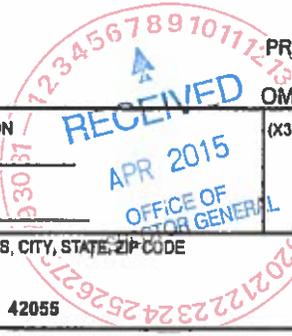


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2015
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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	Disclaimer: Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.	
F 157 SS=E	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(a)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157	F157 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC.) Specific corrective action(s) taken to remove the deficient practice for the affected resident(s): RESIDENT #1 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for CMP and Thyroid panel. MD order received for CMP and Thyroid panel, entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for CMP and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time. RESIDENT #2 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for LIPIDS and TSH. MD orders received for LIPIDS and TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for LIPIDS and TSH obtained. MD notified by LPN Charge Nurse #2 of lab	

[Handwritten Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

4/7/2015

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 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure, it was determined the facility failed to notify the physician related to the need for laboratory monitoring of medications that require monitoring for five (5) of ten (10) sampled residents (Residents #1, #2, #4, #6 and #7); and, one (1) Unsampled Residents (Resident B).</p> <p>The facility failed to ensure the physician was notified to obtain orders for laboratory levels to monitor Synthroid levels (thyroid medication), Digoxin levels (heart medication), and Cholesterol levels per the facility's policy to identify if there was a need to alter treatment.</p>	F 157	<p>results and no further MD orders received at this time.</p> <p>RESIDENT #4 2/6/15 MD notified that labs were missed for previous lab draw and no lab order for TSH. MD orders received for TSH. Notification and entry made by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of missed lab draw and that the facility protocols were not followed as well as new lab draw order by Assistant Director of Nursing 2/6/15 Labs obtained for CBC, CMP and TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT #6 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for Digoxin levels as well as no lipid profile. MD order received for Digoxin levels and lipid profile obtained by Assistant Director of Nursing</p> <p>2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs for Digoxin lipid profile obtained. MD notified by RN Charge Nurse #1 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #7 2/5/15 MD notified by Assistant Director of Nursing regarding no lab order for TSH. MD orders obtained for TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Lab obtained for TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p>		
	<p>The findings include:</p> <p>Review of the facility's policy titled, "Medications Requiring Lab Monitoring", dated 06/10/00, revealed some of the medications that needed monitoring included Digoxin, thyroid medications, diuretics, and anticoagulants. Newly admitted residents on one of the listed medications (Digoxin, Thyroid medications, Diuretics, and Anticoagulants) or any resident who has one of the medications newly ordered should have accompanying orders for monitoring of lab levels. If no lab orders were received with the medication order, it was the responsibility of the nurse receiving the medication order to call and request orders for laboratory monitoring from the attending physician. Further review revealed the</p>				

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F 157	<p>Continued From page 2</p> <p>frequency of laboratory monitoring was determined at the discretion of the attending physician and/or consulting pharmacist.</p> <p>1. Record review revealed the facility admitted Resident #6 on 12/31/14 with diagnoses which included New Onset Atrial Fibrillation and Hyperlipidemia.</p> <p>Review of the February 2015 Physician's Orders revealed the resident was ordered Lipitor (cholesterol medication) 40 mg daily and Digoxin 0.125 mg daily with a start date of 12/31/14 (admission). Further review of the December 2014, and January 2015 Physician's Orders, revealed there was no written order for laboratory work to monitor the resident's Digoxin (heart medication) and cholesterol levels since admission.</p> <p>During an Interview with Resident #6's Physician, on 02/05/15 at 9:32 AM, he stated, "I was not aware the resident needed a Digoxin level ordered, it was missed by me, and I need to get that ordered".</p> <p>2. Record review revealed the facility admitted Resident #2 on 05/20/14 with diagnoses which included Congestive Heart Failure, Atrial Fibrillation, Hypothyroidism, and Hypertension.</p> <p>Review of the February 2015 Physician's Orders revealed the resident was ordered Zocor (cholesterol medication) 20 milligrams (mg) daily and Synthroid 0.1 mg tablet daily with a documented start date date of 5/20/14 (admission). However, further review revealed there were no orders to monitor the resident's cholesterol or thyroid levels since admission.</p>	F 157	<p>RESIDENT (B)</p> <p>2/6/15 MD notified by Assistant Director of Nursing of no lab order for TSH and orders obtained for Thyroid panel entered by Assistant Director of Nursing</p> <p>2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing</p> <p>2/6/15 Labs obtained for TSH. MD notified by Assistant Director of Nursing and MD orders obtained for medication change and to redraw lab Q 3 months.</p> <p>2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse #1</p> <p>On February 6, 2015 the Director of Nursing and the Assistant Director of Nursing reviewed the past forty-eight hours of nurse's notes from all residents to identify any other residents having the potential to be affected by the deficient practice. Any issues identified were addressed immediately.</p> <p>An abbreviated QA Meeting was held on February 6, 2015 to understand the root cause of the deficient practice and to create an action plan to address the issues going forward. Those in attendance included: Administrator; Director of Clinical Operations Consultant; Director of Nursing; Assistant Director of Nursing; and Risk Manager</p> <p>Training: Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager were in-serviced on the revised "Physician/Legal Representative Notification" policy by the Director of Clinical Operations consultant on February 6, 2015. All licensed nursing staff (RNs/LPNs) were in-serviced on the revised "Physician/Legal</p>	

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F 157	<p>Continued From page 3</p> <p>3. Record review revealed the facility admitted Resident #7 on 01/26/15 with diagnoses which included Hypothyroidism.</p> <p>Review of the January 2015 Physician's Orders revealed the resident was ordered Synthroid 75 mcg daily with a documented start date of 01/26/15 (admission); however, further review revealed there was no order to monitor the resident thyroid levels.</p> <p>4. Record review revealed the facility admitted Unsampled Resident B on 10/29/14 with diagnoses which included Hypothyroidism.</p> <p>Review of the February 2015 Physician's Orders revealed the resident was ordered Synthroid 25 mcg daily; however, there was no order for thyroid levels.</p> <p>Interview with Unsampled Resident B's Physician, on 02/05/15 at 9:45 AM, revealed she was unaware the resident's thyroid level was not being monitored. She stated she expected the facility to notify the physician if the resident was taking thyroid medication and the levels were not being monitored. She revealed she expected the residents' thyroid labs to be completed annually, if stable.</p> <p>5. Record review revealed the facility admitted Resident #1 on 10/30/08 with diagnoses which included Hypothyroidism.</p> <p>Review of the February 2015 Physician's orders, revealed the resident was ordered Synthroid 75 micrograms (mcg) daily, with a start date of 10/10/13; however, further review revealed there</p>	F 157	<p>Representative Notification" policy prior to returning to the floor by the Director of Nursing on February 6, 2015. No agency or contracted charge nurses are currently employed by the facility.</p> <p>The "Physician/Legal Representative Notification" policy will be provided to newly hired licensed staff members (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>Monitoring: The Director of Nursing (in the absence of the Director of Nursing, the Assistant Director of Nursing will assume responsibility) will review nurse's notes each business day and follow-up on any new orders to ensure that all MD/resident/resident representative notifications were made per the revised policy. On holidays and weekends, the review will be completed by the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing) with the facility issued laptop. This will be in place for three months. At the end of three months, the Director of Nursing will provide training to the charge nurses requiring the charge nurses to review the nurse's notes during shift report to identify any issues regarding Physician/Legal Representative Notification and to correct the issue prior to the outgoing nurse exiting the floor. Any issue found will be reported to the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing). The Director of Nursing will utilize the "Pharmacy Recommendations and Notification Audit Tool" to document findings. Any discrepancies will be addressed</p>		

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PRINTED: 03/06/2016
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OMB NO. 0938-0391

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F 157	<p>Continued From page 4</p> <p>was no evidence of an order for laboratory work to monitor the resident's thyroid level.</p> <p>Review of Resident #1's laboratory profile revealed the last documented thyroxine level (thyroid profile) was dated 03/26/12.</p> <p>Interview with Resident #1's Physician, on 02/04/15 at 3:05 PM, revealed he was unaware Resident #1 was not getting Synthroid levels completed. He stated he expected the resident's levels to be checked every six (6) months and if stable, annually.</p> <p>6. Record review revealed the facility admitted Resident #4 on 08/27/10 with diagnoses which included Hypothyroidism.</p> <p>Review of the February 2015 Physician's Order revealed the resident received Synthroid 50 mcg daily with a start date of 04/28/11; however, further review revealed there were no orders to monitor the resident's thyroid level.</p> <p>Review of the laboratory reports revealed there was no documented evidence a Synthroid level was obtained since the resident's admission.</p> <p>Interview with Registered Nurse (RN) #1, on 02/05/15 at 2:05 PM, revealed she completes the labs as ordered when they show up on the computer screen on the service table. She stated the ADON was responsible for ordering the laboratory tests each month.</p> <p>Interview with the ADON and DON, on 02/05/15 at 1:45 PM, revealed it was their responsibility to complete the administrative paperwork which included taking off the physicians orders and</p>	F 157	<p>Immediately and proper notifications will be made per the "Physician/Legal Representative Notification" policy.</p> <p>A QA tool, "Pharmacy Recommendations and Notification Audit Tool" has been implemented to ensure ongoing compliance. The QA tool will be completed by the Risk Manager two times per week for four weeks. Once ongoing compliance has been established, the QA tool will be completed monthly by the Risk Manager. If the Risk Manager is unable to complete the QA tool, the responsibility will be shifted to the Director of Nursing.</p> <p>Completed Date:</p> <p>F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>Specific corrective action(s) taken to remove the deficient practice for the affected resident(s):</p> <p>RESIDENT #1 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for CMP and Thyroid panel. MD order received for CMP and Thyroid panel, entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for CMP and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #6 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for Digoxin</p>	03/02/2015	

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F 157	<p>Continued From page 5</p> <p>scheduling laboratory work. She stated if the physician did not write an order for laboratory test to monitor a medication that required monitoring, it was their responsibility to notify the physician and obtain an order for the laboratory work. The DON stated, "human error" would cause the facility not to call and get an order for the lab test right away.</p> <p>Interview with the Medical Director, on 02/05/15 at 1:35 PM, revealed the facility should ensure an order was obtained for all required laboratory tests. He stated there was a problem which needed to be addressed related to notifying the medical provider of the need to obtain lab orders.</p> <p>Interview with the Director of Clinical Operations, on 02/05/15 at 12:35 PM, revealed the Administrative Nurses were responsible to ensure the physicians were notified and the laboratory work was completed as ordered by the medical provider. She stated it was the DON's responsibility to notify the medical providers of any changes in status, as well as the need for laboratory tests for the residents.</p> <p>Interview with the Administrator, on 02/05/15 at 12:22 PM revealed the Administrative Nurses (DON and the ADON) were responsible to enter the Physician's Orders for all new admissions and re-admissions to the facility. He further revealed the ADON was responsible for adding the laboratory requisitions into the computer each month, and to ensure the laboratory tests were transcribed as ordered by the medical providers. Further Interview, on 02/06/15 at 9:00 AM, revealed the Administrator was not aware of the policy titled "Medication Requiring Lab Monitoring" until yesterday. He further revealed</p>	F 157	<p>levels as well as no lipid profile. MD order received for Digoxin levels and lipid profile obtained by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs for Digoxin lipid profile obtained. MD notified by RN Charge Nurse #1 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #2 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for LIPIDS and TSH. MD orders received for LIPIDS and TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for LIPIDS and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #4 2/6/15 MD notified that labs were missed for previous lab draw and no lab order for TSH. MD orders received for TSH. Notification and entry made by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of missed lab draw and that the facility protocols were not followed as well as new lab draw order by Assistant Director of Nursing 2/6/15 Labs obtained for CBC, CMP and TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT #7 2/5/15 MD notified by Assistant Director of Nursing regarding no lab order for TSH. MD orders obtained for TSH and entered by</p>	

