

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

PRINTED: 06/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2013
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NAME OF PROVIDER OR SUPPLIER BRECKINRIDGE MEMORIAL NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 OLD HIGHWAY 60 HARDINSBURG, KY 40143
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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
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F 000 INITIAL COMMENTS

F 000

A standard health survey was conducted 06/23/13 through 06/25/13. A Life Safety Code Survey was conducted on 06/25/13. Deficiencies were cited with the highest scope and severity of a "E" for the Health survey with the facility having the opportunity to correct before remedies would be recommended. The facility was in compliance with Life Safety Code requirements.

This was a Nursing Home Initiative survey with entrance to the facility on Sunday, June 23, 2013 at 3:30 PM Central Time.

F 329 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS

F 329

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 behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

PLAN: Pharmacist reviewed records of resident #'s 2, 4, 6 and 7, as well as all other residents on 6-28-2013. Pharmacist found documented diagnoses appropriate for antipsychotic drugs. DON was made aware of review and recommendations on 6-29-2013. Pharmacist discussed resident #2's medications with MD on 6-29-2013. Recommendations were sent to MD for resident #'s 4 and 7 on 7-1-2013 and 7-2-13 for resident # 6 with responses received on 7-8-13 and the appropriate interventions put into place per physician order at that time.

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

Michael Cooper

TITLE

CEO

(X6) DATE

7/25/13

A 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.

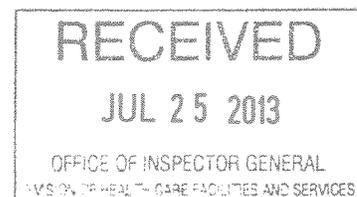
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If continuation sheet Page 1 of 12
OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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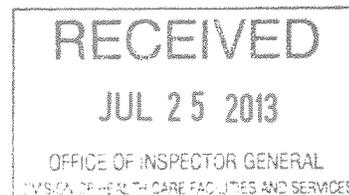
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F 329	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure four (4) of eight (8) sampled residents were free from unnecessary drugs. The facility failed to attempt a Gradual Dose Reduction (GDR) for Residents #2, #4, #6 and #7 who were receiving antipsychotic medications and they failed to document why it would be clinically contraindicated to reduce. In addition, the facility failed to provide adequate monitoring of the medications for adverse reactions or side effects. The findings include: The facility did not provide a policy for the use of antipsychotic medications that would include GDR and adequate monitoring of the medications. 1. Review of Resident #2's clinical record revealed the facility admitted the resident on 07/01/12 with diagnoses of Dementia with Aggression, Depression, Anxiety, and Atypical Psychosis. Review of the Physician's orders, dated 09/18/12, revealed Ativan 0.5 mg was ordered for three times a day (TID) for anxiety. On 11/08/12, the Ativan medication was increased from 0.5 mg to 1 mg TID. On 10/22/12, the primary physician ordered Risperdal 0.25 mg to be given at bedtime with a diagnosis of Atypical Psychosis. Review of the June 2013 Medication Administration Record (MAR) revealed the	F 329	After chart review on 6-28-2013 and recommendations made for all other residents, nine were identified to have potentially been affected by the deficient practice. Recommendations were made all residents on 6-28-2013 and then sent to the MD of 5 patients on 7-1-13, MD of 3 patients on 6-29-2013 and the MD of 1 patient on 7-2-13 with recommendations for gradual dose reduction. PROCEDURE: After regulation review, the Psychotropic Drug Regimen Review Policy was created on 7-4-2013. The Medical Director was made aware of the survey findings on June 26, 2013 and was involved in an advisory capacity with creation of the policy. Policy requires that on a monthly basis both Pharmacist and Nursing Director will review all resident medications for appropriateness and opportunities for gradual dose reduction. The Nursing Director will send out the		



