

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

PRINTED: 06/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/15/2014
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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPOINT DRIVE FLORENCE, KY 41042
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F 000	INITIAL COMMENTS AMENDED An Abbreviated/Partial Extended Survey investigating KY00021650 and KY00021653 was initiated on 05/05/14 and concluded on 05/15/14. KY00021650 and KY00021653 were unsubstantiated with unrelated deficiencies identified. Immediate Jeopardy was identified on 05/07/14 and was determined to exist on 05/06/07 with deficiencies cited at 42 CFR 483.20 Resident Assessment, F-282; 42 CFR 483.25 Quality of Care, F-323; and 42 CFR 483.60 Pharmacy Services, F-431 all at a Scope and Severity (S/S) of a "J". Substandard Quality of Care (SQC) was identified at 42 CFR 483.25, F323. The facility was notified of the Immediate Jeopardy on 05/08/14. Observation of the 300 hall nurse's station, on 05/07/14 at 9:15 AM, revealed forty-five (45) blister pack cards of medications, for a total of one thousand and eighty-three (1083) tablets and liquid respiratory inhalant medications lying on the counter of the nurse's station, accessible to residents, unauthorized staff, and visitors. Further observation revealed no facility nursing staff present in the nurse's station area until 9:21 AM, six (6) minutes later. Continued observation of the general area at the nurse's station, revealed three (3) mobile residents with varying degree of cognitive impairment, which included one (1) resident who wore a Wander Guard bracelet, Unsampld Resident G. Unsampld Resident G was care planned to be at high risk for wandering and for staff to keep the resident's environment safe. Interview revealed Pharmacy delivered the medications in the tote to the	F 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Bridge Point Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.	6-5-14
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RECEIVED
JUN 18 2014
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Clark Jones</i>	TITLE Administrator	(X6) DATE 6-5-14
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000 Continued From page 1
nurse's station on 05/06/14 at 6:07 PM. The facility reported a total of twenty-nine (29) residents with cognitive impairment who were mobile within the facility and had the potential to access the unsecured medications.

An acceptable credible Allegation of Compliance (AOC), related to the Immediate Jeopardy, was received on 05/14/14 alleging the Immediate Jeopardy was removed on 05/10/14. On 05/15/14, the State Survey Agency verified the Immediate Jeopardy was removed on 05/10/14 as alleged with remaining non-compliance at 42 CFR 483.20 Resident Assessment, F-282; 42 CFR 483.25 Quality of Care, F-323; and 42 CFR 483.60 Pharmacy Services, F-431 all at a Scope and Severity of a "D", while the facility develops and implements the Plan of Correction (POC) and the facility's Quality Assurance monitors the effectiveness of the systemic changes.

In addition, deficient practice was also identified during the Abbreviated/Partial Extended Survey at 42 CFR 483.20 Resident Assessment, F-281 at a Scope and Severity of a "D".

F 281 SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on record review, interview and review of the facility's policy, it was determined the facility failed to ensure services provided or arranged by the facility met professional standards of quality

F 000

F 281

1. Resident #4's physician was notified on 5/14/14 by the licensed nurse regarding the medication errors with Zoloft and Ativan.
The Zoloft was discontinued as no longer needed and the PRN Ativan was transcribed correctly on the MAR 5/14/14 and care plan updated by the licensed nurse.

6-574

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F 281	<p>Continued From page 2</p> <p>for one (1) of seventeen (17) sampled residents (Resident #4). The facility failed to ensure medications were administered per the Physician's orders.</p> <p>The findings include:</p> <p>Interview with the Regional Clinical Operations (RCO) Manager on 05/14/14 at 3:55 PM, revealed the facility did not have a written policy related to following Physician's Orders. However, she indicated it was the facility's expectation for staff to follow Physician's Orders.</p> <p>Record review revealed the facility admitted Resident #4 on 02/03/12, with diagnoses which included Vascular Dementia with Delusions, Chronic Pain, Debility and Psychosis. Review of Resident #4's Quarterly Minimum Data Set (MDS) Assessment, dated 04/15/14, revealed the facility assessed Resident #4 to have a Brief Interview of Mental Status (BIMS) score of eight (8) out of fifteen (15), indicating the resident was interviewable.</p> <p>Review of Resident #4's monthly May 2014, Physician Orders revealed an order for Sertraline (an anti-depressant) to be given by mouth once a day. Review of the Medication Administration Record (MAR), dated May 2014, revealed no documented evidence Sertraline was administered to Resident #4 from 05/01/14 through 05/14/14. Review of the Treatment Administration Record (TAR), dated May 2014, revealed the order for Resident #4's Sertraline was included on the TAR with the resident's treatments. Further review of the TAR revealed no documented evidence the Sertraline was administered from 05/01/14 through 05/14/14 and</p>	F 281	<p>2. An audit of all physician orders from current back to April were reconciled and compared to the MAR and TAR and the PCC computer system and completed on 6-4-14 by Director of Nurses, Manager of Clinical Operations, Unit Managers and Nurse Supervisors with corrective action completed upon discovery.</p> <p>3. The Medical Records staff and Director of Nurses were provided reeducation on the PCC electronic order entry system on 5/21/14 by the PCC Specialist.</p> <p>Nurse Management including Unit Managers and Medical</p> <p>Records were provided reeducation to monthly recapitulation of physician orders process by the Manager of Clinical Operations on 5/21/14.</p> <p style="text-align: right;">6-5/14</p>

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F 281		F 281	<p>Licensed nurses were provided reeducation to the medication administration policy with a post-test provided to validate understanding on or before 6-4-14 by the Nurse Practice Educator, the Director of Nursing, and Manager of Clinical Operations.</p> <p>All new physician orders will be audited by the Director of Nursing, Unit Managers, Nurse Supervisors, and/or Manager of Clinical Operations team daily x 4 weeks then 3 x weekly x 8 weeks and then monthly during reconciliation of physician orders to ensure appropriate transcription of orders with corrective action upon discovery by the Director of Nurses and Unit Managers.</p>	6-5-14

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F 281	Continued From page 3 a notation on the TAR stated the Sertraline order was on the MAR. Interview with Licensed Practical Nurse (LPN) #3 and LPN #10, who were responsible for Resident #4's care on 05/14/14 at 2:30 PM, revealed the resident had not received Sertraline per the Physician's Order from 05/01/14 through 05/14/14; however, were not aware of this information until Surveyor intervention. Continued interview revealed the facility had changed their computer system beginning May 2014. Further interview revealed the new system involved the data being entered into the computer system and the facility had brought staff in from other "sister" facilities to assist with the transition. Interview with the RCO Manager on 05/14/14 at 3:55 PM, revealed the facility had implemented a change in the computer system which was effective May 2014. She stated management staff from the other facilities within the facility's corporation's had assisted with the transition of entering the data, to include Physician's Orders. The RCO Manager stated issues with the transition had already been identified and interventions had been implemented to correct the issues. However, she indicated they had not identified the issue involving Resident #4.	F 281	A summary of findings will be submitted to the monthly Performance Improvement Committee by the Director of Nurses for further review and recommendation. Correction date: 6/5/14		
F 282 SS=J	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.	F 282			

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F 282	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, interview and review of the facility's policy, it was determined the facility failed to have an effective system to ensure services were provided in accordance with each resident's written Comprehensive Care Plan for two (2) of seventeen (17) sampled residents (Residents #11 and #16) and one (1) of eight (8) unsampled residents (Unsampled Resident G) as evidenced by failure to implement the care plan interventions to keep the residents safe.</p> <p>Observation on 05/07/14 at 9:15 AM, revealed forty-five (45) blister pack medication cards with a count of one thousand and eighty-three (1083) tablets and liquid respiratory inhalation medications to be lying on top of the nurse's station counter and accessible to residents, unauthorized staff and visitors. Continued observation revealed no facility nursing staff at the nurse's station or in the surrounding area until six (6) minutes later, at 9:21 AM. Further observation revealed Unsampled Resident G who was wearing a Wander Guard bracelet (special bracelet which alarms in resident wanders near exits), Resident #11 and Resident #16 in the area of the Unit 300 hall nurse's station where the unsecured medications were located. (Refer to F-323)</p> <p>The facility's failure to ensure an effective system was in place to ensure residents' care plans were implemented in regards to a safe and secure environment was likely to cause risk for serious injury, harm, impairment or death. Immediate Jeopardy (IJ) was identified on 05/07/14, and determined to exit on 05/06/14. The facility was</p>	F 282	<p>1. Resident #G, #11, and #16 were assessed by a licensed nurse on 5-7-14 with no changes in condition noted. A review of the residents care plan and observation of the resident was completed by a licensed nurse for resident #G, #11, and #16 was completed on 5-9-14 to determine that care and services were provided as per the plan of care. Any concerns identified were addressed upon discovery.</p> <p>LPN #1, LPN #6, and LPN#7 were provided reeducation by the Director of Nurses and Administrator on 5/7/14 regarding the drug storage policy and procedure with all 3 LPNS completing post tests and verbalizing understanding.</p>		

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F 282	Continued From page 5 notified of the Immediate Jeopardy on 05/08/14. The facility provided an acceptable credible Allegation of Compliance (AOC) was on 05/14/14 with the facility alleging removal of the Immediate Jeopardy on 05/10/14. The Immediate Jeopardy was verified to be removed on 05/10/14 as alleged with remaining non-compliance at a Scope and Severity of a "D", while the facility develops and implements the Plan of Correction (POC), and the facility's Quality Assurance monitors the effectiveness of the systemic changes to ensure residents' Comprehensive Care Plans are implemented. The findings include: Review of the facility's policy titled, "Care Plans", with a revision date of 01/02/14, revealed a comprehensive, individualized care plan was to be developed by the interdisciplinary team for each resident. Continued review revealed the purpose of the care plan was to provide the necessary care and services to attain or maintain the resident's highest practicable physical, mental and psychosocial wellbeing. 1. Review of Unsampled Resident G's medical record revealed the facility admitted Unsampled Resident G on 08/05/13 with diagnoses which included Dementia, Cognitive Communication Deficit, Down Syndrome, Seizure Disorder and Thyroid Disorder. Review of the Quarterly Minimum Data Set (MDS) Assessment dated 03/10/14, revealed the facility assessed Unsampled Resident G to be severely cognitively impaired and to be at risk for wandering behaviors.	F 282	The medications were removed upon discovery on 5-7-14 by a licensed nurse from the 300 Hall nursing station and stored in the locked medication room or medication cart. The licensed nurse on 5/7/14 verified location of meds delivered on the 300 hall by validating the delivery slip and identifying the medications to determine that all medications were present. All medications represented on the pharmacy delivery slip dated 5-6-14 to the 100, 200 and 300 hall were located at that time with no doses missing that are unaccounted for during medication pass.		

