water. In the CNAs revealed some to disinfecting system; contained no disinfectant. Is, it was determined the in failed to ensure policies developed and staff was the disinfection of the w/p tub- tion, development and ses and infection is likely to harm, impairment, or death ate Jeopardy (JJ) was and determined to exist on m acceptable credible to (AbC) on 05/25/13 with roval of the JJ on 05/25/13.	Obs	feeding (including feeding total dependent, assist and cue residents), and linen transportation before and after care the education will be completed by June 24, 2013, the education was started on June 1D, 20 A yearly review of Policy and Procedures with be completed during the QA-A process with the Interdisciplinary Team. This will be monitored monthly durin the Quality Assurance Process Improvement Committee. Completed: June 24, 2013 Mark Mark Symbol Mark Mark Mark Mark Symbol Mark Mark Mark Mark Mark Mark Mark Mark	13. 085 7/23/3 11/23/3 11/23/3 18 025 7/33/3

IEDICAID SERVICES PROVIDER/SUPPLIER/CLIA IDENTIFICALION NIMBER: 185238 BURG NT OF DUFICIENCIES FBE PRECEDED BY FULL NTIFYING INFORMATION}	A BUILD	STREET ADDRESS, CILY, SLATE, ZIP CODE 58 EASTHAM STREET VANCEBURG, KY 41179 PROVIDER'S PLAN OF CORRECTL (EACH CORRECTIVE ACTION SHOLL	
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be and severity of an "E", and implements a Plan lity's Quality Assurance continues to monitor to ad comfortable ent the development and ind infection. icies and procedures evidence of policies and cting system for the at 3:45 PM, revealed present in the facility. up Bathing Report and of the residents ections, Resident #2 r, observation of the infecting system e of the presence of a system and staff knowledge on how to rvation revealed the w/p tub disinfecting he facility and	· F 49	 F490 The Facility DNS and ADNS will monitor the infection control program. The facility will review in-house infection control, and hospital returns with infections. The Infection Surveillance Report Form will be completed by ADNS which will give u the average new nu-socurrial infection rate, it will fist lofection Data, Culture information, and Antibiotic Treatment. A culored coded fluor plun will be attached and culored fluor plun will be completed on each individual resident. The facility will compile the reports and look for trending, root cause, and further prevention and re-education will be given. The ED, DNS and/or designed will make rounds three times weekly to assure infection control policy and procedure, and prevention measures are in place to ensure proper infection control guidelines are being abserved. Examples of rounds will include the Monitoring Compliance with Infection Control CheckIst which includes various Surveillance thems such as: Environmental. Equipment and Nursing. If any breech in infection control control observed it rounds, immediate 	e of State
	ith remaining pe and severity of an "E", and implements a Plan ility's Quality Assurance continues to monitor to and comfortable ent the development and ind infection. icies and procedures evidence of policies and cting system for the at 3:45 PM, revealed present in the facility. up Bathing Report and o of the residents fections, Resident #2 r, observation of the infecting system e of the presence of a system and staff knowledge on how to ervation revealed the w/p tub disinfecting he facility and upply Clerk revealed structed her to order the w/p tub	ith remaining pe and severity of an "E", and implements a Plan ility's Quality Assurance continues to monitor to and comfortable ent the development and and infection. icies and procedures evidence of policies and cting system for the at 3:45 PM, revealed present in the facility. up Bathing Report and o of the residents ections, Resident #2 r, observation of the infecting system e of the presence of a system and staff knowledge on how to ervation revealed the w/p tub disinfecting he facility and upply Clerk revealed structed her to order	ith reinaining pe and severity of an "E", s and implements a Plan ility's Quality Assurance continues to monitor to ind comfortable ent the development and und infection.The Facility DNS and ADNS will monitur the infection control program. The facility will review in-house infection control, and huspital returns with infections. The Infection surveillunce Repur Form will be completed by ADNS which will give a the average new no-socurnial infection rate it will fist Infection Data, Culture infirmation, and Antibibuic Treatment. A cultored cuted fluor plin will be attached and cultored fluor plin will be attached met endow becins, Resident #2 r, observation of the enfecting system e of the presence of a system and staff knowledge on how to srvation revealed the w/p tub disinfecting he facility and upply Clerk revealed structed her to orderThe Facility DNS and/or the section Control Checktist which includes various Surveillance items such as: Environmental. Equipment and our dispresed in infection cuntrol observed in runds, inmediate interval will occur. and control observed in trunds, inmediate interval will occur. and control observed in trunds, inmedinte inte

