

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2015
NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF NICHOLASVILLE		STREET ADDRESS, CITY, STATE, ZIP 100 SPARKS AVENUE NICHOLASVILLE, KY 40356	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG F 0157	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor and a family member of the resident of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review and review of facility policy, it was determined the facility failed to ensure the Physician and the legal representative were notified when one (1) of sixteen (16) sampled residents exhibited signs and symptoms of itching and scratching and complained to staff (Resident #16). Interview and record review revealed a treatment for [REDACTED]. On 07/27/14, nine (9) more residents were also treated for [REDACTED]. Immediate Jeopardy was identified on 01/30/15 and was determined to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15. Interview and record review during the Partial/Extended Survey on 02/04/15, revealed Resident #16 reported itching for about two (2) weeks, and stated it felt just like it did when the resident had scabies in 1957. Despite the fact there were confirmed cases of scabies in the facility, and Resident #16's spouse resided on the unit where all residents were treated, the facility failed to report the resident's symptoms to the physician until after State Survey Agency intervention. The facility's failure to have an effective system in place to ensure the Physician and the legal representative were notified of a change in status or of a need for treatment was likely to cause serious injury, harm, impairment or death to a resident. The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an D, while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes. The findings include: Review of the facility's policy titled Notification of Changes, effective date 08/01/12, revealed the licensed nurse was to notify the Attending Physician and the resident's legal representative when a change in health status occurred. Continued review revealed the change exhibited by the resident and the date and time of the notification(s) were to be documented in the Nurses Notes. Review of the clinical record revealed Resident #16 was admitted to the facility on [DATE] for rehabilitation after a fall at home. Review of the Brief Interview for Mental Status (BIMS), dated 01/23/15, revealed the facility assessed Resident #16 to have a score of fifteen (15) which indicated the resident was cognitively intact and interviewable. Interview with Resident #16, on 02/04/15 at 8:05 AM, revealed the resident reported itching on his/her back for about two (2) weeks. Continued interview revealed the resident did report the itching to staff, but was not aware of any new treatment orders. The resident stated a nurse put some lotion on the itch but it only helped for a short time. Interview with Licensed Practical Nurse (LPN) #6, on 02/05/15 at 5:00 PM, revealed Resident #16 had asked for lotion to be applied to his/her back almost every night, but had only complained of itching about three (3) times. Continued interview revealed LPN #6 did not notify the Physician because the resident's spouse, who was also a resident at the facility, reported Resident #16 scratched at home, too. Observation of a skin assessment conducted by LPN #2, on 02/04/15 at 9:58 AM, revealed Resident #16 had red linear abrasions on the left lower back. In addition, the resident exhibited a raised red rash in clusters on the upper back, neck and both shoulders. Continued observation revealed a scabbed area behind the right ear. At the time of the skin assessment, Resident #16 stated he/she had been scratching the lower back area where the abrasions were noted. The resident further stated he/she wasn't able to reach all the places that itched, so the resident had to stand and scratch his/her back by rubbing it against the doorway. The resident further reported having been infected with scabies in 1957, and stated the current itching felt just like that. Interview with LPN #2 after the skin assessment, on 02/04/15 at 10:50 AM, revealed Resident #16 did not have a physician's orders [REDACTED]. #2 stated she did not notify the Physician of the resident's complaint of itching, but reported to management that Resident #16 had self-inflicted scratches. She further stated she could not remember exactly who in management she reported to, but she assumed they would take care of obtaining orders. Interview with State Registered Nursing Assistant (SRNA) #8, on 02/05/15 at 4:45 PM, revealed Resident #16 had complained of itching for about two (2) weeks. She stated she told the Director of Nursing (DON) about the resident's complaint, but could not remember when she told her. Interview with SRNA #13, on 02/06/15 at 4:22 PM, revealed she was aware Resident #16 had complained of itching to her while she was providing care. She stated it was at least one (1) week ago, but may have been two (2) weeks ago. Continued interview revealed she reported it to the nurse but could not remember which nurse she reported to. Interview with the DON, on 02/05/14 at 12:50 PM, revealed she had seen one (1) scratch on Resident #16's lower back but could not remember what day it was. She stated she had reviewed the resident's documented skin assessment dated [DATE] which indicated Resident #16 had self-inflicted scratches. The DON reported she acted on the premise that Resident #16 had a history of [REDACTED]. Continued interview revealed the DON did not have any conversation with any staff regarding Resident #16's scratches, and was not aware the resident had complained of itching. However, further interview revealed the DON thought perhaps Resident #16 was itching and scratching due to some of his/her medication. The DON further stated staff should have used critical thinking skills in order to determine the underlying cause of the resident's discomfort, and the itching and scratching should have been reported to the Physician and treatment orders obtained, regardless of the cause of the symptoms. Interview with the Power of Attorney (POA) for Resident #16, on 02/04/15 at 6:58 PM, revealed she was not notified of the resident's itching and scratching until the day of this interview, 02/04/15. She stated the resident did not have a history of scratching and digging at his/her skin, and had not had a rash the POA was aware of. Further review of the clinical record revealed no documented evidence the Physician was notified of Resident #16's symptoms until 02/04/15, after State Survey Agency intervention. Review of the physician's orders [REDACTED]. #16 was to have a Dermatology appointment scheduled and was to receive [MEDICATION NAME], 25 mg every six (6) hours as needed for itching. Continued review revealed an order for [REDACTED]. The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following: 1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. 2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. 3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; [MEDICATION NAME] cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. 4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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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F 0157 Level of harm - Immediate jeopardy Residents Affected - Few	<p>(continued... from page 1)</p> <p>Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place. 5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the Scabies Fact Sheet. The DON and the Administrator were educated by the DCO prior to proceeding to train all nursing staff. 6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE. 7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical Director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15. 8. On 01/27/15, all B wing residents were treated with [MEDICATION NAME] cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs. 9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN. 10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines. 11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor. 12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor. 13. On 01/27/15, the Administrator contacted the local Health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment. 14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of [REDACTED]. 15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing [MEDICATION NAME] cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment. 16. On 01/28/15, two (2) residents on the A wing began treatment for [REDACTED]. Treatment included contact isolation, application of [MEDICATION NAME] cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol. 17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated. 18. On 01/30/15, the Administrator and the DON initiated training on the Scabies Fact Sheet and the Guidelines for Scabies through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the Scabies Fact Sheet will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work. 19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the Scabies/Rash Tracking Log and the Skin Inspection Log was included in the training. 20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring. 21. Evaluation and monitoring of each resident receiving treatment will include skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects. 22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward. 23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration. 24. On 01/31/15, the facility established a Scabies Prevention and Control Plan which included the following: implementation of the Scabies Guidelines based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment. 25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer. 26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines. 27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office. 28. The facility's QA process will monitor implemented interventions as follows: The Administrator, DON or RN Supervisor will review the Scabies/Rash Tracking Log daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting. The Administrator, DON or RN Supervisor will review the Skin Inspection Log daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting. The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for [REDACTED]. The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's Scabies Prevention and Control Plan. The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment. 2. Review of the Body Audit forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/dyscoloration/bruises; open areas; [MEDICAL CONDITION]; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location. Review of the Dermatologist's Visit Notes, dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed [DIAGNOSES REDACTED]. 3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply [MEDICATION NAME] ([MEDICATION NAME]) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one (1) week; after cream applied, administer Stromectol, 3 milligram (mg) tablets on day 1, 2, 8, 9, and 15. In addition, Physician order [REDACTED]. Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON. Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose. Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation</p>		

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Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled Scabies in Long Term Care and utilized the Scabies Fact Sheet, for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the staff, in order for all education to be consistent and according to facility guidelines. Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff. 6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation Precautions, with emphasis on contact precautions. Review of training materials revealed the education included the proper use of PPE. Further review of in-service sign-in sheets revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15. Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM.</p> <p>LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation. Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) active staff, three (3) staff members were currently on leave. Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated. Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE. 7. Review of QA records revealed an Emergency meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures. Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for [REDACTED]. Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was to complete a re-assessment of every resident in the facility once the treatment was completed. 8. Review of the Medication Administration Records for the B wing residents revealed all were treated with [MEDICATION NAME] cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff. Review of the facility's schedule for applying the cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream. Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed they had been involved in application of the [MEDICATION NAME] cream and removal by bath or shower eight (8) to fourteen (14) hours later. The interviewees described the process whereby the cream was applied on one shift, and washed off on the next shift, following the same order of residents, according to the schedule. RN #1 and RN #2 reported they were responsible for applying the cream, and ensuring it was bathed off by the SRNAs, providing assistance if needed. The SRNAs stated they assisted the nurse with positioning during application of the cream, but their primary job was to bathe or shower the residents after at least eight (8) hours had passed. Interview with the DON, on 02/06/15 at 1:50 PM, revealed the RN or LPN on duty on the shift the cream was applied, and on the shift when removed, was responsible for overseeing the process. Continued interview revealed the DON took ultimate responsibility for ensuring each resident was treated appropriately, according to the physician's orders [REDACTED]. 9. Review of the MARs for the B wing residents revealed all were administered Stromectol tablets, according to the Physician orders, on 01/27/15. Interview with the DON, on 02/06/15 at 1:50 PM, revealed her oversight of the treatment process included a review for timely administration of the Stromectol. 10. Review of training records revealed the Housekeeping Supervisor provided education to eight (8) of eight (8) housekeeping and laundry staff on 01/27/15. Continued review revealed the education included the proper handling of trash and linens, cleaning and disinfecting of horizontal surfaces, walls, furniture and bathrooms, dust mopping and damp mopping, and proper disposal of trash and transport of linens to be laundered. Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 02/19/15 at 1:56 PM, Housekeeping Staff #12 on 01/29/15 at 2:07 PM, and Housekeeping Staff #11 on 01/29/15 at 2:19 PM, revealed all received training related to deep cleaning of contaminated isolation rooms. All interviewees were able to answer specific questions related to topics covered in the in-service, including the types of disinfectants to be used, as well as the process to be followed. Interview with the Housekeeping Supervisor, on 01/29/15 at 4:47 PM, revealed he had in-serviced his staff on 01/27/14 related to the procedure for cleaning and disinfecting the isolation rooms after an outbreak of scabies. He stated the process required a team effort and his role was to ensure his staff was educated, and to oversee the cleaning to ensure all steps were followed properly. 11. Observation, on 01/28/15 at 11:30 PM revealed staff was in the process of decontaminating all resident linens, including personal clothing, bed linens and privacy curtains on the B wing. Linens had been transported to the laundry area on 01/27/15 for laundering using hot washer and dryer settings. Continued observation revealed resident room were cleaned and disinfected while the residents were out of the rooms for their baths or showers. All washable surfaces were disinfected with a bleach product, according to the facilities Scabies Guidelines. No non-washable items, including cloth furniture, were observed anywhere in the facility, including resident rooms and common areas. The Housekeeping Supervisor was observed to be actively participating and overseeing the process. In addition, housekeeping staff were observed to be utilizing PPE during the cleaning. Interview with Laundry Worker #25, on 02/05/15 at 5:30 PM, revealed she was responsible for laundering contaminated linens during her shift. She stated the linens arrived in the laundry area in red biohazard bags. She further stated the linens were removed from the bags and placed directly in the washer for laundering in hot water, followed by drying on the hot cycle for at least twelve (12) minutes. Continued interview revealed the process was followed for residents' personal clothing, bed linens, privacy curtains, anything washable. Further interview revealed the washers and dryers were disinfected with a bleach disinfectant between uses. 12. Interview with the Housekeeping Supervisor, on 01/28/15 at 11:30 AM, revealed all furniture and equipment in common areas throughout the building was disinfected on 01/27/15. He stated the resident rooms, including washable furniture were being cleaned on 01/28/15 while residents were out of their rooms for bathing. He further explained all personal clothing, linens and privacy curtains had been removed prior to bathing to ensure the room was decontaminated prior to the residents returning. Continued interview revealed all cloth furniture and any items which could not be disinfected had been wrapped in plastic, removed from the building, and were stored in an outbuilding for the next fourteen (14) days, per the facility's Scabies Guidelines. 13. Review of e-mail correspondence, dated 01/27/15 at 9:40 AM, revealed the Administrator contacted the local Health Department and reported two (2) confirmed cases of scabies and the facility's decision to treat all residents on that unit. Continued review revealed the e-mail referenced an earlier voice mail left with the Health Department related to the same report. Review of Health Department documents revealed the facility received general</p>		

