

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

PRINTED: 04/03/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>Health Care Southern Enforcement Branch</u>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BARBOURVILLE HEALTH &amp; REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 SHELBY STREET BARBOURVILLE, KY 40906</b>
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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  A standard health survey was conducted on 03/19-22/13. Deficient practice was identified at "D" level.  An abbreviated survey (KY19936) was also conducted at this time. The complaint was unsubstantiated with no deficient practice identified.	F 000		
F 253 SS=D	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure maintenance services necessary to maintain an orderly and comfortable interior were provided. A faucet was leaking in resident room 221, a door was sticking and would not open easily in resident room 226, and fall mats were torn in resident rooms 204 and 212.  The findings include:  A review of the facility maintenance policy titled "Protocol for Maintenance Services," undated, revealed when equipment/environmental area was noted to need repair/replacement, a Continuous Quality Improvement (CQI) referral form could be completed by any staff member and given to the appropriate department.	F 253	<i>See attached</i>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Janna Partin</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>4-10-13</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided 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  BARBOURVILLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 117 SHELBY STREET BARBOURVILLE, KY 40906		
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F 253	<p>Continued From page 1</p> <p>Observations conducted during the initial tour on 03/19/13 at 9:40 AM, and during an environmental tour on 03/21/13 at 2:15 PM, revealed a faucet was leaking in resident room 221, a door was sticking and could not be easily opened in room 226, and fall mats were torn in resident rooms 204 and 212.</p> <p>Interview conducted on 03/21/13 at 2:50 PM with State Registered Nurse Aide (SRNA) #1 revealed the SRNA was assigned to provide care for residents in room 226 and had not noticed the room door sticking and had not filled out a CQI referral nor notified Maintenance.</p> <p>An interview conducted with SRNA #2 on 03/21/13 at 2:51 PM revealed the SRNA was assigned to care for residents in room 226. The SRNA stated she had not washed her hands in the sink in room 226 and was not aware the sink was leaking and had not completed a CQI referral form.</p> <p>An interview with the Housekeeper on 03/21/13 at 2:45 PM revealed Housekeeping cleaned resident fall mats daily and if the mats were torn it was reported to the Nursing Supervisor so the mats could be replaced. Further interview revealed the Housekeeper was not aware the mats were torn in rooms 204 and 212 and had not notified the Nursing Supervisor.</p> <p>Interview conducted with the Maintenance Director on 02/21/13 at 2:15 PM, revealed the Maintenance Director had not received any CQI referral forms for the sticking door in room 221 and the leaking sink in room 226. Additional interview revealed the Maintenance Director</p>	F 253			

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NAME OF PROVIDER OR SUPPLIER  BARBOURVILLE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 117 SHELBY STREET BARBOURVILLE, KY 40906		
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F 253	Continued From page 2 checked the resident rooms at least every two weeks to identify concerns. Additional interview revealed the Maintenance Director was not aware of the sticking door in room 221 or the leaking faucet in room 226.  An interview with the Director of Nursing (DON) revealed the DON made rounds daily on the 200 Unit to identify concerns. Further interview revealed the DON was not aware of the torn fall mats in room 204 and 212 nor identified the torn mats during daily rounds.	F 253			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  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.  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.  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.  The facility must provide separately locked,	F 431	<i>See attached</i>		

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F 431	<p>Continued From page 3</p> <p>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 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and a review of the facility policy it was determined the facility failed to ensure expired drugs were not available for use. Expired Senna Lax 8.6 mg (a medication for the treatment of constipation) was available for use for two unsampled Residents (Residents A and B).</p> <p>The findings include:</p> <p>A review of the facility policy titled "Medication Storage in the Facility," dated May 2007, revealed outdated medications were to be immediately removed from stock and disposed of according to the policy. Additional review of the policy revealed the medication storage conditions were monitored monthly and corrective action taken if problems were identified.</p> <p>Observation of a medication cart on the 100 Unit on 03/21/13 at 4:10 PM, revealed 24 Senna Lax 8.6 mg tablets with an expiration date of 2/17/13, available for use for Resident A. Additional observations at that time revealed 13 Senna Lax 8.6 mg tablets with an expiration date of</p>	F 431			