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F 282	<p>Continued From page 6</p> <p>Review of Unsampled Resident G's Comprehensive Care Plan, dated 03/12/14, revealed the facility care planned Unsampled Resident G's risk for wandering behaviors, such as, wandering into other resident rooms and sleeping in other's bed at times. Continued review of the risk for wandering behavior care plan revealed the facility's goal for Unsampled Resident G was for the resident not to wander from a secured location unattended and to be easily redirected to a safe area as needed. Further review of this care plan revealed the interventions to be implemented by staff included allowing Unsampled Resident G to wander freely in a secured environment.</p> <p>2. Review of Resident #11's medical record revealed the facility admitted Resident #11 on 10/09/10, with diagnoses which included Dementia, Psychosis, Anxiety, Depressive Disorder, Debility and Episodic Mood Disorder. Review of the Annual MDS Assessment, dated 03/09/14, revealed the facility assessed Resident #11 to have a Brief Interview for Mental Status (BIMS) score of four (4) out of fifteen (15), indicating severe cognitive impairment. Further review of the MDS Assessment revealed the facility assessed Resident #11 to be at risk for wandering.</p> <p>Review of Resident #11's Comprehensive Care Plan, revealed a care plan dated 04/28/14, related to the resident's risk for wandering. Continued review of this care plan revealed Resident #11 wandered in and out of other residents' rooms related to his/her confusion secondary to the diagnosis of Dementia. Further review of the care plan for risk of wandering revealed a goal for Resident #11 to "remain safe".</p>	F 282	<p>2.The licensed nurses on 5/9/14 reviewed current residents care plan and observed the residents to determine that care and services are provided as indicated on the plan of care. Any concerns identified were addressed upon discovery</p> <p>The licensed nurses on 5/7/14 assessed all nursing stations and areas accessible to residents in the center to determine that no drugs or biological are left unsecured. Any items identified were secured upon discovery.</p> <p>The licensed nurses on 5/7/14 reassessed all residents on 300 halls to determine any potential for change in condition from base line. No changes were identified.</p>		

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F 282	Continued From page 7 3. Review of Resident #16's medical record revealed the facility admitted Resident #16 on 09/04/13 with diagnoses which included Dementia, Diabetes, Hypertension, Debility, and Depressive Disorder. Review of the Quarterly MDS Assessment dated 04/21/14 revealed the facility assessed Resident #16 to also have diagnoses of Dementia and a Traumatic Brain Injury. Review of Resident #16's Comprehensive Care Plan, dated 10/21/13, revealed the facility had care planned Resident #16 to be at risk for wandering from secure locations related to confusion and might follow others out of the building. Continued review of the at risk for wandering care plan revealed the goal stated Resident #16 would not wander from secure locations unattended "until further review". Observation at 9:15 AM on 05/07/14, revealed Unsampld Resident G, Resident #11 and Resident #16 in the vicinity of the Unit 300 hall nurse's station. Observation revealed Unsampld Resident G was mobile without staff assistance. Continued observation revealed forty-five (45) blister pack medication cards containing a total of one thousand and eighty-three (1083) tablets and liquid inhalation medications to be located on top of the nurse's station counter which were unattended by nursing staff and accessible to Unsampld Resident G, Resident #11 and Resident #16. Further observation revealed no nursing staff present at the nurse's station or in the surrounding area until 9:21 AM, six (6) minutes later. Interview with Licensed Practical Nurse (LPN) #6	F 282	The licensed nurses on 5/8/14 assessed residents on 100 and 200 halls who are cognitively impaired and are able to ambulate, self-propel in a wheelchair, wander, or are an elopement risk to determine any possible change in condition from base line. No concerns were identified. 3.The Clinical Nurse Educator, Director of Nursing, Manager of clinical Operations and Nursing Supervisors provided re-education with all nurses as of 5-9-14 regarding the Drug Storage policy and completed a post- test to validate understanding and comprehension of the policy.		

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F 282	<p>Continued From page 8</p> <p>on 05/8/14 at 8:40 AM, revealed she had signed for the medications when they were delivered on 05/06/14 around 6:00 PM. She stated the medications were unsafe when they were not stored properly in the medication room or the resident's medication drawer.</p> <p>Interview with Licensed Practical Nurse (LPN) #7 on 5/15/14 at 11:30 AM, revealed she had worked the night of 05/06/14, from 11:00 PM until approximately 7:30 AM the morning of 05/07/14. She stated a tote with medications was delivered on the previous shift which were stored under the counter at the nurse's station. LPN #7 stated she removed the medications packs from the tote on 05/07/14 at approximately 6:30 AM, and placed them on the nurse's station counter. Continued interview revealed the medications when stored under the counter and then stored on the counter created an unsafe environment for residents as they could have been accessed by residents.</p> <p>Interview with LPN #1 on 05/08/14 at 10:26 AM, revealed she worked the night of 05/06/14, and had seen a tote stored under the counter at the nurse's station when she received report at 11:00 PM. She stated on 05/07/14 at "around" 6:30 AM, LPN #7 took medications out of the tote and placed them on the counter of the nurse's station. LPN #1 stated the medications should not have been left unattended by nursing staff and accessible to residents. Continued interview revealed unsecured medications were a hazard to residents if they accessed the medications.</p> <p>Interview with the Director of Nursing (DON) on 05/07/14 at 9:32 AM, revealed the medications should not have been left unattended by the nursing staff as this was a safety issue and could</p>	F 282	<p>The Clinical Nurse Educator, Nursing and administrative management provided re-education with licensed nurses and nursing assistants as of 5-9-14 to the Accident/Incident Policy including securement of medications, and the Care Plan policy and procedure. A post-test was completed to validate understanding and comprehension of the policies.</p> <p>Newly hired licensed nurses or medication technicians will be educated to the Accident/Incident Policy including securement of medications, the Care Plan policy and the Drug Storage Policy in orientation by the Nurse Practice Educator or Director of Nurses .</p>		

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be hazardous for the residents. Continued interview revealed the resident television (TV) area, adjacent to the nurse's station, was designated as a safe area for residents and the medications left unsecured did not ensure a safe area for residents. She indicated she expected staff to follow residents' care plans and they should not have left the medications unsecured as this created an unsafe environment.

Interview with the Administrator on 05/07/14 at 6:14 PM, revealed the medications when left on the nurse's station counter unattended by nursing staff and accessible to residents were not secured.

The facility provided an acceptable credible Allegation of Compliance (AOC) on 05/14/14 that alleged removal of the Immediate Jeopardy (IJ) effective 05/10/14. Review of the AOC revealed the facility implemented the following:

1. The three (3) involved nurses on the Unit 300 hall were provided education by the DON and Administrator on 05/07/14 regarding the drug storage policy and procedure with a post-test following the education and verbalization of understanding.
2. The medications were removed on 05/07/14 upon discovery from Unit 300 hall nurse's station and stored in the locked medication room or medication cart.
3. On 05/07/14, medications delivered to Unit 300 hall were verified by validating the delivery slip and identifying the medications to determine that all medications were accounted for. All medications represented on the pharmacy

F 282

Newly hired nursing assistants will be educated to the Accident/Incident Policy and the Care Plan policy in orientation by the Nurse Practice Educator or Director of Nurses.

4. Drug Storage and Environment Safety Audits to Prevent Accident/Incidents will be conducted by the Director of Nurses, Administrator, Nurse Supervisors, Unit Managers and Shift Supervisors across all shifts daily x 14 days, 3 times a week x 2 weeks, then monthly x 2 months then as determined by monthly Performance Improvement committee thru observation of each nursing station and areas accessible to resident to determine that no drug or biological are left unsecured and that the environment remains free of hazards. Any concerns identified are to be addressed upon discovery.

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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPOINT DRIVE FLORENCE, KY 41042
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F 282 Continued From page 10
delivery slip dated 05/06/14 to Units 100, 200 and 300 halls were located with no doses missing which were unaccounted for during medication pass.

4. Licensed nursing staff completed an assessment of all nurse's stations and areas accessible to residents in the facility to determine no drugs or biologicals were left unsecured on 05/07/14. Any items identified were secured upon discovery.

5. On 05/07/14 licensed nursing staff completed an assessment of all residents on Unit 300 hall to determine any potential change in condition from base line. No concerns were identified.

6. On 05/08/14 licensed nursing staff completed assessments of residents on Unit 100 and 200 halls who were cognitively impaired and able to ambulate, self-propel in a wheelchair, wander, or are an elopement risk to determine any possible change in condition from base line. No concerns were identified.

7. On 05/09/14 a review of current residents' care plans and observation of the resident was completed by the licensed nursing staff to determine the care and services provided were as indicated on the plan of care. Any concerns identified were addressed upon discovery.