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NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF NICHOLASVILLE		STREET ADDRESS, CITY, STATE, ZIP 100 SPARKS AVENUE NICHOLASVILLE, KY 40356	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>F 0157</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Few</p> <p>F 0280</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 3)</p> <p>information related to scabies and the Scabies Fact Sheet in response to their report. 14. Review of the Care Plans for fifteen (15) selected residents who were treated for [REDACTED]. Continued review revealed the Care Plans included the following: the problem of risk for scabies exposure; stated goals to identify and promptly treat any rashes, have no complications related to the rash; and have resolution of the rash; an</p> <p>Allow the resident the right to participate in the planning or revision of the resident's care plan.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review and review of the facility's policy and procedure, the facility failed to have an effective system to ensure care plans were reviewed and revised to reflect the resident's current condition for fourteen (14) of sixteen (16) sampled residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #14, and #16). Interview and record review revealed a treatment for [REDACTED], #5, #6, #7 and #9). On 07/27/14, Residents #1, #2, #3, #4, #8, #10, #11, #12 and #14 as well as eight (8) unsampled residents (Unsampled Residents A, B, C, D, E, F, G and H) were also treated for [REDACTED], and guidelines. On 08/20/14, Resident #7 required re-treatment with scabies topical medications, and on 08/21/14 and 01/02/15, Resident #6 required re-treatment with scabies topical medications. The facility's failure to have an effective system in place to ensure the care plans were reviewed and revised to reflect each resident's current condition has caused or was likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 01/30/15 and found to exist on 07/27/14, and the facility was notified on 01/30/15. The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an E, while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes. The findings include: Review of the facility's policy titled Comprehensive Plan of Care, effective 08/01/12, revealed the purpose was to provide an individualized Plan of Care for each resident. Continued review revealed the Comprehensive Care Plan should describe the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, with measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs that were identified in the Comprehensive Assessment. Per the facility's policy, the Comprehensive Care Plan was to be updated to reflect the resident's current condition at least every ninety (90) days, or whenever significant changes occurred. Further review revealed progress or the lack of progress toward the goal was to be documented each time the Care Plan was reviewed, noting the probable reason for success or failure. Review of the facility's policy titled Care System Guidelines - Skin Care, undated, revealed the Director of Nursing Services (DON) or designee was responsible for implementing and monitoring the skin integrity program. Further review revealed a key element was for any skin risk identified to have corresponding interventions in the plan of care. Per the policy, the plan of care would address problems, goals, and interventions directed towards identified skin integrity concerns. Review of the facility's policy titled Isolation - Categories of Transmission-Based Precautions, revised August 2012, revealed the facility would ensure each resident's care plan and care specialist communications system included the type of precautions implemented for the resident. Interview with Registered Nurse (RN) #1, on 01/30/15 at 4:00 PM, revealed the Minimum Data Set nurse was responsible for updating the care plans. Further interview revealed the care plan should consist of the problem area to be addressed, the goal and date of the goal, with the interventions listed. RN #1 stated the care plan for a resident receiving treatment for [REDACTED]. Further interview revealed she did not know if the residents' care plans related to scabies included any of these interventions. 1. Record review revealed Resident #1 was admitted by the facility on 09/12/13, and re-admitted [DATE], with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 12/01/14, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen (15), indicating moderate cognitive impairment. Review of the Comprehensive Care Plan for Resident #1 revealed the facility had care planned the resident to be at risk for an impairment in skin integrity related to chronic bilateral lower extremity [MEDICAL CONDITION]. Further review of the Care Plan revealed the facility identified Resident #1 to have a rash between his/her toes on 04/11/14, at which time treatments were implemented. Continued review revealed the Care Plan was revised to include [MEDICATION NAME] Cream (treatment for [REDACTED]), and guidelines. 2. Record review revealed Resident #2 was admitted by the facility on 05/25/14 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 11/16/14, revealed the facility assessed Resident #2 to have a BIMS score of eleven (11) out of fifteen (15), which indicated the resident exhibited moderate cognitive impairment. Review of the Comprehensive Care Plan revealed the facility care planned Resident #2 for a potential impairment in skin integrity related to a self-care deficit. Further review of the Care Plan revealed the facility identified Resident #2 to have a rash and itching on 06/08/14 with an order for [REDACTED], and guidelines. 3. Record review revealed Resident #3 was admitted by the facility on 03/22/13 with [DIAGNOSES REDACTED]. Review of the Significant Change MDS Assessment, dated 01/19/15, revealed the facility assessed Resident #3 to have a BIMS score of twelve (12), indicating the resident was moderately cognitively impaired. Review of the Comprehensive Care Plan revealed the facility had care planned Resident #3 for the risk of impaired skin integrity related to recurrent bilateral lower left extremity [MEDICAL CONDITION]. Further review of the Care Plan revealed the facility identified Resident #3 to have a rash or itching on 06/30/14, with [MEDICATION NAME] cream and [MEDICATION NAME] ordered for the symptoms. Continued review revealed the Care Plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions was added as a care plan intervention, and no evidence the Care Plan was revised to include the implementation of monitoring for the effectiveness of the treatment, or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. 4. Record review revealed Resident #4 was admitted by the facility on 09/13/12 with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated 02/14/15, revealed the facility assessed Resident #4 to have a BIMS score of seven (7), which indicated the resident was severely cognitively impaired. Review of the Comprehensive Care Plan revealed the facility assessed Resident #4 to be at risk for skin integrity impairment related to a history of chronic Stage Two (2) diabetic ulcers, and related to the resident picking at self. Further review revealed the care plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence the Care Plan was revised to include Contact Isolation Precautions, or monitoring of the rash for treatment effectiveness and alleviation of symptoms, to ensure eradication of the scabies infestation per the facility's policies and guidelines. 5. Record review revealed, Resident #5 was admitted by the facility on 04/16/12 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 12/02/14, revealed the facility assessed Resident #5 to have a BIMS score of eight (8), indicating moderate cognitive impairment. Review of the Comprehensive Care Plan revealed the facility assessed Resident #5 to be at risk for impaired skin integrity, related to frailty and weakness, and the need for assistance with all care. Further review of the Care Plan revealed the facility identified Resident #5 to have a rash on 06/11/14, when an oral steroid was initiated related to the rash. Further review revealed the Care Plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include implementation of monitoring for the effectiveness of the treatment, or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. 6. Record review revealed Resident #6 was admitted by the facility on 12/17/13 with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated 01/11/15, revealed the facility assessed Resident #6 to have a BIMS score of six (6), which indicated severe cognitive impairment. Review of the Comprehensive Care Plan revealed the facility assessed Resident #6 to be at risk for impaired skin integrity related to low body weight and end-stage [MEDICAL CONDITION]. Further review of the Care Plan revealed on 06/09/14 the facility identified Resident #6 to have a rash on his/her chest and axillary area, with [MEDICATION NAME] Cream ordered. Further review revealed the care plan was revised to include [MEDICATION NAME] Cream to be applied on 07/21/14, 08/21/14, 09/10/14 and 12/15/14; however, there was no documented evidence the Care Plan was revised at any time to include Contact Isolation Precautions interventions, and no evidence the Care Plan was ever revised to include the implementation of monitoring for the effectiveness of the treatment, or monitoring the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. 7. Record review revealed Resident #7 was admitted by the facility on 05/17/14 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 12/15/14, revealed the facility assessed Resident #7 to have a BIMS of eight (8), indicating moderate cognitive impairment. 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<p>F 0280</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 4)</p> <p>the Comprehensive Care Plan revealed the facility assessed Resident #7 to be at risk for skin integrity impairment related to a self-care deficit and the need for extensive staff assist. Further review revealed the Care Plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include monitoring for the effectiveness of the treatment or monitoring of the rash to ensure the scabies were eradicated, per the facility's policies and guidelines. 8. Record review revealed Resident #8 was admitted by the facility on 01/28/14 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 01/14/15, revealed the facility assessed Resident #8 to have a BIMS of six (6), indicating the resident was severely cognitively impaired. Review of the Comprehensive Care Plan revealed the facility care planned Resident #8 for a potential of impaired skin integrity related to frequent bowel and bladder incontinence, and a self-care deficit. Further review of the Care Plan revealed the facility identified Resident #8 to have a rash or itching on 06/30/14, with [MEDICATION NAME] cream and oral [MEDICATION NAME] ordered. Continued review revealed the Care Plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include the implementation of monitoring for the effectiveness of the treatment or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. 9. Record review revealed Resident #9 was admitted by the facility on 01/02/14 with [DIAGNOSES REDACTED]. Review of the Annual MDS Assessment, dated 12/30/14, revealed the facility assessed Resident #9 to have a BIMS score of three (3), indicating severe cognitive impairment. Review of the Comprehensive Care plan revealed the facility care planned Resident #9 for potential skin integrity impairment related to frequent bladder incontinence. Further review of the Care Plan revealed, on 06/09/14, the facility identified Resident #9 to have a rash on his/her back with [MEDICATION NAME] cream ordered. Continued review revealed the care plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include implementation of monitoring for the effectiveness of the treatment or monitoring of the appearance of the rash to ensure the scabies were eradicated, per the facility's policies and guidelines. Additional review revealed Resident #9 was admitted to an acute care hospital on [DATE], where he/she was identified to have scabies and the resident was administered treatment at the hospital. 10. Record review revealed Resident #10 was admitted by the facility on 08/05/10 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 11/13/14, revealed the facility assessed Resident #10 to have a BIMS score of three (3), which indicated severe cognitive impairment. Review of Resident #10's Comprehensive Care Plan revealed the resident was assessed by the facility to be at risk for skin integrity impairment related to a self-care deficit, bowel incontinence and the presence of pressure ulcers. Further review revealed the Care Plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as a care plan intervention, and no evidence the care plan was revised to include monitoring for the effectiveness of the treatment or monitoring of the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. 11. Record review revealed Resident #11 was admitted by the facility on 09/03/85 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 01/16/15, revealed the facility assessed Resident #10 to have a BIMS score of twelve (12), which indicated moderate cognitive impairment. Review of the Comprehensive Care Plan revealed the facility assessed Resident #11 to be at risk for impaired skin integrity related to impaired mobility, non-ambulatory status and decreased range of motion. Further review of the care plan revealed on 06/28/14, the facility identified Resident #11 to have redness on his/her sacrum with Magic Butt cream ordered. Continued review revealed the Care Plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as a care plan intervention, and no evidence the Care Plan was revised to include the implementation of monitoring the appearance of the rash and the effectiveness treatment to ensure the scabies were eradicated, per the facility's policies and procedures. 12. Record review revealed Resident #12 was admitted by the facility on 03/12/14 with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 11/20/14, revealed the facility assessed Resident #12 to have a BIMS of three (3), which indicated severe cognitive impairment. Review of the Comprehensive Care Plan revealed the facility assessed Resident #12 to be at risk for skin integrity impairment related to a requirement for staff assistance for activities of daily living. Further review revealed the facility identified Resident #12 to have a rash to his/her axilla and perineal area on 06/12/14, and an oral steroid was ordered. Continued review revealed the Care Plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence the Care Plan was revised to include Contact Isolation Precautions or interventions related to monitoring the resident's rash and effectiveness of the treatment, to ensure the scabies were eradicated, per the facility's policies and procedures. 13. Record review revealed Resident #14 was admitted by the facility on 06/05/14, and re-admitted on [DATE], with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 11/22/14, revealed the facility assessed Resident #14 to have a BIMS score of six (6), indicating severe cognitive impairment. Review of Resident #14's Comprehensive Care Plan revealed the facility assessed Resident #14 to be at risk for impaired skin integrity related to a self-care deficit and incontinence of bowel and bladder. Continued review revealed the Care Plan was revised to include [MEDICATION NAME] Cream to be applied on 07/27/14; however, there was no documented evidence Contact Isolation Precautions were added as an intervention, and no evidence the Care Plan was revised to include monitoring for the effectiveness of the treatment or the appearance of the rash to ensure eradication of the infestation, per the facility's policies and guidelines. 