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F 431	Continued From page 4 01/04/13, available for use for Resident B.  An interview conducted with RN #1 on 03/21/13 at 4:15 PM, revealed RN #1 had not checked the cart. According to the RN, nurses were required to check the carts weekly for expired medications and remove any expired medications from the cart.  An interview conducted with the Director of Nurses (DON) on 03/21/13 at 4:17 PM, revealed the nurses were required to go through the cart monthly and check for expired medications and the Continuous Quality Improvement (CQI) Consultant had checked the carts for expired medications on 03/21/13.  An interview conducted with CQI Consultant revealed the consultant had checked the carts for expired medications on 03/21/13; however, the CQI Consultant stated she had missed the expired Senna Lax for Residents A and B.	F 431			

## **Barbourville Health & Rehabilitation Center**

### **Plan of Correction**

#### **Annual Survey**

**March 19<sup>th</sup>-22<sup>nd</sup>, 2013**

#### **F 253 483.15 (h) (2) Housekeeping/ Maintenance**

- 1. The fall mats in rooms 204 and 212 have been replaced. The faucet in room 221 has been replaced and the door in room 226 has been repaired.**
- 2. All residents' rooms have been checked by the housekeeping supervisor damaged fall mats. All doors were checked for proper closure by the maintenance director. All sinks were checked by the maintenance director ensure there were no leaky faucets. Repairs were completed as indicated. Thorough environmental rounds were conducted by the Administrator to ensure the necessary housekeeping/maintenance services, as well as sanitary, orderly and comfortable interior are being maintained.**
- 3. All housekeeping and maintenance staff have been in-serviced by the Administrator and the Director of Nursing on following the preventive maintenance schedules. All staff were in-serviced by the Administrator and the Director of Nursing on reporting items in need of repair by completing a work order/CQI referral form when any housekeeping/maintenance concern is found to ensure the necessary housekeeping/maintenance services, as well as sanitary, orderly, and comfortable interior are being maintained. All staff was in-serviced by the Administrator and the Director of Nursing on the location of work orders/CQI referral forms (staff break areas, nurse's station, soiled utility rooms, clean utility rooms) and where to place the orders/referral form upon completion. All Staff were also in-serviced regarding if emergency maintenance/housekeeping service is needed, the maintenance director should be paged immediately (pager number located at all nurses stations). In-services occurred March 29<sup>th</sup>, 2013. to ensure the necessary housekeeping/maintenance services, as well as sanitary, orderly, and comfortable interior are being maintained**
- 4. The Administrator will conduct walking rounds throughout the facility and will check three resident rooms on each unit weekly for one month and then monthly for one quarter to ensure the necessary housekeeping/maintenance services, as well as sanitary, orderly, and comfortable interior are being maintained. Any irregularities will be corrected immediately or as soon as possible pending necessary equipment, supplies and parts to be ordered, and reported to CQI committee for further follow up.**
- 5. Date of completion: April 5<sup>th</sup>, 2013.**

**Barbourville Health & Rehabilitation Center**

**Plan of Correction**

**Annual Survey**

**March 19<sup>th</sup>-22<sup>nd</sup>, 2013**

**F 431 Pharmacy Services**

- 1. The expired Senokot were disposed of immediately. The Senokot tablets were obtained and replaced by the pharmacy.**
- 2. Both medication rooms and all medication carts were checked by the unit supervisors for expired medication to ensure all medications are labeled, include the appropriate accessory, cautionary instructions and the expiration date when applicable. Any expired drug or biological was removed immediately and not available for resident use.**
- 3. In-services were held with nursing staff by Administrator and Director of Nursing regarding facility policy on expired medications and to ensure all medications are labeled, include the appropriate accessory, cautionary instructions and the expiration date when applicable. Any expired drug or biological will be removed immediately and not be available for resident use. In-service was completed on March 29<sup>th</sup>, 2013.**
- 4. The Clinical Coordinators on both units will conduct audits of medication rooms and medication carts on both units weekly for one month and then monthly for the next quarter to ensure there are no expired medications and all medications are labeled, include the appropriate accessory, cautionary instructions and the expiration date. Any expired drug or biological will be removed immediately and not be available for resident use. Any irregularities will be corrected immediately and reported to the CQI committee for further follow up.**
- 5. Completion Date: April 5<sup>th</sup>, 2013.**