8. All licensed nursing staff was re-educated to the facility's "Drug Storage" policy and completed a post-test to validate understanding and comprehension of the policy by the Administrator and/or Nurse Management or Nurse Educator by 05/09/14. No nurses were to work without having this education. The facility did not employ agency

F 282 An audit will be completed through observation for 10 residents of the resident care plan and the resident to determine that interventions across all shifts are followed by the Director of Nurses and Nursing Supervisors weekly x8 weeks and then monthly x1 months then as determined by the monthly Performance Improvement Committee. Any concerns identified will be addressed upon discovery.

Review of the concern for drug storage, accident/incidents related to a safe environment and following the plan of care will be included in the monthly Performance Improvement meeting by the Director of Nurses.

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F 282	Continued From page 11 staff at the time the AOC was developed. 9. All licensed nurses and nursing staff were re-educated to the Accident/Incident Policy including securement of medications and the Care Plan policy and procedure by nursing management or the Administrator by 05/09/14. A post-test was completed to validate understanding and comprehension of the policies. The facility did not employ agency staff at the time the AOC was developed. 10. Newly hired licensed nurses or Medications Technicians (Med Techs) will be educated to the Accident/Incident Policy including "securement" of medications, the Care Plan policy and the "Drug Storage" Policy in orientation. 11. Newly hired nursing assistants will be educated to the Accident/Incident Policy and the Care Plan Policy in orientation. 12. The DON, Nurse Management or Administrator will perform Drug Storage and Environment Safety Audits to Prevent Accident/Incidents will be conducted through observation across all shifts daily for fourteen (14) days, then three (3) times a week for two (2) weeks then monthly for two (2) months; then as determined by monthly Performance Improvement (PI) Committee. Monitoring will include observations of each nurse's station and areas accessible to residents to determine that no drug or biologicals were left unsecured and the environment remained free of hazards. Any concerns identified were to be addressed upon discovery. 13. The DON or Nurse Management will perform	F 282	Results of the Drug Storage and Environmental safety audits to prevent accidents and incidents and the care plan to resident audits to determine that nursing stations and areas accessible to residents are secured with no drugs or biological are left out and that the care plan followed will be submitted to the Performance Improvement Committee by the Director of Nurses or Administrator monthly x3 months for review and further recommendation. Correction date: 6/5/14		

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F 282	<p>Continued From page 12</p> <p>an audit completed through observation of ten (10) residents and of the resident care plan to determine interventions across all shifts are followed weekly for eight (8) weeks then monthly for one month. Any concerns identified would be addressed upon discovery.</p> <p>14. The Administrator, DON and Medical Director reviewed the concerns regarding drug storage, accident/incidents related to a safe environment and following the plan of care, and developed and implemented this plan of action in a PI Committee meeting held on 05/08/14.</p> <p>15. The findings of the audits will be submitted by the Administrator or DON to the PI Committee monthly for three (3) months for review and further recommendations.</p> <p>The State Survey Agency validated the implementation of the facility's AOC as follows:</p> <ol style="list-style-type: none"> 1. Review of education material and post-test given to the three (3) nursing staff involved revealed all were re-educated of the facility's policy and procedures related to safe medication storage. Interview with LPN #1 on 05/08/14 at 9:14 AM; LPN #6 on 05/08/14 at 8:40 AM and LPN #7 on 05/15/14 at 11:30 AM, revealed each had received re-education on safe medication storage and taken the post-test. 2. Observation on 05/07/14 at 10:00 AM revealed the DON removed the medications from Unit 300 hall nursing station and secured those medications in the medication room. 3. Observation on 05/07/14 at 9:32 AM revealed the DON verified and accounted for medications 	F 282		

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F 282	Continued From page 13 by validating medications on hand with delivery document. 4. Review of the drug storage areas checklist which was performed by staff, dated 05/07/14 revealed no medications were found unsecured. Observations on 05/07/14, 05/08/14, 05/13/14, 05/14/14 and 05/15/14 of the nurse's stations and medication carts revealed the carts were locked with no drugs observed to be unsecured. Interview on 05/07/14 with LPN #2 at 10:59 AM and LPN #3 at 4:38 PM, validated they had completed the drug storage area checklist. 5. Review of the facility's assessments of all residents who resided on the Unit 300 hall revealed all the residents were assessed by facility staff with progress notes written in the residents' medical record. Interview with the Unit 300 hall Manager on 05/08/14 at 11:29 AM, verified the assessments were completed. 6. Review of the facility's assessments of residents residing on the Unit 100 and 200 halls with cognitive impairment and who were able to ambulate, self-propel in a wheelchair, wander, or were an elopement risk revealed progress notes for these residents validating the assessments were performed. Interview with LPN #9 on 05/08/14 at 2:12 PM validated the assessments of the residents were completed as per the AOC. 7. Review of the facility's audit of resident medical records and care plans revealed observations to ensure the plan of care was being followed were completed. Interview with LPN #3 and LPN #10, on 05/14/14 at 2:30 PM, validated the completion of the audits.	F 282			

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F 282	<p>Continued From page 14</p> <p>8. Review of the facility's in-service material revealed post-test and sign in sheets related to safe drug and biological storage were completed.</p> <p>Staff interviews on 05/07/14 with LPN #3 at 4:38 PM, LPN #4 at 6:11 PM and LPN #5 at 6:45 PM; on 05/08/14 with LPN #6 at 8:40 AM, LPN #1 at 10:26 AM, Registered Nurse (RN) #3 at 11:29 AM and LPN #9 at 2:12 PM; and on 05/14/14 with RN #1 at 10:50 AM, LPN #12 at 10:55 AM, LPN #7 at 11:30 AM, LPN #13 at 3:50 PM, LPN #8 at 3:55 PM, Minimum Data Set (MDS) Nurse at 5:10 PM and RN #2 at 5:15 PM validated the education and post-test was provided as per the AOC.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the facility started utilizing agency staff on an as needed basis on 05/14/14. The Administrator stated the agency staff were provided new employee orientation prior to their first shift which included the facility's policy and procedure regarding safe drug and biological storage and resident care plans. Further interview revealed no agency licensed nursing staff utilized as of that date.</p> <p>9. Review of the facility's in-service materials revealed education and post-test were provided to all licensed nurses and nursing assistants related to the Accident/Incident policy, Care Plan policy and procedures.</p> <p>Staff interviews on 05/07/14 with LPN #3 at 4:38 PM, LPN #4 at 6:11 PM and LPN #5 at 6:45 PM; on 05/08/14 with LPN #6 at 8:40 AM, CNA #4 at 9:00 AM, LPN #1 at 10:26 AM, RN #3 at 11:29 AM and LPN #9 at 2:12 PM; and, on 05/14/14 with CNA #5 at 10:30 AM, RN #1 at 10:50 AM, LPN #12 at 10:55 AM, LPN #7 at 11:30 AM, LPN</p>	F 282			

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F 282	Continued From page 15 #13 at 3:50 PM, LPN #8 at 3:55 PM, MDS at 5:10 PM and RN #2 at 6:15 PM validated the education and post-test was performed as per the AOC. Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the facility initiated the use of agency staff on an as needed basis on 05/14/14. The Administrator stated with new employee orientation was provided prior to the agency staff's first shift which included the facility's policy and procedure regarding safe drug and biological storage, Accident/Incidents and care plans. Further interview revealed no agency nurse had been utilized as of that date; however, one (1) CNA was utilized on 05/14/14. Review of the new employee orientation training of the agency CNA revealed education was provided as per the AOC. Observations on 05/08/14 and 05/09/14 revealed nursing management staff talking one on one with resident care staff regarding policy and procedures. 10. Review of the new employee orientation packet for licensed nurses or Med Techs revealed it included safe medication storage and Accident/Incident reporting, as well as, Physician's Orders and care plans. Continued review of this packet revealed the orientation process also included post-tests regarding safe medication storage and Accident/Incidents. 11. Review of the new employee orientation education for CNAs revealed it included policies on Accident/Incident and care plans with a post-test to verify understanding. Review of the agency CNA education revealed it included education regarding the policies on	F 282			

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F 282	<p>Continued From page 16</p> <p>Accident/Incident and care plans with a post-test to verify understanding.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed no new CNA staff had been hired within previous two (2) week time frame; however, one (1) agency CNA was utilized.</p> <p>12. Review of the drug storage and environmental safety audits revealed the audits were performed daily on every shift starting on 05/07/14.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, regarding the facility's implemented process, revealed the audits were being performed as per the AOC.</p> <p>Staff interviews on 05/14/14 with LPN #11 at 5:10 PM and LPN #3 at 5:20 PM; and on 05/15/14 with LPN #7 at 11:30 AM revealed the audits were being completed as per the AOC.</p> <p>13. Review of the audits of resident observation and residents care plans started on 05/07/14 revealed at least ten (10) reviews and observations had been completed by the DON or Nursing Management staff as per the AOC. Review revealed the audits were completed across all shifts and all units/halls within the facility as per the AOC.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed an additional management staff had been added to the schedule each day for each shift to observe, audit and be a resource. The Administrator stated the management staff were directed to immediately contact her for any and all issues identified.</p>	F 282		
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F 282 Continued From page 17

F 282

14. Review of the minutes of the PI Committee meeting held 05/08/14 regarding the Immediate Jeopardy findings in regards to drug storage, Accident/Incidents related to a safe environment and following the plan of care revealed the action plan (AOC) had been developed by the Administrator, DON and Medical Director.

Interview with the DON on 05/08/14 at 3:30 PM, revealed the facility immediately initiated an investigation into the incident which occurred on 05/07/14. She stated the facility had identified this to be an educational failure and immediately initiated re-education for staff on 05/07/14 as per the AOC.