14. During the Partial Extended Survey, Resident #16 was identified by the State Survey Agency to have a rash and itching. Interview with Resident #16, on 02/04/15 at 8:05 AM, revealed the resident reported itching on his/her back for about two (2) weeks. Continued interview revealed the resident did report the itching to staff, but was not aware of any new treatment orders. The resident stated the nurse put some lotion on the itch but it only helped for a short time. Observation of a skin assessment conducted by LPN #2, on 02/04/15 at 9:58 AM, revealed Resident #16 had red linear abrasions on the left lower back. In addition, the resident exhibited a raised red rash in clusters on the upper back, neck and both shoulders. Continued observation revealed a scabbed area behind the right ear. At the time of the skin assessment, Resident #16 stated he/she had scabies many years ago, and this felt exactly the same. Clinical record review revealed Resident #16 was admitted by the facility on 01/16/15 for rehabilitation after a fall at home, and was receiving occupational therapy, speech therapy and physical therapy five (5) times per week. Review of the Brief Interview for Mental Status (BIMS), dated 01/23/15, revealed the facility assessed Resident #16 to have a score of fifteen (15) which indicated the resident was cognitively intact and interviewable. Review of the Comprehensive Care Plan for Resident #16, dated 01/16/15, revealed the resident was assessed by the facility to be at risk for impaired skin integrity. However, the Care Plan was not revised to address the specific problem of the resident's itching and scratching, and it did not include a treatment goal or interventions for managing the symptoms. Interview with the MDS Coordinator, on 01/30/15 at 4:20 PM, revealed she was responsible for updating the Comprehensive Care Plan. Further interview revealed the care plans should list the problem area, goals to be achieved with a date to achieve the goal and interventions that would be used to address the problem and achieve the goal. Continued interview revealed the facility's process was to update the care plan daily based on new physician orders, and at least quarterly in conjunction with the MDS assessments. She stated for residents with confirmed or suspected scabies and ordered treatment, the care plans should include contact isolation, decontamination of resident rooms and community areas, and monitoring for effectiveness of treatment as interventions. Interview with the Director of Nursing (DON), on 01/30/15 at 5:07 PM, revealed the MDS Coordinator was responsible for updating the care plans. She stated care plan updates were completed daily based on physician orders. Continued interview revealed if a rash were identified, interventions should include monitoring of the rash for effectiveness of treatments ordered. In addition, if a resident were treated for [REDACTED]. She further stated the Care Plan should include the stated problem and treatment goals, as well as interventions to be implemented.</p> <p>The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following: 1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. 2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. 3. On 01/26/15, the Medical Director was notified of the positive for results and orders were</p>		

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F 0280 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 5)</p> <p>given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; [MEDICATION NAME] cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. 4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place. 5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the Scabies Fact Sheet. The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff. 6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE. 7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15. 8. On 01/27/15, all B wing residents were treated with [MEDICATION NAME] cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs. 9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN. 10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines. 11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor. 12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor. 13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment. 14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of [REDACTED]. 15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing [MEDICATION NAME] cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment. 16. On 01/28/15, two (2) residents on the A wing began treatment for [REDACTED]. Treatment included contact isolation, application of [MEDICATION NAME] cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol. 17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated. 18. On 01/30/15, the Administrator and the DON initiated training on the Scabies Fact Sheet and the Guidelines for Scabies through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the Scabies Fact Sheet will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work. 19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the Scabies/Rash Tracking Log and the Skin Inspection Log was included in the training. 20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring. 21. Evaluation and monitoring of each resident receiving treatment will include skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects. 22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward. 23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration. 24. On 01/31/15, the facility established a Scabies Prevention and Control Plan which included the following: implementation of the Scabies Guidelines based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment. 25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer. 26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents</p>		
F 0309 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Provide necessary care and services to maintain the highest well being of each resident **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, interview and review of the facility's policy/procedure, the facility failed to have an effective system to ensure the necessary care and services related to the assessment, care, monitoring, evaluation and treatment of [REDACTED].#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #16). Interview and record review revealed [MEDICATION NAME] cream, a treatment for [REDACTED].#5, #6, #7 and #9. On 07/27/14, seventeen (17) additional resident (Residents #1, #2, #3, #4, #8, #10, #11, #12 and #14, and Unsampled Residents A, B, C, D, E, F, G and H) were also treated with [MEDICATION NAME] for Scabies. However, there was no documented evidence on 07/27/14, the facility ensured the Scabies Policy was followed, to include placing the seventeen (17) residents in contact isolation and performing decontamination of resident areas. In August 2014, Residents #6 and #7 were again treated for [REDACTED]. On 09/10/14, Resident #6 was also treated with [MEDICATION NAME] (an oral medication for treatment of [REDACTED]). Additionally, Resident #9 was treated again while hospitalized between 01/03/15 and 01/06/15 for Scabies, and again at the facility on 01/11/15. Five (5) of the sixteen (16) sampled residents, Resident #1, #2, #6, #7 and #11, developed skin related bacterial infections and required the administration of topical and/or oral antibiotic medication. Topical antibiotic ointment was ordered for Resident #2 on 07/27/14, Resident #11 on 08/01/14 and Resident #1 on 01/26/15. Oral antibiotics were ordered for Resident #6 on 09/10/14 and Resident #7 on 12/01/14. Observation revealed numerous residents scratching areas on their bodies, with some of the residents observed to have dark reddish spots, which appeared to be blood, on their clothing and bedding. Further observation revealed none of these residents were in contact isolation. Review of the facility's Census and Condition form revealed five (5) residents were identified to have rashes on 01/22/15. However, after the facility conducted a skin assessment sweep of residents, a total of fourteen (14) residents were identified to have rashes, with thirteen (13) of the fourteen (14) residents identified residing on the B wing of the facility, and one (1), Resident #13 residing on the A wing. Review of the Comprehensive Care Plans for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12 and #14 revealed no documented evidence their care plans were revised for monitoring the effectiveness of the scabies treatment to ensure eradication of the contagious Scabies infestation. Additionally, during the Partial/Extended Survey, Resident #16, who resided on A wing and was not identified to have a rash during the facility's skin assessment sweep, was observed by the State Survey Agency to have itching and a rash. Per interview, Resident #16 had experienced the rash for</p>		

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NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF NICHOLASVILLE		STREET ADDRESS, CITY, STATE, ZIP 100 SPARKS AVENUE NICHOLASVILLE, KY 40356	
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<p>F 0309</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 6)</p> <p>approximately two (2) weeks. The facility's failure to have an effective system in place to ensure residents received the necessary care and services regarding Scabies treatment was likely to cause serious injury, harm impairment or death to a resident. Immediate Jeopardy was identified on 01/30/15, and found to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15. The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an E, while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes. The findings include: Review of the facility's policy titled, Scabies, effective 08/01/12, revealed Scabies was an itching skin irritation caused by the microscopic human itch mite which burrows into the skin's upper layers. The Policy revealed secondary bacterial infections might result from untreated Scabies. Review revealed Scabies was spread through skin-to-skin contact, or through contact with bedding, clothing, privacy curtains and some furniture. Per the Policy, the [DIAGNOSES REDACTED]. However, the Policy noted the failure to identify scrapings for microscopic examination as positive did not necessarily indicate a negative [DIAGNOSES REDACTED]. According to the Policy, often [DIAGNOSES REDACTED]. The Policy stated procedures for individual cases were to: establish contact isolation immediately, including use of a gown with gloves tightly covering the cuff of the gown; contact the Physician, and if he/she ordered scrapings to contact the laboratory; however, negative scrapings were not significant and treatment should be done if symptoms were present; and obtain an order for [REDACTED]. Further review revealed it was recommended that residents sharing a room with a suspected Scabies case should be examined carefully, and it was recommended to [MEDICATION NAME] treat the roommate due to the high level of contagiousness. Review of the facility's, Care System Guideline, Skin Care, undated, revealed the purpose of the Guideline was to provide a system for evaluation of residents' skin at risk, identify individual interventions to address the risk and process for care of changes/disruption in their skin integrity. Per the Guideline a weekly review was to be performed of each resident's skin by the nurse and documented in the electronic medical record (EMR). The Guideline revealed the Director of Nursing (DON) or designee would be responsible for implementing and monitoring the facility's skin integrity program. Interview with the Administrator, on 01/28/15 at 4:01 PM, revealed the facility had implemented an electronic medical record (EMR) system in August 2014. He stated the facility's process for skin integrity documentation was weekly skin assessments performed by the nurses, and if skin was intact, no further documentation was performed. Per interview, as the facility utilized an EMR, if residents were noted to have skin intact, the only report available from the EMR was the Skin Inspection Report. The Administrator revealed if a resident's skin was not intact a Wound Assessment would be generated in addition to the Skin Inspection Report. Review of the three (3) Dermatology consults obtained by the facility, on 01/26/15, revealed two (2) of the three (3) residents, Resident #1 and #10, were microscopically confirmed positive for Scabies. Continued review revealed the third resident, Resident #14, was microscopically negative for Scabies; however, per the Dermatologist's report the resident was being treated empirically (based on the Physician's experience and observation rather than on systematic logic) for Scabies because of his/her exposure to Scabies at the facility, as well as his/her clinical presentation being consistent for Scabies. 1. Record review revealed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 12/01/14, revealed the facility assessed Resident #1 to have a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen (15), indicating moderate cognitive impairment. Review of Resident #1's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments. Review of Resident #1's Physician Orders, revealed an order for [REDACTED]. #1 was placed on contact isolation precautions, as per the facility's policy. Continued review of the physician's orders [REDACTED]. Review of the Physician's and PA's Notes revealed on 08/24/14, the PA noted Resident #1 still had pruritis (itching) of the right shoulder area, neck and chest with some maculopapular which she had asked the Physician to assess. Continued review of the physician's orders [REDACTED]. Review of the 09/18/14, PA's Note revealed Resident #1 had a rash and [MEDICAL CONDITION]. The PA noted Resident #1 still had some reddened maculopapular (flat, red area on the skin that is covered with small bumps) [MEDICAL CONDITION] on his/her shoulder and some scattered on his/her chest wall with a one (1) treatment of [REDACTED]. Continued review of the physician's order [REDACTED]. Review of Resident #1's Skin Inspection Report, revealed on 08/26/14 and 09/23/14, documentation which noted skin not intact-existing. Review of the 08/26/14 Wound Assessment Report, also generated through the facility's EMR if skin issues were noted, revealed Resident #1 was noted to have dried scabs to upper torso and both upper extremities also noted with self-inflicted scratches to left clavicle with no treatment required. Review of the 09/23/14 Wound Assessment Report revealed Resident #1 had chronic [MEDICAL CONDITION] to his/her left and right lower extremities with no treatment required noted. Review of the PA's Note dated 09/25/14, revealed the PA noted Resident #1's rash was no better, and the resident had a Dermatology appointment on 10/06/14, with orders for [MEDICATION NAME] laundry detergent, body wash and lotion. However, record review revealed no documented evidence Resident #1 had a Dermatology consult on 10/06/14 as noted. Review of the 10/07/14 Physician's Note revealed the Physician had seen Resident #1, with no orders noted regarding the rash noted by the PA on 09/25/14. Review of the 10/22/14 PA note, revealed the PA noted Resident #1 had evidence of Stasis [MEDICAL CONDITION], with no new orders noted in regards to this. Review of the 11/14/14 Note revealed the PA noted Resident #1 had a rash, chronic Stasis [MEDICAL CONDITION], increased redness, warmth and scaling, and had a 3 centimeter (cm) superficial excoriation with eschar (a dry, dark scab or falling away of dead skin) on his/her left thigh, with orders for Keflex (an oral antibiotic). Review of the PA's Note dated 12/17/14, revealed Resident #1 for follow up related to the Stasis [MEDICAL CONDITION]. Review of the 01/05/15 Note revealed the Physician noted Resident #1 had a rash to his/her upper trunk which was persistent, with no new orders noted for treatment to the area. However, continued review of Resident #1's Skin Inspection Report revealed on 09/09/14, 10/13/14, 10/17/14, 10/24/14, 11/01/14, 11/08/14, 11/14/14, 11/21/14, 11/28/14, 12/06/14, 12/12/14, 12/19/14, 12/27/14, 01/02/15, 01/03/15, 01/09/15, 01/10/15 and 01/16/15, the nurses noted the resident's skin intact. Even though there was documented evidence, in the Physician's/PA's Notes and Physician Orders, Resident #1 had a rash and was receiving treatment. Further review of Resident #1's Wound Assessment Report, dated 01/17/15, revealed a skin tear was identified behind the resident's right ear with the cause documented as self-inflicted scratching/picking. Review of the Wound Assessment Report dated 01/22/15, revealed the nurse documented Resident #1 had a rash which covered his/her entire left and right arms, and noted it to be a reddened rash, with some areas raised and some with scabs, and this was a chronic condition for resident. Continued review of the 01/22/15 Report revealed Resident #1's entire abdomen and entire left thigh were also covered with a reddened rash, with some areas raised and some with scabs, and this was a chronic condition for resident. Further review of the Report revealed the nurse noted the cause as unknown for all the areas. In addition, the nurse documented all the areas were being treated with [MEDICATION NAME] lotion and body wash. Observation of Resident #1, on 01/22/15 at 11:30 AM, revealed the resident was sitting up in a wheel chair in his/her room. Observation revealed Resident #1 was actively scratching his/her arms, and his/her clothing and bed linens were spotted with a reddish brown blood like substance. Interview with Resident #1, on 01/22/14 at 11:30 AM, revealed he/she was itching all over especially on his/her back and neck. Resident #1 reported the itching had been going on a long time and he/she was miserable. Continued interview, on 01/29/14 at 1:12 PM, revealed the itching made Resident #1 want to rub his/her skin and it was aggravating. Observation, on 01/22/15 at 3:13 PM, of a skin assessment completed by Registered Nurse (RN) #1 for Resident #1 revealed the resident had a rash with scabbing to both arms, both upper legs, shoulders and front and back of his/her torso. Further observation revealed RN #1 did not remove Resident #1's Unna Boots (a compression gauze dressing filled with zinc paste used to treat venous issues) on his/her lower legs as they were not due to be changed. Interview with RN #1, on 01/22/15 at 3:13 PM, at the time of the skin assessment, revealed Resident #1 had a history of [REDACTED]. #1 revealed Resident #1 had reported a rash and itching for at least a month or longer. Additional interview, on 01/26/15 at 9:15 AM, with RN #1 revealed she did not know what the itching or rash was, and reported staff was not utilizing any type of contact isolation precautions in regards to the rash. Review of a Dermatology Consult dated 01/26/15, revealed Resident #1 was diagnosed with [REDACTED]. Further review of the physician's orders [REDACTED]. On 01/27/15, [MEDICATION NAME] tablets (oral Scabies Treatment medication) were ordered; and, on 01/29/15 [MEDICATION NAME] was ordered for itching. Interview with the Director of Nursing (DON), on 01/26/15 at 1:00 PM, revealed a physician's orders [REDACTED]. The DON revealed Resident #1's primary nurse called the Dermatology office indicated on the order, and was advised this Dermatologist did not accept Resident #1's insurance, which was Medicaid. Continued interview revealed the Physician was aware of this information. According to the DON, she was not aware if more than one (1) Dermatologist was contacted by the nurse. She stated Resident #1's family was contacted; however, the family</p>		