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F 329	<p>Continued From page 2</p> <p>resident continued to receive those medications at the same dose. Review of the most recent Quarterly Minimum Data Set (MDS) Assessment, dated 06/02/13, revealed the facility assessed the resident with a Brief Interview for Mental Status (BIMS) that indicated a score of fourteen (14) which showed the resident had no cognition impairment. Further review revealed the facility assessed the resident as having no behaviors. Review of the Annual MDS assessment, dated 03/16/13, revealed no behaviors. Review of the pharmacy monthly drug regimen review revealed no recommendations for a GDR from the pharmacist. Further review of the clinical record revealed no documented evidence the facility was monitoring the use of the psychotropic medication.</p> <p>Observation of Resident #2, on 06/23/13 at 4:30 PM, revealed the resident was sitting up in a recliner in the resident's room. Attempts to interview the resident were very difficult due to the resident's severe hearing loss. The resident would nod his/her head, but didn't answer the questions appropriately. Observation, on 06/24/13 at 7:05 AM and 8:25 AM, revealed the resident was in bed asleep. At 9:45 AM, the resident was observed to be sitting in a recliner eating breakfast. Interview with the resident revealed she liked to sleep late.</p> <p>2. Review of Resident #7's clinical record revealed the facility admitted the resident on 08/02/12 with diagnoses of Alzheimer's Disease and Dementia with Atypical Psychosis. Review of the admission orders revealed the Physician had ordered the following psychotropic medications: Zyprexa 5 mg daily; Paxil 20 mg, daily; and</p>	F 329	<p>recommendations when made to the attending physicians and follow up on their completion and return to the facility by the physicians. If the DON finds issues with the recommendations made, she will discuss concerns with the pharmacist. If no recommendations are made the DON is made aware and the pharmacist signs off on the chart as being reviewed with no recommendations made. The Medical Director will be made aware of any unanswered recommendations that are not responded to within 10 days for immediate intervention. Pharmacist will attend weekly interdisciplinary Team meetings to be alerted to new medications, behaviors etc., that may warrant an additional review and/or recommendation to the physician. An attempt at gradual dose reduction shall be attempted twice within the first year of the introduction of a new psychotropic medication and annually thereafter. The pharmacist will recommend the</p>



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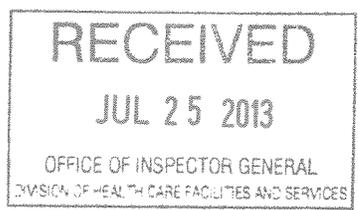
F 329 Continued From page 3
Depakote 250 mg twice a day. In addition, Xanax 0.5 mg was ordered every six (6) hours as needed (PRN). On 08/27/12, the physician changed the Xanax order to 0.25 mg (1) daily at 6:00 AM and 0.5 mg (1) at 6:00 PM. Review of the resident's June 2013 MAR revealed the resident continued to receive those medications at the same dose. Continued review of the clinical record revealed a Physician Progress Note, dated 04/07/13, that stated the nursing facility staff was having a hard time waking the resident. The physician assessed the resident and based on the resident's blood work and x-ray, nothing pathologically was occurring. The physician stated the resident was "snowed" from the Xanax and Ambien medication the resident took the night before. He discontinued the Ambien and held the Xanax for that day.
Review of the most recent Annual MDS assessment, dated 06/08/13, revealed the facility had assessed the resident to have a severe cognition impairment with short and long term memory recall deficit. Further review revealed the facility assessed the resident as having no behaviors. Continued review of the record revealed no documented evidence a GDR had been attempted. In addition, the record revealed no monitoring of the antipsychotic medications.

Observation of Resident #7, on 06/25/13 at 7:32 AM, revealed the resident sitting in the restorative dining room eating breakfast. Attempts to engage the resident in conversation were not successful.

3. Clinical record review revealed the facility admitted Resident #4 on 04/17/12 with diagnoses of Atypical Psychosis, Anxiety, Depression, Insomnia and Parkinson's Disease. The

F 329 GDR to the resident's physician. Any contraindication to the GDR must be documented by the physician.

