

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Western State Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 Russellville Road Hopkinsville, KY 42240	

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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45914</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on observation, interview, record review, and facility policy, the facility failed to maintain a quality assessment and assurance (QAA) committee consisting of the Medical Director or his/her representative. The facility failed to ensure or encourage real-time alternative methods of participation, such as videoconferencing and teleconference calls to include the Medical Director or his/her representative.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Quality Assessment and Assurance Committee, dated 10/2022, revealed the facility would maintain a QAA committee consisting of a minimum of the Administrator or representative, Director of Nursing (DON) or representative, Physician, Infection Preventionist or representative, and three facility staff. Further review revealed the QAA committee must meet at least quarterly and as needed to coordinate and evaluate activities under the Quality Assurance Performance Improvement (QAPI) program.</p> <p>During an interview with the Administrator, on 08/08/2024 at 4:30 PM, she stated the Director of Nursing (DON), Assistant Director of Nursing (ADON), Infection Preventionist (IP), Social Services Director (SSD), and Clinical Coordinator, Medical Director, and she were members of the QAA committee. She stated that the Medical Director or his representative had not attended the quarterly meetings. She stated the Medical Director had been provided the results of those meetings and would make recommendations as needed. She further stated the Medical Director was invited by the ADON prior to the QAPI meetings but since she had been in the Administrator position the Medical Director or his representative had not attended any meetings via phone, video-conferencing, or in-person.</p> <p>In an interview with the Medical Director, on 08/08/2024 at 5:16 PM, he stated he was not aware of the terms regarding QAA or QAPI. He further stated after he was provided a definition of what QAPI was and entailed, he had not understood what the QAA committee was or what his role was on the committee. He stated he was not aware of the quarterly meetings, but if the facility had invited him to a meeting he would generally have gone to the facility to attend. The Medical Director stated he was not aware of receiving any email or letter regarding QAA or QAPI meetings.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the ADON (Assistant Director of Nursing) on 08/08/2024 at 5:30 PM, she stated she had emailed the Medical Director for the last quarterly QAPI meeting (copy of email provided). She stated the prior two letters for the invitation for the previous two quarterly QAPI meetings were sent via postal mail (facility had not retained copies of those letters to provide). She stated she had never received a confirmation email or phone call that the Medical Director was planning to attend. The ADON stated she was not aware of any staff following up with the Medical Director related to attending the meetings.</p> <p>In an interview with the Administrator, on 08/08/2024 at 5:40 PM, she stated she was only aware that the Medical Director had been notified but had not understood the regulatory requirement for the Medical Director or his representative to attend the meeting because he was active in reviewing and making recommendations. She stated she was astonished when informed that the Medical Director stated he not aware of the QAA committee or the QAPI program. She stated she would ensure moving forward that the Medical Director was fully informed of the QAA committee and QAPI so that he understood his role and the importance of his participation in those meetings.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37031</p> <p>Based on observation, interview, review of the facility's policy and resident's medical record, the facility failed to establish and maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infections for one of two sampled residents (Resident #22 (R22)). Staff failed to perform hand hygiene when indicated; contaminated residents' clothing and bed linens; and, failed to prevent the contamination of clean dressings.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Infection Control Practices in Maintaining Sanitary Environment in the Prevention of Development and Spread of Contagious Viruses and Pathogens, dated 12/2006 and revised 03/2019 revealed the facility will maintain infection control practices that promote a sanitary environment to prevent the development and spread of contagious viruses and pathogens.</p> <p>Review of the facility's policy, Nursing Interventions: Skin/Wound Care Protocol dated 12/1998 revised 08/2022 revealed the facility would ensure that optimal skin care was provided to all residents according to Clinical Practice guidelines as per the Agency for Health Care Research and Quality and The National Pressure Ulcer Advisory Panel. Further review revealed the clean technique would be utilized for dressing changes, unless otherwise indicated per physician's order. The facility would follow Standard Precautions in regards to wound care. Steps included: 1. Bring equipment to resident room; . 3. Prepare a clean, dry work area at bedside, use disinfectant solution to prepare the work surface, cover work surface with clean dry paper or cloth towel to prevent contamination of supplies; 4. Place a trash bag at the end of the bed or within easy reach of the work area; 5. Wash hands, apply gloves; 6. Prepare/open dressing items on table; 9. Remove soiled dressing and place in trash bag; 10. Remove gloves, wash hands, and apply new gloves; 12. Clean the wound with normal saline or prescribed cleanser; 13. Pat the tissue surrounding the wound dry with a 4 x 4. 15; Apply prescribed topical agent to wound; 16. Apply wound dressing, cover the entire wound; 20. Discard gloves and all used supplies in trash bag. Remove Equipment; 21. Wash hands; and 22. Discard trash bag in bio-hazardous waste receptacle.</p> <p>1. (a.) Review of the Electronic Medical Record (EMR) revealed the facility admitted R 22 on 09/16/2015 with diagnoses which included: eating disorder, impaired cognitive status, chronic schizophrenia, erratic behavior leading to multiple falls with fractures, and Stage IV pressure wound to the left gluteal area.</p> <p>Review of the Quarterly Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview of Mental Status (BIMS) score of 99. This score indicated the resident had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation of wound care, performed by Licensed Practical Nurse #3 (LPN3) on 08/08/2024 at 8:53 AM, of R22's left gluteal area, revealed she had covered an over bed table with clean towels. LPN3 stopped and washed her hands and donned gloves. She then opened a sterile cup and poured Dakin's solution into the cup. LPN3 then opened 2 sterile four by fours and placed them into the Dakin's solution for the wound packing. She placed a plastic trash bag beside her dressings and solution. Further review revealed she removed the dirty dressing and placed it in the trash bag on top of her clean table beside her packing. She then took off her dirty gloves and donned clean gloves without washing her hands. She cleaned the wound with wound cleanser, a sterile gauze and a Q-tip. She took the dirty Q-tip and gauze and put them in the trash bag sitting beside her clean dressings. The trash bag at this time was laying over the top of the open Dakin's soaked gauze in the sterile cup. After placing the dressing on the wound, she pulled up the resident's pants and placed the resident in her broda chair with help from an aide with her. Prior to starting the dressing change, LPN #3 unhooked the resident's Gastric-tube feeding. She removed the gastric tube cap which was stuck to the top of the IV fluid pole.</p> <p>An interview with LPN3 on 08/08/2024 at 9:30 AM, after the dressing change, she stated she should have washed her hands more. She stated she was unaware she had contaminated the dressing with the trash bag on the clean table. LPN3 stated it was her practice to secure the cap of the G-tube on the IV pole for safe keeping.</p> <p>During an interview with the Infection Control Registered Nurse (IP/RN) on 08/07/2024 at 11:33 AM, she stated there was ongoing education regarding hand washing and infection control. The IP/RN stated on 08/08/2024 at 10:00 AM that she expected all staff to follow the hand washing and wound care policies as written. She further stated she expected the nurses to use clean technique and not contaminate the wound during the dressing change. During the interview, she stated she expected the cap of the feeding tube to be placed in a place where it would not be contaminated.</p> <p>During an interview with the Director of Nursing (DON) on 08/07/2024 at 3:40 PM she stated she expected all nursing staff to use proper handwashing practices and to follow the facility's polices regarding wound care and hand washing. She stated she expected nursing staff to place the cap of the feeding tubing in a clean area when removed for feeding.</p> <p>During an interview with the Administrator on 08/07/2024 at 4:40 PM she stated she expected all staff to use proper handwashing practices and provide wound care per policies.</p>		