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for everything ated on the p g system for t	1 1 1 2 2 1					
ated on the p g system for t	re should be a policy and					
g system for I	g and staff should have					
	rocedure for the					
	he w/p tub. Per interview,					
	Id the disinfecting system					
	en and a piece was		:			
	The Administrator stated					
	how they were					
	fince the piece was					
	ff told her they were using she then asked the		:			
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sed for disinfe	cting wheelchairs and		:			
rs.						
iis cindated of	licy, describing how to		•			
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	Nursing (DON (ADON) to "w vere using for ver, interviews d #24 reveale nfectant for d o the CNAs, th sed for disinfers, is unclated of w/p tub if the revealed staff used to sanitiz (Citrus II disinal f to fill the w ed amount of w/p jets for two wever, review abel revealed of and an e-mo M, from the C ed the product	Nursing (DON) and Assistant Director (ADON) to "write up" the procedure vere using for disinfection of the w/p ver, interviews on 05/23/13 with CNAs d #24 revealed they did not use the infectant for disinfecting the w/p tub. to the CNAs, the Citrus II disinfectarit sed for disinfecting wheelchairs and	Nursing (DON) and Assistant Director (ADON) to "write up" the procedure vere using for disinfection of the w/p ver, interviews on 05/23/13 with CNAs d #24 revealed they did not use the infectant for disinfecting the w/p tub. to the CNAs, the Citrus II disinfectarit sed for disinfecting wheelchairs and rs. is undated policy, describing how to w/p tub if the disinfecting system was revealed staff was to use the used to sanitize showers and (Citrus II disinfectant). The policy aff to fill the w/p tub with water; add ed amount of disinfectant (Citrus II); w/p jets for twenty (20) to thirty (30) powever, review of the Citrus II abel revealed the disinfectant was " and an e-mail dated 05/24/13, M, from the Customer Service ed the product was designed to be	Nursing (DON) and Assistant Director (ADON) to "write up" the procedure vere using for disinfection of the w/p ver, interviews on 05/23/13 with CNAs d #24 revealed they did not use the infectant for disinfecting the w/p tub. to the CNAs, the Citrus II disinfectarit sed for disinfecting wheelchairs and rs. is undated policy, describing how to w/p tub if the disinfecting system was revealed staff was to use the used to sanitize showers and (Citrus II disinfectant). The policy aff to fill the w/p tub with water; add ed amount of disinfectant (Citrus II); w/p jets for twenty (20) to thirty (30) powever, review of the Citrus II abel revealed the disinfectant was " and an e-mail dated 05/24/13, M, from the Customer Service ed the product was designed to be	Nursing (DON) and Assistant Director (ADON) to "write up" the procedure vere using for disinfection of the w/p ver, interviews on 05/23/13 with CNAs d #24 revealed they did not use the infectant for disinfecting the w/p tub. to the CNAs, the Citrus II disinfectant sed for disinfecting wheelchairs and rs. is undated policy, describing how to w/p tub if the disinfecting system was revealed staff was to use the used to sanitize showers and (Citrus II disinfectant). The policy aff to fill the w/p tub with water; add ed amount of disinfectant (Citrus II), w/p jets for twenty (20) to thirty (30) pwever, review of the Citrus II abel revealed the disinfectant was " and an e-mail dated 05/24/13, M, from the Customer Service ed the product was designed to be	Nursing (DON) and Assistant Director (ADON) to "write up" the procedure vere using for disinfection of the w/p ver, interviews on 05/23/13 with CNAs d #24 revealed they did not use the infectant for disinfecting the w/p tub. to the CNAs, the Citrus II disinfectant sed for disinfecting wheelchairs and rs. is undated oolicy, describing how to w/p tub if the disinfecting system was revealed staff was to use the used to sanitize showers and (Citrus II disinfectant). The policy aff to fill the w/p tub with water; add ed amount of disinfectant (Citrus II); w/p jets for twenty (20) to thirty (30); wwever, review of the Citrus II abel revealed the disinfectant was " and an e-mail dated 05/24/13; M, from the Customer Service ed the product was designed to be