Interview with the RCO Manager on 05/08/14 at 5:25 PM, revealed the facility had responded immediately to correct the identified issue to comply with the facility's policy regarding safe medication storage.

15. Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the PI Committee would meet monthly for at least three (3) months for review of the collected data. She stated the first monthly meeting was not due; however, the data collected was being reviewed daily. The Administrator revealed the next PI Committee meeting was scheduled the first week of June 2014.

Interview with the Medical Director on 05/15/14 at 2:06 PM, revealed he had been made aware of the unsecured medications. He stated this was an unsafe practice. Continued interview revealed he was actively involved in the PI Committee and had discussed the plan of action (AOC) with the

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F 282 Continued From page 18 facility "almost daily".
F 323 483.25(h) FREE OF ACCIDENT
SS=J HAZARDS/SUPERVISION/DEVICES

F 282
F 323

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

1. Resident #G, #11, and #16 were assessed by a licensed nurse on 5-7-14 with no changes in condition noted.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of the facility's policy, it was determined the facility failed to have an effective system in place to ensure the resident environment remained as free from accident hazards as was possible which affected one (1) of three (3) units in the facility, and two (2) of seventeen (17) sampled residents (Residents #11 and #16) and one (1) of eight (8) unsampled residents (Unsampled Resident G) as evidenced by medications not stored securely.

LPN #1, LPN #6, and LPN #7 were provided reeducation by Director of Nurses and Administrator 5/7/14 regarding the drug storage policy and procedure with all 3 LPNs completing post tests and verbalizing understanding.

Observation on 05/07/14 at 9:15 AM, revealed forty-five (45) blister pack medication cards with a total count of one thousand and eighty-three (1083) tablets and liquid respiratory inhalation medications were on the counter of the nurse's station, accessible to residents, unauthorized staff and visitors. Continued observation revealed the medications remained unsecured with no facility nursing staff present in the nurse's station or surrounding area until six (6) minutes later at 9:21 AM. Interviews determined the medications had been delivered by the Pharmacy

The medications were removed upon discovery on 5-7-14 by a licensed nurse from the 300 Hall nursing station and stored in the locked medication room or medication cart.

6-5-14

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F 323	<p>Continued From page 19 and had been accessible to residents, unauthorized staff and visitors since 6:07 PM on 05/06/14.</p> <p>The facility reported twenty-nine (29) residents assessed with cognitive impairment were mobile within the facility and had the potential to access the unsecured medications. Observation on 05/07/14 at 9:15 AM revealed three (3) mobile residents were in the area surrounding the nurse's station (Resident #11, Resident #16 and Unsampld Resident G).</p> <p>The facility's failure to have an effective system was in place to ensure the residents' environment remained as free of accident hazards as possible by ensuring the safe storage of medications was likely to cause serious injury, harm, impairment or death. Immediate Jeopardy (IJ) was identified on 05/07/14, and determined to exit on 05/06/14. The facility was notified of the Immediate Jeopardy on 05/08/14.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 05/14/14 with the facility alleging removal of the Immediate Jeopardy on 05/10/14. The Immediate Jeopardy was verified to be removed on 05/10/14 as alleged with remaining non-compliance at a Scope and Severity of a "D", while the facility develops and implements the Plan of Correction (POC), and the facility's Quality Assurance monitors the effectiveness of the systemic changes to ensure medications are store securely to maintain an environment as free of accident hazards as possible.</p> <p>The findings include:</p>	F 323	<p>The licensed nurse on 5/7/14 verified location of meds delivered on the 300 hall by validating the delivery slip and identifying the medications to determine that all medications were present. All medications represented on the pharmacy delivery slip dated 5-6-14 to the 100, 200 and 300 hall were located at that time with no doses missing that are unaccounted for during medication pass.</p> <p>The care plans and observations of residents' #G, #11, and #16 were done by the licensed nurse on 5/9/14 to ensure care and services were followed.</p> <p>2.The licensed nurses on 5/9/14 reviewed current residents care plan and observed the residents to determine that care and services are provided as indicated on the plan of care. Any concerns identified were addressed upon discovery</p>	6-5-14
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F 323 Continued From page 20

Review of the facility's policy titled, "Storage and Expiration of Medications, Biologicals, Syringes and Needles" with a revision date of 01/01/13, revealed the facility was to ensure all medications and biologicals, including treatment items, were securely stored in a locked cabinet or cart or locked medication room which was not accessible to residents and visitors.

Observation on 05/07/14 at 9:15 AM, of the 300 hall nurse's station revealed medications lying on the top of the nurse's station counter unsecured which were accessible residents, visitors and unauthorized staff. Observation revealed there were forty-five (45) blister pack medication cards which contained a total of one thousand and eighty-three (1083) tablets and liquid inhalation medications. Continued observation revealed no nursing staff present at the nurse's station or the surrounding area until 9:21 AM, six (6) minutes later. Further observation of the general area surrounding the nurse's station, revealed three (3) mobile residents (Residents #11, #16 and Unsampld Resident G) who had varying degrees of cognitive impairment, and Unsampld Resident G was observed to be wearing a Wander Guard bracelet.

Review of Unsampld Resident G's medical record revealed diagnoses which included Cognitive Communication Deficit, Down Syndrome, Dementia and Seizure Disorder. Record review revealed the facility assessed Unsampld Resident G to be severely cognitively impaired. Review of Unsampld Resident G's Comprehensive Care Plan revealed the facility had care planned Unsampld Resident G for risk for wandering behaviors with a goal for the resident not to wander from a secured location

F 323 The licensed nurses on 5/7/14 assessed all nursing stations and areas accessible to residents in the center to determine that no drugs or biological are left unsecured. Any items identified were secured upon discovery.

The licensed nurse on 5/7/14 reassessed all residents on 300 halls to determine any potential for change in condition from base line. No changes were identified.

The licensed nurses on 5/8/14 assessed residents on 100 and 200 halls who are cognitively impaired and are able to ambulate, self-propel in a wheelchair, wander, or are an elopement risk to determine any possible change in condition from base line. No concerns were identified.

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F 323 Continued From page 21
unattended and to be easily redirected to a safe area as needed. Continued review revealed the care plan interventions included allowing Unsampled Resident G to wander freely in a secured environment, for staff to observe the resident for safe balance and provide a safe environment.

Review of Resident #11's medical record revealed diagnoses which included Psychosis, Anxiety, Depressive Disorder and Episodic Mood Disorder. Record review revealed the facility assessed Resident #11 on 03/09/14, to be severely cognitively impaired. Review of Resident #11's Comprehensive Care Plan revealed the facility care planned Resident #11 to be at risk for wandering behaviors with a goal for the resident to remain safe.

Review of Resident #16's medical record revealed diagnoses which included Dementia and Depressive Disorder. Review of Resident #16's Comprehensive Care Plan revealed the facility care planned Resident #16 to be at risk for wandering from secure locations with a goal for the resident not to wander from secured locations unattended.

Additionally, review of the facility's, "Assessment Scoring Report" dated 05/07/14, revealed a total of twenty-nine (29) residents with cognitive impairment who were mobile within the facility and had the potential to access the unsecured medications on that date.

Interview with Pharmacy Technician (Tech) #1 on 05/07/14 at 5:00 PM, revealed the medications were delivered to the facility on 05/06/14 at 6:07 PM by Pharmacy Delivery Personnel #1.

F 323 3.The Clinical Nurse Educator, nursing and administrative management provided re-education with all nurses as of 5-9-14 regarding the Drug Storage policy and complete a post- test to validate understanding and comprehension of the policy.

The Clinical Nurse Educator, Nursing and administrative management provided re-education with licensed nurses and nursing assistants as of 5-9-14 to the Accident/Incident Policy including securement of medications, the Care Plan policy and procedure. A post-test was completed to validate understanding and comprehension of the policies..