MONITOR: The pharmacist will continue to review medications per policy. Effective July 2013, Nursing Director will forward weekly interdisciplinary team meeting sign in sheets to verify pharmacist attendance to Quality Director. Nursing Director will also forward a copy of the pharmacist monthly recommendation summary containing her co-signature indicating she has reviewed recommendations as well to the Quality Director. This will become a Performance Improvement Indicator for Nursing Facility with review at Quality meetings. After two consecutive quarters of 100% compliance this monitoring may be discontinued. The Medical Director will attend all quarterly QA meetings to monitor



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F 329 Continued From page 4
Physician orders, dated 04/17/12, revealed the resident was to receive Risperdal 0.25 milligram (mg) twice a day, Lexapro 10 mg daily, Xanax 1 mg every eight (8) hours and Ambien 5 mg every bedtime. Continued review revealed there was no evidence a GDR had been attempted or evidence of any monitoring of the medications.

Observation of Resident # 4, on 06/23/13 at 5:20 PM, during the facility tour revealed he/she sat in the recliner next to the bed as he/she watched the television.

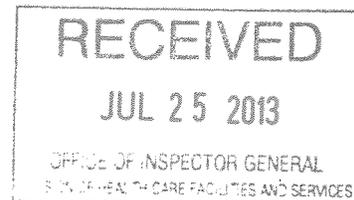
Interview with LPN #1, on 06/23/13 at 5:20 PM, during facility tour revealed the Resident #4 was on psychoactive medications and did not have any behaviors.

F 329 compliance. Should issues arise in the interim the Medical Director will be made aware of and included in any discussion and resolution of the concerns.

A Quality Assurance Committee meeting was held on 7-22-2013. The policy was reviewed and approved as well as the plan of action.

7/22/13

4. Clinical record review for Resident #6 revealed the facility admitted this resident on 01/25/12 with diagnoses of Atypical Psychosis, Anxiety, Depression, Mild Dementia, Parkinson's Disease, Hypothyroidism, Spinal Stenosis and Chronic Back Pain. The Physician orders, dated 11/06/12, prescribed Risperdal 0.25 milligram (mg) twice a day for Atypical Psychosis. The Medication Administration Record (MAR) revealed Cymbalta 60 mg every day was prescribed for Depression, on 01/25/12 and Valium 2.5 mg was ordered twice a day for Anxiety, Agitation and Psychosis on 04/02/13. The facility was unable to provide evidence of clinical monitoring of the medications, clinical contraindication or Gradual Dose Reduction (GDR). The Quarterly Minimum Data Set (MDS), dated 05/19/13, revealed the facility assessed the resident with a Brief Interview for Mental Status



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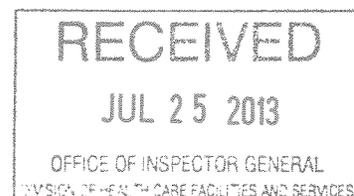
F 329 Continued From page 5
(BIMS) score of six (6) of fifteen (15), which demonstrated the resident was not interviewable. In addition, the resident was not receiving any psychiatric services.

F 329

Observation and an unsuccessful interview attempt on 06/25/13 at 7:30 AM revealed Resident #6 was in bed with a breakfast tray in front of the resident on the table. This surveyor knocked on the door and ask how his/her breakfast was and he/she looked straight ahead and then slightly looked up at me. He/she then looked back down without a word. The resident had a quiet demeanor. Again, ask how he/she slept. Again, the resident was without a response.

Interview with the Pharmacist, on 06/25/13 at 9:35 AM, revealed he conducted monthly medication regimen reviews for all residents in the nursing facility. He stated he had only reviewed antipsychotic medications for high doses, drug interactions, and did not know anything about GDR. He stated he would check with the nurses periodically to see how the resident was doing on a particular drug. However, he did not document those conversations.