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Fijcility ID-100511

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		TAND HUMAN SERVICES			PRINTED: 06/13/2 FORM APPROV OMB NO: 0938-03
STATENEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		185238	B WING	a , S - man , and a second	C 05/26/2013
	PROVIDER OR SUPPLIER	ANCEBURG	58 (ET ADDRESS, CITY, STATE, ZIP COL EASTHAN STREET NCEBURG, KY 41179	ΡE
{X4} ID PREFIX TAG	EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEOED BY FULL SCIDENTIFYING INFORMATION	ID PREFIX TAG	FROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
F 490	Continued From pa	ge 26	F 490		1
		with water the "kill times" and .			
	revealed she though	13 at 6:35 PM, with the DON It the Citrus II should be Interview, on 05/25/13 at 4:37	-		
	PM, with the ADON policy, revealed she disinfectant should r 05/24/13, when they	who developed the undated was not aware the Citrus II ot be diluted with water until received the e-mail from the	:		
	05/26/13 at 3:37 PM undated policy; howe Citrus II disinfectant,	vith the Administrator, on , revealed she reviewed the iver, she was not aware the indicated for use in the d not be diluted with water	i		
	Review of the facility) 05/25/13, revealed th	s acceptable AoC, dated e following:			
S) tub was placed out of by placing signs on (he w/p sinfecting system.			
÷ 0		p lub was turned off on g" was placed across the her ונse.	÷		
th ነክ የከ ሮር	e w/p tub representa e w/p, the disinfectar e w/p tub disinfecting te manual was faxed opies were given to th	entral Supply Clerk notified tive to obtain a manual for nt and the parts needed for g system were ordered. I that day to the facility and he DON, ADON, ance Director, and Central	:		

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		AND HUMAN SERVICES			*************************************	FIDRM APPRO OMB NO. 0938-0
	IT OF DEFICIENCIES OF CORRECTION	(XT) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.		CONSTRUCTION	(XI) DATE SURVEY COMPLETED
		185238 B. WING		C 05/26/2013		
	PROVIDER OR SUPPLIER			58 E	ET AODRESS, CITY, STATE, ZIP CODE EASTHAM STREET NCEBURG, KY 41179	
(X4) ID PREFIX TAIS	(EACH DEF !CIENCY	IEMENT OF DEFICIENCIES MUST RE PRECEDEO BY FULL SCIDENTIFYING INFORMATION	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIN IEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY	D BE COMPLER
F 490	Continued From pag	je 27		90		
		sentative scheduled a date		:		
	he could not come th	he parts for the disinfectant, if hat day the w/p tub was to a until the representative				
	were to be inserviced the w/p tub by the DC Set (MDS) Nurse. The competency checkoff the w/p tub manual o This inservice with re started on 05/24/13. To work until they had and performed the ch			1		
r S tl	nursing staff, all house	was being kept to ensure all ekeeping staff, the Central ntenance Director received n and performed the				
· C	heck list were added	ation and competency to the orientation packet for nd housekeeping staff.		-		
	. Whirlpool lub cleani y the w/p tub on 05/2	ng instructions were oosted 5/13.				
Ti di Hi	he Central Supply Clé sinfecting system for sinfectant daily when ousekeeper was resp	developed on 05/24/13. erk was to check the w/p appropriate levels of on duty. The 200 wing possible for checking the happly Clerk was not on				

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Facility ID: 10(05 FI

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		HAND HUMAN SERVICES E & MEDICAID SERVICES			PRINTED: 06/13/ FORM APPRO OMB NO: 0938-0
STATEME	NT OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA IUENTIFICATION NUMBER:	1	E CONSTRUCTION	(XJ) DATE SURVEY COMPLETED
		185238	B. WING	الاست المراجع التراجع المراجع المستقد المتعار معالم المراجع المراجع المراجع المراجع المراجع المراجع ا	C 05/26/2013
	PROVIDER OR SUPPLIER	NCEBURG	5 8	EET ADDRESS, CITY, STATE, ZIP CODE EASTHAM STREET ANCEBURG, KY 41179	
(XJ) ID PREFIX TAG	EACH LIEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDEO BY FULL SCIDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLET
F 490	Continued From page	ge 28	F 490		
		ant was low an order was to call with a call the system for			
	disinfecting process times a week for four time weekly for four inonth ongoing. The by the Administrator were to be presented	ne proper use of w/p was to be audited three (3) r (4) weeks, then once a audits were to be performed or her designee. Any issues I to the Quality mprovement Committee.			
		ted the corrective action prior to exit on 05/26/13, as	:		
(() 	whirlpool tub room re the w/p tub with the di Observation revealed 'banding" on the w/p t order signs on the w/p	26/13 at 2:40 PM, of the vealed a sign on the wall by sinfecting instructions. the w/p tub to have tub to prevent use, out of tub, and the water to the ff. Further observation			
ŗ	evealed two (2) staff	persons receiving the th return demonstration.			
ir		ion packet revealed the d competency check list cket.	:		
re Li D w	elated to the abateme ist of all mursing staff, entral Supply Clerk a ho had received the in erformed the compete	Is submitted for review nt revealed a Master Staff all housekeeping staff, the nd Maintenance Director nservice education and ency; and of those who still and competency check	:		