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F 323	Continued From page 22 Interview with Pharmacy Delivery Personnel #1 on 05/07/14 at 5:50 PM, revealed he had delivered the medication tote with the blister packs of medications and liquid inhalation medication to the facility on 05/06/14, and placed the medication tote with the medications under the counter at the nurse's station. Interview with Licensed Practical Nurse (LPN) #6 on 05/08/14 at 8:40 AM, revealed she had signed for the medications in the medication tote on 05/06/14 around 6:00 PM. She stated she had received narcotics, which were handed to her by the delivery person; however, stated she was not aware she had signed for the tote of medications as well and was not sure what happened to the medication tote. LPN #6 revealed the medications were unsafe for residents when they were not stored properly in the medication room or the residents' medication drawers. Interview with LPN #7 on 5/15/14 at 11:30 AM, revealed she had worked the night of 05/06/14, from 11:00 PM until approximately 7:30 AM. She stated the medications tote was delivered on the previous shift and was stored under the counter at the nurse's station. LPN #7 revealed she removed the medications from the tote and placed them on the counter at approximately 6:30 AM on 05/07/14. According to LPN #7, she secured her residents' medications in each of the residents' medication drawers and notified LPN #1 of the need for her to do the same with the remaining medications in the tote. LPN #7 stated the medications were still on the counter at the nurse's station, during report, around 7:00 AM on 05/07/14. LPN #7 reported the medications should have been secured in the medication	F 323	Newly hired licensed nurses or medication technicians will be educated to the Accident/Incident Policy including securement of medications, the Care Plan policy and the Drug Storage Policy in orientation by the Nurse Practice Educator or Director of Nurses . Newly hired nursing assistants will be educated to the Accident/Incident Policy and the Care Plan policy in orientation by the Nurse Practice Educator or Director of Nursing.	
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F 323	<p>Continued From page 23</p> <p>room upon delivery on 05/06/14. She stated the medications were unsecured in the tote under the nurse's station counter. Further interview revealed not only the medications on the counter of the nurse's station but also any medications stored in the tote under the counter of the nurse's station created an unsafe environment for residents. LPN #7 stated she should have ensured the medications she removed from the tote were secured and not left unattended by nursing staff and accessible to residents, visitors and unauthorized staff.</p> <p>Interview with LPN #1 on 05/08/14 at 10:26 AM, revealed she worked the night of 05/06/14. She stated she saw a tote under the counter at the nurse's station when she got report at 11:00 PM on 05/06/14. LPN #1 revealed during morning medication pass on 05/07/14 "around" 6:30 AM, LPN #7 took the medications out of the tote and placed them on the counter of the nurse's station. Continued interview revealed during report at shift change around 7:00 AM, the medications were still on the counter; however, the nursing staff was at the nurse's station for report. She stated she informed the oncoming shift she had not had time to put the medications "up". She stated the medications should not be left unattended by nursing staff and accessible to residents, visitors and unauthorized staff. Further interview revealed unsecured medications were a hazard to residents.</p> <p>Interview with LPN #10, on 05/08/14 at 10:59 AM, revealed she was one (1) of the nurses that came in on the day shift of 05/07/14. She stated the medications from the previous day had not be "put up" when she came in the morning of 05/07/14 at 7:00 AM. LPN #10 revealed she did</p>	F 323	<p>4. Drug Storage and Environment Safety Audits to Prevent Accident/Incidents will be conducted by the Director of Nurses, Administrator, Shift Supervisors, Nursing Supervisors, and Unit Managers across all shifts daily x 14 days, 3 times a week x 2 weeks, then monthly x2 months then as determined by monthly Performance Improvement committee thru observation of each nursing station and areas accessible to resident to determine that no drug or biological are left unsecured and that the environment remains free of hazards. Any concerns identified are to be addressed upon discovery.</p>	
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F 323	<p>Continued From page 24</p> <p>not take the medications out of the tote and did not know who did. According to LPN #10, during her morning medication pass on 05/07/14, she saw the medications "all over the desk". Further interview revealed it was not safe to leave medications unsecured.</p> <p>Interview with Certified Nursing Assistant (CNA) #6/Certified Medication Aide (CMA) on 05/07/14 at 11:09 AM, revealed she passed medications at times. She stated she recalled seeing the medications lying on the counter at the nurse's station at approximately 6:45 AM that morning and the medications were not stored in the medication tote. She indicated the medication tote should have been stored in the medication room until staff was ready to put them away.</p> <p>Interview with the Regional Clinical Operations (RCO) Manager on 05/08/14 at 5:25 PM, revealed she saw the medications on the nurse's station counter on 05/07/14 at 9:21 AM and notified the Director of Nursing (DON). The RCO Manager stated the DON came to the nurse's station while making her rounds, prior to being paged for the identified situation.</p> <p>Interview with the DON on 05/07/14 at 9:32 AM and 9:42 AM, and on 05/08/14 at 3:30 PM, revealed the medications should not be left unattended by the nursing staff; this was a safety issue and could be hazardous for the facility's residents. According to the DON, she was not aware the medication tote was being placed under the counter at the nurse's station until the nurses completed their medication pass. She indicated the nursing staff needed education because they left the medications unsecured which was against the policy. The DON stated</p>	F 323	<p>An audit will be completed through observation for 10 residents of the resident care plan and the resident to determine that interventions across all shifts are followed by the Director of Nurses , Unit Managers and Nursing Supervisors weekly x8 weeks and then monthly x1 months then as determined by the monthly Performance Improvement Committee. Any concerns identified will be addressed upon discovery.</p> <p>Review of the concern for drug storage, accident/ incidents related to a safe environment and following the plan of care will be included in the monthly Performance Improvement meeting by the Director of Nurses.</p>		

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F 323 | Continued From page 25
the unsecured medications were a safety issue as they could be "hazardous" for residents.

Interview with the Administrator on 05/07/14 at 6:14 PM, revealed the medications should not have been left on the nurse's station counter unattended by nursing staff and accessible to residents, visitors and unauthorized staff. She indicated the unsecured medications had been a potentially harmful situation if residents had accessed the medications.

The facility provided an acceptable credible Allegation of Compliance (AOC) on 05/14/14 that alleged removal of the Immediate Jeopardy (IJ) effective 05/10/14. Review of the AOC revealed the facility implemented the following:

1. The three (3) involved nurses on the Unit 300 hall were provided education by the DON and Administrator on 05/07/14 regarding the drug storage policy and procedure with a post-test following the education and verbalization of understanding.
2. The medications were removed on 05/07/14 upon discovery from Unit 300 hall nurse's station and stored in the locked medication room or medication cart.
3. On 05/07/14, medications delivered to Unit 300 hall were verified by validating the delivery slip and identifying the medications to determine that all medications were accounted for. All medications represented on the pharmacy delivery slip dated 05/06/14 to Units 100, 200 and 300 halls were located with no doses missing which were unaccounted for during medication pass.

F 323 | Results of the Drug Storage and Environmental safety audits to prevent accidents and incidents and the care plan to resident audits to determine that nursing stations and areas accessible to residents are secured with no drugs or biological are left out and that the care plan followed will be submitted to the Performance Improvement Committee monthly x3 months for review and further recommendation.

Correction date: 6/5/14

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F 323	Continued From page 26	F 323		
	<p>4. Licensed nursing staff completed an assessment of all nurse's stations and areas accessible to residents in the facility to determine no drugs or biologicals were left unsecured on 05/07/14. Any items identified were secured upon discovery.</p> <p>5. On 05/07/14 licensed nursing staff completed an assessment of all residents on Unit 300 hall to determine any potential change in condition from base line. No concerns were identified.</p> <p>6. On 05/08/14 licensed nursing staff completed assessments of residents on Unit 100 and 200 halls who were cognitively impaired and able to ambulate, self-propel in a wheelchair, wander, or are an elopement risk to determine any possible change in condition from base line. No concerns were identified.</p> <p>7. On 05/09/14 a review of current residents' care plans and observation of the resident was completed by the licensed nursing staff to determine the care and services provided were as indicated on the plan of care. Any concerns identified were addressed upon discovery.</p> <p>8. All licensed nursing staff was re-educated to the facility's "Drug Storage" policy and completed a post-test to validate understanding and comprehension of the policy by the Administrator and/or Nurse Management or Nurse Educator by 05/09/14. No nurses were to work without having this education. The facility did not employ agency staff at the time the AOC was developed.</p> <p>9. All licensed nurses and nursing staff were re-educated to the Accident/Incident Policy</p>			

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F 323	<p>Continued From page 27</p> <p>including securement of medications and the Care Plan policy and procedure by nursing management or the Administrator by 05/09/14. A post-test was completed to validate understanding and comprehension of the policies. The facility did not employ agency staff at the time the AOC was developed.</p> <p>10. Newly hired licensed nurses or Medications Technicians (Med Techs) will be educated to the Accident/Incident Policy including "securement" of medications, the Care Plan policy and the "Drug Storage" Policy in orientation.</p> <p>11. Newly hired nursing assistants will be educated to the Accident/Incident Policy and the Care Plan Policy in orientation.</p> <p>12. The DON, Nurse Management or Administrator will perform Drug Storage and Environment Safety Audits to Prevent Accident/Incidents will be conducted through observation across all shifts daily for fourteen (14) days, then three (3) times a week for two (2) weeks then monthly for two (2) months; then as determined by monthly Performance Improvement (PI) Committee. Monitoring will include observations of each nurse's station and areas accessible to residents to determine that no drug or biologicals were left unsecured and the environment remained free of hazards. Any concerns identified were to be addressed upon discovery.</p> <p>13. The DON or Nurse Management will perform an audit completed through observation of ten (10) residents and of the resident care plan to determine interventions across all shifts are followed weekly for eight (8) weeks then monthly</p>	F 323		
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F 323	Continued From page 28 for one month. Any concerns identified would be addressed upon discovery. 14. The Administrator, DON and Medical Director reviewed the concerns regarding drug storage, accident/incidents related to a safe environment and following the plan of care, and developed and implemented this plan of action in a PI Committee meeting held on 05/08/14. 15. The findings of the audits will be submitted by the Administrator or DON to the PI Committee monthly for three (3) months for review and further recommendations. The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of education material and post-test given to the three (3) nursing staff involved revealed all were re-educated of the facility's policy and procedures related to safe medication storage. Interview with LPN #1 on 05/08/14 at 9:14 AM; LPN #6 on 05/08/14 at 8:40 AM and LPN #7 on 05/15/14 at 11:30 AM, revealed each had received re-education on safe medication storage and taken the post-test. 2. Observation on 05/07/14 at 10:00 AM revealed the DON removed the medications from Unit 300 hall nursing station and secured those medications in the medication room. 3. Observation on 05/07/14 at 9:32 AM revealed the DON verified and accounted for medications by validating medications on hand with delivery document. 4. Review of the drug storage areas checklist	F 323			

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F 323	Continued From page 29 which was performed by staff, dated 05/07/14 revealed no medications were found unsecured. Observations on 05/07/14, 05/08/14, 05/13/14, 05/14/14 and 05/15/14 of the nurse's stations and medication carts revealed the carts were locked with no drugs observed to be unsecured. Interview on 05/07/14 with LPN #2 at 10:59 AM and LPN #3 at 4:38 PM, validated they had completed the drug storage area checklist. 5. Review of the facility's assessments of all residents who resided on the Unit 300 hall revealed all the residents were assessed by facility staff with progress notes written in the residents' medical record. Interview with the Unit 300 hall Manager on 05/08/14 at 11:29 AM, verified the assessments were completed. 6. Review of the facility's assessments of residents residing on the Unit 100 and 200 halls with cognitive impairment and who were able to ambulate, self-propel in a wheelchair, wander, or were an elopement risk revealed progress notes for these residents validating the assessments were performed. Interview with LPN #9 on 05/08/14 at 2:12 PM validated the assessments of the residents were completed as per the AOC. 7. Review of the facility's audit of resident medical records and care plans revealed observations to ensure the plan of care was being followed were completed. Interview with LPN #3 and LPN #10, on 05/14/14 at 2:30 PM, validated the completion of the audits. 8. Review of the facility's in-service material revealed post-test and sign in sheets related to safe drug and biological storage were completed.	F 323			

