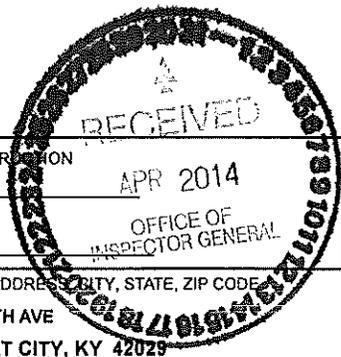


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2014  
FORM APPROVED  
OMB NO. 0938-0391

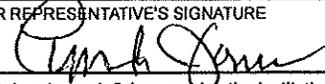


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/03/2014
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NAME OF PROVIDER OR SUPPLIER  CALVERT CITY CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 FIFTH AVE CALVERT CITY, KY 42029
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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  An Abbreviated Survey investigating KY #21477 and KY #21505 was conducted on 04/03/14. KY #21477 was unsubstantiated with no deficiencies and KY #21505 was substantiated with deficiencies cited.	F 000		
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS  The facility must ensure that residents are free of any significant medication errors.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure residents were free of any significant medication errors for one of three (3) sampled residents (Resident #1).  The findings include:  Review of the facility's Admission Licensed Nurse Nursing Procedure, (not dated), revealed to notify the attending physician and verify admission orders.  Review of the facility's Medication Administration policy, (not dated), revealed to administer medications in accordance with written physician orders.  Record review revealed the facility admitted Resident #1 originally on 02/05/14 with a re-admission date of 02/24/14, having a diagnosis of Seizure Disorder.	F 333	<ol style="list-style-type: none"> <li>1. The medication dosage of the Lamictal for resident #1 was corrected on 3/04/2014 immediately after knowledge of the transcription error from readmission date of 2/25/2014. On 3/04/2014 the Director of Nursing (DON) verbally in-serviced the East Wing Registered Nurse (RN) Unit Manager responsible for the transcription error. Emphasis was placed on the importance of double checking the discharge summary/physician orders to ensure the information entered into the computer is accurate to avoid medication errors.</li> <li>2. All admissions or readmissions have the potential to be affected by the deficient practice.</li> <li>3. All admission and readmission orders will be reviewed and compared to the discharge summary/physician orders by another licensed nurse in the facility after the RN Unit Manager has entered the orders into the computer to ensure the orders have been transcribed correctly. Both the East &amp; West Wing RN Unit Supervisors were in-serviced by the DON on 4/28/2014 regarding the protocol that all new admission and readmission orders must be checked</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 4/29/14
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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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185234</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CALVERT CITY CONVALESCENT CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 FIFTH AVE</b> <b>CALVERT CITY, KY 42029</b>		
(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	Continued From page 1  Review of the hospital Physician's Discharge Orders, dated 02/24/14, revealed an order for Lamictal (seizure medication) 200 milligrams (mg) every twelve (12) hours. Review of the Physician's Order Sheet from the facility, dated 02/24/14, revealed the order had been transcribed as Lamictal 100 mg every twelve (12) hours. Review of the Medication Administration Record (MAR), dated February 2014 and March 2014, revealed the resident received Lamictal 100 mg every 12 hours from 02/25/14 at 8:00 AM to 03/04/14 at 8:00 AM.  Interview with the Unit Manager, on 04/03/14 at 4:08 PM, revealed she entered the resident's orders into the computer system upon his/her return to the facility on 02/24/14. She revealed a transcription error was made, the wrong dose of Lamictal was entered. The resident should have received Lamictal 200 mg every 12 hours, instead of 100 mg every 12 hours.  Interview with the Director of Nursing (DON), on 04/03/14 4:30 PM, revealed she expected staff to double check the information entered into the computer to ensure it was correct.	F 333	by another licensed nurse after they have been computed to ensure they are accurate to avoid medication errors.  4. The DON or Designee will review all new admission or readmission physician orders for two months to ensure they have been double checked by a licensed nurse after the RN Unit Supervisor computes the orders to monitor for continued compliance. Post the two months, continued compliance will be monitored by the Licensed Practical Nurse Staff Development Coordinator by performing random reviews of 5 admissions or readmissions monthly. Staff members with noted non-compliance will be re-educated by the DON followed by discipline, if indicated, per guidelines of the personnel policy handbook.  5. Completion Date: 4/29/2014	4/29/2014	