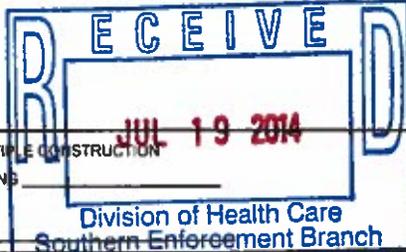


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 07/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/25/2014
NAME OF PROVIDER OR SUPPLIER CHARLESTON HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 203 BRUCE COURT DANVILLE, KY 40423	

(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	<i>This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law.</i>	
F 502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and a review of the facility's policy, it was determined the facility failed to obtain laboratory services to meet the needs of one (1) of four (4) sampled residents (Resident #2). Resident #2 had a physician's order to have a Pro Time with an International Normalized Ratio (laboratory tests to check the amount of time it takes for blood to clot) done "STAT" (a medical abbreviation for urgent or rush) on 05/30/14, at 9:57 AM when the resident returned to the facility from an outside appointment that day (05/30/14). However, continued review of documentation revealed there was not a laboratory report for the Pro Time and International Normalized Ratio (PT/INR) that had been requested on a "STAT" basis on 05/30/14 for Resident #2.</p> <p>The findings include: Review of the facility's policy titled, "Laboratory Policy and Procedure," undated, revealed the licensed nurse was required to obtain a</p>	F 502	<p>F502</p> <p>Labs for resident #2 were reviewed for accuracy, timeliness and response to lab values by DON on 6/25/14. Unit Manager is no longer employed at Charleston Health Care Center.</p> <p>A 100% Resident audit was completed on 07/14/14 by DON, of Residents who receive anticoagulant therapy requiring lab monitoring for past 30 days.</p> <p>Facility policy and procedure for laboratory services reviewed and modified on 07/18/14 by Administrator and Director of Nursing to include notification of Stat labs and results to DON at the time order/results received. Compliance audits will be conducted</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alle Sparks Brown Executive Director TITLE: _____ (X6) DATE: 7-19-14

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 502	<p>Continued From page 1</p> <p>physician's order for the required laboratory work and would complete the laboratory requisition for the physician's order. In addition, according to the policy, the Unit Manager would verify all physicians' orders have been processed.</p> <p>Review of the medical record revealed the facility admitted Resident #2 on 12/30/13 with diagnoses that included Acute Venous Embolism, Deep Vein Thrombosis, and Anticoagulant Use. Review of physician orders revealed on 05/13/14 the resident's physician requested staff to administer 10 milligrams (mg) of Coumadin (blood thinner) daily. Based on documentation, the physician adjusted future dosages of the Coumadin based on the results of the resident's PT/INR, when requested. Continued review of the physician's orders for Resident #2 revealed an order dated 05/26/14, to hold the resident's Coumadin for two days and then to resume the Coumadin at 7.5 mg daily. In addition, review of laboratory reports revealed a PT/INR had been performed on 05/26/14, and revealed Resident #2's INR was 4.88 (results greater than 4.0 are considered to be critical), and his/her PT result was 25.8 (normal result would be 9.8 to 11.5).</p> <p>On 05/30/14, at 9:57 AM, Resident #2's physician requested a PT/INR be performed on a "STAT" basis. Review of the nurse's notes dated 05/30/14, at 2:36 PM, revealed Unit Manager #2 collected a blood specimen from Resident #2's right hand for the PT/INR laboratory tests and sent the specimen to the laboratory. However, continued review of documentation revealed there was not a laboratory report for the PT/INR that had been requested on a "STAT" basis and collected on 05/30/14 for Resident #2.</p>	F 502	<p>weekly x 4 weeks then monthly x 4 months, results of audit will be reviewed in QA. 100 % in-service given by DON on 07/18/14 of all licensed medical personnel including RN, LPN and KMA on new policy and procedure related to laboratory monitoring and reporting.</p> <p>All lab orders are reviewed in Interdisciplinary Team Meeting, starting on 6/25/14 and will be on-going. IDT members consist of but not limited to DON, Unit Managers, MDS Coordinator, & Dietary Manager. Results of audits will review by QA committee monthly.</p> <p>Date of Compliance July 19, 2014.</p>		

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F 502	<p>Continued From page 2</p> <p>Review of the nurse's notes revealed Unit Manager #2 documented on 06/02/14, at 9:38 AM, the laboratory had called and reported they were unable to use the blood specimen sent to the laboratory on 05/30/14 for Resident #2 for the PT/INR. The nurse's note further revealed the physician had been contacted with a new order received to obtain a PT/INR on 06/02/14. Continued review of documentation revealed a PT/INR was completed on 06/02/14 and the results were on a laboratory report in the resident's medical record.</p> <p>Observation of Resident #2 on 06/24/14, at 1:00 PM, revealed the resident was lying in bed on his/her back. The resident was not observed to have any outward signs of bruising or bleeding.</p> <p>Interview with Unit Manager #1 on 06/25/14, at 10:15 AM, revealed she had obtained the physician's order dated 05/30/14, at 9:57 AM for the resident's "STAT" PT/INR. According to Unit Manager #1, the Charge Nurse assigned to the morning shift on 05/31/14 would have been responsible to ensure the facility received the result of the resident's laboratory test.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 06/25/14 at 11:15 AM revealed she was the Charge Nurse on 05/31/14 and routinely checked the laboratory reports several times daily and did not recall anything about Resident #2's laboratory report from 05/30/14. The LPN also stated she routinely checked the 24-hour facility report that included reports of laboratory tests that physicians requested and did not recall seeing anything about a request for a PT/INR laboratory test for Resident #2.</p>	F 502			