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Event ID: UJDK11 Facility ID: 100511 If continuation sheet Page 29 of 33

		RE & MEDICAID SERVICES	1		OMB NO. 0938-03
	OF DEFICIENCIES F CORRECTION	XT PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	1 '	MPLE CONSTRUCTION	IX3) DALE SURVEY COMPLETED
		185238	B WING		C 05/26/2013
NAME OF PI	ROVIDER OR SUPPLIEF	2	s	STREET ADDRESS, CITY, STALE, Z 58 EASTHAM STREET	
GOLDEN	LDEN LIVINGCENTER - VANCEBURG VANCEBURG, KY 41179				
(X4) ID PREFIX FAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX FAG		CTION SHOULT) BE COMPLETION O THE APPROPRIATE DATE
F 490	Continued From p	age 29	F 49	ю [:]	
	off.	uju - u	. 1 -0		
:	lalentiew, on 05/1	26/12 at 1:30 PM, with the		I	
		erk revealed she had obtained	:		:
		ceived a copy of it. She			
		l, ADON, and Maintenance ceived copies of the manual			
		Supply Clerk stated she had			
C	rdered the parts a	and disinfecting solution for the			
	•	d she had received inservice			
		isinfection of the w/p tub with a 1 on for competency. Further			
		it was now her responsibility to			
		Ilsinfectant In the disinfecting			
		ay when she's on duty. She		ł	
		by a clipboard with a checklist			:
		fill out when observing the nued interview revealed she		:	
		ugh Friday and would be			
		a days. The Central Supply			
		uld refill the disinfectant if it			
- Wi	as low and order a	a new supply to replace it.			
*tı	iterview, on 05/26	/13 at 3:00 PM, with the DON			
		had contacted the w/p tub			
		copy of the w/p tub manual.			
		received a copy of the			
		the ADON, Maintenance			
		ner inservice and competency			
		om the disinfection process			
		OON stated she had trained			
		ordinator, Central Supply			
		nce Director. In addition, she			
		g trained by herself, the Coordinator. She stated			
		owed to work until they had			
		OVERA (C) WOLK UNTLUGEV LLAPT			