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F 323	Continued From page 30 Staff interviews on 05/07/14 with LPN #3 at 4:38 PM, LPN #4 at 6:11 PM and LPN #5 at 6:45 PM; on 05/08/14 with LPN #6 at 8:40 AM, LPN #1 at 10:26 AM, Registered Nurse (RN) #3 at 11:29 AM and LPN #9 at 2:12 PM; and on 05/14/14 with RN #1 at 10:50 AM, LPN #12 at 10:55 AM, LPN #7 at 11:30 AM, LPN #13 at 3:50 PM, LPN #8 at 3:55 PM, Minimum Data Set (MDS) Nurse at 5:10 PM and RN #2 at 5:15 PM validated the education and post-test was provided as per the AOC. Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the facility started utilizing agency staff on an as needed basis on 05/14/14. The Administrator stated the agency staff were provided new employee orientation prior to their first shift which included the facility's policy and procedure regarding safe drug and biological storage and resident care plans. Further interview revealed no agency licensed nursing staff utilized as of that date. 9. Review of the facility's in-service materials revealed education and post-test were provided to all licensed nurses and nursing assistants related to the Accident/Incident policy, Care Plan policy and procedures. Staff interviews on 05/07/14 with LPN #3 at 4:38 PM, LPN #4 at 6:11 PM and LPN #5 at 6:45 PM; on 05/08/14 with LPN #6 at 8:40 AM, CNA #4 at 9:00 AM, LPN #1 at 10:26 AM, RN #3 at 11:29 AM and LPN #9 at 2:12 PM; and, on 05/14/14 with CNA #5 at 10:30 AM, RN #1 at 10:50 AM, LPN #12 at 10:55 AM, LPN #7 at 11:30 AM, LPN #13 at 3:50 PM, LPN #8 at 3:55 PM, MDS at 5:10 PM and RN #2 at 5:15 PM validated the education and post-test was performed as per the AOC.	F 323		
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F 323	<p>Continued From page 31</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the facility initiated the use of agency staff on an as needed basis on 05/14/14. The Administrator stated with new employee orientation was provided prior to the agency staff's first shift which included the facility's policy and procedure regarding safe drug and biological storage, Accident/Incidents and care plans. Further interview revealed no agency nurse had been utilized as of that date; however, one (1) CNA was utilized on 05/14/14. Review of the new employee orientation training of the agency CNA revealed education was provided as per the AOC.</p> <p>Observations on 05/08/14 and 05/09/14 revealed nursing management staff talking one on one with resident care staff regarding policy and procedures.</p> <p>10. Review of the new employee orientation packet for licensed nurses or Med Techs revealed it included safe medication storage and Accident/Incident reporting, as well as, Physician's Orders and care plans. Continued review of this packet revealed the orientation process also included post-tests regarding safe medication storage and Accident/Incidents.</p> <p>11. Review of the new employee orientation education for CNAs revealed it included policies on Accident/Incident and care plans with a post-test to verify understanding. Review of the agency CNA education revealed it included education regarding the policies on Accident/Incident and care plans with a post-test to verify understanding.</p> <p>Interview with the Administrator on 05/15/14 at</p>	F 323		
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F 323	<p>Continued From page 32</p> <p>11:20 AM, revealed no new CNA staff had been hired within previous two (2) week time frame; however, one (1) agency CNA was utilized.</p> <p>12. Review of the drug storage and environmental safety audits revealed the audits were performed daily on every shift starting on 05/07/14.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, regarding the facility's implemented process, revealed the audits were being performed as per the AOC.</p> <p>Staff interviews on 05/14/14 with LPN #11 at 5:10 PM and LPN #3 at 5:20 PM; and on 05/15/14 with LPN #7 at 11:30 AM revealed the audits were being completed as per the AOC.</p> <p>13. Review of the audits of resident observation and residents care plans started on 05/07/14 revealed at least ten (10) reviews and observations had been completed by the DON or Nursing Management staff as per the AOC. Review revealed the audits were completed across all shifts and all units/halls within the facility as per the AOC.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed an additional management staff had been added to the schedule each day for each shift to observe, audit and be a resource. The Administrator stated the management staff were directed to immediately contact her for any and all issues identified.</p> <p>14. Review of the minutes of the PI Committee meeting held 05/08/14 regarding the Immediate Jeopardy findings in regards to drug storage,</p>	F 323		
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F 323	Continued From page 33 Accident/Incidents related to a safe environment and following the plan of care revealed the action plan (AOC) had been developed by the Administrator, DON and Medical Director. Interview with the DON on 05/08/14 at 3:30 PM, revealed the facility immediately initiated an investigation into the incident which occurred on 05/07/14. She stated the facility had identified this to be an educational failure and immediately initiated re-education for staff on 05/07/14 as per the AOC. Interview with the RCO Manager on 05/08/14 at 5:25 PM, revealed the facility had responded immediately to correct the identified issue to comply with the facility's policy regarding safe medication storage. 15. Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the PI Committee would meet monthly for at least three (3) months for review of the collected data. She stated the first monthly meeting was not due; however, the data collected was being reviewed daily. The Administrator revealed the next PI Committee meeting was scheduled the first week of June 2014. Interview with the Medical Director on 05/15/14 at 2:06 PM, revealed he had been made aware of the unsecured medications. He stated this was an unsafe practice. Continued interview revealed he was actively involved in the PI Committee and had discussed the plan of action (AOC) with the facility "almost daily".	F 323			
F 431 SS=J	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431			

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F 431	Continued From page 34 The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's policy, it was determined the facility	F 431	1. Resident #G, #11, and #16 were assessed by a licensed nurse on 5-7-14 with no changes in condition noted. LPN #1, LPN#6, and LPN#7 were provided reeducation by Director of Nurses and Administrator on 5/7/14 regarding the drug storage policy and procedure with all 3 LPNS completing post tests and verbalizing understanding. The medications were removed upon discovery on 5-7-14 by a licensed nurse from the 300 Hall nursing station and stored in the locked medication room or medication cart.	6-5-14	

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F 431	<p>Continued From page 35</p> <p>failed to have an affective system to ensure drugs and biologicals were stored safe and securely in locked compartments as evidenced by observation on 05/07/14 at 9:15 AM, of forty-five (45) blister pack medication cards lying on the top of the counter at the nurse's station, accessible to residents, unauthorized staff or visitors. Observation revealed there were a total of one thousand and eighty-three (1083) tablets and liquid respiratory inhalation medications on the counter with no facility nursing staff present at the nurse's station or in the surrounding area to secure the medications until 9:21 AM, six (6) minutes after the initial observation. Interview revealed Pharmacy delivered the medication to the nurse's station in a tote on 05/06/14 at 6:07 PM.</p> <p>The facility's failure to have an effective system to ensure drugs and biologicals were stored safely and securely in locked compartments was likely to cause serious injury, harm, impairment or death. Immediate Jeopardy was identified on 05/07/14, and determined to exit on 05/06/14. The facility was notified of the Immediate Jeopardy on 05/08/14.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 05/14/14, with the facility alleging removal of the Immediate Jeopardy on 05/10/14. The Immediate Jeopardy was verified to be removed on 05/10/14 as alleged with remaining non-compliance at a Scope and Severity of a "D", while the facility develops and implements the Plan of Correction (POC), and the facility's Quality Assurance monitors the effectiveness of the systemic changes to ensure medications are stored safely and securely in locked compartments.</p>	F 431	<p>The licensed nurse on 5/7/14 verified location of meds delivered on the 300 hall by validating the delivery slip and identifying the medications to determine that all medications were present. All medications represented on the pharmacy delivery slip dated 5-6-14 to the 100, 200 and 300 hall were located at that time with no doses missing that are unaccounted for during medication pass.</p> <p>The care plans of residents' #G, #11, and #16 were compared to the resident to determine that care and services were provided according to the plan of care by the licensed nurse on 5/9/14.</p>		

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F 431	Continued From page 36 The findings include: Review of the facility's policy titled, "Storage and Expiration of Medications, Biologicals, Syringes and Needles" revised on 01/01/13, revealed the facility was to ensure all medications and biologicals, including treatment items, were securely stored in a locked cabinet or cart or locked medication room which was not accessible to residents and visitors. Review of the facility's policy titled, "Delivery and Receipt of Routine Deliveries" revised on 01/01/13, revealed upon delivery by Pharmacy the facility nurse or other authorized designee on behalf of the facility was to take responsibility for the receipt, proper storage and distribution of the delivered medications. Observation of the Unit 300 hall nurse's station, on 05/07/14 at 9:15 AM, revealed medications lying on top of the counter unsupervised by nursing staff which were accessible to residents, unauthorized staff and visitors. Continued observation revealed there were forty-five (45) blister pack medication cards with a total of one thousand and eighty-three (1083) tablets and liquid inhalation medications on the counter. Further observation revealed no nursing staff present at the Unit 300 hall nurse's station or in the surrounding area to secure the medications until 9:21 AM, six (6) minutes after the first observation. In addition, observation of the general area of the Unit 300 hall nurse's station, revealed three (3) residents who were mobile, and one (1) of those residents, Unsamped Resident G, was wearing a Wander Guard bracelet (specialized alarming bracelet for	F 431	2.The licensed nurses on 5/7/14 assessed all nursing stations and areas accessible to residents in the center to determine that no drugs or biological are left unsecured. Any items identified were secured upon discovery. The licensed nurses on 5/7/14 reassessed all residents on 300 halls to determine any potential for change in condition from base line. No changes were identified. The licensed nurses on 5/8/14 assessed residents on 100 and 200 halls who are cognitively impaired and are able to ambulate, self-propel in a wheelchair, wander, or are an elopement risk to determine any possible change in condition from base line. No concerns were identified.		