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<p>F 0309</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 7)</p> <p>declined to pay for the Dermatology consult. Per interview, therefore, Resident #1 did not receive the Dermatology consult to properly diagnose and treat the on-going rash and itching. 2. Record review revealed Resident #10 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 11/13/14, revealed the facility assessed Resident #10 to have a BIMS score of three (3) of fifteen (15), indicating the resident was severely cognitively impaired. Review of Resident #10's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments. Review of Resident #10's Physician order [REDACTED].#10 was placed on contact isolation precautions, as per the facility's policy. Continued review of the physician's orders [REDACTED].#10's extremities and trunk two (2) times a week on shower days. Review of the EMR Skin Inspection Report revealed on: 08/26/14, 09/02/14, 09/09/14, 09/15/14, 09/22/14, 09/29/14, 10/06/14, 10/13/14, 10/20/14, 10/27/14, 10/31/14, 11/03/14, 11/10/14 and 11/18/14 the nurses documented Resident #10's skin intact. Continued review of the Skin Inspection Report revealed on 11/24/14, 12/01/14, 12/08/14, 12/13/14, 12/15/14, 12/22/14, 12/29/14, 01/05/14 and 01/12/15 the nurses documented Resident #10's skin as skin not intact-existing. Review of the Wound Assessment Report dated 11/25/14, 12/01/14, 10/08/14, 12/15/14, 12/22/14, 12/29/14, 01/05/15, 01/06/15, 01/12/15, 01/19/15 revealed the nurses documented Resident #10 had an area of irritation/excoriation on his/her left center of the coccyx. Review of the Wound Assessment Report dated 01/23/15, revealed the nurse documented Resident #10 had a rash on his/her entire chest area, with the cause noted as yeast/fungus, which measured 20 cm by 20 cm, and on the right lower quadrant which measured 15 cm by 15 cm. Further review of the 01/23/15 Wound Assessment Report and the physician's orders [REDACTED].#10's chest and abdomen. Review of the Nursing Notes revealed a Dermatology Consult was obtained on 01/26/15, with a positive microscopic confirmation of Scabies. Review of the Physician's Note and Orders dated 01/26/15, revealed orders for [MEDICATION NAME] Cream and [MEDICATION NAME] tablets and Contact Isolation Precautions. Observation, on 01/28/15 at 5:03 PM, of a skin assessment, performed by RN #1, revealed a red raised rash area to Resident #10's back, abdomen, both upper thighs, right lower leg, and left arm. Although, the Wound Assessment Report dated 01/23/15, revealed Resident #10 only had a rash on his/her entire chest area on that date. Interview with RN #1, on 01/26/15 at 9:15 AM, revealed she did not know what the cause of the itching or rash was and reported staff was not utilizing any type of contact isolation precautions. 3. Record review revealed Resident #3 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the Significant Change Minimum Data Set (MDS) Assessment, dated 01/19/15, revealed the facility assessed Resident #3 to have a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen (15), indicating moderate cognitive impairment. Review of Resident #3's Comprehensive Care Plan revealed the facility had care planned the resident on 06/24/13, to be at risk for impaired skin integrity related to recurrent bilateral [MEDICAL CONDITION]. Review of Resident #3's Physician order [REDACTED]. However, further review of the 07/27/14 order revealed no documented evidence Resident #3 was placed on contact isolation precautions, as per the facility's policy. Review of Resident #3's EMR Skin Inspection Report, revealed on 08/07/14 documentation of skin not intact-new. However, review of Resident #3's Weekly Skin Assessment forms, which were in place prior to the facility going to an EMR, revealed no documented evidence of a skin assessment performed on 08/07/14. Review of the physician's orders [REDACTED]. Review of Resident #3's Comprehensive Care Plan for risk of impaired skin integrity, revealed documentation dated 08/07/14, stating to schedule a Dermatology follow-up; however, it was noted the resident was not an established patient, and the Dermatologist was not accepting new patients. Continued record review revealed no documented evidence the facility attempted to contact other Dermatologists who might be accepting new patients to ensure treatment was obtained for Resident #3 as per the physician's orders [REDACTED]. Review of the Weekly Skin Assessment form dated 08/11/14 revealed Resident #3 had a blister to knee with a new order written; however, there was no documented evidence of a rash on the resident's body. Review of the Physician's Assistant's (PA's) Notes for Resident #3 revealed on 08/12/14, the PA asked the Physician to see Resident #3, related to the rash on his/her chest which did not look improved, and he/she was status [REDACTED]. However, there was no documented evidence the Physician examined Resident #3 until 10/08/14. Review of the Weekly Skin Assessment form dated 08/13/14, revealed the resident had a skin tear to his/her right arm with treatment in progress and no other skin issues noted, even though the PA noted Resident #3 to have a rash on his/her chest on 08/12/14 which she had asked the Physician to see. Continued review of the physician's orders [REDACTED]. axilla and bilateral upper extremities. Review of the EMR Skin Inspection Report revealed on 09/09/14 and 09/22/14, the nurses noted Resident #3's skin intact. However, review of the Orthopedic Consultant Physician's Note dated 09/25/14, revealed Resident #3 was noted to have complaints of pain in the left rib area/mid-axillary line, with itching at site. Additionally, review of the 09/29/14 Skin Inspection Report revealed Resident #3's skin not intact-existing. A Wound Assessment Report was requested by the State Survey Agency for 09/29/14, to determine why Resident #3's skin was noted not to be intact, but no documented evidence was provided, even though per interview with the Administrator this was the facility's process since implementation of the EMR. Continued review of the Skin Inspection Report revealed on 10/06/14, Resident #3's skin was noted to be intact. However, review of the Physician's Note dated 10/08/14, revealed Resident #3 had a rash. Review of the PA's Note dated 10/09/14, revealed the PA had examined Resident #3 related to bilateral [MEDICAL CONDITION] of lower extremities, with no documentation related to the rash. Review of the physician's orders [REDACTED]. Review of the Skin Inspection Report dated 10/13/14, revealed the nurse noted skin not intact-new. Review of the Wound Assessment Report dated 10/13/14, generated as a result of Resident #3's skin not being intact, revealed the resident had a rash on his/her entire back with the cause noted to be allergic reaction/adverse drug reaction. Continued review of the 10/13/14 Wound Assessment Report and physician's orders [REDACTED]. Review of the Skin Inspection Report dated 10/20/14, revealed Resident #3's skin was noted to be intact. However, review of the Wound Assessment Report dated 10/20/14, revealed Resident #3 had a rash on his/her entire back, with the cause noted to be accident/other trauma, and the nurse documented the rash had improved, continue to use [MEDICATION NAME] wash and lotion. Additionally, review of the physician's orders [REDACTED]. Continued review of the physician's orders [REDACTED]. Review of the Skin Inspection Report dated 10/27/14, revealed the nurse documented Resident #3's skin not intact-existing. Review of the Wound Assessment Report dated 10/27/14, revealed Resident #3 had a rash to his/her entire chest which had improved with the cause noted to be unknown. Continued review of the Wound Assessment Report dated 10/27/14, revealed [MEDICATION NAME] lotion to body twice daily on bath days had been ordered on [DATE]. Continued review of the Skin Inspection Report revealed on 11/03/14, Resident #3's skin was noted to be intact. However, review of the Wound Assessment Report dated 11/03/14, revealed Resident #3 had a rash on his/her entire back, with the cause noted to be moisture, and the nurse documented pending treatment orders. However, there was no documented evidence of further treatment orders for the rash until 11/07/14, four (4) days later. Review of the PA's Note dated 11/07/14, revealed Resident #3 still had a maculopapular rash on his/her chest wall, with [MEDICATION NAME] cream ordered. Review of the physician's orders [REDACTED]. Review of the Wound Assessment Report for the date of 11/10/14, revealed Resident #3 had a rash on his/her entire chest, with the cause noted to be bacterial/[MEDICAL CONDITION] infection, and the nurse noted orders had been received on 11/07/14, for [MEDICATION NAME] cream to be mixed with [MEDICATION NAME] lotion and applied to the rash area twice a day for ten (10) days. However, there was no documented evidence of additional orders to treat the rash even though the nurse documented the PA was notified on the Wound Assessment Report. Review of the Skin Inspection Report revealed on 11/17/14, Resident #3's skin was noted to be intact. However, review of the Wound Assessment Report dated 11/17/14, revealed Resident #3 had a rash on his/her entire back, with the cause noted to be yeast/fungus, and the nurse documented [MEDICATION NAME] cream mixed with [MEDICATION NAME] lotion to be applied to the rash twice a day for ten (10) days was ordered on [DATE], [MEDICATION NAME] lotion and body wash had been ordered on [DATE] twice a day on bath days. However, there was no documented evidence of further orders received to treat the rash, even though the nurse documented the Physician was notified. Further review of the Skin Assessment Report for the dates of 11/24/14 through 01/19/15 revealed the nurses documented Resident #3's skin not intact-existing. Review of the Wound Assessment Report for the date of 11/24/14, revealed Resident #3 had a rash to his/her entire chest, with the cause noted to be yeast/fungus, and [MEDICATION NAME] lotion and body wash had been ordered on [DATE] twice a day on bath days. However, there was no documented evidence of additional orders for treatment of [REDACTED]. Review of the Wound Assessment Report for the dates of 12/01/14 through 01/19/15, revealed Resident #3 had a rash on his/her entire back and entire chest, with the cause noted to be yeast/fungus, with no documented evidence of a change in treatment for [REDACTED]. Review of the PA's Note dated 12/17/14, revealed Resident #3 continued to have an anterior chest wall rash, and reported his/her clothes made him/her itch. Continued review of the PA's 12/17/14 Note and physician's orders [REDACTED]. Review of the PA's Note dated 01/15/15, revealed Resident #3 continued to have the chest rash, and the Physician had recently seen the resident and diagnosed him/her with Xerosis (abnormally dry skin), with no new orders received for treatment to the rash area. Review of the Physician's Note dated 01/16/15, revealed Resident #3 had</p>		

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F 0309 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 8)</p> <p>a rash. Continued review of the EMR Wound Healing Progress Report revealed documentation of measurements of the rash on Resident #3's chest and back for the dates of 10/13/14, 10/20/14, 10/27/14, 11/03/14, 11/10/14, 11/17/14, 11/24/14, 12/01/14, 12/12/14, 12/15/14, 12/22/14, 12/29/14, 01/05/15, 01/12/15 and 01/19/15. Further review of the Wound Healing Progress Report revealed the rash on Resident #3's chest measured 20 centimeters (cm) by (x) 20 cm on all those dates; and the rash on the resident's back measured 20 cm x 20 cm on all dates, except 01/12/15 and 01/19/15, when it was noted to measure 15 cm x 15 cm. Further review of the Physician's Notes and physician's orders [REDACTED]. #3 had a rash to his/her chest, and ordered Contact Isolation Precautions and [MEDICATION NAME] cream and [MEDICATION NAME] tablets per orders for Scabies [MEDICATION NAME] (course of action used to prevent disease). Observation and interview, on 01/22/14 at 1:14 PM, revealed Resident #3 was sitting up on the edge of his/her bed actively scratching his/her left shoulder and arm. Resident #3 stated he/she was itching all over and was very embarrassed even in his/her own room because if the privacy curtain was not pulled, you can see me scratching everything. Continued observation revealed the resident to have reddish brown blood like spotting on his/her clothing and bed linens. Observation, on 01/22/15 at 3:45 PM, of Resident #3's skin assessment performed by Registered Nurse (RN) #1, revealed a rash covering the front and back of the resident's torso and both arms. Interview with RN #1, on 01/26/15 at 9:15 AM, revealed she did not know what the cause of Resident #3's itching or rash was. RN #1 stated staff was not utilizing any type of contact isolation precautions. 4. Record review revealed Resident #14 was admitted to the facility, on 06/05/14, and re-admitted on [DATE], with [DIAGNOSES REDACTED]. Review of the Quarterly MDS Assessment, dated 11/22/14, revealed the facility assessed Resident #14 to have a BIMS score of six (6) out of fifteen (15), indicating severe cognitive impairment. Review of Resident #14's Comprehensive Care Plan revealed the facility had care planned the resident to be at risk for impaired skin integrity with an intervention for weekly skin assessments. Review of Resident #14's Physician order [REDACTED]. However, further review of the 07/27/14 order revealed no documented evidence Resident #14 was plac</p>		
