



PRINTED: 03/09/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Division of Health Care Southern Enforcement Branch	(X3) DATE SURVEY COMPLETED C 02/24/2015
NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41501	

(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 F 431 SS=E	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY22782, KY22843) was initiated on 02/17/15 and concluded on 02/24/15. KY22782 was substantiated with deficient practice identified at "E" level. KY22843 was unsubstantiated with no deficient practice identified.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit</p>	F 000 F 431	<p>Parkview Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality of care and safety of the residents. The plan of correction is submitted as a written allegation of compliance. Parkview Nursing and Rehabilitation Center's response to this State of Deficiencies and Plan of Correction does not denote agreement with the statement of deficiencies, nor does it constitute an admission that any deficiency is accurate. Further, Parkview Nursing and Rehabilitation Center reserves the right to submit documentation to refute any of the state deficiencies on this statement of deficiencies through informal dispute resolution, formal appeal, and/or any other administrative or legal proceedings.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE _____ (X6) DATE **03-19-15**

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 PARKVIEW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41501		
(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 431	Continued From page 1 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on record review, interview, policy review, and review of the facility investigation, it was determined the facility failed to have an effective system in place to account for all controlled substances for the purpose of minimizing loss, diversion, and misappropriation. During the course of investigating an allegation of misappropriation of controlled drugs, the facility determined eleven (11) Valium tablets were missing from Resident #4's medication. However, there was no evidence the facility addressed/implemented procedures for accounting for controlled substances to prevent the potential for reoccurrence of misappropriation of controlled drugs. The findings include: Review of the facility policy, "Acceptance of Controlled Drugs," (no date) revealed two nurses were required to sign a pharmacy delivery sheet when a medication entered the facility and ensure the medication, dosage, and amounts were correct. The controlled drug declining inventory sheet, which identifies the addition of the new controlled medication, is to be kept with the declining inventory sheet in the Medication Administration Record (MAR) or the Narcotic book.	F 431	F 431 1. On 1/26/15, LPN #1 reported that there were missing Valium from the narcotic storage compartment of the medication cart for the 3 rd floor. The allegation was reported to OIG and an investigation was initiated immediately by the Director of Nursing. The investigation revealed that eleven Valium 2mg tablets belonging to resident #4 were missing and there was no record of their disposition. It was also determined that LPN #2 and/or RN#1 had failed to follow facility's system/policy and procedure during the shift to shift narcotic count the previous evening(1/25/15 at 10:00pm). Both RN#1 and LPN#2 were reeducated in writing on following all facility systems/policies and procedures related to narcotic drugs, including shift to shift counting. All three nurses involved were given a drug test and all tested negative for Valium. The missing Valium	03/25/15	

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NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41501		
(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 431	<p>Continued From page 2</p> <p>The "Controlled Drug Count" policy (no date) stated the oncoming and offgoing nurses assigned to the medication cart would be responsible to ensure the accuracy of the controlled drug count by counting the number of individual controlled drugs. The policy noted that if a discrepancy was found the reason should be determined and the Director of Clinical Services should be contacted.</p> <p>On 01/26/15, the facility reported an allegation to the State Survey Agency in which an employee, Licensed Practical Nurse (LPN) #1, discovered Valium, a narcotic medication, was missing from the narcotic storage compartment of the medication cart on the third floor. As a result of the facility's investigation, the facility determined eleven Valium 2 milligram tablets were missing which belonged to Resident #4. The investigation further determined LPNs #2 and #3 failed to follow facility policy regarding counting the declining inventory sheets from the pharmacy at the shift change and received written re-education. Further action taken by the facility included drug testing of LPNs #1, #2, and #3 and re-education was provided for all licensed staff regarding facility policies for controlled drugs. However, the investigation failed to identify the cause for the discrepancy for the missing Vallum. After learning of the discrepancy, there was no evidence the facility reviewed/revised related controls and procedures as necessary to prevent the potential for future discrepancies with the narcotic medications stored in the facility.</p> <p>Interview conducted with the DON (Director of Nursing) on 01/24/15, at 3:55 PM, confirmed the facility investigation determined eleven Valium</p>	F 431	<p>were replaced at no cost to Resident #4 and at no time was he/she without his/her medication.</p> <p>2. a. The Director of Nursing and the Nurse Unit Managers, with the assistance of the pharmacy, traced all narcotics delivered to the facility in the prior two weeks to determine if all delivered had been documented, as administered, destroyed, or were still present in the narcotic storage compartments of each medication cart in the facility. No discrepancies were noted.</p> <p>b. Administrative staff interviewed employees to determine if any had knowledge of resident abuse at Parkview. No issues were identified.</p> <p>c. The Social Services Director interview residents with a BIMS score of 12 and above related to staff treatment. No issues were identified.</p> <p>3. a. By 1/29/15, the Director of Nursing had reeducated Licensed nurses on the following facility systems/policies and procedures related to narcotics: Acceptance of</p>		

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NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41601	
(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 431	Continued From page 3 tablets were missing from Resident #4's medication packet. The DON stated both the medication packet and the medication inventory sheet were missing and the facility investigation had not determined how the incident had occurred. The DON stated each time a narcotic medication was refilled, a new inventory sheet was started, and the old declining inventory sheets and empty medication packages were to remain in the narcotic storage area per corporate policy until she removed them. The DON stated these were to be included in the "count" at the beginning and end of each shift. The DON also stated she and the Unit Managers started monitoring the drug counts each shift after the recent discrepancy was identified and she believed the problem would reoccur. According to the DON, she spoke with the pharmacist regarding the incident and he reported that he believed he possibly had an internal problem related to narcotic drug delivery. The DON stated there had been no changes/revisions to the policies/procedures to prevent reoccurrence.	F 431	Controlled Drugs, Controlled Drug Count, Legal Corrections, and Controlled Drug Disposal (see attached). This reeducation informed the Licensed Nurses in order to count the cart appropriately one must encompass all of the following: checking the number of pills against the declining count sheet and the number of cards and the number of sheets at each shift change. Also, they were to sign their name each shift change that the count is correct. If a discrepancy is noted during the count the nurses have been instructed to stop, lock the cart, and contact the Director of Nursing immediately for further instructions. b. By 1/27/15, the Director of Nursing had reeducated all staff on resident abuse that included misappropriation of property. c. By 3/21/15, the Director of Nursing educated the Licensed Nurses on the requirements of F 431 that included a	

system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation and minimize loss, diversion, and misappropriation.

d. Now, daily, the Nurse Unit Managers reconcile narcotics delivered with narcotics that have been administered, destroyed or are present in the narcotic compartments of each medication cart. As of 3/19/15 no discrepancies have been identified.

e. By 3/21/15, the Director of Nursing will have educated the Licensed Nurses on the "Diversion of Drugs-Zero Tolerance" expectation (see attached). Each new hire Licensed Nurse will be educated on this "Zero Tolerance" during their orientation period.

4. Results of the Nurse Unit Managers' reconciliation of the narcotics will be presented monthly to the Quality Assurance Committee for development of an action plan as needed.