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F 157	Continued From page 6 he found it in a policy manual at the nurses station yesterday and there had been no training related to the lab policy.	F 157	Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse	
F 281 SS=E	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 interview, record review, and review of the Kentucky Board of Nursing Scope of Practice Guidelines, it was determined the facility failed to ensure services provided or arranged by the facility were provided according to acceptable standards of clinical practice related to licensed nurses not identifying and notifying the physician of a required laboratory order to monitor medications and to obtain labs as ordered by the physician. The facility failed to ensure Physicians' Orders were obtained to ensure laboratory drug levels were obtained for five (5) of ten (10) sampled residents (Residents #1, #2, #4, #6, and #7); and, two (2) Unsampled Residents (Residents A and B). The facility failed to provide laboratory monitoring of drug levels related to Synthroid (thyroid medication), Digoxin (heart medication); and cholesterol medications (Zocor); and failed to obtain a Complete Blood Counts and Basic Metabolic Panel as ordered by the physician. The findings include: Interview with the Administrator, on 02/11/15 at 3:28 PM, revealed the facility based their	F 281	2/6/15 Lab obtained for TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time. RESIDENT (A) 2/6/15 MD notified by Director of Nursing that labs were missed for previous lab draw 2/6/15 Legal Representative was notified of missing lab draw and that facility failed to follow protocol. Legal Representative was also made aware that lab was obtained by Director of Nursing 2/6/15 Labs were obtained for TSH. MD notified by LPN Charge Nurse and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse RESIDENT (B) 2/6/15 MD notified by Assistant Director of Nursing of no lab order for TSH and orders obtained for Thyroid panel entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs obtained for TSH. MD notified by Assistant Director of Nursing and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse #1 An abbreviated QA Meeting was held on February 6, 2015 to understand the root cause	

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F 281	Continued From page 7 standards of practice on the Kentucky Board of Nursing Scope of Practice Determination Guidelines (Revised date 01/2011). Review of the Kentucky Board of Nursing Scope of Practice Determination Guidelines, revealed the Kentucky Nursing Laws (KRS Chapter 314), defines "licensed practical nursing practice", and "registered nursing practice", and holds all nurses individually accountable and responsible for their nursing decisions and actions. Statutory Definitions and Policy included KRS 314.011 (10) defines "licensed practical nursing practice" as the performance of acts requiring knowledge and skill as are taught or acquired in approved schools for practical nursing in : a) the observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist, the administration of medication or treatment as authorized by a physician, physician's assistant, dentist, or advanced practice registered nurse: KRS 314.011 (8) defines "registered nursing practice" as the performance of acts requiring substantial specialized knowledge, judgement and nursing skill based upon the principles of psychological, biological, physical and social sciences in the application of the nursing process in the administration of medication and treatment as prescribed by a physician, physician's assistant, dentist, or advanced practice registered nurse, observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy. 1. Record review revealed the facility admitted Resident #6 on 12/31/14 with diagnoses which included New Onset Atrial Fibrillation and Hyperlipidemia.	F 281	of the deficient practice and to create an action plan to address the issues going forward. Those in attendance included: Administrator; Director of Clinical Operations Consultant; Director of Nursing; Assistant Director of Nursing; and Risk Manager Training: Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager were all in-serviced on the revised "Medications Requiring Lab Monitoring" policy and "Lab Requisition Protocol" by the Director of Clinical Operations consultant on February 6, 2015. All licensed nursing staff (RNs/LPNs) were in-serviced on the revised "Medications Requiring Lab Monitoring" policy and "Lab Requisition Protocol" prior to returning to the floor by the Director of Nursing on February 6, 2015. No agency or contracted charge nurses are currently employed by the facility. All licensed nursing staff (RNs/LPNs) were in-serviced on protocols for standing lab orders per physician by Director of Nursing on February 6, 2015. No agency or contracted charge nurses are currently employed by the facility. All licensed nursing staff (RN/LPNs) and Certified Medication Aides were educated on Digoxin toxicity and protocol by the Director of Nursing on February 6, 2015. No agency or contracted charge nurses or are currently employed by the facility. The "Medications Requiring Lab Monitoring" policy, "Lab Requisition Protocol" and "Protocols for Standing Lab Order per Physician" will be provided to newly hired licensed staff members (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to	

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	<p>Continued From page 8</p> <p>Review of the Physician's Orders, dated 02/2015, revealed Lipitor (cholesterol medication) 40 mg daily and Digoxin (heart medication) 0.125 mg daily. Further review revealed the documented start date for both medications was 12/31/14. However, review of Resident #8's Physician Orders, dated 02/2015, revealed there was no written order for lab work to monitor the resident's Digoxin (heart medication) level or cholesterol level.</p> <p>Interview with Assistant Director of Nursing on 02/04/15 at 2:30 PM, revealed her expectations were that if the physician wanted a specific lab test he/she would order it. She further revealed she was aware of the need to monitor the medications but thought the physician would order the test if he/she wanted it done. She further stated she was not aware the residents was not getting the Lanoxin levels drawn.</p> <p>Review of the Consultant Pharmacist Medication Review, dated 01/26/15, revealed a recommendation to obtain a Digoxin level. However there was no documented evidence the facility followed up on the recommendation.</p> <p>2. Record review revealed the facility admitted Resident #1 on 10/30/08 with diagnoses which included Hypothyroidism. Review of the February 2015 Physician's Orders, revealed Synthroid 75 micrograms (mcg) daily, with a start date of 10/10/13; however, review of Resident #1's laboratory profile revealed the last documented thyroxine level (thyroid profile) was dated 03/28/12. Further review of the Physician's Orders, dated 02/2015, revealed there was no evidence of an order for lab work to monitor the resident's thyroid level.</p> <p>Interview with Director of Nursing (DON) on 02/04/15 at 4:25 PM, revealed she was not sure</p>	F 281	<p>work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>The "Digoxin Toxicity and Protocol" will be provided to newly hired licensed staff members and newly hired Certified Medication Aides (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>Monitoring: During the Interdisciplinary Team (IDT) meeting (meets weekly on an ongoing basis) the facility will review all new resident charts (any resident that has admitted since the last IDT review) to ensure there are no discrepancies with lab orders with any medications requiring lab monitoring. (The members of the IDT include: Administrator, Director of Nursing, Assistant Director of Nursing, Risk Manager, Social Services Director and Dietary Services Manager.) Any discrepancies will addressed immediately and proper notifications will be made per the "Physician/Legal Representative Notification" policy. This process will be directed by the Director of Nursing. In the absence of the Director of Nursing, it will be directed by the Assistant Director of Nursing.</p> <p>The Director of Nursing (in the absence of the Director of Nursing, the Assistant Director of Nursing will assume responsibility) will review nurse's notes each business day for the previous day and follow-up on any new orders received relating to medications that require lab monitoring. If specific orders were not obtained by the charge nurse, the Director of Nursing will immediately correct the issue (in the absence of the Director of Nursing, the</p>	

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PRINTED: 03/08/2015
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F 281	<p>Continued From page 9</p> <p>how Resident #1's labs were missed. She stated the resident had changed medical providers in the past and the order for the lab could have possibly been left out during the transition of Physicians' Orders.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 02/05/15 at 8:00 AM, revealed that questioning the residents' lab orders was not part of her daily routine because she did not give Resident #1's thyroid medication. She further revealed it would not be her responsibility to look at the labs if she did not receive or review the residents' physician orders.</p> <p>Interview with Resident #1's Physician, on 02/04/15 at 3:05 PM, revealed he was unaware Resident #1's Synthroid levels were not completed. He expected the resident's levels to be checked every six (6) months and if stable, annually. He stated the Pharmacy Review would inform him when he needed to order labs.</p> <p>3. Record review revealed the facility admitted Resident #2 on 05/20/14 with diagnoses which included Congestive Heart Failure, Atrial Fibrillation, Hypothyroidism, and Hypertension. Review of the Medication Regimen Review, dated 05/21/14, revealed to order lab work on the resident. Review of the Medication Regimen Review, dated 11/25/14, revealed a recommendation for a thyroid level and a lipid panel; however, there was no documented evidence the recommendation was carried out. Review of the 02/2015 Medication Administration Record (MAR) revealed the resident had been taking Zocor (cholesterol medication) 20 milligrams (mg) daily and Synthroid 0.1 mg tablet daily; however there was no evidence of written</p>	F 281	<p>Assistant Director of Nursing assume responsibility). On holidays and weekends, the review will be completed by the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing) with the facility issues laptop. This will be in place for three months. At the end of the three months, the Director of Nursing will provide training to the charge nurses requiring the charge nurses to review the nurse's notes during shift report to identify any issues regarding medications that require lab monitoring to ensure that all orders have been received by the MD. Any issues will be corrected prior to the outgoing nurse exiting the floor. Any issue found will be reported to the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing).</p> <p>A complete audit of all resident lab orders was completed on 2/5/2015 by Assistant Director of Nursing to verify completion of physician orders. Any discrepancies were addressed immediately with proper notification to the MD and Legal Representative.</p> <p>Care plans were reviewed on 2/6/2015 by Assistant Director of Nursing to ensure all drug classifications and lab monitoring were care plan interventions on the diagnosis care plan associated with that medication order. The Assistant Director of Nursing included in the care plans that labs would be drawn per facility standing lab protocol for Resident #s: 1, 2, 4, 7, A and B. The Assistant Director of Nursing also updated care plans for Resident #s: 6 to include digoxin monitoring per "Digoxin Administration Protocol." The facility ensures that the care plans will be followed with the completion of in-service education on the facility "Standing Lab Orders Per Physician" protocol and the facility</p>		

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F 281	Continued From page 10 orders for lab work to monitor the resident's thyroid and cholesterol levels. 4. Record review revealed the facility admitted Resident #4 on 08/27/10 with diagnoses which included Hypothyroidism. Review of the February 2015 Physician's Order revealed there was an order for Synthroid 50 mcg daily with a start date of 04/28/11; however, there was no order to monitor the resident's thyroid level, and no evidence the resident's thyroid level had been obtained since admission. Further review of the Physician's Orders, dated 02/2015, revealed to obtain a Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) every six (6) months; however, review of the resident's lab results revealed the last CBC and BMP were completed on 08/30/14. Review of the Pharmacist Medication Review, dated 01/2015, revealed the December 2014 labs for a CBC and CMP were not in the chart. There was no documented evidence the labs had been obtained as ordered. 5. Record review revealed the facility admitted Resident #7 on 01/26/15 with diagnoses which included Hypothyroidism. Review of the resident's MAR revealed the resident took Synthroid 75 mcg daily with a documented start date of 01/26/15. Review of the Physician's Orders, dated 01/2015, revealed no documented evidence a lab was obtained to check the resident's Synthroid level or about the physician being informed of the need for a level. 6. Record review revealed the facility admitted Unsampled Resident A on 03/18/14 with diagnoses which included Hypothyroidism. Review of lab results, dated 09/23/14, revealed a	F 281	"Digoxin Administration Protocol." In-service education was completed on February 6, 2015 by the Director of Nursing to the licensed nurses (RNs/LPNs) and Certified Medication Technicians (only the Digoxin Administration Protocol). The facility will ensure permanent compliance by utilizing the QA tool title, "Medication Lab Monitoring Tool." This is a new QA tool. The Director of Clinical Operations in-serviced the Administrator, Director of nursing, Assistant Director of Nursing and Risk Manager on the proper use of the tool on February 6, 2015. This tool will be completed by the Administrator for each QA meeting beginning with the next routine QA meeting. In the absence of the Administrator, this task may be completed by the Director of Nursing, Assistant Director of Nursing or the Risk Manager. Completed Date: F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN Specific corrective action(s) taken to remove the deficient practice for the affected resident(s): RESIDENT #1 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for CMP and Thyroid panel. MD order received for CMP and Thyroid panel, entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse	03/02/2015	

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F 281	<p>Continued From page 11</p> <p>written order to increase Levothroid to 75 mcg daily and recheck labs in three (3) months. Review of the Physician's Orders, dated 01/2015, revealed the resident received Levothroid (thyroid medication) 75 mcg daily. Further record review revealed no documented evidence laboratory tests were completed or the physician was made aware that the resident's thyroid level was not rechecked as ordered on 09/24/14.</p> <p>Interview with the Director of Nursing (DON), on 02/08/15 at 2:00 PM, revealed there were no other thyroid levels available for Unsampled Resident A. She stated the last documented thyroid level for the resident was dated 09/24/14. The DON stated she was unaware the labs had not been obtained as ordered.</p> <p>7. Record review revealed the facility admitted Unsampled Resident B on 10/29/14 with diagnoses which included Hypothyroidism. Review of the Physician's Orders, dated 02/2015, revealed Synthroid 25 mcg daily. Further review of the Physician's Orders revealed no documented evidence a thyroid level was ordered for the resident. Review of the monthly Consultant Pharmacist's review revealed no documented evidence of reminders that the resident needed a thyroid level.</p> <p>Interview with Unsampled Resident B's Physician, on 02/05/15 at 9:05 AM, revealed she expected the facility to notify the physician if the resident took medications which required routine monitoring or if there was no physician's order. She revealed her expectations were to monitor the resident's thyroid labs yearly if stable. She also revealed she recommended a baseline thyroid check annually for all of her residents,</p>	F 281	<p>2/6/15 Labs for CMP and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #6 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for Digoxin levels as well as no lipid profile. MD order received for Digoxin levels and lipid profile obtained by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs for Digoxin lipid profile obtained. MD notified by RN Charge Nurse #1 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #2 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for LIPIDS and TSH. MD orders received for LIPIDS and TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for LIPIDS and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #4 2/6/15 MD notified that labs were missed for previous lab draw and no lab order for TSH. MD orders received for TSH. Notification and entry made by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of missed lab draw and that the facility protocols were not followed as well as new lab draw order by Assistant Director of Nursing</p>		