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 APR 10 2013

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>100275</b>	(X2) MULTIPLE CONSTRUCTION A. SHLAIN: <b>Division of Health Care Southern Enforcement Branch</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  C <b>03/22/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BARBOURVILLE HEALTH &amp; REHABILITATION CENTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>117 SHELBY STREET BARBOURVILLE, KY 40906</b>
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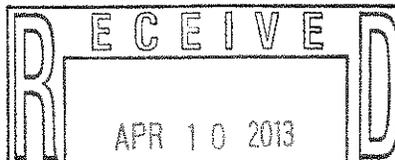
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N 000	INITIAL COMMENTS  A relicensure survey was conducted on 03/19-22/13. Deficient practice was identified.  A complaint investigation (KY19936) was also conducted at this time. The complaint was unsubstantiated with no deficient practice identified.	N 000		
N 134	902 KAR 20:300-6(7)(a)2. Section 6. Quality of Life  (7) Environment. (a) The facility shall provide: 2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior;  This requirement is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure maintenance services necessary to maintain an orderly and comfortable interior were provided. A faucet was leaking in resident room 221, a door was sticking and would not open easily in resident room 226, and fall mats were torn in resident rooms 204 and 212.  The findings include:  A review of the facility maintenance policy titled "Protocol for Maintenance Services," undated, revealed when equipment/environmental area was noted to need repair/replacement, a Continuous Quality Improvement (CQI) referral form could be completed by any staff member and given to the appropriate department.  Observations conducted during the initial tour on	N 134	<i>see attached</i>	

*Jamua Partin*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: *Administrator* (X6) DATE: *4-10-13*

Office of Inspector General

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N 134	<p>Continued From page 1</p> <p>03/19/13 at 9:40 AM, and during an environmental tour on 03/21/13 at 2:15 PM, revealed a faucet was leaking in resident room 221, a door was sticking and could not be easily opened in room 226, and fall mats were torn in resident rooms 204 and 212.</p> <p>Interview conducted on 03/21/13 at 2:50 PM with State Registered Nurse Aide (SRNA) #1 revealed the SRNA was assigned to provide care for residents in room 226 and had not noticed the room door sticking and had not filled out a CQI referral nor notified Maintenance.</p> <p>An interview conducted with SRNA #2 on 03/21/13 at 2:51 PM revealed the SRNA was assigned to care for residents in room 226. The SRNA stated she had not washed her hands in the sink in room 226 and was not aware the sink was leaking and had not completed a CQI referral form.</p> <p>An interview with the Housekeeper on 03/21/13 at 2:45 PM revealed Housekeeping cleaned resident fall mats daily and if the mats were torn it was reported to the Nursing Supervisor so the mats could be replaced. Further interview revealed the Housekeeper was not aware the mats were torn in rooms 204 and 212 and had not notified the Nursing Supervisor.</p> <p>Interview conducted with the Maintenance Director on 02/21/13 at 2:15 PM, revealed the Maintenance Director had not received any CQI referral forms for the sticking door in room 221 and the leaking sink in room 226. Additional interview revealed the Maintenance Director checked the resident rooms at least every two weeks to identify concerns. Additional interview revealed the Maintenance Director was not aware</p>	N 134			



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N 134	Continued From page 2  of the sticking door in room 221 or the leaking faucet in room 226.  An interview with the Director of Nursing (DON) revealed the DON made rounds daily on the 200 Unit to identify concerns. Further interview revealed the DON was not aware of the torn fall mats in room 204 and 212 nor identified the torn mats during daily rounds.	N 134		
N 313	902 KAR 20:300-14(4) Section 14. Pharmacy Services  (4) Labeling of drugs and biologicals. The facility shall label drugs and biologicals in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date. This requirement is not met as evidenced by: Based on observation, interview, and a review of the facility policy it was determined the facility failed to ensure expired drugs were not available for use. Expired Senna Lax 8.6 mg (a medication for the treatment of constipation) was available for use for two unsampled Residents (Residents A and B).  The findings include:  A review of the facility policy titled "Medication Storage in the Facility," dated May 2007, revealed outdated medications were to be immediately removed from stock and disposed of according to the policy. Additional review of the policy revealed the medication storage conditions were monitored monthly and corrective action taken if problems were identified.  Observation of a medication cart on the 100 Unit on 03/21/13 at 4:10 PM, revealed 24 Senna Lax	N 313	<i>See attached</i>	