Even; ID: UJDK11 Facility (D: 100511

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GOLDEN LIVINGCENTER - VANCEBURG 58 EASTH 1X41 ID SUMMARY STATEMENT OF DEFICIENCIES ID I'REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX	COMPLETED C
NAME OF PROVIDER OR SUPPLIER STREET ADD GOLDEN LIVINGCENTER - VANCEBURG STREET ADD IX411D SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX (IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (IEACH DEFICIENCY ADD STATEMENT OF DEFICIENCIES (IEACH DEFICIENCIES (IEACH DEFICENCIENCES (IEACH DEFICIENCIES (IEACH DEFICE	05/26/201 RESS, CITY, STATE, ZIP CODE M STREET JRG, KY 41179 PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD RE UMPLÉ USS-REFERENCED TO THE APPROPRIATE
GOLDEN LIVINGCENTER - VANCEBURG 53 EASTH IX411D SUMMARY STATEMENT OF DEFICIENCIES ID IPREFIX (EACH DEFICIENCY MUST RE PRECEDED BY FULL PREFIX (I TAG REGULATORY OR LSC IDENTIFYING INFORMATION! F 490 F 490 F 490 Continued From page 30 F 490 F 490 return demonstration for competency. The DON indicated the w/p tub representative had Scheduled a date (05/29/13) to bring the parts, the disinfectant, and to provide education to her, the ADON, Maintenance Director, and Central Supply Clerk on any updates related to the w/p tub and disinfection process. According to the DON, if the w/p tub representative could not come that day, the w/p tub was to remain out of service until the representative arrived. "Interview, on 05/26/13 at 2:00 PM, with the 200 Hall Housekeeping Supervisor revealed she had been inserviced on the w/p tub disinfecting system on 05/25/13. She stated if the Central Supply Clerk was not present to conduct the daily checking of the w/p tub disinfectant the 200 Hall Housekeeper would be responsible for checking. "Interview, on 05/26/13 at 12:10 PM, with Housekeeper #3 who worked on the 200 Hall, at 11:25 AM with Housekeeper #2, who was working	AM STREET JRG, KY 41179 PROVIDERS PLAN OF CORRECTION (45) ACH CORRECTIVE ACTION SHOULD RE SS-REFERENCED TO THE APPROPRIATE DATE
GOLDEN LIVINGCENTER - VANCEBURG VANCEB IXALID SUMMARY STATEMENT OF DEFICIENCIES ID IMPERIX (EACH DEFICIENCY MUST RE PRECEDED BY FULL TAG ID F 490 Continued From page 30 F 490 return demonstration for competency. The DON indicated the w/p tub representative had scheduled a date (05/29/13) to bring the parts, the disinfectant, and to provide education to her, the ADON, Maintenance Director, and Central Supply Clerk on any updates related to the w/p tub and disinfection process. According to the DON, if the w/p tub representative could not come that day, the w/p tub was to remain out of service until the representative arrived. *Interview, on 05/26/13 at 2:00 PM, with the 200 Hall Housekeeping Supervisor revealed she had been inserviced on the w/p tub disinfecting system on 05/25/13. She stated if the Central Supply Clerk was not present to conduct the daily checking of the w/p tub disinfectant the 200 Hall Housekeeper would be responsible for checking. Therview, on 05/26/13 at 12:10 PM, with Housekeeper #3 who worked on the 200 Hall, at 11:25 AM with Housekeeper #2, who was working	JRG, KY 41179 PROVIDERS PLAN OF CORRECTION (%5) ACH CORRECTIVE ACTION SHOULD RE COMPLE SS-REFERENCED TO THE APPROPRIATE DATE
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (IAC F 490 Continued From page 30 F 490 return demonstration for competency. The DON indicated the w/p tub representative had scheduled a date (05/29/13) to bring the parts, the disinfectant, and to provide education to her, the ADON, Maintenance Director, and Central Supply Clerk on any updates related to the w/p tub and disinfection process. According to the DON, if the w/p tub representative could not come that day, the w/p tub was to remain out of service until the representative arrived. *Interview, on 05/26/13 at 2:00 PM, with the 200 Hall Housekeeping Supervisor reveated she had been inserviced on the w/p tub disinfecting system on 05/25/13. She stated if the Central Supply Clerk was not present to conduct the daily checking of the w/p tub disinfectant the 200 Hall Housekeeper would be responsible for checking. "Interview, on 05/26/13 at 12:10 PM, with Housekeeper #3 who worked on the 200 Hall; at 11:25 AM with Housekeeper #2, who was working	ACH CORRECTIVE ACTION SHOULD BE COMPLE ISS-REFERENCED TO THE APPROPRIATE CATE
F 490 Continued From page 30 F 490 return demonstration for competency. The DON indicated the w/p tub representative had scheduled a date (05/29/13) to bring the parts, the disinfectant, and to provide education to her, the ADON, Maintenance Director, and Central Supply Clerk on any updates related to the w/p tub and disinfection process. According to the DON, if the w/p tub representative arrived. *Interview, on 05/26/13 at 2:00 PM, with the 200 Hall Housekeeper would be responsible for checking. *Interview, on 05/26/13 at 12:10 PM, with Housekeeper #3 who worked on the 200 Hall; at 11:25 AM with Housekeeper #2, who was working	ISS-REFERENCED TO THE APPROPRIATE 0ATE
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Housekeeper #3 who worked on the 200 Hall; at 11:25 AM with Housekeeper #2, who was working	
11:25 AM with Housekeeper #2, who was working	
Housekeeper #1, who was working on the 100	
Hall, revealed they had all been inserviced on	
05/24/13 and 05/25/13 related to the w/p tub	
disinfecting system and had performed a return	
demonstration for competency. They stated the w/p disinfecting system was to be checked daily	
by the Central Supply Clerk if she was on duty	
and if she wash't, the Housekeeper on the 200	
Hall would be responsible for performing the	
check to ensure there was disinfectant in the system.	
Interview, on 05/26/13 at 1:30 PM, with the	
Maintenance Director revealed he had turned the water off to the w/p tub and it would remain	