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F 281	<p>Continued From page 12 even those without a diagnosis.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 02/04/15 at 2:30 PM, revealed the facility did not have a system in place to ensure adequate monitoring of medications or to ensure laboratory drug levels were obtained as ordered by the medical provider. She revealed each resident's Medication Administration Record was reviewed monthly, but they do not check to ensure the labs were being completed as ordered, or if the residents have the necessary labs order. Lab orders were separate from the MAR so they were not reviewed.</p> <p>Interview with the Director of Nursing (DON), on 02/04/15 at 4:25 PM, revealed she did not conduct internal audits of Physician's Orders related to laboratory work. She stated if the physician wanted a lab, he or she would order it. The DON stated the pharmacy audit completed monthly should have picked up on the errors. She also stated she mailed out the pharmacy audits monthly after they were completed; however, she did not have any type of internal tracking in place to follow up with the recommendations.</p> <p>Interview with the Pharmacy Consultant on 02/04/15 at 3:50 PM, revealed that at the point of admission the admitting nurse should at the very least review the medications and note any medication that require a lab level for monitoring and notify the medical provider at that time.</p> <p>Interview with Director of Clinical Operations on 02/05/15 at 9:00 AM, revealed the Administrative</p>	F 281	<p>2/6/15 Labs obtained for CBC, CMP and TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT #7 2/5/15 MD notified by Assistant Director of Nursing regarding no lab order for TSH. MD orders obtained for TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Lab obtained for TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT (A) 2/6/15 MD notified by Director of Nursing that labs were missed for previous lab draw 2/6/15 Legal Representative was notified of missing lab draw and that facility failed to follow protocol. Legal Representative was also made aware that lab was obtained by Director of Nursing 2/6/15 Labs were obtained for TSH. MD notified by LPN Charge Nurse and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse</p> <p>RESIDENT (B) 2/6/15 MD notified by Assistant Director of Nursing of no lab order for TSH and orders obtained for Thyroid panel entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing</p>		

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F 281	Continued From page 13 Nurses were responsible for transcribing the Physician's Orders upon admission to the facility and were responsible to make sure labs were done as required for specific medications. Interview with the Medical Director, on 02/05/15 at 1:35 PM, revealed the facility should ensure an order was obtained for all required lab tests. He further stated obviously there was a problem that needed to be addressed related to not following through with Physician's Orders, and notifying the medical provider about the need to obtain lab orders. Interview with the Administrator, on 02/05/15 at 12:22 PM, revealed the DON was responsible for reviewing and following up on pharmacy recommendations. He further revealed the Administrative Nurses (DON and ADON) were also responsible for entering the Physician's Orders for all new admissions and re-admissions to the facility. He stated the Administrative Nurses rely on pharmacy to do the audits and make the recommendations for medication changes and lab monitoring. He further stated his expectations were if a lab test was not completed, it should be completed as soon as it was identified and the primary physician should be notified. He also stated the facility had morning meetings with the management team to discuss new orders and resident changes in condition, but the resident's medical record was not brought to the meeting for review.	F 281	2/6/15 Labs obtained for TSH. MD notified by Assistant Director of Nursing and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse #1 An abbreviated QA Meeting was held on February 6, 2015 to understand the root cause of the deficient practice and to create an action plan to address the issues going forward. Those in attendance included: Administrator; Director of Clinical Operations Consultant; Director of Nursing; Assistant Director of Nursing; and Risk Manager Training: Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager were all in-serviced on the revised "Medications Requiring Lab Monitoring" policy and "Lab Requisition Protocol" by the Director of Clinical Operations consultant on February 6, 2015.		
F 282 SS=E	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	F 282	All licensed nursing staff (RNs/LPNs) were in-serviced on the revised "Medications Requiring Lab Monitoring" policy and "Lab Requisition Protocol" prior to returning to the floor by the Director of Nursing on February 6, 2015. No agency or contracted charge nurses are currently employed by the facility. All licensed nursing staff (RNs/LPNs) were in-serviced on protocols for standing lab orders per physician by Director of Nursing on February 6, 2015. No agency or contracted charge nurses are currently employed by the facility. All licensed nursing staff (RN/LPNs) and Certified Medication Aides were educated on		

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F 282	<p>Continued From page 14 accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedures, it was determined the facility failed to ensure care was provided in accordance with the plan of care for (5) of ten (10) sampled residents (Residents #1, #2, #4, #6, and #7); and, two (2) unsampled residents (Unsampled Residents A and B).</p> <p>The facility failed to implement the plan of care to obtain laboratory drug levels for residents who were receiving Synthroid (thyroid medication), and Digoxin (heart medication), and cholesterol medication; and other routine lab tests (Complete Blood Counts, Basic Metabolic Panels, Lipid Profiles). Additionally, the facility failed to inform the attending physicians about the Pharmacy Medication Regimen Review recommendations related to obtaining appropriate lab orders for residents not receiving routine lab monitoring.</p> <p>The findings include: Review of the facility's policy titled, "Comprehensive Care Plan", (undated), revealed it is the policy of the facility to strive to ensure residents are provided with a care plan. Upon admission, initial care plans will be developed by nursing staff to strive to ensure nursing staff are aware of the support for which the resident needs to be provided. The Comprehensive Care plan will be periodically reviewed and revised by a team of qualified persons periodically.</p>	F 282	<p>Digoxin toxicity and protocol by the Director of Nursing on February 6, 2015. No agency or contracted charge nurses or are currently employed by the facility. The "Medications Requiring Lab Monitoring" policy, "Lab Requisition Protocol" and "Protocols for Standing Lab Order per Physician" will be provided to newly hired licensed staff members (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible. The "Digoxin Toxicity and Protocol" will be provided to newly hired licensed staff members and newly hired Certified Medication Aides (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>Monitoring: During the Interdisciplinary Team (IDT) meeting (meets weekly on an ongoing basis) the facility will review all new resident charts (any resident that has admitted since the last IDT review) to ensure there are no discrepancies with lab orders with any medications requiring lab monitoring. (The members of the IDT include: Administrator, Director of Nursing, Assistant Director of Nursing, Risk Manager, Social Services Director and Dietary Services Manager.) Any discrepancies will addressed immediately and proper notifications will be made per the "Physician/Legal Representative Notification" policy. This process will be directed by the Director of Nursing. In the absence of the</p>		

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F 282	<p>Continued From page 15</p> <p>1. Record review revealed the facility admitted Resident #8 on 12/31/14 with diagnoses which included New Onset Atrial Fibrillation and Hyperlipidemia.</p> <p>Review of the Physician's Orders, dated 02/2015, revealed Lipitor (cholesterol medication) 40 mg daily and Lanoxin (heart medication) 0.125 mg daily. The documented start date for both medications was 12/31/14.</p> <p>Review of the resident's Plan of Care, dated 01/19/15, revealed Interventions were in place to obtain and monitor lab/diagnostic work as ordered. Report results to medical provider and follow up as indicated. However, further review of the February 2015 Physician Orders revealed there was no written order for lab work to monitor the resident's Digoxin (heart medication) level or cholesterol level.</p>	F 282	<p>Director of Nursing, it will be directed by the Assistant Director of Nursing.</p> <p>The Director of Nursing (In the absence of the Director of Nursing, the Assistant Director of Nursing will assume responsibility) will review nurse's notes each business day for the previous day and follow-up on any new orders received relating to medications that require lab monitoring. If specific orders were not obtained by the charge nurse, the Director of Nursing will immediately correct the issue (in the absence of the Director of Nursing, the Assistant Director of Nursing assume responsibility). On holidays and weekends, the review will be completed by the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing) with the facility issues laptop. This will be in place for three months. At the end of the three months, the Director of Nursing will provide training to the charge nurses requiring the charge nurses to review the nurse's notes during shift report to identify any issues regarding medications that require lab monitoring to ensure that all orders have been received by the MD. Any issues will be corrected prior to the outgoing nurse exiting the floor. Any issue found will be reported to the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing).</p> <p>A complete audit of all resident lab orders was completed on 2/5/2015 by Assistant Director of Nursing to verify completion of physician orders. Any discrepancies were addressed immediately with proper notification to the MD and Legal Representative.</p> <p>Care plans were reviewed on 2/6/2015 by Assistant Director of Nursing to ensure all drug classifications and lab monitoring were</p>		
	<p>2. Record review revealed the facility admitted Resident #1 on 10/30/08 with diagnoses which included Hypothyroidism.</p> <p>Review of a February 2015 Physician's Orders revealed an order for Synthroid 75 micrograms (mcg) daily with a start date of 10/10/13.</p> <p>Review of the Comprehensive Care Plan, dated 10/22/13, revealed interventions in place to administer thyroid replacement therapy as ordered and to obtain and monitor lab/diagnostic work as ordered. Review of the February 2015 Physician's Orders revealed there was no order for lab work to monitor the resident's thyroid level and review of Resident #1's lab profile revealed the last documented thyroxine level (thyroid profile) was obtained on 03/26/12.</p>				

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F 282	<p>Continued From page 16</p> <p>Interview with Resident #1's Physician, on 02/04/16 at 3:05 PM, revealed he was unaware Resident #1 was not getting Synthroid levels completed. He stated he expected the resident's levels to be checked every six (6) months and if stable, annually.</p> <p>3. Record review revealed the facility admitted Resident #2 on 05/20/14, with diagnoses which included Congestive Heart Failure, Atrial Fibrillation, Hypothyroidism, and Hypertension.</p> <p>Review of the February 2015 Medication Administration Record (MAR), revealed the resident was taking Zocor (cholesterol medication) 20 milligrams (mg) daily and Synthroid 0.1 mg tablet daily.</p> <p>Review of the resident's Plan of Care, dated 06/06/14, revealed interventions in place to administer thyroid replacement as ordered and obtain and monitor lab/diagnostic work as ordered, and report results to the medical provider. However, record review revealed there were no written orders for lab work to monitor the resident's thyroid and cholesterol levels.</p> <p>4. Record review revealed the facility admitted Resident #4 on 08/27/10 with diagnoses which included Thyroid Therapy.</p> <p>Review of the February 2015 MAR revealed the resident received Synthroid 50 mcg daily starting on 04/28/11.</p> <p>Review of the Physician's Orders, dated 02/2015, revealed to obtain a Complete Blood Count (CBC) and Comprehensive Metabolic</p>	F 282	<p>care plan interventions on the diagnosis care plan associated with that medication order. The Assistant Director of Nursing included in the care plans that labs would be drawn per facility standing lab protocol for Resident #: 1, 2, 4, 7, A and B. The Assistant Director of Nursing also updated care plans for Resident #: 6 to include digoxin monitoring per "Digoxin Administration Protocol." The facility ensures that the care plans will be followed with the completion of in-service education on the facility "Standing Lab Orders Per Physician" protocol and the facility "Digoxin Administration Protocol." In-service education was completed on February 6, 2015 by the Director of Nursing to the licensed nurses (RNs/LPNs) and Certified Medication Technicians (only the Digoxin Administration Protocol).</p> <p>The facility will ensure permanent compliance by utilizing the QA tool title, "Medication Lab Monitoring Tool." This is a new QA tool. The Director of Clinical Operations in-serviced the Administrator, Director of nursing, Assistant Director of Nursing and Risk Manager on the proper use of the tool on February 6, 2015. This tool will be completed by the Administrator for each QA meeting beginning with the next routine QA meeting. In the absence of the Administrator, this task may be completed by the Director of Nursing, Assistant Director of Nursing or the Risk Manager.</p> <p>Completed date:</p>	03/02/2015	