F 0441 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Have a program that investigates, controls and keeps infection from spreading. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review and review of the facility's policies, and the Center for Disease Control (CDC) and Prevention guidelines it was determined the facility failed to maintain an effective Infection Control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. The facility failed to implement their Infection Control Policy including the Contact Isolation Policy to prevent, detect, investigate and control infections and to properly store, handle, process and transport linens to minimize contamination for the facility's residents to ensure decontamination of the facility and the eradication of scabies. Additionally, the facility failed to implement and adhere to the facility's Scabies policy regarding treatment and precautionary measures to be taken to ensure eradication of Scabies which resulted in cross contamination to uninfested residents, continued rashes, itching and discomfort for the facility's residents. The facility's failure affected fifteen (15) of sixteen (16) sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #16) and nine (9) of nine (9) unsampled residents (Unsampled Residents A, B, C, D, E, F, G, H and I). From 07/21/14 through 07/23/14, four (4) residents were treated with [MEDICATION NAME] Cream (a cream prescribed for the treatment of [REDACTED]).</p> <p>However, the facility failed to initiate contact isolation for the seventeen (17) residents, failed to adequately decontaminate residents' rooms and common areas, and failed to ensure ongoing monitoring of residents to ensure the treatment was effective. There was no documented evidence the facility tracked and trended the residents with rashes, nor maintained a record of incidents and corrective actions to ensure there were no reinfections. The facility failed to re-educate staff on the facility's Scabies Policy to ensure decontamination of residents' personal belongings, rooms, and common areas. As a result, the facility re-treated two (2) residents with the [MEDICATION NAME] cream in August 2014, three (3) residents in September 2014 and one (1) resident, for a third time, again in January 2015. Interviews and record reviews revealed multiple residents had unresolved rashes throughout the entire time. There was no evidence the facility performed surveillance and investigation to control the outbreak and cross-contamination using transmission-based precautions. (Refer to F-309) The facility's failure to have an established Infection Control program to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection to ensure decontamination of the facility and the eradication of scabies has caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was identified on 01/30/15 and was determined to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15. The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an E, while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes. Additionally, observation of the laundry area, on 02/05/15 during the validation of abatement of the Immediate Jeopardy revealed a bio-hazardous bag of contaminated linen sitting on the floor and directly touching clean and decontaminated residents' clothing and a bio-hazardous bag of trash, with a contact isolation gown partially out of the bag, on the floor next to and touching a cart containing clean and decontaminated items. Non-compliance continued to exist at a Scope and Severity of an E, while the facility develops and implements a plan of correction and the facility's Quality Assurance monitors to ensure ongoing compliance. The findings include: 1. Review of the facility's policy, titled Policies and Practices - Infection Control revised August 2007, revealed the facility's infection control policies and practices were to prevent, detect, investigate, control infections, establish guidelines for implementing Isolation Precautions, provide guidelines for the safe cleaning and reprocessing of reusable resident care equipment and to maintain records of incidents and corrective actions related to infections. Continued review revealed all staff would be trained on the infection control policies and practices upon hire and periodically thereafter with the depth of training appropriate to the degree of direct resident contact and job responsibilities. Further review revealed inquires concerning the facilities infection control policies and practices should be referred to the Infection Control Coordinator or the Director of Nursing Services. Review of the facility's policy, titled Isolation - Categories of Transmission - Based Precautions, revised August 2012, revealed Standard Precautions would be utilized to provide care for residents at all times regardless of their suspected or confirmed infection status. Further review revealed Transmission Based Precautions would be used whenever measures more stringent than Standard Precautions were needed to prevent or control the spread of infection. Per the policy, three (3) types of Transmission Based Precautions had been established based on the Center for Disease Control and Prevention (CDC) which included Contact Precautions. Further review revealed Contact Precautions should be implemented for residents known or suspected to be infected with microorganisms that could be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Per CDC guidelines, Contact Precautions should be used for Scabies. Staff should utilize gloves and contact isolation gowns for resident care. Further review revealed if use of common resident care equipment was unavoidable, staff should adequately clean and disinfect the equipment between resident use. Review of the CDC guidelines, updated 11/02/10, related to a Scabies diagnosis, revealed scabies outbreaks in long-term care facilities were frequently the result of a delayed [DIAGNOSES REDACTED]. Further review revealed appropriate isolation and infection control practices should be used when providing hands-on care to residents who might have scabies. All persons (staff, relatives, residents, etc) having prolonged direct skin-to-skin contact with an infested person before he/she was treated should be identified and treated, and treatment should be offered to household members of staff who were receiving treatment. Continued review revealed epidemiologic and clinical information about confirmed and suspected scabies residents should be collected and used for systematic review in order to facilitate early identification of and response to potential outbreaks. Per the CDC guidelines, long-term surveillance for scabies was imperative to eradicate scabies from an institution. Review of the facility's policy, titled Scabies effective 08/01/12, revealed after a [DIAGNOSES REDACTED]. Continued review revealed the procedures included to establish contact isolation immediately, contact the physician, and obtain an order for [REDACTED]. Further review revealed one gown and one set of street clothes should be washed for each resident with the remainder of resident clothing in the clean storage area and not returned to the resident's room until the twenty-four (24) hour decontamination process had been completed. Per the facility's policy, two full sets of bed linens should be washed and set aside on a clean cart with a disinfected cover and kept in a separate area. Continued review revealed common areas should be cleaned before resident bathing/decontamination so the treated resident did not use the contaminated areas to prevent cross contamination. Interview with the Director of Nursing (DON), on 01/29/15 at 10:06 AM, revealed the facility utilized the Standards of Best Practice and the Center for</p>		

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NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF NICHOLASVILLE		STREET ADDRESS, CITY, STATE, ZIP 100 SPARKS AVENUE NICHOLASVILLE, KY 40356	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0441 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 9)</p> <p>Disease Control and Prevention (CDC) guidelines. Review of the clinical records revealed medical treatment for [REDACTED].#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #14 and Unsampled Residents A, B, C, D, E, F, G and H in July, 2014. Record review revealed Resident #2 required a topical antibiotic ointment for his/her rash on 07/27/14 and Resident #11 on 08/01/14. Continued review revealed Residents #6 and #7 were treated for [REDACTED].#6 required treatment with an oral antibiotic on 09/10/14 and Resident #7 required oral antibiotic treatment on 12/01/14 from complications related to the rashes. Further review revealed Unsampled Resident B, C and I were treated for [REDACTED]. Further review revealed Resident #9 was treated again during the hospitalization between 01/03/15 and 01/06/15, and again on 01/11/15 at the facility. Continued review revealed there was no documented evidence the residents were placed in contact isolation precautions, per the facility's policies and there was no documented evidence the residents were monitored for the effectiveness of the Scabies treatments to ensure eradication of the infestation per the facility's Infection Control Policy and CDC guidelines. Interview and record review revealed no documented evidence the facility decontaminated common areas, educated staff, provided treatment to staff, or implemented an infection control surveillance program for monitoring, tracking and trending and identification of suspicious rashes per the facility's policy and procedures. Review of the facility's Census and Condition, obtained upon entrance to the facility on [DATE], revealed the facility had assessed and identified five (5) residents to have a rash. However, observation, on 01/22/15, revealed multiple residents (including Residents #1, #2, #3, #10 and #12) aggressively scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observation revealed no residents were in contact isolation. Interview with the DON, who was the Interim Infection Control Nurse, on 01/23/15 at 11:25 AM, revealed residents in the facility did have rashes; however, the Physician and PA were providing treatment. She stated she documented on the Census and Condition there were five (5) residents with rashes. Review of the revised Census and Condition, completed, on 01/26/15, after a resident skin assessment sweep for signs and symptoms of rashes after State Surveyor intervention, revealed the facility had assessed an additional nine (9) residents to also have rashes. Further interview with the DON revealed after walking the B Wing hall, with the Physician, on 01/26/15, she had identified eight (8) residents to have rashes. Per interview, the facility completed a sweep of all facility residents, assessing the residents for signs and symptoms of scabies such as a rash, and had identified fourteen (14) residents. Continued interview revealed upon the State Survey Agency entrance to the facility, she did not know the exact number of residents with a rash due to the facility's infection control program did not monitor for rashes or itching without a rash. Further observation during skin assessments for fifteen (15) of the sixteen (16) sampled residents on 01/22/15 through 02/04/15 revealed all residents had rashes and/or scabbing of varying degrees on their bodies. Interview with State Registered Nursing Assistant (SRNA) #13, on 01/26/15 at 7:30 AM, revealed residents had been itching, scratching and digging at their skin for at least one month; however, the rash had been in the facility for at least six (6) months to one (1) year. She stated it was indirectly communicated to her to keep quiet and just do the job and not discuss the rashes. Further interview revealed contact isolation precautions were not consistently implemented or adhered to, per the facility's policy. Per interview, the facility had provided treatment for [REDACTED].#13, sought treatment for [REDACTED]. Further interview revealed she was very hesitant to talk with the State Surveyors for fear of losing her job because it was rumored threats had been made to terminate the employee that reported the issue. Interview with SRNA #5, on 01/26/15 at 12:10 PM, revealed residents in the facility have had rashes on and off for approximately two (2) years and approximately one (1) year ago, she was aware of several residents treated for [REDACTED]. However, the facility never inquired to ensure the rash was resolved. Further interview revealed she did not remember contact isolation precaution being utilized consistently in the past when a resident received treatment for [REDACTED]. Interview with SRNA #6, on 01/26/15 at 1:14 PM, revealed the residents had been complaining of a rash and/or itching for at least one (1) year. Continued interview revealed he had suffered from the same type of rash and itching as the residents; however, could not afford to seek medical treatment and reported the facility denied the residents had scabies and did not provide him treatment. Interview with the Wound Care Nurse (WC), on 01/26/15 at 12:00 PM, revealed several of the residents were receiving treatment for [REDACTED]. Continued interview, on 02/05/15 at 3:20 PM, revealed when residents had been treated for [REDACTED]. Further interview revealed the furniture was not cleaned or removed from the rooms and some of the residents that received treatment were placed in contact isolation precautions; however, it was not strict and the whole wing was not in isolation and not decontaminated. Interview with Registered Nurse (RN) #1, on 01/26/15 at 9:15 AM, revealed several of the residents currently had rashes and had previously been treated for [REDACTED]. Interview with the DON, who was the Interim Infection Control Nurse, on 01/29/15 at 10:06 AM, revealed the facility employed an Infection Control Nurse in July of 2014 when the Physician's Assistant ordered Scabies treatment for [REDACTED]. Further interview revealed the facility's complete infection control program, policies, procedures and guidelines were not followed with each incident. Per interview, had the facility monitored for rashes or tracked and trended the residents' rashes and itching, the facility may have identified this to be an ongoing and unresolved issue. Continued interview revealed Contact Isolation was implemented with each incident; however, interview and record review revealed no evidence contact isolation was implemented, per the facility policy. Further interview revealed the facility's common areas were not decontaminated, all staff was not educated, staff was not offered and/or provided treatment, residents' roommates were not treated with each incident, and monitoring for effectiveness of the treatment with surveillance of suspicious rashes was not performed. Interview with the Medical Director, on 01/26/15 at 10:19 AM, revealed he was aware several residents had rashes; however, he was not aware of how many. He stated he was not aware that on 01/26/15, there was a total of thirteen (13) residents on the B Wing that had current rashes, but that he would check with nursing. He continued by stating he was not following all the residents with rashes and he would not have expected to be notified of each and every rash as he had a Physician's Assistant that the facility would notify about residents' rashes. Further interview revealed with the number of rashes, an investigation should have been implemented to determine if the etiology (cause) was of a contagious nature for infection control purposes. Interview with the Administrator, on 01/29/15 at 2:07 PM, revealed he was aware some residents had rashes; however, was not aware there were that many. Further interview revealed he did review the CDC guidelines for scabies in August 2014 after two (2) residents were treated for [REDACTED]. He stated he was not aware the CDC guidelines recommended decontaminating residents' belongings and rooms as well as treating the common areas. The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following: 1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. 2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. 3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; [MEDICATION NAME] cream to be applied beginning 01/27/15 and repeated in seven (7) days; and [MEDICATION NAME] tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. 4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place. 5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the Scabies Fact Sheet. The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff. 6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE. 7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical Director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15. 8. On 01/27/15, all B wing residents were treated with [MEDICATION NAME] cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs. 9. On</p>		