		AND HUMAN SERVICES			FORM APPROV OMB NO: 0938-03
STATEMENT OF DEI AND PLANOF CORF		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3	è Construction	(XJ) DATE SURVEY COMPLETED
		18523 8	B. WING		C 05/26/2013
NAME OF PROVIDE	R OR SUPPLIER		STR	EET ADORESS, CITY, STATE, ZIPCODE	
GOLDEN LIVIN	GCENTER - VA	NCEBURG	1	EASTHAM STREET ANCEBURG, KY 41179	
	ACH DEFICIENCY	I EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IÐ PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE COMPLETIC
F 490 Contir	ued From pag	ge 31	F 490		
disinfe	ictant for the v	//p lttb part was fixed and the v/p disinfecting system was	:		
the w/p	o tub manual.	he had been given a copy of The Maintenance Director			
disinfe		inserviced on the w/p tub and had completed a return impetency.			
		13 at 3:40 PM, with the MDS I she had received an	:		:
disInfec demon	cting system a stration for co	e DON on the w/p tub ind had performed a return mpetency. She stated she ces to staff and observed			
being tr allowed inservic	ained. She si to work until	s for competency since ated staff would not be they had received the performed a return mpetency.	x		
that staf return d	f had received emonstration nowledge of th	ducted on 05/26/13 to verify d education, performed a for competency, and verify ne disinfection of the w/p lub			
LPN #1	at 2:10 PM, Ll	rse (LPN) #2 at 2:00 PM, PN #3 at 2:45 PM, LPN #5 t 11:40 AM, CNA #21 at	:		
1 40 PM PM, CNA CNA #20 #19 at 2: 2:30 PM, PM, and All staff v	, CNA #1 at 1. A #22 at 2:15 I at 2:40 PM, (20 PM, CNA # CNA #25 at 2 Registered Ni erbalized hav	42 PM, CNA #6 at 2:00 PM, CNA #13 at 2:30 PM, CNA #16 at 2:15 PM, CNA #18 at 2:25 PM, CNA #17 at 2:37 PM, CNA #23 at 4:45 urse (RN) #1 at 2:50 PM. ing received the inservice 05/25/13 related to the w/p			

FORM CMS-2567(02-59) Previous Versions Obsolete

Facility ID: 100517

If continuation sheet Page 32 of 33

	VE OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPCIER/CLA IDENTIFICATION NUMBER		IPLE CONSTRUCTION	COM	E SURVEY IPLETEO
		185238	8. WING		j	C 26/2013
	PROVIDER OR SUPPLIER	NCEBURG	s	TREET ADDRESS, CITY, STATE, ZIP CODE 58 EASTHAM STREET VANCEBURG, KY 41179		,
1X4) IU PREFIX JAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE IEACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	ould be	(X5) COMPLETIO DATE
F 490	Continued From page	ne 32	F 490	· · · · · · · · · · · · · · · · · · ·		
		n for competency, and were				
		ould remain out of use until				
		and the disinfecting solution				
		ystem was obtained. Record				
		training was provided on				
	05/24/13 and 05/25/	J				
l	00.2 // 10 2/12 10/20					
	*Interview, on 05/26/	13 at 3:47 PM, with the		1		
	Administrator revealed	ed the w/p tub was placed				
		1/13 in the evening. She		:		
	stated the w/p repres	entative was contacted, a				
	copy of the w/p tub n	anuat was requested and				
	the part for the w/p tu	b was ordered. She atso				
	stated the dtsinfeciar	i for the w/p tub disinfecting				
:	system was ordered,	and the representative	5			
	made an appointmen	1 to come on 05/29/13 to				
	bring the part and dis	infectani solution and	:			
	provide training on an	y updates to the w/p tub				
	and disinfecting syste	m. The Administrator				
:	stated a copy of the w	/p tub manual was received	÷			
i	and copies were give	1 to her, the DON, the				
/	ADON, the Maintenar	ice Director, and the Central				
Ş	Suppty Cterk, She sta	ited Inservice Iraining had	:			
ł	been developed with a	a competency check list.				
		nistrator, staff was being				
		o do a reiurn demonstrațion				
		o being attowed to work,				
	he Administrator stat					
	emain out of service (1
		me in. Further interview				
		of disinfecting process	1			
		(3) times a week for four				
	4) weeks, one (1) time					
W	eeks, then once mon	iniyana ongoing.				
)
						1

Facility IO: 10(151)