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F 282	<p>Continued From page 17 Panel (CMP) every six (6) months.</p> <p>Review of the resident's Plan of Care, dated 01/23/14, revealed there were interventions in place to monitor for signs and symptoms of the disease (Hyperthyroidism), and to monitor document and report any changes in the resident and obtain labs as ordered and to report abnormal labs to the medical provider. However, record review revealed there were no written orders for lab work to monitor the resident's thyroid levels and review of the resident's lab results revealed the last CBC and CMP was completed on 08/30/14.</p> <p>5. Record review revealed the facility admitted Resident #7 on 01/28/15 with diagnoses which included Hypothyroidism.</p> <p>Review of the resident's January 2015 MAR revealed an order for Synthroid (thyroid medication) 75 mcg daily with a documented start date of 01/28/15.</p> <p>Review of the resident's Interim Plan of Care, dated 01/28/15, revealed interventions were in place to obtain labs as ordered; however, further review of the Physician's Orders revealed there was no order to obtain a thyroid level.</p> <p>6. Record review revealed the facility admitted Unsampled Resident A on 03/18/14 with diagnoses which included Hypothyroidism.</p> <p>Review of Unsampled Resident A's Comprehensive Care Plan, dated 04/02/14, revealed interventions were in place to obtain and monitor lab/diagnostic work as ordered by the medical provider.</p>	F 282	<p>F 329 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Specific corrective action(s) taken to remove the deficient practice for the affected resident(s):</p> <p>RESIDENT #1 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for CMP and Thyroid panel. MD order received for CMP and Thyroid panel, entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for CMP and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #6 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for Digoxin levels as well as no lipid profile. MD order received for Digoxin levels and lipid profile obtained by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs for Digoxin lipid profile obtained. MD notified by RN Charge Nurse #1 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #2 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for LIPIDS and TSH. MD orders received for LIPIDS and TSH and entered by Assistant Director of Nursing</p>		

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F 282	<p>Continued From page 18</p> <p>Review of lab results, dated 09/23/14, revealed the physician had documented on the report to increase the resident's Levothroid to 75 mcg daily and recheck the labs in three (3) months. Review of the Physician's Order, dated 09/23/14, revealed the order was written to increase the Levothroid (thyroid medication) to 75 mcg daily however, there was no order written to recheck the lab in three (3) months.</p> <p>Interview with the Director of Nursing (DON), on 02/06/15 at 2:00 PM, revealed the last documented thyroid level for the resident was dated 09/24/14 and there were was no other thyroid levels available for Unsampled Resident A. The DON stated she was unaware the labs were not obtained as ordered..</p> <p>7. Record review revealed the facility admitted Unsampled Resident B on 10/29/14 with diagnoses which included Hypothyroidism.</p> <p>Review of the February 2015 Physician's Orders revealed the resident was ordered Synthroid 25 mcg daily.</p> <p>Review of the resident's Plan of Care, dated 11/14/14, revealed an intervention in place to monitor lab work and report abnormal labs to the medical provider; however, further review of the Physician's Orders revealed there was no order to obtain thyroid levels.</p> <p>Interview with the ADON, on 02/06/15 at 12:00 PM, revealed the residents' care plans were initiated upon admission by the Minimum Data Set (MDS) Coordinator after completion of the assessment. She revealed after it was</p>	F 282	<p>2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for LIPIDS and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #4 2/6/15 MD notified that labs were missed for previous lab draw and no lab order for TSH. MD orders received for TSH. Notification and entry made by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of missed lab draw and that the facility protocols were not followed as well as new lab draw order by Assistant Director of Nursing 2/6/15 Labs obtained for CBC, CMP and TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT #7 2/5/15 MD notified by Assistant Director of Nursing regarding no lab order for TSH. MD orders obtained for TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Lab obtained for TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT (A) 2/6/15 MD notified by Director of Nursing that labs were missed for previous lab draw 2/6/15 Legal Representative was notified of missing lab draw and that facility failed to follow protocol. Legal Representative was also made aware that lab was obtained by</p>		

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F 282	Continued From page 19 completed, it was put into the point click care system. She stated the care plans were updated quarterly and as needed. She indicated she expected the staff to follow the care plan interventions as written and notify the medical provider whenever indicated. Interview with the DON, on 02/06/15 at 12:10 PM, revealed her expectation was for all staff to follow the interventions on the resident's plan of care as written. Interview with the Administrator, on 02/06/15 at 12:40 PM, revealed his expectation was that all staff should follow the resident's plan of care at all times and notify the medical provider as indicated.	F 282	Director of Nursing 2/6/15 Labs were obtained for TSH. MD notified by LPN Charge Nurse and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse RESIDENT (B) 2/6/15 MD notified by Assistant Director of Nursing of no lab order for TSH and orders obtained for Thyroid panel entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs obtained for TSH. MD notified by Assistant Director of Nursing and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse #1		
F 329 SS=E	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and	F 329	The Assistant Director of Nursing completed an audit on February 6, 2015 where all residents that had the potential to be affected by the same deficient practice were reviewed to ensure that all medications requiring lab monitoring were correctly set-up and being followed per Physician protocol/orders. All issues were addressed immediately. An abbreviated QA Meeting was held on February 6, 2015 to understand the root cause of the deficient practice and to create an action plan to address the issues going forward. Those in attendance included: Administrator; Director of Clinical Operations Consultant; Director of Nursing; Assistant Director of Nursing; and Risk Manager		

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F 329	<p>Continued From page 20</p> <p>behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policies, it was determined the facility failed to ensure adequate monitoring of medications for five (5) of ten (10) sampled residents (Residents #1, #2, #4, #6 and #7) and two unsampled residents (Resident A and B).</p> <p>The facility failed to provide laboratory monitoring of drug levels related to Synthroid (thyroid medication), for Residents #1, #2, and #4 and Unsampled Resident A and B; Digoxin (heart medication) for Resident #6, and cholesterol levels for Residents #2.</p> <p>The findings include:</p> <p>Review of the facility's policy, titled "Labs", (undated), revealed it was the facility's policy " ... to strive to ensure that labs are obtained as indicated per physician's orders."</p> <p>Review of the facility's policy titled, "Medications Requiring Lab Monitoring", dated 08/10/00, revealed some of the medication levels that needed monitoring were Digoxin, thyroid medications, diuretics, and anticoagulants. Newly admitted residents on one of the listed medications (Digoxin, Thyroid medications,</p>	F 329	<p>Training: The Director of Clinical Operations completed in-service training on "Pharmacy Recommendations Policy - obtaining MD orders, reconciling pharmacy recommendations, missed lab order procedure, QA pharmacy recommendation, review of all pharmacy recommendations by Director of Nursing prior to going to be filed" with the Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager on February 6, 2015. Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager were in-serviced on the "Lab Requisition Protocol" by the Director of Clinical Operations consultant on February 6, 2015. All licensed nursing staff (RNs/LPNs) were in-serviced on the "Lab Requisition Protocol" prior to returning to the floor by the Director of Nursing February 6, 2015. No agency or contracted charge nurses are currently employed by the facility.</p> <p>The "Lab Requisition Protocol" will be provided to newly hired licensed staff members (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>Monitoring: Assistant Director of Nursing (or the Risk Manager in the absence of the Assistant Director of Nursing) will complete a monthly pharmacy recommendation audit on at least 25% of the current day census to ensure ongoing compliance on a permanent basis. A QA tool will be used to review resident records and to ensure that compliance is maintained. Any discrepancies will be</p>		

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F 329	<p>Continued From page 21</p> <p>Diuretics, and Anticoagulants) or any resident who has one of the medications newly ordered should have accompanying orders for monitoring of lab levels. If no lab orders were received with the medication order, it was the responsibility of the nurse receiving the medication order to call and request orders for lab monitoring from the attending physician. Further review revealed the frequency of lab monitoring was determined at the discretion of the attending physician and/or consulting pharmacist.</p> <p>1. Record review revealed the facility admitted Resident #1 on 10/30/08, with diagnoses which included Hypothyroidism.</p> <p>Review of a Physician's Order, dated February 2015, revealed an order for Synthroid 75 micrograms (mcg) daily with a start date of 10/10/13. Further review revealed there was no order for lab work to monitor the resident's thyroid level. Review of Resident #1's lab profile revealed the last documented thyroxine level (thyroid profile) was obtained on 03/28/12.</p> <p>Review of the Consultant Pharmacist Medication Review, dated March 2012, revealed an entry indicating the resident was receiving Thyroid Levels (TSH) every three (3) months. They were documented as being completed on 09/2011, 12/2011 and 03/2012. Further review of the monthly Consultant Pharmacist Medication Review, dated 01/26/15, revealed no documented evidence the pharmacist had identified the resident had not had a thyroid level obtained since 03/2012.</p> <p>Interview with the Director of Nursing (DON) on 02/04/15 at 4:25 PM, revealed she was not sure</p>	F 329	<p>immediately addressed and the proper notifications will be made per the "Physician/Legal Representative Notification" policy.</p> <p>Director of Nursing (or the Risk Manager in the absence of the Director of Nursing) will utilize a lab QA tool to monitor lab completion monthly on a permanent basis. The sample size will be at least 25% of the current day census. Any discrepancies will be immediately addressed and the proper notifications will be made per the "Physician/Legal Representative Notification" policy.</p> <p>The Risk Manager will also complete a pharmacy recommendation audit prior to each QA meeting (which meets at least quarterly). The Risk Manager will select a sample size of 1/3 of the average census for the previous three months. The audit will include reviewing to ensure: pharmacy recommendations have been reviewed; orders for labs to be drawn has been obtained; physician notification related to labs/pharmacy requisitions has been completed; family notification related to labs/pharmacy requisitions has been completed; verification by checking nursing notes/shift reports that any event requiring physician notification has been completed; and verification by checking nurse's notes/shift reports that any event requiring responsible party notification has been completed.</p> <p>The licensed pharmacist consultant will provide a detailed report to the Administrator, Director of Nursing and Assistant Director of Nursing after each visit with all recommendations. The licensed pharmacist consultant will also provide a follow-up report after each visit of any unresolved issues from the previous visit to the Administrator, Director of Nursing and Assistant Director of</p>	

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F 329	Continued From page 22 how Resident #1's labs were missed. She stated the resident had changed medical providers in the past and the order for the lab could have possibly been left out during the transition of Physicians' Orders. She revealed when a resident changes medical providers all standing orders were sent to the new physician for review and acceptance. She indicated it was the floor Charge Nurses' responsibility to make sure all Physician's Orders were carried over during the transfer. Interview with Resident #1's Primary Medical Provider, on 02/04/16 at 3:05 PM, revealed he was not aware Resident #1 was not getting Synthroid levels done. He stated he expected the resident's levels to be checked every six (6) months and if stable, annually. He also stated the Pharmacist would inform him when he needed to order labs.	F 329	Nursing. These reports will be reviewed during the next morning meeting (clinical review part) by the Administrator, Director of Nursing and Assistant Director of Nursing to ensure all issues have been resolved. This will be occurring on a permanent basis. Completed date: F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON Specific corrective action(s) taken to remove the deficient practice for the affected resident(s): RESIDENT #1 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for CMP and Thyroid panel. MD order received for CMP and Thyroid panel, entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for CMP and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time. RESIDENT #6 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for Digoxin levels as well as no lipid profile. MD order received for Digoxin levels and lipid profile obtained by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs for Digoxin lipid profile obtained. MD notified by RN Charge Nurse #1 of lab results and no further MD orders received at	03/02/2015	
	2. Record review revealed the facility admitted Resident #2 on 05/20/14, with diagnoses which included Congestive Heart Failure, Atrial Fibrillation, Hypothyroidism and Hypertension. Review of the February 2015 Medication Administration Record (MAR), revealed the resident had been taking Zocor (cholesterol medication) 20 mg daily and Synthroid 0.1 mg tablet daily. Review of the February 2015 Physician's Orders, revealed there were no written orders for lab work to monitor the resident's thyroid and cholesterol levels. Review of the Medication Regimen Review, dated 05/21/14, revealed a notation to order lab work on the resident. Review of a Medication Regimen Review, dated 11/25/14, revealed a				