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<p>F 0441</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 10)</p> <p>01/27/15, all B wing residents received their first dose of [MEDICATION NAME] dose, as ordered by the Physician, administered by the LPN. 10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines. 11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor. 12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor. 13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment. 14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of [REDACTED]. 15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing [MEDICATION NAME] cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment. 16. On 01/28/15, two (2) residents on the A wing began treatment for [REDACTED]. Treatment included contact isolation, application of [MEDICATION NAME] cream with repeat application in one (1) week, and [MEDICATION NAME] tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol. 17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated. 18. On 01/30/15, the Administrator and the DON initiated training on the Scabies Fact Sheet and the Guidelines for Scabies through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the Scabies Fact Sheet will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work. 19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the Scabies/Rash Tracking Log and the Skin Inspection Log was included in the training. 20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring. 21. Evaluation and monitoring of each resident receiving treatment will include skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects. 22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward. 23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration. 24. On 01/31/15, the facility established a Scabies Prevention and Control Plan which included the following: implementation of the Scabies Guidelines based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment. 25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer. 26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines. 27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office. 28. The facility's QA process will monitor implemented interventions as follows: The Administrator, DON or RN Supervisor will review the Scabies/Rash Tracking Log daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting. The Administrator, DON or RN Supervisor will review the Skin Inspection Log daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting. The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for [REDACTED]. The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's Scabies Prevention and Control Plan. The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment. 2. Review of the Body Audit forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/dyscoloration/bruises; open areas; edema; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location. Review of the Dermatologist's Visit Notes, dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed [DIAGNOSES REDACTED]. 3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply [MEDICATION NAME] ([MEDICATION NAME]) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one (1) week; after cream applied, administer [MEDICATION NAME], 3 milligram (mg) tablets on day 1, 2, 8, 9, and 15. In addition, Physician order [REDACTED]. Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON. Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose. Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J. 4. Observation upon entering the facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors and on the door of each resident room on the B wing. In addition, the signs on resident room doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room. 5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled Scabies in Long Term Care and utilized the Scabies Fact Sheet, for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she</p>		
<p>F 0490</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>Be administered in an acceptable way that maintains the well-being of each resident .</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review and review of the facility's policy and procedures it was determined the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2015
NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF NICHOLASVILLE		STREET ADDRESS, CITY, STATE, ZIP 100 SPARKS AVENUE NICHOLASVILLE, KY 40356	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0490</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 11)</p> <p>facility's Administration failed to have an effective system to ensure the facility was administered to promote the highest practicable physical, mental, and psychosocial well-being for fifteen (15) of sixteen (16) sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #16) and nine (9) of (9) nine unsampled residents (Unsampled Residents A, B, C, D, E, F, G, H and I) with rashes and/or [DIAGNOSES REDACTED]. (Refer to F-309 and F-441) Interview and record review revealed a treatment for [REDACTED]. On 07/27/14, seventeen (17) additional residents were treated for [REDACTED]. Continued review revealed two (2) residents were retreated for [REDACTED]. Additionally, one resident was retreated for [REDACTED]. Staff interview revealed numerous residents were identified with rashes during this time period. However, there was no documented evidence the facility identified the multiple rashes and repeated Scabies treatments as a concern, when it failed to follow its Scabies Guidelines to eradicate the condition and prevent re-infestation. The facility's failure to have an effective system in place to ensure it was administered effectively to promote the highest practicable well-being of all residents was likely to cause serious injury, harm, impairment or death. Immediate Jeopardy was identified on 01/30/15, and found to exist on 07/27/14. The facility was notified of the Immediate jeopardy on 01/30/15. The facility provided an acceptable credible Allegation of Compliance (AOC) on 02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an E, while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes. The findings include: Review of the Scabies Guidelines, revised August 2012, revealed the purpose was to treat residents infected with the Scabies mite, and prevent the spread of Scabies to other residents and staff. Continued review revealed the facility's Infection Control Committee should coordinate interdepartmental planning to promote a rapid and effective treatment program. Review of the policy titled Infection Control, revised August 2007, revealed its purpose was to facilitate the maintenance of a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. Continued review revealed infection control objectives included maintaining records of incidents and corrective actions related to infections. Further review revealed the Administrator had adopted the infection control policies and practices, to reflect the need for preventing the transmission of infection, according to current professional guidelines and recommendations. On 01/22/15, the facility submitted its Census and Condition form which indicated five (5) residents in the building had a rash. However, after the State Survey Agency observed multiple residents itching and scratching during the initial tour on 01/22/15, the facility conducted a skin assessment of every resident and identified a total of fourteen (14) residents to have a rash (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14). In addition, on 02/04/15 the State Survey Agency observed a skin assessment for Resident #16 and identified another rash. Record review and interview revealed a total of twenty-one (21) residents were treated for [REDACTED]. There was no documented evidence the facility utilized isolation procedures to prevent the spread of infection or performed adequate cleaning and disinfection of resident rooms and common areas. In addition, staff interviews revealed no education was provided related to the rashes and/or Scabies. In addition, record review revealed no documented evidence residents affected were monitored to ensure the effectiveness of treatment; therefore potentially exposing other residents who could have been in contact with the Scabies mites. Interview with the DON, on 02/05/15 at 12:50 PM, revealed in July 2014, twenty-one (21) residents were treated for [REDACTED]. The DON stated the residents treated in July, August and September were placed on contact isolation. However, staff interviews revealed isolation was not consistently implemented. Further interview and their rooms were cleaned; however, she acknowledged there was no facility-wide cleaning of common areas, staff was not offered treatment, no special laundering was conducted, and personal belongings and furniture which could not be disinfected were not removed according to facility practice guidelines. Additionally, she could provide no documented evidence any education for staff, residents or families was provided. In addition, the DON could not say why no one, including herself, felt the ongoing problem of rashes and repeated Scabies treatments required further action. Interview with the corporate Director of Clinical Operations (DCO), on 02/06/15 at 2:48 PM, revealed she had been assigned to the facility since August 2014. She stated she was not aware of the twenty-one (21) residents treated for [REDACTED]. She further stated the facility did not follow its protocol related to Scabies, including the failure to ensure disinfection of common areas used by the residents and failure to provide education to staff. Interview with the Administrator, on 01/29/15 at 2:07 PM, on 01/30/15 at 2:46 PM, and on 02/06/15 at 2:48 PM, revealed he assumed his role at the facility in August 2014. He stated he was responsible for ensuring the facility's policies and procedures were followed. He stated he had no knowledge of the twenty-one (21) residents treated for [REDACTED]. The Administrator stated although he knew that residents were treated in August and September 2014 for Scabies, there had been no infection control tracking to determine if the treatment was effective. Further interview revealed, he did review the CDC guidelines for Scabies in August 2014 after two (2) residents were treated for [REDACTED]. Continued review revealed there was no discussion of a Scabies concern at the monthly meetings from August 2014 to January 2015, until after the State Agency Survey was initiated. The Administrator stated the facility did not follow its guidelines for handling Scabies cases when no education was provided to staff. Further interview revealed, to the Administrator's knowledge, there had been no confirmed cases of Scabies until the present time. However, he acknowledged that even with a negative biopsy, an individual could still have Scabies, with the potential for spreading the infestation to other residents. The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following: 1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. 2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. 3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; [MEDICATION NAME] cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. 4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors. Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place. 5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the Scabies Fact Sheet. The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff. 6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE. 7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15. 8. On 01/27/15, all B wing residents were treated with [MEDICATION NAME] cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs. 9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN. 10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines. 11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor. 12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor. 13. On 01/27/15, the Administrator contacted</p>		

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<p>F 0490</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 12)</p> <p>the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment. 14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of [REDACTED]. 15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing [MEDICATION NAME] cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment. 16. On 01/28/15, two (2) residents on the A wing began treatment for [REDACTED]. Treatment included contact isolation, application of [MEDICATION NAME] cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol. 17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated. 18. On 01/30/15, the Administrator and the DON initiated training on the Scabies Fact Sheet and the Guidelines for Scabies through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the Scabies Fact Sheet will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work. 19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the Scabies/Rash Tracking Log and the Skin Inspection Log was included in the training. 20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring. 21. Evaluation and monitoring of each resident receiving treatment will included skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects. 22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward. 23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration. 24. On 01/31/15, the facility established a Scabies Prevention and Control Plan which included the following: implementation of the Scabies Guidelines based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment. 25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer. 26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines. 27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office. 28. The facility's QA process will monitor implemented interventions as follows: The Administrator, DON or RN Supervisor will review the Scabies/Rash Tracking Log daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting. The Administrator, DON or RN Supervisor will review the Skin Inspection Log daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting. The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for [REDACTED]. The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's Scabies Prevention and Control Plan. The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <ol style="list-style-type: none"> 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment. 2. Review of the Body Audit forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/dyscoloration/bruises; open areas; [MEDICAL CONDITION]; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location. Review of the Dermatologist's Visit Notes, dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed [DIAGNOSES REDACTED]. 3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply [MEDICATION NAME] ([MEDICATION NAME]) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one (1) week; after cream applied, administer Stromectol, 3 milligram (mg) tablets on day 1,2,8,9, and 15. In addition, Physician order [REDACTED]. <p>Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON. Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose. Interview with the POA for Unsampled Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J. 4. Observation upon entering the facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors and on the door of each resident room on the B wing. In addition, the signs on resident room doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room.</p> <ol style="list-style-type: none"> 5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled Scabies in Long Term Care and utilized the Scabies Fact Sheet, for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the staff, in order for all education to be consistent and according to facility guidelines. Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff. 6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation Precautions, with emphasis on contact precautions. Review of training materials revealed the education included the proper use of PPE. Further review of in-service sign-in sheets revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15. Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, 		

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F 0490 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 13)</p> <p>Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation. Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) active staff, three (3) staff members were currently on leave. Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated. Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE. 7. Review of QA records revealed an Emergency meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures. Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for [REDACTED]. Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was to complete a re-assessment of every resident in the facility once the treatment was completed. 8. Review of the Medication Administration Records for the B wing residents revealed all were treated with [MEDICATION NAME] cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff. Review of the facility's schedule for applying the cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream. Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed they had been involved in application of the [MEDICATION NAME] cream and removal by bath or shower eight (8) to fourteen (14) hours later. The interviewees described the process whereby the cream was applied on one shift, and washed off on the next shift, following the same order of residents, according to the schedule. RN #1 and RN #2 reported they were responsible for applying the cream, and ensuring it was bathed off by the SRNAs, providing assistance if needed. The SRNAs stated they assisted the nurse with positioning during application of the cream, but their primary job was to bathe or shower the residents after at least eight (8) hours had passed. Interview with the DON, on 02/06/15 at 1:50 PM, revealed the RN or LPN on duty on the shift the cream was applied, and on the shift when removed, was responsible for overseeing the process. Continued interview revealed the DON took ultimate responsibility for ensuring each resident was treated appropriately, according to the physician's orders [REDACTED]. 9. Review of the MARs for the B wing residents revealed all were administered Stromectol tablets, according to the Physician orders, on 01/27/15. Interview with the DON, on 02/06/15 at 1:50 PM, revealed her oversight of the treatment process included a review for timely administration of the Stromectol. 