

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

PRINTED: 01/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ FEB - 4 2015 B. WING _____	(X3) DATE SURVEY COMPLETED C 12/23/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SUMMIT MANOR HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 BONAR HEIGHTS COLUMBIA, KY 42728
---	--

(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		
F 333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure one (1) of three (3) sampled residents (Resident #1) was free of significant medication errors. On 12/15/14, the physician ordered facility staff to administer a one-time dose of Ativan 1 milligram intramuscularly to Resident #1. However, Resident #1 was incorrectly administered 5 milligrams of Morphine Sulfate intramuscularly instead of the physician-ordered Ativan.</p> <p>The findings include:</p> <p>A review of the facility policy titled "Medication Administration-General Guidelines," revised 12/18/12, revealed medications were to be administered in accordance with good principles and practices. The policy required staff when receiving a new medication order to compare the medication and dosage on the resident's Medication Administration Record with the</p>	F 333	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Resident #1 is no longer a resident of Summit Manor.</p> <p>All residents have the potential to be affected by this practice. The Director of Nursing audited all medication error reports for the past three months and all medications that were dispensed from the Emergency Drug Kit for the past month to ensure no other like errors were identified.</p> <p>RN #1 was reeducated regarding following the Five rights of medication administration on 12/16/14 by the Director of Nursing (DON). Medication administration observations were Done with RN#1 by the DON on 12/16/14 and By the pharmacy nurse consultant on 12/19/14.</p> <p>All licensed staff and certified medication aides (CMA) were reeducated by the DON on Following the five rights of medication administration, removal of medications from the narcotic Emergency Drug Kit (EDK), and possession of narcotic EDK keys prior to working their next shift, beginning 12/16/14 through 12/22/14.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Marcella Hodges</i>	TITLE <i>Administrator</i>	(X6) DATE <i>1/30/15</i>
---	-------------------------------	-----------------------------

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.

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

PRINTED: 01/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/23/2014
NAME OF PROVIDER OR SUPPLIER SUMMIT MANOR HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 BOMAR HEIGHTS COLUMBIA, KY 42728		
(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 333	<p>Continued From page 1 medication label.</p> <p>Review of the medical record for Resident #1 revealed the facility admitted the resident on 04/23/09 with diagnoses including Cerebrovascular Accident, Diabetes Mellitus, and Congestive Heart Failure. Review of Resident #1's quarterly Minimum Data Set assessment dated 10/15/14 revealed the facility assessed the resident to be severely cognitively impaired.</p> <p>Review of a physician order dated 12/15/14 at 11:55 PM revealed staff was to administer a one-time dose of Ativan 1 milligram (mg) intramuscularly (IM) to Resident #1. However, review of a facility investigation dated 12/15/14, revealed that on 12/16/14 at 12:00 AM, Registered Nurse (RN) #1 administered Morphine Sulfate 5 mg IM, instead of the physician-ordered Ativan to Resident #1.</p> <p>An interview was conducted with RN #1 on 12/22/14 at 1:53 PM. RN #1 stated that on 12/15/14, after receiving the physician order to administer Resident #1 Ativan 1 mg IM, she removed the Controlled Drug Record Sheet for the Ativan from the Emergency Narcotic Box and, after reading the documentation regarding the Ativan, determined that 0.5 milliliters (2 mg/ml) would be required to facilitate administering the correct dosage to Resident #1. RN #1 stated she then removed what she thought was Ativan from the Emergency Narcotic Box and withdrew 0.5 milliliters from the vial and administered it IM to Resident #1. RN #1 stated she had not realized she administered the wrong medication to Resident #1 until 12/16/14 at approximately 7:00 AM when the narcotic count of the Emergency Narcotic Box revealed discrepancies in the</p>	F 333	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or 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 deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Beginning 12/16/14 the system for taking medications from the narcotic EDK changed. When retrieving a medication from the narcotic EDK, two nurses are to verify and initial that the correct medication was pulled. If an injectable is to be pulled from the narcotic EDK, both nurses will verify the medication and dose is correct and sign the Controlled Drug Record Sheet.</p> <p>The Narcotic Emergency House Stock Inventory Sheet and the Controlled Drug Records for Injectable house stock pulled from the EDK are being audited weekly by the DON and/or the Unit Managers beginning 12/17/14 to ensure accurate completion. The Pharmacy nurse consultant will continue to perform medication administration observations with licensed nurses and CMAs monthly on a random basis. All licensed staff and CMAs will be observed by the Pharmacy nurse consultant and/or nursing administration annually.</p> <p>Results of these audits will be brought to the monthly Quality Assurance meeting to be reviewed by the Interdisciplinary Team (IDT) monthly for three months and quarterly thereafter.</p> <p>Date of compliance: 1/22/15</p>		

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

PRINTED: 01/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185052	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/23/2014
NAME OF PROVIDER OR SUPPLIER SUMMIT MANOR HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 BOMAR HEIGHTS COLUMBIA, KY 42728		
(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 333	<p>Continued From page 2</p> <p>amount of Ativan and Morphine Sulfate that should have been present in the Emergency Narcotic Box. RN #1 stated at that time she realized she had administered Morphine Sulfate to Resident #1 instead of Ativan.</p> <p>Interview with the Administrator and the Director of Nursing (DON) on 12/22/14 at 3:58 PM, revealed they were immediately made aware of the medication error once it was discovered on 12/16/14. The DON stated that RN #1 received immediate disciplinary action for not following the five rights of medication administration which included ensuring the correct medication was being administered by comparing the medication label with the written physician order.</p> <p>Interview with Resident #1's Physician on 12/22/14, at 1:16 PM revealed Morphine Sulfate 5 mg administered IM is not an excessive dose of the medication and in his medical opinion would not have caused harm to Resident #1.</p>	F 333			