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F 329	<p>Continued From page 23</p> <p>recommendation for a thyroid level and a lipid panel. Review of the Physician's Orders from 11/25/14 through 02/2015, revealed there was no documented evidence these recommendations had been acted upon.</p> <p>3. Record review revealed the facility admitted Resident #4 on 08/27/10 with diagnoses which included Hypothyroidism.</p> <p>Review of the February 2015 Physician's Orders revealed the resident was receiving Synthroid 50 mcg daily, with a documented start date of 04/28/11; however, further review revealed there was no order for a thyroid level. Review of the laboratory reports revealed there was no documented evidence a Synthroid level was obtained since admission.</p> <p>Review of the Consultant Pharmacist Medication Review, dated January 2015, revealed there was no documented evidence the pharmacist had identified a thyroid level had not been obtained since admission.</p> <p>4. Record review revealed the facility admitted Resident #8 on 12/31/14 with diagnoses which included New Onset Atrial Fibrillation and Hyperlipidemia.</p> <p>Review of the February 2015 Physician's Orders revealed the resident was taking Lipitor (cholesterol medication) 40 milligrams (mg) daily and Digoxin (heart medication) 0.125 mg daily. The documented start date for both medications was 12/31/14. Further review revealed there was no order to monitor the resident's thyroid and Digoxin level.</p>	F 329	<p>this time.</p> <p>RESIDENT #2 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for LIPIDS and TSH. MD orders received for LIPIDS and TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for LIPIDS and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #4 2/6/15 MD notified that labs were missed for previous lab draw and no lab order for TSH. MD orders received for TSH. Notification and entry made by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of missed lab draw and that the facility protocols were not followed as well as new lab draw order by Assistant Director of Nursing 2/6/15 Labs obtained for CBC, CMP and TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT #7 2/5/15 MD notified by Assistant Director of Nursing regarding no lab order for TSH. MD orders obtained for TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Lab obtained for TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p>	

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F 329	<p>Continued From page 24</p> <p>Review of the Consultant Pharmacist Medication Review, dated 01/26/15 revealed a recommendation to obtain a Digoxin level. However, there was no documented evidence that the facility followed up on the recommendation.</p> <p>Interview with Resident # 6's Primary Medical Provider, on 02/05/15 at 9:32 AM, revealed he was not aware of the pharmacy recommendation to order a Digoxin level for the resident. He stated "It was missed by me" and "I need to get that ordered". He revealed the pharmacy recommendations were sent to him and then he would write the orders as needed.</p> <p>5. Record review revealed the facility admitted Resident #7 on 01/26/15 with diagnoses which included Hypothyroidism.</p> <p>Review of the January 2015 MAR revealed the resident was taking Synthroid (thyroid medication) 75 mcg daily with a documented start date of 01/26/15. Further review revealed there was no order for thyroid levels.</p> <p>6. Record review revealed the facility admitted Unsampled Resident A on 03/18/14 with diagnoses which included Hypothyroidism.</p> <p>Review of the January 2015 Physician Orders revealed Unsampled Resident #A was receiving Levothyroid (thyroid medication) 75 mcg daily. Review of lab results, dated 09/23/14, revealed an order written to increase the medication to 75 mcg daily and recheck the labs in three (3) months; however, review of the Physician's Orders and laboratory reports since 09/23/14, revealed no documented evidence the lab work</p>	F 329	<p>RESIDENT (A) 2/6/15 MD notified by Director of Nursing that labs were missed for previous lab draw 2/6/15 Legal Representative was notified of missing lab draw and that facility failed to follow protocol. Legal Representative was also made aware that lab was obtained by Director of Nursing 2/6/15 Labs were obtained for TSH. MD notified by LPN Charge Nurse and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse</p> <p>RESIDENT (B) 2/6/15 MD notified by Assistant Director of Nursing of no lab order for TSH and orders obtained for Thyroid panel entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs obtained for TSH. MD notified by Assistant Director of Nursing and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse #1</p> <p>On February 6, 2015 the Director of Nursing and the Assistant Director Nursing reviewed all resident that had the potential to be affected by the deficient practice. All pharmacy recommendations were reviewed to ensure all outstanding pharmacy recommendations had received proper follow-up and were complete. Any issues were immediately addressed.</p> <p>An abbreviated QA Meeting was held on</p>		

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PRINTED: 03/08/2015
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OMB NO. 0938-0391

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F 329	<p>Continued From page 25 had been completed.</p> <p>7. Record review revealed the facility admitted Unsampled Resident B on 10/29/14 with diagnoses which included Hypothyroidism.</p> <p>Review of February 2015 Physician Orders revealed an order for Synthroid 25 mcg daily. Further review of the Physician's Orders, revealed there was no documented evidence of a thyroid level order for the resident.</p> <p>Review of the Pharmacist's Monthly Medication Regimen Review revealed no documented evidence the Pharmacist identified the resident had not had a cholesterol level since admission.</p> <p>Interview with Unsampled Resident B's Medical Provider, on 02/05/15 at 9:05 AM, revealed she expected the facility to notify her if the resident was taking medications that required routine monitoring and there was no physician's order. She stated the resident's thyroid levels should be obtained annually, if stable. She also revealed that she recommends a baseline thyroid check annually for all her residents even the ones without a diagnosis.</p> <p>Interview with the Assistant Director of Nursing (ADON), on 02/04/15 at 2:30 PM, revealed the facility did not have a system in place to ensure adequate monitoring of medications. She stated each resident's Medication Administration Records are reviewed monthly, but they do not check to make sure the labs are being completed as ordered or if the residents have the necessary labs orders. She revealed lab orders were separate from the MAR so they were not reviewed.</p>	F 329	<p>February 6, 2015 to understand the root cause of the deficient practice and to create an action plan to address the issues going forward. Those in attendance included: Administrator; Director of Clinical Operations Consultant; Director of Nursing; Assistant Director of Nursing; and Risk Manager</p> <p>Training: The Director of Clinical Operations completed in-service training on "Pharmacy Recommendations Policy – obtaining MD orders, reconciling pharmacy recommendations, missed lab order procedure, QA pharmacy recommendation, review of all pharmacy recommendations by Director of Nursing prior to going to be filed" with the Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager on February 6, 2015.</p> <p>Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager were in-serviced on the "Lab Requisition Protocol" by the Director of Clinical Operations consultant on February 6, 2015.</p> <p>All licensed nursing staff (RNs/LPNs) were in-serviced on the "Lab Requisition Protocol" prior to returning to the floor by the Director of Nursing February 6, 2015. No agency or contracted charge nurses are currently employed by the facility.</p> <p>The "Lab Requisition Protocol" will be provided to newly hired licensed staff members (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>Monitoring: Assistant Director of Nursing (or the Risk</p>		

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F 329	Continued From page 26 Interview with the Pharmacy Consultant on 02/04/15 at 3:50 PM, revealed he completes a pharmacy review monthly on all residents. He stated that after he completes the reviews he places the recommendations in the DON's mail box, unless it's something that he thinks needs immediate attention then he takes it to the Charge Nurse working that day. He revealed his expectations were that when a resident was admitted to the facility on a medication that required monitoring, the nurse needed to make the medical provider aware if there was not an order on the chart to obtain a level. He also indicated that he expected the thyroid levels to be completed at least annually on all residents receiving medication. Interview with Director of Nursing (DON) on 02/04/15 at 4:25 PM, revealed she did not conduct internal audits of Physician's Orders related to lab work. She stated if the physician wanted a lab they would order it. The DON stated the pharmacy audit that was completed monthly should have picked up on the omission of the lab orders. She revealed she mailed out the pharmacy audits weekly after they were completed; however, she did not have any type of internal tracking in place to follow up with the recommendations. Interview with the Administrator on 02/05/15 at 12:22 PM, revealed the DON was responsible for pharmacy recommendations, that after the pharmacist completed his audits the DON receives a copy of the recommendations. He further revealed the Administrative Nurses (DON and the ADON) were also responsible for entering the Physician's Orders for all new admissions and	F 329	Manager in the absence of the Assistant Director of Nursing) will complete a monthly pharmacy recommendation audit on at least 25% of the current day census to ensure ongoing compliance on a permanent basis. A QA tool will be used to review resident records and to ensure that compliance is maintained. Any discrepancies will be immediately addressed and the proper notifications will be made per the "Physician/Legal Representative Notification" policy. Director of Nursing (or the Risk Manager in the absence of the Director of Nursing) will utilize a lab QA tool to monitor lab completion monthly on a permanent basis. The sample size will be at least 25% of the current day census. Any discrepancies will be immediately addressed and the proper notifications will be made per the "Physician/Legal Representative Notification" policy. The Risk Manager will also complete a pharmacy recommendation audit prior to each QA meeting (which meets at least quarterly). The Risk Manager will select a sample size of 1/3 of the average census for the previous three months. The audit will include reviewing to ensure: pharmacy recommendations have been reviewed; orders for labs to be drawn has been obtained; physician notification related to labs/pharmacy requisitions has been completed; family notification related to labs/pharmacy requisitions has been completed; verification by checking nursing notes/shift reports that any event requiring physician notification has been completed; and verification by checking nurse's notes/shift reports that any event requiring responsible party notification has been completed. The licensed pharmacist consultant will	

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F 428	<p>Continued From page 28 pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined the facility failed to ensure the pharmacist identified irregularities related to the need for thyroid levels and failed to ensure the pharmacist's monthly medication regimen review recommendations were reported to the physician and acted upon for five (5) of ten (10) sampled residents (Resident #1, Resident #2, Resident #4, Resident #8 and Resident #7; and, one (1) unsampled resident (Unsampled Resident B).</p> <p>The facility failed to ensure Resident #2, Resident #4 and Resident #8's pharmacy recommendations for labs were acted upon related to receiving Digoxin, Synthroid, and/or Cholesterol medication, and failed to ensure the Pharmacist identified the need for thyroid levels for Resident #1, #7 and Unsampled Resident B.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Medications Requiring Lab Monitoring", dated 08/10/00, revealed some of the medication levels that needed monitoring were Digoxin, thyroid medications, diuretics, and anticoagulants. Newly</p>	F 428	<p>obtained by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs for Digoxin lipid profile obtained. MD notified by RN Charge Nurse #1 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #2 2/5/15 MD notified by Assistant Director of Nursing regarding no lab orders for LIPIDS and TSH. MD orders received for LIPIDS and TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by RN Charge Nurse 2/6/15 Labs for LIPIDS and TSH obtained. MD notified by LPN Charge Nurse #2 of lab results and no further MD orders received at this time.</p> <p>RESIDENT #4 2/6/15 MD notified that labs were missed for previous lab draw and no lab order for TSH. MD orders received for TSH. Notification and entry made by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of missed lab draw and that the facility protocols were not followed as well as new lab draw order by Assistant Director of Nursing 2/6/15 Labs obtained for CBC, CMP and TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT #7 2/5/15 MD notified by Assistant Director of Nursing regarding no lab order for TSH. MD orders obtained for TSH and entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware</p>		

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OMB NO. 0938-0391

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F 428	<p>Continued From page 29</p> <p>admitted residents on one of the listed medications (Digoxin, Thyroid medications, Diuretics, and Anticoagulants) or any resident who has one of the medications newly ordered should have accompanying orders for monitoring of lab levels. If no lab orders were received with the medication order, it was the responsibility of the nurse receiving the medication order to call and request orders for lab monitoring from the attending physician. Further review revealed the frequency of lab monitoring was determined at the discretion of the attending physician and/or consulting pharmacist.</p> <p>Interview with the Administrator, on 02/12/15 at 1:30 PM, revealed the facility did not have a policy in place related to the Pharmacy Consultant providing monthly medication regimen reviews.</p> <p>Review of the facility's Pharmacy Agreement, dated 04/21/08, revealed the pharmacy will provide consultation services as necessary to meet the requirements of the facility as determined mutually by the Administrator and the Pharmacist. Further review revealed the Drug Regimen Review will be accomplished for each nursing facility resident every thirty (30) days.</p> <p>1. Record review revealed the facility admitted Resident #8 on 12/31/14 with diagnoses which included New Onset Atrial Fibrillation and Hyperlipidemia.</p> <p>Review of the Physician's Orders, dated February 2015, revealed an order for Lipitor (cholesterol medication) 40 milligrams (mg) daily and Digoxin (heart medication) 0.125 mg daily. The documented start date for both medications was</p>	F 428	<p>of lab draw order by RN Charge Nurse 2/6/15 Lab obtained for TSH. MD notified by Assistant Director of Nursing of lab results and no further MD orders received at this time.</p> <p>RESIDENT (A) 2/6/15 MD notified by Director of Nursing that labs were missed for previous lab draw 2/6/15 Legal Representative was notified of missing lab draw and that facility failed to follow protocol. Legal Representative was also made aware that lab was obtained by Director of Nursing 2/6/15 Labs were obtained for TSH. MD notified by LPN Charge Nurse and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse</p> <p>RESIDENT (B) 2/6/15 MD notified by Assistant Director of Nursing of no lab order for TSH and orders obtained for Thyroid panel entered by Assistant Director of Nursing 2/6/15 Legal Representative was made aware of lab draw order by Director of Nursing 2/6/15 Labs obtained for TSH. MD notified by Assistant Director of Nursing and MD orders obtained for medication change and to redraw lab Q 3 months. 2/6/15 Legal Representative was made aware of new medication order by LPN Charge Nurse #1</p> <p>An abbreviated QA Meeting was held on February 6, 2015 to understand the root cause of the deficient practice and to create an action plan to address the issues going forward.</p>		