10. Review of training records revealed the Housekeeping Supervisor provided education to eight (8) of eight (8) housekeeping and laundry staff on 01/27/15. Continued review revealed the education included the proper handling of trash and linens, cleaning and disinfecting of horizontal surfaces, walls, furniture and bathrooms, dust mopping and damp mopping, and proper disposal of trash and transport of linens to be laundered. Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 02/19/15 at 1:56 PM, Housekeeping Staff #12 on 01/29/15 at 2:07 PM, and Housekeeping Staff #11 on 01/29/15 at 2:19 PM, revealed all received training related to deep cleaning of contaminated isolation rooms. All interviewees were able to answer specific questions related to topics covered in the in-service, including the types of disinfectants to be used, as well as the process to be followed. Interview with the Housekeeping Supervisor, on 01/29/15 at 4:47 PM, revealed he had in-serviced his staff on 01/27/14 related to the procedure for cleaning and disinfecting the isolation rooms after an outbreak of scabies. He stated the process required a team effort and his role was to ensure his staff was educated, and to oversee the cleaning to ensure all steps were followed properly. 11. Observation, on 01/28/15 at 11:30 PM revealed staff was in the process of decontaminating all resident linens, including personal clothing, bed linens and privacy curtains on the B wing. Linens had been transported to the laundry area on 01/27/15 for laundering using hot washer and dryer settings. Continued observation revealed resident room were cleaned and disinfected while the residents were out of the rooms for their baths or showers. All washable surfaces were disinfected with a bleach product, according to the facilities Scabies Guidelines. No non-washable items, including cloth furniture, were observed anywhere in the facility, including resident rooms and common areas. The Housekeeping Supervisor was observed to be actively participating and overseeing the process. In addition, housekeeping staff were observed to be utilizing PPE during the cleaning. Interview with Laundry Worker #25, on 02/05/15 at 5:30 PM, revealed she was responsible for laundering contaminated linens during her shift. She stated the linens arrived in the laundry area in red biohazard bags. She further stated the linens were removed from the bags and placed directly in the washer for laundering in hot water, followed by drying on the hot cycle for at least twelve (12) minutes. Continued interview revealed the process was followed for residents' personal clothing, bed linens, privacy curtains, anything washable. Further interview revealed the washers and dryers were disinfected with a bleach disinfectant between uses. 12. Interview with the Housekeeping Supervisor, on 01/28/15 at 11:30 AM, revealed all furniture and equipment in common areas throughout the building was disinfected on 01/27/15. He stated the resident rooms, including washable furniture were being cleaned on 01/28/15 while residents were out of their rooms for bathing. He further explained all personal clothing, linens and privacy curtains had been removed prior to bathing to ensure the room was decontaminated prior to the residents returning. Continued interview revealed all cloth furniture and any items which could not be disinfected had been wrapped in plastic, removed from the building, and were stored in an outbuilding for the next fourteen (14) days, per the facility</p>		
F 0520 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies quarterly, and develop corrective plans of action.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to have an effective system to identify a Quality Assurance (QA) concern, and develop and implement appropriate plans of action. The facility's QA system's failure to develop and implement appropriate plans of action prevented the facility from ensuring effective measures were in place for appropriate identification, treatment, monitoring and prevention of contagious scabies outbreaks. Record review revealed [MEDICATION NAME] cream, a treatment for [REDACTED].#5, #6, #7 and #9.</p> <p>On 07/27/14, seventeen (17) additional resident (Residents #1, #2, #3, #4, #8, #10, #11, #12 and #14, and Unsampled Residents A, B, C, D, E, F, G and H) were also treated with [MEDICATION NAME] for Scabies. However, there was no documented evidence on 07/27/14, the facility ensured implementation of the Scabies Policy, to include placing the seventeen (17) residents in contact isolation and performing decontamination of resident areas. The facility's Quality Assurance failed to identify this as a problem. Therefore, Residents #6 and #7 were again treated for [REDACTED]. Additionally, on 09/10/14, Resident #6 was also treated with [MEDICATION NAME] (an oral medication for treatment of [REDACTED]). Also, Resident #9 was treated again while hospitalized between 01/03/15 and 01/06/15 for Scabies, and again at the facility on 01/11/15. Observation during initial tour, revealed multiple residents actively scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observation revealed no residents were in contact isolation. Observations during skin assessments for fifteen (15) of the sixteen (16) sampled residents revealed all had rashes of varying degrees on their bodies. The facility's QA system failed to identify, develop and implement plans of action to address: infection control surveillance for scabies or suspicious rashes; the early identification of signs and symptoms for scabies; appropriate procedures for infection control, treatment of [REDACTED]. (Refer to F-309, F-441 and F-490) The facility's failure to develop and implement an action plan for the facility's infection control and surveillance of suspicious rashes and or scabies, the early identification of signs and symptoms of scabies, appropriate procedures for infection control of potentially contagious disease and infestations, treatment of [REDACTED]. Immediate Jeopardy was identified on 01/30/15 and determined to exist on 07/27/14. The facility was notified of the Immediate Jeopardy on 01/30/15. The facility provided an acceptable credible Allegation of Compliance (AOC) on</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2015
NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF NICHOLASVILLE		STREET ADDRESS, CITY, STATE, ZIP 100 SPARKS AVENUE NICHOLASVILLE, KY 40356	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0520 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 14)</p> <p>02/05/15, with the facility alleging removal of the Immediate Jeopardy on 02/05/15. The State Survey Agency verified removal of the Immediate Jeopardy on 02/05/15 as alleged, prior to exit on 02/06/15, with remaining non-compliance at Scope and Severity of an E, while the facility develops and implements a Plan of Correction, and the facility's Quality Assurance program monitors to ensure compliance with systemic changes. The findings include: Review of the facility's, Quality Assurance and Process Improvement Meeting guidelines, Template 2014, revealed the mission of the Quality Assessment and Process Improvement (QAPI) was to improve every life touched by providing exceptional healthcare and exceeding expectations. Further review revealed, the purpose was to monitor core processes to identify trends and variations through appropriate analysis of data from multiple data sources. Further review revealed, a Performance Improvement Project (PIP) was a concentrated effort on a particular problem in one area of the facility or facility wide; it involved gathering information systematically to clarify issues or problems, and intervening for improvements. Further review revealed the facility would conduct PIPs to examine and improve care or services in areas that the facility identified as needing attention. Continued review revealed, the guidelines addressed utilizing Infection Control Surveillance Documents for Patterns and Trends. Review of the facility's policy, titled Policies and Practices - Infection Control, dated August 2007, revealed the Quality Assessment and Assurance Committee, through the Infection Control Committee, should oversee implementation of infection control policies and practices, and help department heads and managers ensure that they are implemented and followed. Continued review revealed, inquiries concerning the infection control policies and facility practices should be referred to the Director of Nursing Services. Review of the Scabies Guidelines, revised August 2012, revealed the purpose was to treat residents infected with the scabies mite, and prevent the spread of scabies to other residents and staff. Continued review revealed the facility's Infection Control Committee should coordinate interdepartmental planning to promote a rapid and effective treatment program. Review of the facility's policy, titled Scabies effective 08/01/12, revealed procedures which included to establish contact isolation procedures immediately, contact the physician and obtain an order for [REDACTED]. The common areas should be cleaned before the resident's bathing/decontamination so the treated resident did not use the contaminated areas to prevent cross contamination. Review of the Quality Assurance Meeting Agenda, for 09/25/14, 10/30/14, 11/24/14, and 01/08/15, provided by the facility, revealed there was no documented evidence the facility initiated an action plan for suspicious rashes, implemented a surveillance process for suspicious rashes or monitored the treatments to ensure eradication of the infestation of scabies. On 01/22/15, the facility submitted its Census and Condition form which indicated five (5) residents in the building had a rash. However, after the State Survey Agency observed multiple residents itching and scratching during the initial tour on 01/22/15, the facility conducted a skin assessment of every resident and identified a total of fourteen (14) residents to have a rash (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14). In addition, on 02/04/15 the State Survey Agency observed a skin assessment for Resident #16 and identified another rash. Observation, on 01/22/15, revealed multiple residents scratching their bodies, with several residents observed to have dark reddish blood-like spots on their clothing and bed linens. Continued observations revealed no residents were in contact isolation, as per policy. Also, observations during skin assessments for fifteen (15) of the sixteen (16) sampled residents revealed all of the residents had rashes of varying degrees on their bodies. Interview and record review revealed residents in the facility were treated for [REDACTED]. There was no documented evidence the facility utilized isolation procedures to prevent the spread of infection or performed adequate cleaning and disinfection of resident rooms and common areas. In addition, staff interviews revealed no education was provided related to the rashes and/or Scabies. Record review revealed no documented evidence that residents affected were monitored to ensure the effectiveness of treatment; therefore potentially exposing other residents who could have been in contact with the scabies mites. Interview with the Wound Care Nurse (WC), on 01/26/15 at 12:00 PM, revealed several of the residents were receiving treatment for [REDACTED]. Further interview revealed, treatment was being provided; however, it was not resolving the rashes. Continued interview, on 01/29/15 at 11:25 PM, revealed the WC thought the rashes had been going on for eight (8) months or longer. On 02/05/15 at 3:20 PM, the WC stated the residents had been treated for [REDACTED]. However, the rooms had not been cleaned thoroughly, as the furniture was not cleaned or removed from the rooms. Some of the residents, who had received treatment were placed in contact isolation precautions; but, the whole wing had not been in isolation or decontaminated. During an interview with the Director of Nursing, on 01/29/15 at 10:06 AM, she stated she co-chaired the QA Committee with the Administrator. The DON stated she was aware several residents had rashes; however, she was not aware of how many rashes were in the facility. Continued interview revealed, the Infection Control Nurse was terminated in November and she (the DON) had been the interim Infection Control Nurse. Continued interview revealed, the Infection Control Committee/Quality Assurance Committee did not address or discuss the treatment of [REDACTED]. Further interview revealed, infection control issues were discussed however, since there was not a confirmed case of scabies, she did not list it to be discussed during the Committee meeting and she did not track and trend for patterns or monitor for the effectiveness of the medications. Further interview revealed, the facility should have monitored the treatments and appearance of the rashes after the facility treated the residents in July 2014. She further stated the facility should have tracked and trended the rashes to ensure the eradication of the scabies. Further interview with the DON, on 02/05/15 at 12:50 PM, revealed in July 2014, eighteen (18) residents were treated for [REDACTED]. She stated the issue of scabies was not forwarded for any Quality Assurance (QA) action and no audits or ongoing monitoring to rule out treatment failure, re-infestation, or spread to other residents was performed. The DON further stated the former Staff Development Coordinator was in charge of QA activities at that time, and she did not bring the concern to QA meetings. In addition, the DON could not say why no one, including herself, felt the ongoing problem of rashes and repeated scabies treatments required further action. Interview with the Administrator, on 01/29/15 at 4:01 PM, revealed he was hired by the facility on August 1, 2014 and he co-chaired the QA Committee with the DON. Further interview revealed he was aware two (2) residents were treated in August 2014; three (3) in September 2014 and one (1) in January 2015. He stated he did not have a clinical background and did not question if contact isolation should have been implemented, or if the facility should be decontaminated, the effectiveness of the treatment and the appearance of the rash should have been monitored, or the physician's orders [REDACTED]. Additional interview with the Administrator, on 01/30/15 at 2:46 PM, revealed he was responsible for ensuring the facility's policies and procedures were followed, and the QA and Infection Control programs were effective. He further stated the former Staff Development Coordinator (SDC) was in charge of QA until November 2014. Continued interview revealed there was no discussion of a scabies concern at the monthly meetings from August 2014 to January 2015, until after the State Agency Survey was initiated. Further interview with the Administrator, on 02/06/15 at 2:48 PM, revealed he assumed control over the QA process in January 2015 after the former SDC left employment and no longer headed that committee. He stated he had reviewed the QA minutes from July 2014 to the present and found no evidence of any discussion of scabies, rashes or skin concerns. He acknowledged, in view of the number of residents with itching and rashes, and the multiple scabies treatments administered over the course of a few months, a QA concern should have been identified for further review. The Administrator stated although several residents were treated in August and September for scabies, there had been no infection control tracking to determine if the treatment was effective. Continued interview revealed the Administrator acknowledged the facility did not follow its guidelines for handling scabies cases when no education was provided to staff. Further interview revealed, to the Administrator's knowledge, there had been no confirmed cases of scabies until the present time; however, he acknowledged that even with a negative biopsy, an individual could still have scabies, with the potential for spreading the infestation to other residents. The facility provided an acceptable Credible Allegation of Compliance (AOC) on 02/05/15 which alleged removal of the IJ effective 02/05/15. Review of the AOC revealed the facility implemented the following: 1. On 01/26/15, the Medical Director and the Director of Nursing (DON) assessed ten (10) residents identified to have current treatment orders for a change in skin condition. 2. On 01/26/15, body audits were completed on all in-house residents by an RN and a LPN. Based on the skin assessments, the Medical Director gave verbal orders for STAT (immediate) dermatology appointments for three (3) of the residents. Appointments were made for the same day. Two (2) of the three (3) residents (Residents #1 and #10) were confirmed to have scabies. 3. On 01/26/15, the Medical Director was notified of the positive for results and orders were given to treat all thirty-one (31) residents on the B-wing for scabies. The orders included the following for all of the residents: contact precautions; [MEDICATION NAME] cream to be applied beginning 01/27/15 and repeated in seven (7) days; and Stromectol tablets to be administered on day 1, 2, 8, 9, and 15 of the treatment process. The Responsible Party for all residents on the B wing was notified of the treatment orders by the Assistant DON (ADON) or the Activities Director. 4. On 01/26/15, all B wing residents were placed on contact isolation per the facility's guidelines. The DON, Director of Clinical Operations (DCO), Administrator and the Housekeeping/Laundry supervisor placed signs on all resident doors and on entrance doors.</p>		