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F 431	<p>Continued From page 37 residents at risk for wandering).</p> <p>Interview, on 05/07/14 at 5:00 PM, with Pharmacy Technician (Tech) #1 revealed the medications were delivered to the facility on 05/06/14 at 6:07 PM. Pharmacy Tech #1 reported Licensed Practical Nurse (LPN) #6 signed for receipt of the medications on that date.</p> <p>Interview, on 05/07/14 at 5:50 PM, with Pharmacy Delivery Personnel #1 revealed on the evening of 05/06/14 he had delivered the medications in a tote to the facility. According to Pharmacy Delivery Personnel #1 he had placed the tote with the medications under the counter at the Unit 300 hall nurse's station.</p> <p>Interview, on 05/8/14 at 8:40 AM, with Licensed Practical Nurse (LPN) #6 revealed she had signed for medications delivered by the Pharmacy on 05/06/14 around 6:00 PM. She stated when she signed she had received narcotics, which were handed to her, and she was not aware she had signed for the entire medication tote. According to LPN #6, she was not sure what happened to the medication tote because she did not see the tote and was not aware of it being delivered. However, she stated in the past if the tote was delivered when nurses were passing medications to residents, it was common practice for the tote to be stored under the counter of the nurse's station, until the nurses were finished with their medication pass. Continued interview revealed storing the tote under the counter at the nurse's station was not the facility's policy. LPN #6 indicated she was responsible for all the medications she had signed for and should have ensured they were all securely stored in the medication room.</p>	F 431	<p>The licensed nurses on 5/9/14 reviewed current residents care plan and observed the residents to determine that care and services are provided as indicated on the plan of care. Any concerns identified were addressed upon discovery</p> <p>3.The Clinical Nurse Educator, nursing and administrative management provided re-education with all nurses as of 5-9-14 regarding the Drug Storage policy and complete a post-test to validate understanding and comprehension of the policy.</p>	

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F 431	Continued From page 38 Interview, on 5/15/14 at 11:30 AM, with LPN #7 revealed she had worked night shift on 05/06/14, beginning her shift at 11:00 PM. She stated on arrival to work she saw the medication tote with the medications, which were delivered on the previous shift, under the nurse's station counter. According to LPN #7, she removed the medications from the tote and placed them on top of the nurse's station counter at approximately 6:30 AM on 05/07/14. She stated she then secured her residents' medications in each of the resident's medication drawers and told LPN #1 she needed to do the same thing. LPN #7 revealed the medications were lying on the nurse's station counter during shift report, around 7:00 AM. Continued interview revealed after report was given to the oncoming shift, she overheard LPN #10 tell LPN #1 to put the medications back into the tote and "she would get them later". LPN #7 stated the medications were not securely stored when left in the tote under the counter at the nurse's station. LPN #7 said it was common practice to leave the medications at the nurse's station until staff had time to put them up and the medications should have been secured in the medication room when delivered on 05/06/14, until placed in the residents' locked medication drawers. Further interview revealed she should have ensured the medications she removed from the tote were securely stored, and not left unattended by nursing staff accessible to residents, visitors and unauthorized staff. Interview, on 05/08/14 at 10:26 AM, with LPN #1 revealed she worked the night of 05/06/14, and had seen the medication tote stored under the counter at the nurse's station when she received report at 11:00 PM. According to LPN #1, during	F 431	The Clinical Nurse Educator, Nursing and administrative management provided re-education with licensed nurses and nursing assistants as of 5-9-14 to the Accident/Incident Policy including securement of medications, the Care Plan policy and procedure. A post-test was completed to validate understanding and comprehension of the policies. Newly hired licensed nurses or medication technicians will be educated to the Accident/Incident Policy including securement of medications, the Care Plan policy and the Drug Storage Policy in orientation by the Nurse Practice Educator or Director of Nurses .		

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F 431	<p>Continued From page 39</p> <p>the morning medication pass on 05/07/14 around 6:30 AM, LPN #7 took the medications out of the tote and placed them on top of the nurse's station counter. Continued interview revealed during report at shift change around 7:00 AM, the medications were still lying on top of the counter. She stated the medications should have been stored in the medication room behind a locked door as per the facility's policy and procedure.</p> <p>Interview, on 05/07/14 at 10:59 AM, with LPN #10 revealed she was one (1) of the nurses who worked on day shift on 05/07/14. She stated the medications delivered the previous day had not been "put up" when she arrived to work at approximately 6:30 AM. LPN #10 stated she had not taken the medications out of the tote and did not know who had, but it was common practice for the medications to remain in the tote until the nurse had a chance to put them in the residents' medication drawers. Continued interview revealed during her morning medication pass, she went to the nurse's station and she saw the medications "all over the desk".</p> <p>Interview, on 05/08/14 at 5:25 PM, with the Regional Clinical Operations (RCO) Manager revealed she observed the medications lying on top of the nurse's station counter on 05/07/14. She stated she had identified this to be against the facility's policy, and initiated steps to respond to the situation. The RCO Manager stated the Director of Nursing (DON) was notified of the unsecured medications lying on top of the counter at the nurse's station. Further interview revealed the facility's practice with storing medications should be in compliance with the facility's policy.</p> <p>Interview, on 05/07/14 at 9:32 AM, with the DON</p>	F 431	<p>Newly hired nursing assistants will be educated to the Accident/Incident Policy and the Care Plan policy in orientation by the Nurse Practice Educator or Director of Nurses .</p> <p>4. Drug Storage and Environment Safety Audits to Prevent Accident/Incidents will be conducted by the DNS, Administrator, Unit Managers, Nurse Supervisors and Shift Supervisors across all shifts daily x 14 days, 3 times a week x 2 weeks, then monthly x2 months then as determined by monthly Performance Improvement committee thru observation of each nursing station and areas accessible to resident to determine that no drug or biological are left unsecured and that the environment remains free of hazards. Any concerns identified are to be addressed upon discovery.</p>		

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F 431	<p>Continued From page 40</p> <p>revealed it was the nurses' responsibility to sign for medications and secure them upon delivery. She stated she was not aware the medication tote was placed under the counter at the nurse's station when delivered, until nurses completed their medication pass. The DON indicated the facility's policy was for the nurse to sign for the delivery of the medications, take responsibility of the medications and ensure the medications were stored in the appropriate resident's locked medication drawer.</p> <p>Interview, on 05/07/14 at 6:14 PM, with the Administrator revealed the medications were not secure when left on top of the nurse's station counter or when stored in a tote under the nurse's station counter. The Administrator stated the medications should have been secured as per the facility's policy.</p> <p>The facility provided an acceptable credible Allegation of Compliance (AOC) on 05/14/14 that alleged removal of the Immediate Jeopardy (IJ) effective 05/10/14. Review of the AOC revealed the facility implemented the following:</p> <ol style="list-style-type: none"> 1. The three (3) involved nurses on the Unit 300 hall were provided education by the DON and Administrator on 05/07/14 regarding the drug storage policy and procedure with a post-test following the education and verbalization of understanding. 2. The medications were removed on 05/07/14 upon discovery from Unit 300 hall nurse's station and stored in the locked medication room or medication cart. 3. On 05/07/14, medications delivered to Unit 300 	F 431	<p>An audit will be completed through observation for 10 residents of the resident care plan and the resident to determine that interventions across all shifts are followed by the Director of Nursing , Unit Managers, and Nurse Supervisors weekly x8 weeks and then monthly x1 months then as determined by the monthly Performance Improvement Committee. Any concerns identified will be addressed upon discovery.</p> <p>Review of the concern for drug storage, accident/ incidents related to a safe environment and following the plan of care will be included in the monthly Performance Improvement meeting by the Director of Nurses.</p>		

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F 431 Continued From page 41
hall were verified by validating the delivery slip and identifying the medications to determine that all medications were accounted for. All medications represented on the pharmacy delivery slip dated 05/06/14 to Units 100, 200 and 300 halls were located with no doses missing which were unaccounted for during medication pass.

4. Licensed nursing staff completed an assessment of all nurse's stations and areas accessible to residents in the facility to determine no drugs or biologicals were left unsecured on 05/07/14. Any items identified were secured upon discovery.

5. On 05/07/14 licensed nursing staff completed an assessment of all residents on Unit 300 hall to determine any potential change in condition from base line. No concerns were identified.

6. On 05/08/14 licensed nursing staff completed assessments of residents on Unit 100 and 200 halls who were cognitively impaired and able to ambulate, self-propel in a wheelchair, wander, or are an elopement risk to determine any possible change in condition from base line. No concerns were identified.

7. On 05/09/14 a review of current residents' care plans and observation of the resident was completed by the licensed nursing staff to determine the care and services provided were as indicated on the plan of care. Any concerns identified were addressed upon discovery.

8. All licensed nursing staff was re-educated to the facility's "Drug Storage" policy and completed a post-test to validate understanding and

F 431 Results of the Drug Storage and Environmental safety audits to prevent accidents and incidents and the care plan to resident audits to determine that nursing stations and areas accessible to residents are secured with no drugs or biological are left out and that the care plan followed will be submitted to the Performance Improvement Committee monthly x3 months for review and further recommendation.