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F 428	<p>Continued From page 30</p> <p>12/31/14. There was no evidence an order was written for Digoxin and cholesterol levels.</p> <p>Review of the Pharmacist's monthly Medication Regimen Review, dated 01/26/15, revealed a recommendation to obtain a Digoxin level, however, there was no documented evidence the facility followed up on the recommendation.</p> <p>Interview with Resident #8's Primary Medical Provider, on 02/05/15 at 9:32 AM, revealed he was not aware of a pharmacy recommendation to order a Digoxin level for the resident.</p> <p>2. Record review revealed the facility admitted Resident #2 on 05/20/14, with diagnoses which included Congestive Heart Failure, Atrial Fibrillation, Hypothyroidism and Hypertension.</p> <p>Review of the February 2015 Medication Administration Record (MAR) revealed the resident had been taking Zocor (cholesterol medication) 20 mg daily and Synthroid 0.1 mg tablet daily since admission.</p> <p>Review of the February 2015 Physician Orders revealed there were no written orders for lab work to monitor the resident's thyroid and cholesterol levels.</p> <p>Review of the Pharmacist's monthly Medication Regimen Review, dated 05/21/14 revealed a notation to order lab work on the resident.</p> <p>Review of a Medication Regimen Review, dated 11/25/14, revealed a recommendation for a thyroid level and a lipid panel. However, review of the resident's February 2015 Physician's Orders revealed no documented evidence these recommendations had been acted upon.</p>	F 428	<p>Those in attendance included: Administrator; Director of Clinical Operations Consultant; Director of Nursing; Assistant Director of Nursing; and Risk Manager</p> <p>Training: The Director of Clinical Operations reviewed the Nursing Home Administrator Job Description with the Administrator on February 6, 2015 to review the responsibilities of the Administrator and to ensure that the Administrator understood that it is his/her responsibility to ensure regulatory compliance for the agency on an ongoing basis. Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager were in-serviced on the revised "Physician/Legal Representative Notification" policy by the Director of Clinical Operations consultant on February 6, 2015.</p> <p>All licensed nursing staff (RNs/LPNs) were in-serviced on the revised "Physician/Legal Representative Notification" policy prior to returning to the floor by the Director of Nursing on February 6, 2015. No agency or contracted charge nurses are currently employed by the facility.</p> <p>The "Physician/Legal Representative Notification" policy will be provided to newly hired licensed staff members (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible. Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager were all in-serviced on the revised "Medications Requiring Lab Monitoring" policy and "Lab Requisition Protocol" by the Director of Clinical Operations consultant on February 6,</p>		

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F 428	<p>Continued From page 31</p> <p>3. Record review revealed the facility admitted Resident #4 on 08/27/10 with diagnoses which included Hypothyroidism.</p> <p>Review of the February 2015 Medication Administration Record (MAR) revealed the resident was receiving Synthroid 50 mcg daily, with a documented start date of 04/28/11; however, review of the laboratory reports revealed there was no documented evidence a thyroid level was obtained since admission.</p> <p>Review of the January 2015 Pharmacy Notification revealed there was no evidence the Pharmacist had identified there was the need for a thyroid level during the medication review process.</p> <p>4. Record review revealed the facility admitted Resident #1 on 10/30/08, with diagnoses which included Hypothyroidism.</p> <p>Review of a February 2015 Physician's Orders, revealed an order for Synthroid (thyroid medication), 75 mcg daily with a start date of 10/10/13.</p> <p>Review of Resident #1's lab profile revealed the last documented thyroxine level (thyroid profile) was obtained on 03/26/12. Review of the Physician's Orders, dated February 2015, revealed there was no order for lab work to monitor the resident's thyroid level.</p> <p>Review of the Pharmacist's monthly Medication Regimen Review, dated 01/2015, revealed there was no documented evidence the Pharmacist had identified the resident needed a Synthroid</p>	F 428	<p>2015.</p> <p>All licensed nursing staff (RNs/LPNs) were in-serviced on the revised "Medications Requiring Lab Monitoring" policy and "Lab Requisition Protocol" prior to returning to the floor by the Director of Nursing on February 6, 2015. No agency or contracted charge nurses are currently employed by the facility.</p> <p>All licensed nursing staff (RNs/LPNs) were in-serviced on protocols for standing lab orders per physician by Director of Nursing on February 6, 2015. No agency or contracted charge nurses are currently employed by the facility.</p> <p>All licensed nursing staff (RN/LPNs) and Certified Medication Aides were educated on Digoxin toxicity and protocol by the Director of Nursing on February 6, 2015. No agency or contracted charge nurses or are currently employed by the facility.</p> <p>The "Medications Requiring Lab Monitoring" policy, "Lab Requisition Protocol" and "Protocols for Standing Lab Order per Physician" will be provided to newly hired licensed staff members (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>The "Digoxin Toxicity and Protocol" will be provided to newly hired licensed staff members and newly hired Certified Medication Aides (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>The Director of Clinical Operations completed in-service training on "Pharmacy</p>		

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F 428	<p>Continued From page 32 level.</p> <p>Interview with Resident #1 Primary Medical Provider, on 02/04/16 at 3:05 PM, revealed he was not aware Resident #1 was not getting Synthroid levels done. He stated the Pharmacy Review would identify and inform him when he needed to order labs and one (1) of us should have noticed it.</p> <p>5. Record review revealed the facility admitted Resident #7 on 01/26/15 with diagnoses which included Hypothyroidism.</p> <p>Review of the February 2015 MAR revealed the resident was taking Synthroid (thyroid medication) 75 mcg daily with a documented start date of 01/26/15. Review of the January 2015 Physician's Orders, revealed no documented evidence a lab order had been obtained to check the resident's Synthroid level.</p>	F 428	<p>Recommendations Policy – obtaining MD orders, reconciling pharmacy recommendations, missed lab order procedure, QA pharmacy recommendation, review of all pharmacy recommendations by Director of Nursing prior to going to be filed" with the Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager on February 6, 2015.</p> <p>Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager were in-serviced on the "Lab Requisition Protocol" by the Director of Clinical Operations consultant on February 6, 2015.</p> <p>All licensed nursing staff (RNs/LPNs) were in-serviced on the "Lab Requisition Protocol" prior to returning to the floor by the Director of Nursing February 6, 2015. No agency or contracted charge nurses are currently employed by the facility.</p> <p>The "Lab Requisition Protocol" will be provided to newly hired licensed staff members (as well as any agency or contracted employees) in orientation by the Director of Nursing prior to being released to work independently. In the absence of the Director of Nursing, the Assistant Director of Nursing will be responsible.</p> <p>Monitoring: The Director of Clinical Operations will perform an audit on the Pharmacy Recommendations monthly as well as review all audits being completed by the Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager. This will be conducted for at least six months. The Director of Clinical Operations will perform an audit on labs monthly as well as review all audits being completed by the Administrator, Director of Nursing, Assistant Director of Nursing and Risk Manager. This</p>	
	<p>Review of the Pharmacist's monthly Medication Regimen Review, dated 02/2015, revealed there was no documented evidence the Pharmacist had identified the need for a thyroid level.</p> <p>6. Record review revealed the facility admitted Unsampled Resident B on 10/29/14 with diagnoses which included Hypothyroidism.</p> <p>Review of the February 2015 Physician Orders revealed an order for Synthroid 25 mcg daily with a start date of 10/29/14. Further review of the Physician's Orders dated 02/2015, revealed no documented evidence of a thyroid level order for the resident.</p> <p>Review of the Pharmacist's monthly Medication</p>			

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F 428	<p>Continued From page 33</p> <p>Regimen Review, dated 02/2015, revealed there was no documented evidence the Pharmacist identified the need for a thyroid level.</p> <p>Interview with Resident #B's Medical Provider, on 02/05/15 at 9:05 AM, revealed her expectations were that the facility should notify the physician if the resident was taking medications that required routine monitoring and there was not a Physician's Order. She stated she expected the resident's thyroid labs to be completed yearly, if stable.</p> <p>Interview with the Pharmacy Consultant on 02/04/15 at 3:50 PM, revealed he completes a pharmacy review monthly on all residents. He revealed that after he completes the reviews he places the recommendations in the DON's mail box, unless it something that he thinks needs immediate attention then he takes it to the charge nurse working that day. He revealed he expected that when a resident was admitted to the facility on a medication that required monitoring, the nurse should make the medical provider aware if there was not an order on the chart to obtain a level. He also indicated that he expected thyroid levels to be completed at least annually on all residents receiving medication.</p> <p>Interview with the Asslstant Director of Nursing (ADON) on 02/04/15 at 4:25 PM, revealed the Director of Nursing was responsible for making sure the pharmacy recommendations were carried out each month.</p> <p>Interview with Director of Nursing (DON), on 02/04/15 at 4:30 PM, revealed she was the one responsible for following up on the pharmacy recommendations. She stated the facility has an</p>	F 428	<p>will be conducted for at least six months.</p> <p>The Director of Nursing (in the absence of the Director of Nursing, the Assistant Director of Nursing will assume responsibility) will review nurse's notes each business day and follow-up on any new orders to ensure that all MD/resident/resident representative notifications were made per the revised policy. This will be a permanent task. On holidays and weekends, the review will be completed by the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing) with the facility issued laptop. This will be in place for three months. At the end of three months, the Director of Nursing will provide training to the charge nurses requiring the charge nurses to review the nurse's notes during shift report to identify any issues regarding Physician/Legal Representative Notification and to correct the issue prior to the outgoing nurse exiting the floor. Any issue found will be reported to the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing). The Director of Nursing will utilize the "Pharmacy Recommendations and Notification Audit Tool" to document findings. Any discrepancies will be addressed immediately and proper notifications will be made per the "Physician/Legal Representative Notification" policy.</p> <p>A QA tool, "Pharmacy Recommendations and Notification Audit Tool" has been implemented to ensure ongoing compliance. The QA tool will be completed by the Risk Manager two times per week for four weeks. Once ongoing compliance has been established, the QA tool will be completed monthly by the Risk Manager. If the Risk Manager is unable to complete the QA tool,</p>	

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PRINTED: 03/06/2015
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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42066		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 428	Continued From page 34 agreement with the pharmacist at the local drug store to provide monthly medication regimen review for the residents in the facility. She revealed the review was completed monthly on all residents, and the results were placed in her mail box. She stated the recommendations were then placed in a self addressed envelope and mailed to each physician. She revealed the recommendations were returned to the facility and the Physician's Orders were followed up on by her or someone she delegated to complete the task. She stated the facility did not have a system in place to monitor the medication regimen review results when they were returned to the facility to determine if the physician was responding to the recommendations. In addition, she stated the facility was not conducting any kind of internal audits or monitoring of the process to determine if residents' medications were monitored with labs.	F 428	the responsibility will be shifted to the Director of Nursing. During the Interdisciplinary Team (IDT) meeting (meets weekly on an ongoing basis) the facility will review all new resident charts (any resident that has admitted since the last IDT review) to ensure there are no discrepancies with lab orders with any medications requiring lab monitoring. (The members of the IDT include: Administrator, Director of Nursing, Assistant Director of Nursing, Risk Manager, Social Services Director and Dietary Services Manager.) Any discrepancies will be addressed immediately and proper notifications will be made per the "Physician/Legal Representative Notification" policy. This process will be directed by the Director of Nursing. In the absence of the Director of Nursing, it will be directed by the Assistant Director of Nursing. The Director of Nursing (in the absence of the Director of Nursing, the Assistant Director of Nursing will assume responsibility) will review nurse's notes each business day for the previous day and follow-up on any new orders received relating to medications that require lab monitoring. If specific orders were not obtained by the charge nurse, the Director of Nursing will immediately correct the issue (in the absence of the Director of Nursing, the Assistant Director of Nursing assume responsibility). On holidays and weekends, the review will be completed by the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing) with the facility issues laptop. This will be in place for three months. At the end of the three months, the Director of Nursing will provide training to the charge nurses requiring the charge nurses to review the nurse's notes		
F 490	Interview with Medical Director, on 02/05/15 at 1:35 PM, revealed there was a problem that needed to be addressed related to not following through with Physicians' Orders and notifying medical providers of the pharmacist's recommendation results. Interview with the Administrator on 02/06/15 at 9:00 AM, revealed the pharmacist has never mentioned a problem with the reviews. He stated the facility did not get a report from the pharmacist so there was no way to ensure follow-up on the recommendations. He revealed the facility had a meeting with the pharmacist in November 2014 and nothing was mentioned about lab work not being obtained. 483.75 EFFECTIVE	F 490			