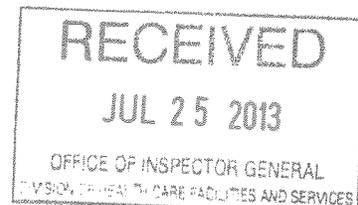
Interview with the Director of the Nursing Facility, on 06/25/13 at 9:47 AM, revealed since the Pharmacist reviewed all medications each month and made recommendation to the Physicians, she assumed they were reviewing the antipsychotic medications and making recommendations for GDR. She revealed there was no policy for the use of antipsychotic medications and there are no monitoring sheets where the nurses would document behaviors or



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F 329	Continued From page 6 the monitoring of the medications. She stated the nurses chart by exception only and would only document when a resident exhibited a behavior or if the nurse observed changes in a resident such as increased confusion, drowsiness, or lethargy. She stated she had not reviewed the antipsychotic medications for duration of use and did not know about the GDR requirements. She revealed the resident's primary physician would order and regulate the medication, because psychiatric care was only available as outpatient services and the resident would have to be transported to the Psychiatrist's office. Interview with RN #1, on 06/25/13 at 11:26 AM, revealed she would monitor for medication side effects or adverse drug reactions by observing the resident. If any changes were noted, she would document in the clinical record and call the resident's physician. Interview with the Medical Director, on 06/25/13 at 3:12 PM, revealed the Pharmacist reviewed medications frequently and would inform him when a GDR needed to be attempted. The pharmacy would make the recommendation and he would review and determine if a GDR should be attempted for that resident. The Medical Director stated he tried to watch the duration of antipsychotic medications and he would consider a GDR around three (3) months. He indicated he did not provide oversight to other primary physicians unless requested by the facility as each primary physician would order whatever medications they wanted for their residents. He further stated he did not refer residents to the Psychiatrist.	F 329			
F 428	483.60(c) DRUG REGIMEN REVIEW, REPORT	F 428			



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F 428 Continued From page 7
SS=E IRREGULAR, ACT ON

The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.

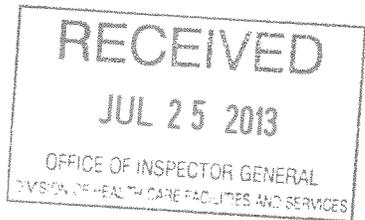
This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined the facility failed to ensure the pharmacy reported any irregularities to the attending physician and the Director of Nursing in regards to recommendations of a Gradual Dose Reduction (GDR) for four (4) of four (4) residents receiving antipsychotic medication out of total sample of eight (8) residents. Residents #2, #4, #6, and # 7. (Refer to F329)

The findings include:
The facility did not provide a policy regarding pharmacy's responsibility to monitor antipsychotic medications and make recommendations for a GDR.

1. Record review of Resident #2's clinical record revealed physician orders dated 09/18/12 for Ativan 0.5 mg three times a day (TID) for anxiety. On 11/08/12, the Ativan medication was

F 428

PLAN: Pharmacist reviewed records of resident #'s 2, 4, 6 and 7, as well as all other residents on 6-28-2013. Pharmacist found documented diagnoses appropriate for antipsychotic drugs. DON was made aware of review and recommendations on 6-29-2013. Pharmacist discussed resident #2's medications with MD on 6-29-2013. Recommendations were sent to MD for resident #'s 4 and 7 on 7-1-2013 and 7-2-13 for resident # 6 with responses received on 7-8-13 and the appropriate interventions put into place per physician order at that time. After chart review on 6-28-2013 and recommendations made for all other residents, nine were identified to have potentially been affected by the deficient practice. Recommendations were made all residents on 6-28-2013 and then sent to the MD of 5 patients on 7-1-13, MD of 3 patients on 6-29-2013 and the MD of 1 patient on 7-2-13 with recommendations for gradual dose reduction.