Correction date: 6/5/14

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/15/2014
NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPPOINT DRIVE FLORENCE, KY 41042		
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F 431	<p>Continued From page 42</p> <p>comprehension of the policy by the Administrator and/or Nurse Management or Nurse Educator by 05/09/14. No nurses were to work without having this education. The facility did not employ agency staff at the time the AOC was developed.</p> <p>9. All licensed nurses and nursing staff were re-educated to the Accident/Incident Policy including securement of medications and the Care Plan policy and procedure by nursing management or the Administrator by 05/09/14. A post-test was completed to validate understanding and comprehension of the policies. The facility did not employ agency staff at the time the AOC was developed.</p> <p>10. Newly hired licensed nurses or Medications Technicians (Med Techs) will be educated to the Accident/Incident Policy including "securement" of medications, the Care Plan policy and the "Drug Storage" Policy in orientation.</p> <p>11. Newly hired nursing assistants will be educated to the Accident/Incident Policy and the Care Plan Policy in orientation.</p> <p>12. The DON, Nurse Management or Administrator will perform Drug Storage and Environment Safety Audits to Prevent Accident/Incidents will be conducted through observation across all shifts daily for fourteen (14) days, then three (3) times a week for two (2) weeks then monthly for two (2) months; then as determined by monthly Performance Improvement (PI) Committee. Monitoring will include observations of each nurse's station and areas accessible to residents to determine that no drug or biologicals were left unsecured and the environment remained free of hazards. Any</p>	F 431			

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F 431	Continued From page 43 concerns identified were to be addressed upon discovery. 13. The DON or Nurse Management will perform an audit completed through observation of ten (10) residents and of the resident care plan to determine interventions across all shifts are followed weekly for eight (8) weeks then monthly for one month. Any concerns identified would be addressed upon discovery. 14. The Administrator, DON and Medical Director reviewed the concerns regarding drug storage, accident/incidents related to a safe environment and following the plan of care, and developed and implemented this plan of action in a PI Committee meeting held on 05/08/14. 15. The findings of the audits will be submitted by the Administrator or DON to the PI Committee monthly for three (3) months for review and further recommendations. The State Survey Agency validated the implementation of the facility's AOC as follows: 1. Review of education material and post-test given to the three (3) nursing staff involved revealed all were re-educated of the facility's policy and procedures related to safe medication storage. Interview with LPN #1 on 05/08/14 at 9:14 AM; LPN #6 on 05/08/14 at 8:40 AM and LPN #7 on 05/15/14 at 11:30 AM, revealed each had received re-education on safe medication storage and taken the post-test. 2. Observation on 05/07/14 at 10:00 AM revealed the DON removed the medications from Unit 300 hall nursing station and secured those	F 431			

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F 431	<p>Continued From page 44 medications in the medication room.</p> <p>3. Observation on 05/07/14 at 9:32 AM revealed the DON verified and accounted for medications by validating medications on hand with delivery document.</p> <p>4. Review of the drug storage areas checklist which was performed by staff, dated 05/07/14 revealed no medications were found unsecured. Observations on 05/07/14, 05/08/14, 05/13/14, 05/14/14 and 05/15/14 of the nurse's stations and medication carts revealed the carts were locked with no drugs observed to be unsecured. Interview on 05/07/14 with LPN #2 at 10:59 AM and LPN #3 at 4:38 PM, validated they had completed the drug storage area checklist.</p> <p>5. Review of the facility's assessments of all residents who resided on the Unit 300 hall revealed all the residents were assessed by facility staff with progress notes written in the residents' medical record. Interview with the Unit 300 hall Manager on 05/08/14 at 11:29 AM, verified the assessments were completed.</p> <p>6. Review of the facility's assessments of residents residing on the Unit 100 and 200 halls with cognitive impairment and who were able to ambulate, self-propel in a wheelchair, wander, or were an elopement risk revealed progress notes for these residents validating the assessments were performed. Interview with LPN #9 on 05/08/14 at 2:12 PM validated the assessments of the residents were completed as per the AOC.</p> <p>7. Review of the facility's audit of resident medical records and care plans revealed observations to ensure the plan of care was being followed were</p>	F 431		
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F 431	<p>Continued From page 45</p> <p>completed. Interview with LPN #3 and LPN #10, on 05/14/14 at 2:30 PM, validated the completion of the audits.</p> <p>8. Review of the facility's in-service material revealed post-test and sign in sheets related to safe drug and biological storage were completed.</p> <p>Staff interviews on 05/07/14 with LPN #3 at 4:38 PM, LPN #4 at 6:11 PM and LPN #5 at 6:45 PM; on 05/08/14 with LPN #6 at 8:40 AM, LPN #1 at 10:26 AM, Registered Nurse (RN) #3 at 11:29 AM and LPN #9 at 2:12 PM; and on 05/14/14 with RN #1 at 10:50 AM, LPN #12 at 10:55 AM, LPN #7 at 11:30 AM, LPN #13 at 3:50 PM, LPN #8 at 3:55 PM, Minimum Data Set (MDS) Nurse at 5:10 PM and RN #2 at 5:15 PM validated the education and post-test was provided as per the AOC.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the facility started utilizing agency staff on an as needed basis on 05/14/14. The Administrator stated the agency staff were provided new employee orientation prior to their first shift which included the facility's policy and procedure regarding safe drug and biological storage and resident care plans. Further interview revealed no agency licensed nursing staff utilized as of that date.</p> <p>9. Review of the facility's in-service materials revealed education and post-test were provided to all licensed nurses and nursing assistants related to the Accident/Incident policy, Care Plan policy and procedures.</p> <p>Staff interviews on 05/07/14 with LPN #3 at 4:38 PM, LPN #4 at 6:11 PM and LPN #5 at 6:45 PM; on 05/08/14 with LPN #6 at 8:40 AM, CNA #4 at</p>	F 431			

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F 431	<p>Continued From page 46</p> <p>9:00 AM, LPN #1 at 10:26 AM, RN #3 at 11:29 AM and LPN #9 at 2:12 PM; and, on 05/14/14 with CNA #5 at 10:30 AM, RN #1 at 10:50 AM, LPN #12 at 10:55 AM, LPN #7 at 11:30 AM, LPN #13 at 3:50 PM, LPN #8 at 3:55 PM, MDS at 5:10 PM and RN #2 at 5:15 PM validated the education and post-test was performed as per the AOC.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the facility initiated the use of agency staff on an as needed basis on 05/14/14. The Administrator stated with new employee orientation was provided prior to the agency staff's first shift which included the facility's policy and procedure regarding safe drug and biological storage, Accident/Incidents and care plans. Further interview revealed no agency nurse had been utilized as of that date; however, one (1) CNA was utilized on 05/14/14. Review of the new employee orientation training of the agency CNA revealed education was provided as per the AOC.</p> <p>Observations on 05/08/14 and 05/09/14 revealed nursing management staff talking one on one with resident care staff regarding policy and procedures.</p> <p>10. Review of the new employee orientation packet for licensed nurses or Med Techs revealed it included safe medication storage and Accident/Incident reporting, as well as, Physician's Orders and care plans. Continued review of this packet revealed the orientation process also included post-tests regarding safe medication storage and Accident/Incidents.</p> <p>11. Review of the new employee orientation education for CNAs revealed it included policies</p>	F 431			

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F 431	<p>Continued From page 47</p> <p>on Accident/Incident and care plans with a post-test to verify understanding. Review of the agency CNA education revealed it included education regarding the policies on Accident/Incident and care plans with a post-test to verify understanding.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed no new CNA staff had been hired within previous two (2) week time frame; however, one (1) agency CNA was utilized.</p> <p>12. Review of the drug storage and environmental safety audits revealed the audits were performed daily on every shift starting on 05/07/14.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, regarding the facility's implemented process, revealed the audits were being performed as per the AOC.</p> <p>Staff interviews on 05/14/14 with LPN #11 at 5:10 PM and LPN #3 at 5:20 PM; and on 05/15/14 with LPN #7 at 11:30 AM revealed the audits were being completed as per the AOC.</p> <p>13. Review of the audits of resident observation and residents care plans started on 05/07/14 revealed at least ten (10) reviews and observations had been completed by the DON or Nursing Management staff as per the AOC. Review revealed the audits were completed across all shifts and all units/halls within the facility as per the AOC.</p> <p>Interview with the Administrator on 05/15/14 at 11:20 AM, revealed an additional management staff had been added to the schedule each day</p>	F 431		
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F 431	Continued From page 48 for each shift to observe, audit and be a resource. The Administrator stated the management staff were directed to immediately contact her for any and all issues identified. 14. Review of the minutes of the PI Committee meeting held 05/08/14 regarding the Immediate Jeopardy findings in regards to drug storage, Accident/Incidents related to a safe environment and following the plan of care revealed the action plan (AOC) had been developed by the Administrator, DON and Medical Director. Interview with the DON on 05/08/14 at 3:30 PM, revealed the facility immediately initiated an investigation into the incident which occurred on 05/07/14. She stated the facility had identified this to be an educational failure and immediately initiated re-education for staff on 05/07/14 as per the AOC. Interview with the RCO Manager on 05/08/14 at 5:25 PM, revealed the facility had responded immediately to correct the identified issue to comply with the facility's policy regarding safe medication storage. 15. Interview with the Administrator on 05/15/14 at 11:20 AM, revealed the PI Committee would meet monthly for at least three (3) months for review of the collected data. She stated the first monthly meeting was not due; however, the data collected was being reviewed daily. The Administrator revealed the next PI Committee meeting was scheduled the first week of June 2014. Interview with the Medical Director on 05/15/14 at 2:06 PM, revealed he had been made aware of	F 431			

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F 431	Continued From page 49 the unsecured medications. He stated this was an unsafe practice. Continued interview revealed he was actively involved in the PI Committee and had discussed the plan of action (AOC) with the facility "almost daily".	F 431		