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<p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 15)</p> <p>Personal Protective Equipment (PPE) was distributed and each department was notified of the precautions in place. 5. On 01/26/15, the DCO educated the DON and the Administrator related to scabies in long term care facilities, including prevention and control. The training included a review of the Scabies Fact Sheet. The DON and the Administrator were educated by the DCO prior to proceeding to train all facility staff. 6. On 01/26/15, the Administrator and the DON initiated education for all staff related to contact isolation procedures, including the appropriate application and removal of PPE. Staff was required to complete the education prior to returning to work, with validation of effective learning through observation of staff adherence to isolation procedures and proper use of PPE. 7. On 01/26/15, an emergency Quality Assurance (QA) meeting was held and attended by the Administrator, DON, DCO, Housekeeping/Laundry Supervisor, Staff Development Coordinator (SDC) and the Medical director. The purpose of the meeting was to review the actions taken by the facility beginning 01/26/15. 8. On 01/27/15, all B wing residents were treated with [MEDICATION NAME] cream, with application of the treatment by licensed nursing staff. The cream was left on for eight (8) to fourteen (14) hours before residents were bathed and dressed in clean clothes. The baths/showers were provided by the State Registered Nursing Assistants (SRNAs) and the LPN on duty, and the entire process was overseen by two (2) RNs. 9. On 01/27/15, all B wing residents received their first dose of Stromectol dose, as ordered by the Physician, administered by the LPN. 10. On 01/27/15, the Housekeeping/Laundry Supervisor provided training for all laundry and housekeeping staff related to cleaning of contaminated isolation rooms, per facility guidelines. 11. On 01/27/15, all linen items, including personal clothing, bed linens and privacy curtains were removed from each resident room on the B wing by laundry staff. The linens were washed separately from other residents in the facility using hot water and hot dryer cycles. The laundry machines were disinfected with bleach germicidal cleaner. All non-washable personal belongings were placed in sealed bags or wrapped in plastic wrap and quarantined outside the center, where they are to remain for fourteen (14) days per facility guidelines. The entire process was overseen by the Housekeeping/Laundry Supervisor. 12. On 01/27/15, furniture and equipment throughout the facility, including the common areas on both wings and the dining room, was disinfected with the bleach germicidal cleaner by housekeeping staff and monitored by the Housekeeping/Laundry Supervisor. 13. On 01/27/15, the Administrator contacted the local health Department by telephone and via e-mail to report the diagnosed scabies, rashes and treatment. 14. On 01/27/15, the Minimum Data Set (MDS) Coordinator revised the Care Plan for each resident receiving treatment. The revisions included the current problem related to scabies treatment, isolation precautions, treatment of [REDACTED]. 15. On 01/27/15, the option for treatment was provided to each employee of the facility. The DON began distributing [MEDICATION NAME] cream on 01/27/15 along with verbal instructions. The DON is maintaining a log of staff who accepted treatment. On 02/03/15, the DON distributed a questionnaire to staff to determine if the treatment was effective and if staff continued to have symptoms and required additional treatment. 16. On 01/28/15, two (2) residents on the A wing began treatment for [REDACTED]. Treatment included contact isolation, application of [MEDICATION NAME] cream with repeat application in one (1) week, and Stromectol tablets to be administered on day 1, 2, 8, 9 and 15. Resident rooms, clothing, personal items and equipment were cleaned per facility protocol. 17. On 01/28/15, the DON educated all licensed staff on accurately completing a skin assessment. The DON will oversee five (5) skin inspections weekly for six (6) weeks to ensure accuracy of assessment and competency of licensed staff. Any discrepancy will be immediately addressed and the nurse will be re-educated. 18. On 01/30/15, the Administrator and the DON initiated training on the Scabies Fact Sheet and the Guidelines for Scabies through handouts and discussion. The education for all staff to be completed by 02/04/15. Beginning 02/04/15, written post-tests were initiated for all departments to ensure staff retention of knowledge related to the training. Thirty (30) post-tests will be administered weekly for six (6) weeks and then monthly for six (6) months to ensure continued compliance. Any staff unable to complete the post-test with 100% accuracy will receive immediate re-education by the DON, Administrator or RN supervisor. Also beginning, 02/04/15, the Scabies Fact Sheet will be included in new employee orientation and annual infection control in-services. Any staff on leave and any agency staff will receive the education and complete the post-test prior to a return to work. 19. On 01/30/15, the DCO in-serviced the DON on infection control surveillance logs, tracking and trending for scabies or other rashes, and the need for ongoing monitoring. The proper use of the Scabies/Rash Tracking Log and the Skin Inspection Log was included in the training. 20. On 01/30/15, the DCO educated the MDS Coordinator related to ensuring the Care Plans related to scabies/rashes included the specific problem, goal, and interventions for ongoing monitoring. 21. Evaluation and monitoring of each resident receiving treatment will include skin inspections for resolution of rashes, and observation for new skin eruptions in two (2) to six (6) weeks per Centers for Disease Control (CDC) guidelines. Skin inspections will be completed by licensed staff on all residents in the facility twice weekly beginning 01/31/15 for seven (7) weeks and weekly thereafter. The Physician will be notified of any findings and treatment will be initiated per Physician orders. Residents treated will be monitored for response to treatment and the presence of any treatment side effects. 22. On 01/31/15, a QA meeting was held with the Administrator, DON, Regional Vice President (RVP), DCO and the Medical Director to re-evaluate all measures implemented since 01/26/15, and to outline action items moving forward. 23. As of 01/31/15, daily corporate oversight will occur until removal of abatement of the Immediate Jeopardy, then weekly for at least seven (7) weeks to ensure continued compliance of Administration. 24. On 01/31/15, the facility established a Scabies Prevention and Control Plan which included the following: implementation of the Scabies Guidelines based on CDC guidelines; promotion of a high index of suspicion for scabies as a possible cause of undiagnosed skin rash; and referral to a Dermatologist after a failed initial course of treatment. 25. On 02/03/15, the Responsible Party for each A wing resident was notified by phone by the ADON or the Activities Director of a scabies outbreak, with messages left for those parties who did not answer. 26. On 02/04/15, the Medical Director gave orders to initiate treatment on all remaining residents on the A wing. Treatment orders were the same as for all other residents in the building, and included disinfection of resident rooms, clothing, personal items and equipment. In addition, common areas were cleaned according to facility guidelines. 27. Residents #1 and #10, with confirmed scabies diagnoses, will have a follow-up appointment with the Dermatologist on 02/06/15. The DON or the RN will accompany the residents to the physician's office. 28. The facility's QA process will monitor implemented interventions as follows: The Administrator, DON or RN Supervisor will review the Scabies/Rash Tracking Log daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the Quality Assurance/Process Improvement (QAPI) meeting. The Administrator, DON or RN Supervisor will review the Skin Inspection Log daily for six (6) weeks, then weekly for four (4) weeks, then monthly in the QAPI meeting. The Administrator, DON or RN Supervisor will review the Care Plans of residents being treated for [REDACTED]. The Administrator and/or the DON will ensure all staff has successfully completed the training and post-test related to the facility's Scabies Prevention and Control Plan. The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of the Physician Extended Care Notes, dated 01/26/15 and signed by the Medical Director, revealed the ten (10) residents with treatment orders for a change in skin condition on that date were seen by the Physician for a complete physical examination and evaluation of their skin concerns. Continued review revealed each examination was comprehensive and included documentation by the Physician of each resident's skin and recommended treatment. 2. Review of the Body Audit forms, dated 01/26/15 and signed by the RN or the LPN, revealed sixty-five (65) residents in the facility received a head-to-toe skin assessment on that date. Continued review revealed each resident was assessed for eleven (11) specific skin conditions as follows: redness/dyscoloration/bruises; open areas; [MEDICAL CONDITION]; rash; dry/flakey; excoriation; ecchymosis; skin tears; abrasions; surgical wounds or incisions; and psoriasis. Findings were documented by type and location. Review of the Dermatologist's Visit Notes, dated 01/26/15, revealed three (3) residents were seen in the office on that day. Continued review revealed two (2) of the three (3) residents (Residents #1 and #10), based on microscopic examination, were found to be positive for scabies and treatment orders were given. Additionally, the resident who did not have a confirmed [DIAGNOSES REDACTED]. 3. Review of the Physician Orders, dated 01/26/15, revealed the Medical Director gave orders for scabies treatment to be initiated on 01/27/15 for all residents on the B wing. Continued review revealed the orders were consistent with those given by the Dermatologist for the confirmed cases, with treatment to be administered as follows: apply [MEDICATION NAME] ([MEDICATION NAME]) 5% cream to body from neck down, leave on 8-14 hours then wash off; repeat in one (1) week; after cream applied, administer Stromectol, 3 milligram (mg) tablets on day 1,2,8,9, and 15. In addition, Physician order [REDACTED]. Review of Departmental Notes, dated 01/27/15, revealed the Responsible Party for each resident on the B wing was notified of the new orders by the Activities Director or the ADON. Interview with the ADON, on 02/04/15 at 2:02 PM, revealed she had made calls to the families of the B wing residents, informing them of new treatment orders and contact isolation procedures. She stated some families had questions and she answered as they arose. Interview with the POA for Unserved Resident J, on 02/04/15 at 6:58 PM, revealed she was notified by the facility of treatment orders and isolation procedures for all residents on the B wing, including Resident J. 4. Observation upon entering the</p>		

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<p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 16) facility, on 01/28/15 at 4:01 PM, revealed signs directing visitors to see the nurse prior to visiting with residents were posted on the front entrance doors and on the door of each resident room on the B wing. In addition, the signs on resident room doors indicated Contact Isolation was in effect. Continued observation revealed PPE, including gowns, masks, gloves and shoe covers, was stocked in bins in the hall outside resident rooms on the B wing. During survey activities throughout the day on 01/26/15, staff from all departments was observed to utilize the PPE prior to entering resident rooms. Also, staff was observed to dispose of PPE appropriately, in biohazard containers inside resident rooms, upon exit from the room.</p> <p>5. Review of training record signatures revealed the DCO provided training to the Administrator and the DON on 01/26/15. The in-service was titled Scabies in Long Term Care and utilized the Scabies Fact Sheet, for education related to the prevention and control of scabies in the long term care setting. Interview with the DCO, on 02/05/15 at 2:45 PM, revealed she educated the Administrator and DON to ensure they were knowledgeable about managing a scabies outbreak, prior to their training of the rest of the staff, in order for all education to be consistent and according to facility guidelines. Interview with the DON on 02/05/15 at 12:50 PM, and the Administrator on 02/06/15 at 2:45 PM, revealed both received training from the corporate DCO related to scabies infestation. Continued interview revealed the training by the DCO occurred prior to the Administrator and the DON educating the staff.</p> <p>6. Review of training records revealed, on 01/26/15, the Administrator and the DON initiated education for all staff related to Isolation Precautions, with emphasis on contact precautions. Review of training materials revealed the education included the proper use of PPE. Further review of in-service sign-in sheets revealed eighty (80) of eighty (80) staff had received the mandatory training on or before 01/30/15. Interviews with Housekeeping Staff #13 on 01/29/15 at 1:34 PM, Housekeeping Staff #14 on 01/29/15 at 1:56 PM, SRNA #23 on 01/29/15 at 2:04 PM, Laundry Staff #12 on 01/29/15 at 2:07 PM, Housekeeping Staff #11 on 01/29/15 at 2:19 PM, SRNA #1 on 01/29/15 at 3:50 PM, SRNA #7 on 01/29/15 at 4:25 PM, SRNA #8 on 01/29/15 at 4:37 PM, RN #2 on 01/29/15 at 4:38 PM, Housekeeping Supervisor on 01/29/15 at 4:47 PM, SRNA #12 on 01/30/15 at 3:25 PM, SRNA #11 on 01/30/15 at 3:35 PM, SRNA #24 on 01/30/15 at 3:55 PM, LPN #2 on 01/30/15 at 3:43 PM, SRNA #9 on 01/31/15 at 4:00 PM, Wound Care Nurse on 02/04/15 at 3:20 PM, RN #1 on 02/05/15 at 4:30 PM, LPN #6 on 02/05/15 at 4:55 PM, Rehabilitation Staff #18 on 02/06/15 at 1:45 PM, Dietary Worker #26 on 02/06/15 at 2:00 PM, Rehabilitation Staff #17 on 02/06/15 at 3:05 PM, and Laundry Worker #25 on 02/06/15 at 6:20 PM, revealed all had received training related to isolation precautions. During the interviews, all were able to express the appropriate PPE required for contact isolation. Interview with the DON on 02/05/15 at 12:50 PM, and the DCO on 02/05/15 at 2:45 PM, revealed in addition to the eighty (80) active staff, three (3) staff members were currently on leave. Continued interview revealed the DON was responsible for scheduling and was tracking those staff members to ensure they were in-serviced prior to returning to work. Further interview revealed the facility had used Agency staff on occasion and notification was sent to the Agency of the required in-servicing prior to any further scheduling of Agency staff. In addition, the DON was tracking to ensure no Agency staff worked without receiving the education. She stated no Agency staff had worked at the facility since the in-services were initiated. Observations, on 01/28/15 at 11:30 AM and on 02/05/15 at 4:00 PM, revealed the Administrator, the DON and the Housekeeping Supervisor were on the resident units, observing staff and monitoring availability and proper use of PPE.</p> <p>7. Review of QA records revealed an Emergency meeting was held on 01/26/15 at 7:30 PM, and was attended by the Medical Director, the DCO, the Administrator, the DON, the Assistant DON and the Housekeeping Supervisor, as evidenced by their signatures. Meeting attendees reviewed the confirmed cases of scabies, and recommendations from the Medical Director to treat all residents on the B wing, and to offer and encourage treatment to staff. Other items discussed included the initiation of Contact Precautions, body audits of all residents, cleaning and disinfection of resident rooms and common areas, and the prescribed treatment for [REDACTED]. Interview with the Administrator, on 02/06/15 at 2:45 PM, revealed the Medical Director had been present and very involved in developing and implementing the facility's action plan to remove the Immediate Jeopardy. He stated although it was not in the QA minutes, he had a conversation with the Medical Director whose stated intent was to complete a re-assessment of every resident in the facility once the treatment was completed.</p> <p>8. Review of the Medication Administration Records for the B wing residents revealed all were treated with [MEDICATION NAME] cream on 01/27/15. Continued review revealed the cream was applied by licensed nursing staff. Review of the facility's schedule for applying the cream and subsequent showering of each resident revealed a minimum of eight (8) hours elapsed between application and removal of the cream. Interviews with RN #2 on 01/29/15 at 4:35 PM, SRNA #18 on 01/31/15 at 2:47 PM, RN #1 on 02/05/15 at 4:30 PM, SRNA #4 on 02/05/15 at 4:38 PM, and SRNA #15 on 02/05/15 at 6:04 PM, revealed</p>		