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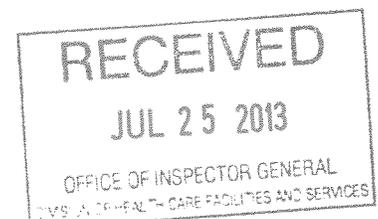
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F 428	<p>Continued From page 8</p> <p>increased from 0.5 mg to 1 mg TID. The record revealed on 10/22/12, the primary physician ordered Risperdal 0.25 mg to be given at bedtime with a diagnosis of Atypical Psychosis. Review of the June 2013 Medication Administration Record (MAR) revealed the resident continued to receive those medications at the same dose.</p> <p>Review of the pharmacy monthly drug regimen review revealed no recommendation for a GDR. Further review of the clinical record revealed no documented evidence the facility was monitoring the use of the psychotropic medication.</p> <p>2. Review of Resident #7's clinical record revealed admission orders, dated 08/02/12, with the following psychotropic medications: Zyprexa 5 mg daily, Paxil 20 mg, daily, and Depakote 250 mg twice a day. In addition, Xanax 0.5 mg was ordered every six (6) hours as needed (PRN). On 08/27/12, the physician changed the Xanax order to 0.25 mg (1) daily at 6:00 AM and 0.5 mg (1) at 6:00 PM. Review of the resident's June 2013 MAR revealed the resident continued to receive those medications at the same dose.</p> <p>Review of the pharmacy drug regimen review revealed no documented evidence a GDR had been attempted or recommended. In addition, the record revealed no monitoring of the antipsychotic medications.</p> <p>3. Clinical record review revealed the facility admitted Resident #4 on 04/17/12 with the diagnosis of Atypical Psychosis, Anxiety, Depression, Insomnia and Parkinson's Disease. Continued review revealed there was no evidence a Gradual Dose Reduction (GDR) had been</p>	F 428	<p>PROCEDURE: After regulation review, the Psychotropic Drug Regimen Review Policy was created on 7-4-2013. The Medical Director was made aware of the survey findings on June 26, 2013 and was involved in an advisory capacity with creation of the policy. Policy requires that on a monthly basis both Pharmacist and Nursing Director will review all resident medications for appropriateness and opportunities for gradual dose reduction. The Nursing Director will send out the recommendations when made to the attending physicians and follow up on their completion and return to the facility by the physicians. If the DON finds issues with the recommendations made, she will discuss concerns with the pharmacist. If no recommendations are made the DON is made aware and the pharmacist signs off on the chart as being reviewed with no recommendations made. The</p>	
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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
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F 428 Continued From page 9
attempted or any monitoring of the medications. Continued review revealed the physician orders, dated 04/17/12, prescribed Risperdal 0.25 milligram (mg) twice a day, Lexapro 10 mg daily, Xanax 1 mg every eight (8) hours and Ambien 5 mg every bedtime. The facility completed a Brief Interview of Mental Status (BIMS) in the quarterly Minimum Data Set on 05/31/13 revealed the resident has a BIMS score of fifteen (15) of fifteen (15).

Review of the pharmacy drug regimen review revealed no documented evidence of a GDR or monitoring of these medications.

4. Clinical record review for Resident #6 revealed the facility admitted this resident on 01/25/12 with the diagnosis of Atypical Psychosis, Anxiety, Depression, Mild Dementia, Parkinson's Disease, Hypothyroidism, Spinal Stenosis and Chronic Back Pain. The facility was unable to provide clinical evidence of monitoring of medications, clinical contraindication or Gradual Dose Reduction (GDR). The physician orders, dated 11/06/12, prescribed Risperdal 0.25 milligram (mg) twice a day for Atypical Psychosis. The Medication Administration Record (MAR) revealed Cymbalta 60 mg every day was prescribed for depression, on 01/25/12 and Valium 2.5 mg was ordered twice a day for Anxiety, Agitation and Psychosis on 04/02/13. The facility completed a Brief Interview of Mental Status (BIMS) in the quarterly Minimum Data Set on 05/19/13 revealed the resident has a BIMS score of six (6) of fifteen (15).

Review of the pharmacy drug regimen review revealed no documented evidence of any GDR or

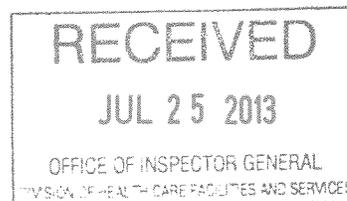
F 428

Medical Director will be made aware of any unanswered recommendations that are not responded to within 10 days for immediate intervention.

Pharmacist will attend weekly interdisciplinary Team meetings to be alerted to new medications, behaviors etc., that may warrant an additional review and/or recommendation to the physician. An attempt at gradual dose reduction shall be attempted twice within the first year of the introduction of a new psychotropic medication and annually thereafter. The pharmacist will recommend the

GDR to the resident's physician. Any contraindication to the GDR must be documented by the physician.

