

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

PRINTED: 03/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/18/2014
NAME OF PROVIDER OR SUPPLIER OWENSBORO CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 LEITCHFIELD RD. OWENSBORO, KY 42303		
(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 Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 02/28/14 as alleged.	{F 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 OWENSBORO CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 LEITCHFIELD RD. OWENSBORO, KY 42303
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F 000	INITIAL COMMENTS An Abbreviated Survey investigating KY #21267 was conducted on 02/10/14 through 02/12/14 to determine the facility's compliance with Federal requirements. KY #21267 was unsubstantiated with an unrelated deficiency cited at a S/S of "D".	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Owensboro Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the Minimum Data Set (MDS) assessment, Physician Orders, nurse's notes and the facility's policy for Medication Patches, it was determined the facility failed to ensure topically released medication patches were removed prior to adding an additional patch. for one (1) of three (3) sampled residents (Resident #1). The findings include: Review of the policy for Medication Patches, dated 01/24/14, revealed it was the Nurse and/or the Certified Medication Technician's (CMT's) responsibility to ensure all patches were applied and removed, as ordered. It was considered a medication error if a patch was left on the resident's skin, and would have to be addressed that way. Exelon patches, for Dementia, were to be mapped out on the patch sheet, to ensure the patch was placed in a different area of the body daily. This meant the staff would have to look at the map, to know where the patch was, to ensure	F 281	F281 1. Exelon topical patch was removed by licensed nurse on 2/11/14 and assessment was completed with no adverse effects from medication was noted. Physician notified at this time with no new orders received. Responsible party was notified at this time. LPN #2 received corrective action on 2/11/14 for not following procedure to check and remove previous patch prior to application of another patch. Staff members identified during investigation on 1/24/14 related to discovery of topical patches have received corrective action per facility disciplinary policy. 2. On 2/12/14 an audit was completed on all residents with topical patches by the Director of Nursing, Assistant Director of Nursing and the facility Unit Managers to ensure topical patches had been removed per physician's orders. No other resident was identified. 3. The facility nursing staff were re-educated by the Director of Nursing and the Assistant Director of nursing on 2/12/14. Re-education included proper placement and removal of topical patches per the physician's orders.	

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

Wendell Smith

TITLE

Administrator

(X5) DATE

3/17/14

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 281	<p>Continued From page 1</p> <p>the patch was removed. In addition, if the Certified Nurse Aides (CNAs) were to notice residents with multiple patches or a patch with the wrong date, the CNAs were to let the staff know.</p> <p>Record review revealed the facility admitted Resident #1 on 08/28/13 with diagnoses to include Dementia with Behavioral Disturbances and Cardiovascular Disease. Review of the significant change Minimum Data Set (MDS) assessment, dated 12/05/13, revealed the facility assessed the resident as cognitively intact and independent with all Activities of Daily Living (ADLs,) except for bathing.</p> <p>Review of the Nursing Notes, dated 01/24/14, and interview with Licensed Practical Nurse (LPN) #1, on 02/11/14 at 2:48 PM, revealed a skin audit for Resident #1 was completed on 01/24/14 at 5:00 PM; and it was noted the resident had three (3) Exelon patches and two (2) Nitrodur (Nitroglycerin-antianginal) patches on his/her upper torso.</p> <p>Review of the physician orders for January 2014, revealed the resident received an Exelon patch everyday and one patch was to be applied every 24 hours. In addition, a Nitrodur (NTG) patch was to have been applied in the AM and removed in the PM.</p> <p>Observation of a skin assessment for Resident #1, on 02/11/14 at 1:50 PM, revealed one (1) Exelon patch, dated 02/09/14; one (1) Exelon patch, dated 02/11/14; and one NTG patch, dated 02/11/14.</p> <p>Interview with LPN #2, on 02/11/14 at 1:45 PM, revealed she had removed an Exelon patch dated</p>	F 281	<p>4. The Director of Nursing, Assistant Director of Nursing, the facility Unit Managers and the weekend Supervisor will complete daily audits for one month, 3 times weekly for one month then monthly for 4 months of all residents with physician's orders for topical patches to ensure proper placement and removal of topical patches. Any concerns identified with be addressed at the time of the audit. A summary of the findings will be submitted to the Performance Improvement Committee monthly for six months by the Director of Nursing for further review and recommendations.</p>	2/28/14	

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F 281	Continued From page 2 02/10/14, and did not notice an Exelon patch dated 02/09/14. Interview with the Director of Nurses (DON,) on 02/11/14 at 2:12 PM, revealed the facility was aware of the problem and was still working on the process of ensuring the topical patches were placed and removed, as ordered. Interview with the Pharmacist, on 02/12/14 at 9:00 AM, revealed the patches were normally taken off within 24 hours and there shouldn't have been any residual medication left in the patches, or so little medication there should not have been a residual effect. Interview with the Physician, on 02/12/14 at 9:18 AM, revealed it was his expectation the staff should have removed the patches, as ordered.	F 281			