If continuation sheet Page 33 of 33

ATEMENT OF DEFICIENCIES ()	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(LE CONSTRUCTION 5 01 - MAIN	5 · · · · · · · ·	MPLETED
	185238	e. wing	مناه های آبادی از است از اس	0	5/23/2013
IAME OF PROVIDER OR SUPPLIER	n an	1	REET ADDRESS, CITY, STATE, ZIP COD	Ę	and a second
GOLDEN LIVINGCENTER - VAN	CEBURG	i	58 EASTHAM STREET VANCEBURG, KY 41179	والمراجع	
PREFIX (FACH DEFICIENCY N	MENT OF DEFICIENCIES INST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
K 000 INITIAL COMMENTS		K 000	an a		: .
CFR: 42 CFR 483.7	0(a)		1 		
Building: 01			1		
Survey under: NFPA	101 (2000 Edition)				
Plan approval: 1978					feshir meserie
Facility type: SNF/NF					
Type of structure: Or (unprotected)	e story, Type III				
Smoke Compartment	: Five (5)			VEĄ	
	corridor, heat detectorsin undry, kitchen, and sprinkler			Sectorementation	
	nplete sprinkler system)6 with new main control i new dry valve.				
Generator: Type 2 gen installed May 2011.	nerator powered by diesel				
Vanceburg was found with the requirements Medicare and Medicar	3/13. Golden Living Center not to be in compliance for participation in d. The census on the day ty nine (89). The facility is		· ·		
The Highest Scope an an "F" level.	d Severity deficiency was				ne - to phy C data Jones D and
BORATORY DIRECTORS OF PROVIDER	SUPPLIER REFRESENTATIVE'S SIGN	ATURE	LNHX	6/2	1×61 DATE

FORM CM3-2587(02-99) Previous Versions Obsolete

Event ID: UJDK21 Febbly ID: 100811

If continuation sheet Page 1 of 5

STATEMEN	t of deficiencies Dy correction	& MEDICAID SERVICES	ł · ·	LTIPLE C	ONSTRUCTION	(X3) CATE SURVEY COMPLETED
		185238	B. WING		- BRAJ P4	05/23/2013
NAASS /NE C	KOVIDER OR SUPPLIER		<u></u>			000606033
	NUVINGCENTER - VA	NACONDA	Í		FADDRESS, CITY, STATE, ZIP CODE ASTHAM STREET	
Sof Bard Bar Ard Bar I	A CLANACONTALCIC - AL	43 8 X 7 K 2 2 C K 3 F X N 9		VAN	CEBURG, KY 41179	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPING DEFICIENCY)	D BE COMPLETION
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ال من مورد به المحلم المحلم 			2 (11/2007/07/11)))) (******		and a second
K 064	NFPA 101 LIFE SA	FETY CODE STANDARD	- K()64		
\$S=D						
		uishers are provided in all ncies in accordance with NFPA 10				
					KD64	
					SS-D	
					The fire Extinguishers located Kit	chen
		s not met as evidenced by:			Short 300 half, and 300 From half	- 1 C W 3 24
		ion and intervlew, it was			have been removed and remounte	
		lity failed to ensure fire			according to National Fire protect	
		installed according to National			Association (NFPA), so that the ta	
		ciation (NFPA) standards. the potential to affect two (2)		-	extinguisher are not more than 5 f	eel
		mpartments, twenty three			(1.5m) above the floor and not le4 inches (101.6) above the floor.	SS SING
	(23) residents, staff			:	to ensure the fire extinguisher	
	The Destinant in deale				can be easily reached during a	
	The findings include	ŧ.			fire. Maintenance Director was educated on the standard	
:	Observation, on 05/	22/13 between 3:15 PM and		:	from the National Fire	
		he fire extinguishers mounted			Protection Association (NFPA)	
	in the Kitchen, Shor	1 300 Hall and 300 Front Hall,			Completed May 31, 2013	
		er than five (5) feet in height.				
	~	annot be mounted greater				
		leight to ensure the fire				
;		e reached during a fire. The				
	observations were of Maintenance Directo					
	NAMEDRICO DIRUC	<i>iis</i> .		:		
	Interview, on 05/22/	13 at 3:16 PM, with the				
		revealed he was not aware		÷		
		uld not be mounted greater				
	than five (5) feet in h	eight.				
	NFPA 10 (1998 editi	fon				
		hers having a gross weight				
		(18.14 kg) shall be installed				~* i i ~*
	the second s					013113