MONITOR: The pharmacist will continue to review medications per policy. Effective July 2013, Nursing Director will forward weekly interdisciplinary team meeting sign in sheets to verify pharmacist attendance to



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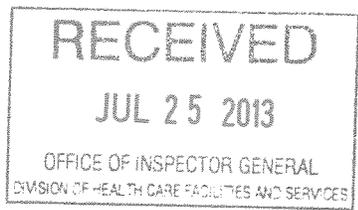
PRINTED: 06/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2013
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NAME OF PROVIDER OR SUPPLIER BRECKINRIDGE MEMORIAL NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 OLD HIGHWAY 60 HARDINSBURG, KY 40143
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F 428	<p>Continued From page 10</p> <p>recommendations and no evidence of any monitoring of the above medications.</p> <p>Interview with the Pharmacist, on 06/25/13 at 9:35 AM, revealed he had not reviewed the antipsychotic medications for a GDR because he did not know it was his responsibility to recommend a GDR. He stated he had only worked at the hospital (this is a hospital based nursing facility) for about one year and he had not been involved in Long Term Care facilities before and did not know the regulations. He stated he did not know anything about a GDR and had only reviewed antipsychotic medications for high doses, and drug interactions. He stated he did check with the nurses periodically to see how the resident was doing on a particular drug. However, he did not document those conversations.</p> <p>Interview with the Director of the Nursing Facility, on 06/25/13 at 9:47 AM, revealed she had relied on the Pharmacist to recommend a GDR. She stated she assumed the Pharmacist and Physician were reviewing the antipsychotic medications and making recommendations for GDR since the Pharmacist reviewed all medications each month and made recommendation to the physicians. She revealed there was no policy for the use of antipsychotic medications and there are no monitoring sheets where the nurses would document behaviors or monitoring of the medications. She stated she had not reviewed the antipsychotic medications for duration of use and did not know about the GDR requirements. Therefore, she did not know to check and see if the pharmacist had recommended a GDR.</p>	F 428	<p>Quality Director. Nursing Director will also forward a copy of the pharmacist monthly recommendation summary containing her co-signature indicating she has reviewed recommendations as well to the Quality Director. This will become a Performance Improvement Indicator for Nursing Facility with review at Quality meetings. After two consecutive quarters of 100% compliance this monitory may be discontinued. The Medical Director will attend all quarterly QA meetings to monitor compliance. Should issues arise in the interim the Medical Director will be made aware of and included in any discussion and resolution of the concerns.</p> <p>A Quality Assurance Committee meeting was held on 7-22-2013. The policy was reviewed and approved as well as the plan of action.</p>	<p>7-22-13</p>
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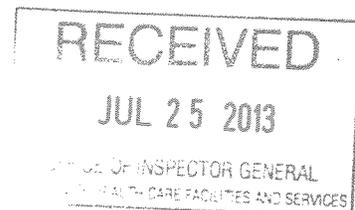
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185285	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2013
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NAME OF PROVIDER OR SUPPLIER BRECKINRIDGE MEMORIAL NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 OLD HIGHWAY 60 HARDINBURG, KY 40143
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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
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F 428 Continued From page 11
Interview with the Medical Director, on 06/25/13 at 3:12 PM, revealed he depended on the pharmacist to recommend a GDR. He stated the pharmacist reviewed medications frequently and would inform him when a GDR needed to be attempted. The pharmacy would make the recommendation and he would review and determine if a GDR should be attempted for that resident. The Medical Director stated he tried to watch the duration of antipsychotic medications and he would consider a GDR around three (3) months.

F 428



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

PRINTED: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185285	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2013
NAME OF PROVIDER OR SUPPLIER BRECKINRIDGE MEMORIAL NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1011 OLD HIGHWAY 60 HARDINSBURG, KY 40143		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1964, 1985</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Two (2) stories, Type I (222)</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 06/25/13. Breckenridge Memorial Nursing Facility was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	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.