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F 490 SS=E	<p>Continued From page 35</p> <p>ADMINISTRATION/RESIDENT WELL-BEING</p> <p>A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Interview, record review and review of the facility's policies and the Administrator's position description, it was determined the facility's Administration failed to ensure there was an effective system to ensure it's resources, including policies related to medications requiring lab monitoring, were used effectively and efficiently to attain or maintain the highest practical physical, mental, and psychological well-being for five (5) of ten (10) sampled residents (Residents #1, #2, #4, #8 and #7); and two (2) unsampled residents (Unsampled Residents A and B).</p> <p>The facility's Administrator failed to be aware of the facility policy related to "Medications Requiring Lab Monitoring", failed to ensure facility staff was trained and knowledgeable on the policy; and, failed to ensure there was a system in place to ensure the Pharmacist Medication Review recommendations were acted upon.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Medications Requiring Lab Monitoring", dated 06/10/00, revealed some of the medication levels that</p>	F 490	<p>during shift report to identify any issues regarding medications that require lab monitoring to ensure that all orders have been received by the MD. Any issues will be corrected prior to the outgoing nurse exiting the floor. Any issue found will be reported to the on-call administrative nurse (either the Director of Nursing or Assistant Director of Nursing).</p> <p>A complete audit of all resident lab orders was completed on 2/5/2015 by Assistant Director of Nursing to verify completion of physician orders. Any discrepancies were addressed immediately with proper notification to the MD and Legal Representative.</p> <p>Care plans were reviewed on 2/6/2015 by Assistant Director of Nursing to ensure all drug classifications and lab monitoring were care plan interventions on the diagnosis care plan associated with that medication order. The Assistant Director of Nursing included in the care plans that labs would be drawn per facility standing lab protocol for Resident #s: 1, 2, 4, 7, A and B. The Assistant Director of Nursing also updated care plans for Resident #s: 6 to include digoxin monitoring per "Digoxin Administration Protocol." The facility ensures that the care plans will be followed with the completion of in-service education on the facility "Standing Lab Orders Per Physician" protocol and the facility "Digoxin Administration Protocol." In-service education was completed on February 6, 2015 by the Director of Nursing to the licensed nurses (RNs/LPNs) and Certified Medication Technicians (only the Digoxin Administration Protocol).</p> <p>The facility will ensure permanent compliance by utilizing the QA tool title, "Medication Lab Monitoring Tool." This is a new QA tool. The</p>	

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F 490	Continued From page 36 needed monitoring were Digoxin, thyroid medications, diuretics, and anticoagulants. Newly admitted residents on one of the listed medications (Digoxin, Thyroid medications, Diuretics, and Anticoagulants) or any resident who has one of the medications newly ordered should have accompanying orders for monitoring of lab levels. If no lab orders were received with the medication order, it was the responsibility of the nurse receiving the medication order to call and request orders for lab monitoring from the attending physician. Further review revealed the frequency of lab monitoring was determined at the discretion of the attending physician and/or consulting pharmacist. Interview with the Administrator, on 02/12/15 at 1:30 PM, revealed the facility did not have a policy in place related to the Pharmacy Consultant providing monthly medication regimen reviews.	F 490	Director of Clinical Operations in-serviced the Administrator, Director of nursing, Assistant Director of Nursing and Risk Manager on the proper use of the tool on February 6, 2015. This tool will be completed by the Administrator for each QA meeting beginning with the next routine QA meeting. In the absence of the Administrator, this task may be completed by the Director of Nursing, Assistant Director of Nursing or the Risk Manager. Assistant Director of Nursing (or the Risk Manager in the absence of the Assistant Director of Nursing) will complete a monthly pharmacy recommendation audit on at least 25% of the current day census to ensure ongoing compliance on a permanent basis. A QA tool will be used to review resident records and to ensure that compliance is maintained. Any discrepancies will be immediately addressed and the proper notifications will be made per the "Physician/Legal Representative Notification" policy.		
	Review of the Administrator's "Job Description", dated (8/21/01), revealed, "Summary of Position, direct day to day functions of the facility in accordance with current Federal and State regulations, local standards and Corporate Policies and Procedures that govern this facility. Essential Functions include 1. Responsible for and participates in planning, developing, organizing, implementing, and evaluating of the facility's operational programs and activities. 2. Responsible for the facility's organizational structure and the roles of department heads within that structure. 3. Interprets Corporate and Facility policies and procedures to employees, residents, family members, visitors, government agencies, etc. as required. 9. Responsible for and assist with department heads concerning the		Director of Nursing (or the Risk Manager in the absence of the Director of Nursing) will utilize a lab QA tool to monitor lab completion monthly on a permanent basis. The sample size will be at least 25% of the current day census. Any discrepancies will be immediately addressed and the proper notifications will be made per the "Physician/Legal Representative Notification" policy. The Risk Manager will also complete a pharmacy recommendation audit prior to each QA meeting (which meets at least quarterly). The Risk Manager will select a sample size of 1/3 of the average census for the previous three months. The audit will include reviewing		

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F 490	<p>Continued From page 37</p> <p>operations of their departments so as to eliminate or correct problem areas and improve service.</p> <p>Record review revealed laboratory drug levels were not obtained for five (5) residents (Residents #1, #2, #4, #6, and #7; and, two (2) Unsampled Residents (Residents A and B). The facility failed to provide laboratory monitoring of drug levels related to Synthroid (thyroid medication), Digoxin (heart medication), and other routine lab tests (Complete Blood Counts, Basic Metabolic Panels) per the facility policy.</p> <p>Interview with Director of Nursing (DON) and Assistant Director of Nursing (ADON) on 02/05/15 at 1:45 PM, revealed that neither of them were aware of the policy related to how labs were supposed to be ordered. They stated they don't believe the nurses on the floor were aware of the policy because they weren't aware until today. The DON revealed there was no system in place to monitor residents related to medical provider ordering labs and ensuring labs were being completed and there was no system to ensure Pharmacy review recommendations were acted upon.</p> <p>Interview with Pharmacy Consultant on 02/05/15 at 12:30 PM, revealed he looks at the list of each resident's medication each time he does a review. He stated if some of the residents were not getting lab work completed it was an oversight on his part. He revealed he should not be the only one conducting the audits, and the facility has a responsibility as well as the medical provider to obtain the orders for the lab monitoring. He stated he expected the facility to follow up on the pharmacy recommendations, contact the physician or have a written protocol in</p>	F 490	<p>to ensure: pharmacy recommendations have been reviewed; orders for labs to be drawn has been obtained; physician notification related to labs/pharmacy requisitions has been completed; family notification related to labs/pharmacy requisitions has been completed; verification by checking nursing notes/shift reports that any event requiring physician notification has been completed; and verification by checking nurse's notes/shift reports that any event requiring responsible party notification has been completed.</p> <p>The licensed pharmacist consultant will provide a detailed report to the Administrator, Director of Nursing and Assistant Director of Nursing after each visit with all recommendations. The licensed pharmacist consultant will also provide a follow-up report after each visit of any unresolved issues from the previous visit to the Administrator, Director of Nursing and Assistant Director of Nursing. These reports will be reviewed during the next morning meeting (clinical review part) by the Administrator, Director of Nursing and Assistant Director of Nursing to ensure all issues have been resolved. This will be occurring on a permanent basis.</p> <p>Completed date:</p>	03/02/2015

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F 490	<p>Continued From page 38 place.</p> <p>Interview with Medical Director on 02/05/15 at 1:35 PM, revealed the facility should ensure an order is obtained for all lab tests that are needed. He stated, obviously there is a problem that needs to be addressed related to not following through with physicians orders and notifying medical provider of the need to obtain lab orders.</p> <p>Interview with the Administrator, on 02/08/15 at 9:00 AM, revealed he was not aware of the lab policy until yesterday. He stated it was found in the policy manual at the nursing desk. He revealed there was no documented training related to the lab policy. He stated the pharmacist has never mentioned a problem with the audits but they are not getting any type of written report from the pharmacist so there was no way to ensure the recommendations were acted upon. He revealed the administration had not taken this problem to the Quality Assurance Review (QAR) because they were not aware there was a problem and the Pharmacy Consultant was not part of our QAR team.</p>	F 490			

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055		
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{K 000}	INITIAL COMMENTS Based upon implementation of the acceptable POC, the facility was deemed to be in compliance 02/14/15, as alleged.	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER RIVER'S BEND RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 300 BEECH ST. KUTTAWA, KY 42055
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1994.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type V (111).</p> <p>SMOKE COMPARTMENTS: Three (3) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1995, with 114 smoke detectors and 07 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1994.</p> <p>GENERATOR: Type II generator installed in 1995. Fuel source is Diesel.</p> <p>A Standard Life Safety Code Survey was initiated on 02/04/15 and concluded on 02/05/15. The facility was found in non-compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for forty (40) beds with a census of thirty-six (36) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X8) DATE 4/6/2015
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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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K 000	Continued From page 1 Fire).	K 000	<p>Disclaimer: Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiency. This plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>NFPA 101 Life Safety Code Standard K 047</p> <p>The corrective action taken included the Maintenance Director installing an exit sign to ensure the path of egress was clearly recognizable in the kitchen. The new sign was installed on 02/10/2015.</p> <p>The Maintenance Director completed a walkthrough on 02/10/2015 to identify any other areas that may not have properly identified path of egress.</p> <p>A new exit sign was installed in the kitchen to ensure that the deficient practice will not recur.</p> <p>The Maintenance Director will continue testing all emergency lighting/signage on a weekly basis as part of the monthly preventative maintenance plan.</p> <p>Completed date:</p>	
K 047 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure exit signs were maintained in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, staff and visitors. The facility has the capacity for forty (40) beds and at the time of the survey, the census was thirty-six (36).</p> <p>The findings include:</p> <p>Observation, on 02/04/15 at 3:30 PM, with the Maintenance Director revealed the kitchen did not have an exit sign installed to ensure the path of egress was clearly recognizable.</p> <p>Interview, on 02/04/15 at 3:31 PM, with the Maintenance Director revealed he was not aware of the requirements for exit signage.</p>	K 047		

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K 047	Continued From page 2 The census of thirty-six (36) was verified by the Administrator on 02/05/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 02/05/15. Actual NFPA Standard: Reference: NFPA 101 (2000 edition) 19.2.10 Marking of Means of Egress. 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10. Exception: Where the path of egress travel is obvious, signs shall not be required in one-story buildings with an occupant load of fewer than 30 persons. 7.10 MARKING OF MEANS OF EGRESS 7.10.1 General. 7.10.1.1 Where Required. Means of egress shall be marked in accordance with Section 7.10 where required in Chapters 11 through 42. 7.10.1.2* Exits. Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign readily visible from any direction of exit access. 7.10.1.3 Exit Stair Door Tactile Signage. Tactile signage shall be located at each door into an exit stair enclosure, and such signage shall read as follows: EXIT Signage shall comply with CABO/ANSI A117.1, American National Standard for Accessible and Usable Buildings and Facilities, and shall be	K 047		