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SLIPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN			(X3) DATE SURVI COMPLETED	
		185238	B. WING		1.000 07 08 44 07 07 07 10 10 10 10 10 10 10 10 10 10 10 10 10	05/23/20	
	PROVIDER OR SUPPLIER N LIVINGCENTER - V	ANCEBURG		58 E	TADDRESS. CITY, STATE, 2IP CODE CASTHAM STREET ICEBURG, KY 41179	in da a fan fan fan fan fan fan fan fan fan	
(X4) IQ PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI IAG	x !	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
K 064	Continued From pa		K 0	12 A .			
	so that the top of th than 5 ft (1.53 m) a extinguishers havin 40 lb (18.14 kg) (er	the fire extinguisher is not more bove the floor. Fire ig a gross weight greater than kcept wheeled types) shall be				i	
	not more than 3 1/2 no case shall the c	e top of the fire extinguisher is 2 ft (1.07 m) above the floor. In earance between the bottom her and the floor be less than					
K 211 SS≖F			K 2	**** ****	2/1725 4		
	capacity shall be 1. 'rooms)	dividual fluid dispenser 2 liters (2 liters in sultes of ave a minimum spacing of 4 ft	· · · · · ·		K211 SS=F ABHR dispensers have been removed from resident room108 and every resident room in the	÷	
	o Not more than 10 smoke compartmen o Dispensers are no an ignition source.	gallons are used in a single it outside a storage cabinet. ot installed over or adjacent to	:		facility and re-mounted according to National Fire Protection Association (NFPA), Maintenance Director was		
	sprinklered. 19.3	eted, the building is fully 0.2.7, CFR 403.744, 418.100, 0.70, 483.623, 485.623	- - -	:	educated on this standard from the National Protection Association (NFP Completed May 31, 2013	: A)	
	:			,			
:		not met as evidenced by:		·			
	determined the facil	on and interview, it was ity failed to ensure Alcohol — : BHR) dispensers were		ŗ		5121	

STATEMENT OF DEFICIENCIES AND PLAIN OF CORRECTION		(X1) PROVIDER/SUPPLIER/SLIA IDENTIFICATION NUMBER:		TIFLE CONSTRUCTION NG 01 - MAIN	(X3) DATE SURVEY COMPLETED			
		185238		100000	05/23/2013			
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - VANCEBURG				STREET ADDRESS. CITY. STATE, ZIP CODE 58 EASTHAM STREET VANCEBURG, KY 41179				
(X4) ID PREFIX TAG	(ÉACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICE	ACTION SHOULD BE COMPLETE			
Z 331 C	ontinued From p							
			K 2'		:			
A	ssociation (NFP)	g to National Fire Protection A) standards. The deficiency	i		:			
Ś	,	o affect five (5) of five (5) ants, ninety four (94) residents,	i	5	:			
- 1	an and visitors. ne findings inclui	10)	:					
	ര നവന്വം നവന	1°C,						
Observation, on 05/23/13 at 10:58 AM, revealed an ABHR dispenser was mounted above the light		:						
		room 108. Further						
		aled the same for every re facility. ABHR dispensers						
 Cž	innet be mounte	d above an ignition source due						
		sk of fire. The observations						
W	ere confirmed wi	th the Maintenance Director.						
11	terview, on 05/2.	3/13 at 10:58 AM, with the						
N4	aintenance Direc	tor revealed he had installed						
		ers in the resident rooms						
		ary 2013. Further interview to identified the ABHR						
		g installed near an ignition						
. SC	urce.							
0.	ferance NEDA -	101 (2000 edition)		:				
		xohol Based Hand Rub (ABHR)		:	:			
di	ipensers are insi	alled in a corridor:						
		least 6 feet wide						
		dividual fluid dispenser						
	packy snak per i. pms)	2 liters (2 liters in suites of						
		ave a minimum spacing of 4 ft						
fro	m each other	· · · ·						
		gallons are used in a single						
		nt outside a skrage cabinet.						
	lispensers are n ignition source.	ot installed over or adjacent to 3						

ATEMENT OF DEFICIENCIES RD PLAN OF CORRECTION	RE & MEDICAID SERVICES	1	LTIFLE CONSTRUCT		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
185238		B. WING			05/23/2013	
AME OF PROMOER OR SUPPLIE SOLDEN LIVINGCENTER -		STREET ADDRESS, CITY, STATE, ZIP CO 58 EASTHAM STREET VANCEBURG, KY 41179			a alan ana alan kana kana kana kana kana	
PREFIX . (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL RLSC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH (ADER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOLLD EFERENCED TO THE APPROPT DEFICIENCY)	SE COMPLETION	
		200-01111 (Classific and Constraint)				
	rpeted, the building is fully 8 403.744, 418.100, 460.72,	· K	211		:	
i						
		•				
· ·		;				
		- - -	:			
- -		:				