Office of Inspector General

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N 313	Continued From page 3  8.6 mg tablets with an expiration date of 2/17/13, available for use for Resident A. Additional observations at that time revealed 13 Senna Lax 8.6 mg tablets with an expiration date of 01/04/13, available for use for Resident B.  An interview conducted with RN #1 on 03/21/13 at 4:15 PM, revealed RN #1 had not checked the cart. According to the RN, nurses were required to check the carts weekly for expired medications and remove any expired medications from the cart.  An interview conducted with the Director of Nurses (DON) on 03/21/13 at 4:17 PM, revealed the nurses were required to go through the cart monthly and check for expired medications and the Continuous Quality Improvement (CQI) Consultant had checked the carts for expired medications on 03/21/13.  An interview conducted with CQI Consultant revealed the consultant had checked the carts for expired medications on 03/21/13; however, the CQI Consultant stated she had missed the expired Senna Lax for Residents A and B.	N 313			

**Barbourville Health & Rehabilitation Center**

**Plan of Correction**

**Annual Survey**

**March 19<sup>th</sup>-22<sup>nd</sup>, 2013**

**N 134**

- 1. The fall mats in rooms 204 and 212 have been replaced. The faucet in room 221 has been replaced and the door in room 226 has been repaired.**
- 2. All residents' rooms have been checked by the housekeeping supervisor damaged fall mats. All doors were checked for proper closure by the maintenance director. All sinks were checked by the maintenance director ensure there were no leaky faucets. Repairs were completed as indicated. Thorough environmental rounds were conducted by the Administrator to ensure the necessary housekeeping/maintenance services, as well as sanitary, orderly and comfortable interior are being maintained.**
- 3. All housekeeping and maintenance staff have been in-serviced by the Administrator and the Director of Nursing on following the preventive maintenance schedules. All staff were in-serviced by the Administrator and the Director of Nursing on reporting items in need of repair by completing a work order/CQI referral form when any housekeeping/maintenance concern is found to ensure the necessary housekeeping/maintenance services, as well as sanitary, orderly, and comfortable interior are being maintained. All staff was in-serviced by the Administrator and the Director of Nursing on the location of work orders/CQI referral forms (staff break areas, nurse's station, soiled utility rooms, clean utility rooms) and where to place the orders/referral form upon completion. All Staff were also in-serviced regarding if emergency maintenance/housekeeping service is needed, the maintenance director should be paged immediately (pager number located at all nurses stations). In-services occurred March 29<sup>th</sup>, 2013. to ensure the necessary housekeeping/maintenance services, as well as sanitary, orderly, and comfortable interior are being maintained**
- 4. The Administrator will conduct walking rounds throughout the facility and will check three resident rooms on each unit weekly for one month and then monthly for one quarter to ensure the necessary housekeeping/maintenance services, as well as sanitary, orderly, and comfortable interior are being maintained. Any irregularities will be corrected immediately or as soon as possible pending necessary equipment, supplies and parts to be ordered, and reported to CQI committee for further follow up.**
- 5. Date of completion: April 5<sup>th</sup>, 2013.**

**Barbourville Health & Rehabilitation Center**

**Plan of Correction**

**Annual Survey**

**March 19<sup>th</sup>-22<sup>nd</sup>, 2013**

**N 313 Pharmacy Services**

- 1. The expired Senokot were disposed of immediately. The Senokot tablets were obtained and replaced by the pharmacy.**
- 2. Both medication rooms and all medication carts were checked by the unit supervisors for expired medication to ensure all medications are labeled, include the appropriate accessory, cautionary instructions and the expiration date when applicable. Any expired drug or biological was removed immediately and not available for resident use.**
- 3. In-services were held with nursing staff by Administrator and Director of Nursing regarding facility policy on expired medications and to ensure all medications are labeled, include the appropriate accessory, cautionary instructions and the expiration date when applicable. Any expired drug or biological will be removed immediately and not be available for resident use. In-service was completed on March 29<sup>th</sup>, 2013.**
- 4. The Clinical Coordinators on both units will conduct audits of medication rooms and medication carts on both units weekly for one month and then monthly for the next quarter to ensure there are no expired medications and all medications are labeled, include the appropriate accessory, cautionary instructions and the expiration date. Any expired drug or biological will be removed immediately and not be available for resident use. Any irregularities will be corrected immediately and reported to the CQI committee for further follow up.**
- 5. Completion Date: April 5<sup>th</sup>, 2013.**