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K 047	Continued From page 3 installed adjacent to the latch side of the door 60 in. (152 cm) above the finished floor to the centerline of the sign. Exception: This requirement shall not apply to existing buildings, provided that the occupancy classification does not change. 7.10.1.4* Exit Access. Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not readily apparent to the occupants. Sign placement shall be such that no point in an exit access corridor is in excess of 100 ft (30 m) from the nearest externally illuminated sign and is not in excess of the marked rating for internally illuminated signs. Exception: Signs in exit access corridors in existing buildings shall not be required to meet the placement distance requirements. 7.10.1.5* Floor Proximity Exit Signs. Where floor proximity exit signs are required in Chapters 11 through 42, signs shall be placed near the floor level in addition to those signs required for doors or corridors. These signs shall be illuminated in accordance with 7.10.5. Externally illuminated signs shall be sized in accordance with 7.10.6.1. The bottom of the sign shall be not less than 6 in. (15.2 cm) but not more than 8 in. (20.3 cm) above the floor. For exit doors, the sign shall be mounted on the door or adjacent to the door with the nearest edge of the sign within 4 in. (10.2 cm) of the door frame. 7.10.1.6* Floor Proximity Egress Path Marking. Where floor proximity egress path marking is required in Chapters 11 through 42, a listed and approved floor proximity egress path marking system that is internally illuminated shall be installed within 8 in. (20.3 cm) of the floor. The system shall provide a visible delineation of the path of travel along the designated exit access	K 047		

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K 047	Continued From page 4 and shall be essentially continuous, except as interrupted by doorways, hallways, corridors, or other such architectural features. The system shall operate continuously or at any time the building fire alarm system is activated. The activation, duration, and continuity of operation of the system shall be in accordance with 7.9.2. 7.10.1.7* Visibility. Every sign required in Section 7.10 shall be located and of such size, distinctive color, and design that it is readily visible and shall provide contrast with decorations, interior finish, or other signs. No decorations, furnishings, or equipment that impairs visibility of a sign shall be permitted. No brightly illuminated sign (for other than exit purposes), display, or object in or near the line of vision of the required exit sign that could detract attention from the exit sign shall be permitted. 7.10.2* Directional Signs. A sign complying with 7.10.3 with a directional indicator showing the direction of travel shall be placed in every location where the direction of travel to reach the nearest exit is not apparent. 7.10.3* Sign Legend. Signs required by 7.10.1 and 7.10.2 shall have the word EXIT or other appropriate wording in plainly legible letters. 7.10.4* Power Source. Where emergency lighting facilities are required by the applicable provisions of Chapters 11 through 42 for individual occupancies, the signs, other than approved self-luminous signs, shall be illuminated by the emergency lighting facilities. The level of illumination of the signs shall be in accordance with 7.10.6.3 or 7.10.7 for the required emergency lighting duration as specified in 7.9.2.1. However, the level of illumination shall be permitted to decline to 60 percent at the end of the emergency lighting duration.	K 047		

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K 047	Continued From page 5 7.10.5 Illumination of Signs. 7.10.5.1* General. Every sign required by 7.10.1.2 or 7.10.1.4, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode. 7.10.5.2* Continuous Illumination. Every sign required to be illuminated by 7.10.6.3 and 7.10.7 shall be continuously illuminated as required under the provisions of Section 7.8. Exception*: Illumination for signs shall be permitted to flash on and off upon activation of the fire alarm system. 7.10.6 Externally Illuminated Signs. 7.10.6.1* Size of Signs. Externally illuminated signs required by 7.10.1 and 7.10.2, other than approved existing signs, shall have the word EXIT or other appropriate wording in plainly legible letters not less than 6 in. (15.2 cm) high with the principal strokes of letters not less than 3/4 in. (1.9 cm) wide. The word EXIT shall have letters of a width not less than 2 in. (5 cm), except the letter I, and the minimum spacing between letters shall be not less than 3/8 in. (1 cm). Signs larger than the minimum established in this paragraph shall have letter widths, strokes, and spacing in proportion to their height. Exception No. 1: This requirement shall not apply to existing signs having the required wording in plainly legible letters not less than 4 in. (10.2 cm) high. Exception No. 2: This requirement shall not apply to marking required by 7.10.1.3 and 7.10.1.5. 7.10.6.2* Size and Location of Directional Indicator. The directional indicator shall be located outside	K 047			

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K 047	Continued From page 6 of the EXIT legend, not less than 3/8 in. (1 cm) from any letter. The directional indicator shall be of a chevron type, as shown in Figure 7.10.6.2. The directional indicator shall be identifiable as a directional indicator at a distance of 40 ft (12.2 m). A directional indicator larger than the minimum established in this paragraph shall be proportionately increased in height, width and stroke. The directional indicator shall be located at the end of the sign for the direction indicated. Exception: This requirement shall not apply to approved existing signs. Figure 7.10.6.2 Chevron-type indicator. 7.10.6.3* Level of Illumination. Externally illuminated signs shall be illuminated by not less than 5 ft-candles (54 lux) at the illuminated surface and shall have a contrast ratio of not less than 0.5. 7.10.7 Internally Illuminated Signs. 7.10.7.1 Listing.	K 047			
	Internally illuminated signs, other than approved existing signs, or existing signs having the required wording in legible letters not less than 4 in. (10.2 cm) high, shall be listed in accordance with UL 924, Standard for Safety Emergency Lighting and Power Equipment. Exception: This requirement shall not apply to signs that are in accordance with 7.10.1.3 and 7.10.1.5. Reference: NFPA 96 (1998 edition) 7-5.1 A readily accessible means for manual activation shall be located between 42 in. and 60 in. (1067 mm and 1524 mm) above the floor, located in a path of exit or egress, and clearly identify the hazard protected. The automatic and manual means of system activation external to the control head or releasing device shall be separate and independent of each other so that				

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K 047	Continued From page 7 failure of one will not impair the operation of the other. Exception No. 1: The manual means of system activation shall be permitted to be common with the automatic means if the manual activation device is located between the control head or releasing device and the first fusible link. Exception No. 2: An automatic sprinkler system.	K 047	NFPA 101 LIFE SAFETY CODE STANDARD K 056 The Maintenance Director removed the divider wall in the Media Room storage area. By removing this wall, the sprinkler head is now free from any obstruction.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5	K 056	The Maintenance Director completed a facility walkthrough to identify any other obstructed sprinkler heads. The Maintenance Director did not note any further concerns. The Maintenance Director will complete sprinkler head checks to ensure they are free from obstruction as part of the monthly preventative maintenance plan. Completed date:	02/11/2015
	This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the sprinklers were installed, in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice has the potential to affect one (1) of three (3) smoke compartments, residents, staff and visitors. The facility has the capacity for forty (40) beds and at the time of the survey, the census was thirty-six (36). According to the Centers for Medicare and			

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K 056	<p>Continued From page 8</p> <p>Medicaid (CMS) Survey and Certification (S&C) letter 13-55-Life Safety Code, the enforcement implication would be a fully sprinklered facility with minor problems.</p> <p>The findings include:</p> <p>Observation, on 02/04/15 at 3:53 PM, with the Maintenance Director revealed a sprinkler head was installed within one (1) inch of the wall located in the Media Room storage area.</p> <p>Interview, on 02/04/15 at 3:54 PM, with the Maintenance Director revealed he was aware of the requirement; however, he had not noticed the sprinkler head in the Media Room.</p> <p>The census of thirty-six (36) was verified by the Administrator on 02/05/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 02/05/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 13 (1999 ed.) 5-5.5.2.2 Sprinklers shall be positioned in accordance with the minimum distances and special exceptions of Sections 5-6 through 5-11 so that they are located sufficiently away from obstructions such as truss webs and chords, pipes, columns, and fixtures. Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (SSU/SSP)</p> <p>Maximum Allowable Distance</p>	K 056			

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K 058	Continued From page 9 Distance from Sprinklers to of Deflector above Bottom of Side of Obstruction (A) Obstruction (In.) (B) Less than 1 ft 0 1 ft to less than 1 ft 6 in. 2 1/2 1 ft 6 in. to less than 2 ft 3 1/2 2 ft to less than 2 ft 6 in. 5 1/2 2 ft 6 in. to less than 3 ft 7 1/2 3 ft to less than 3 ft 6 in. 9 1/2 3 ft 6 in. to less than 4 ft 12 4 ft to less than 4 ft 6 in. 14 4 ft 6 in. to less than 5 ft 18 1/2 5 ft and greater 18 For SI units, 1 in. = 25.4 mm; 1 ft = 0.3048 m. Note: For (A) and (B), refer to Figure 5-6.5.1.2(a). Reference: NFPA 13 (1999 ed.) 5-6.3.3 Minimum Distance from Walls. Sprinklers shall be located a minimum of 4 in. (102 mm) from a wall.	K 058		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on interview and record review, it was	K 144		

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K 144	<p>Continued From page 10</p> <p>determined the facility failed to maintain the generator by standards set by National Fire Protection Association (NFPA). The deficiency had the potential to affect three (3) of three (3) smoke compartments, all residents, staff and visitors. The facility has the capacity for forty (40) beds with a census of thirty-six (36) on the day of the survey.</p> <p>The findings include:</p> <p>Generator documentation review, on 02/04/15 at 2:10 PM, with the Maintenance Director revealed the facility did not have an annual load bank test performed on the generator.</p> <p>Interview, on 02/04/15 at 2:11 PM, with the Maintenance Director revealed he was not aware of this requirement.</p> <p>The census of thirty-six (36) was verified by the Administrator on 02/05/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 02/05/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 110 (1999 Edition).</p> <p>6-1.1* The routine maintenance and operational testing program shall be based on the manufacturer's recommendations, instruction manuals, and the minimum requirements of this chapter and the authority having jurisdiction</p> <p>6-4.2* Generator sets in Level 1 and Level 2 service</p>	K 144	<p>NFPA 101 LIFE SAFETY CODE STANDARD K 144</p> <p>On 02/05/2015 the Maintenance Director contacted Vanguard Generator Services and requested a load bank test to be performed on the generator. The test was scheduled for 02/13/2015.</p> <p>On 02/13/2015 the load bank test was performed on the generator by Vanguard Generator Services. There were no concerns noted.</p> <p>This test will become a part of the annual monthly preventative maintenance plan on a permanent basis.</p> <p>Completed date:</p>	02/14/2015

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K 144	Continued From page 11 shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.	K 144		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and Interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with the National Fire Protection Association (NFPA) standards. The deficiency had the potential to	K 147		

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K 147	Continued From page 12 affect one (1) of three (3) smoke compartments, twenty-six (26) residents, staff and visitors. The facility has the capacity for forty (40) beds and at the time of the survey, the census was thirty-six (36). The findings include: 1) Observation, on 02/04/15 at 2:35 PM, with the Maintenance Director revealed a refrigerator and microwave were plugged into a power strip located in the Assistant Director of Nursing Office. Interview, on 02/04/15 at 2:36 PM, with the Maintenance Director revealed he was not aware of the requirements for the proper use of extension cords and power strips. 2) Observation, on 02/04/15 at 2:45 PM, with the Maintenance Director revealed personal electronics plugged into a power strip located in resident room #201. Interview, on 02/04/15 at 2:48 PM, with the Maintenance Director revealed he was not aware of the requirements for the proper use of power strips. 3) Observation, on 02/04/15 at 3:05 PM, with the Maintenance Director revealed a refrigerator was plugged into an extension cord located in resident room #225. Interview, on 02/04/15 at 3:06 PM, with the Maintenance Director revealed he was aware of the requirements for the proper use of extension cords; however he was not aware the extension cord was in the resident's room.	K 147	NFPA 101 LIFE SAFETY CODE STANDARD K 147 On 02/04/2015 the Maintenance Director removed the power strip located in the Assistant Director of Nursing Office. On 02/04/2015 the Maintenance Director removed the power strip with personal electronics plugged into it from room #201. On 02/04/2015 the Maintenance Director removed the extension cord located in resident room #225. On 02/05/2015 the Maintenance Director and Assistant Maintenance Director completed a thorough walkthrough of the facility to ensure there were no other resident rooms or offices with power strips or extension cords. Any identified issue was immediately resolved. On 02/10/2015 the Maintenance Director and Assistant Maintenance Director posted signage to help visually remind residents, guests and staff of the requirement. The Maintenance Director will visually inspect all rooms as part of the ongoing monthly preventative maintenance plan. Completed date:	02/11/2015

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K 147	Continued From page 13 The census of thirty-six (36) was verified by the Administrator on 02/05/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 02/05/15. Actual NFPA Standard: Reference: NFPA 101 (2000 Edition) 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. Reference: NFPA 70 (1999 Edition) 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Reference: NFPA 99 (1999 edition) 3-3.2.1.2 (D) Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the	K 147			

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K 147	Continued From page 14 need for extension cords or multiple outlet adapters.	K 147		