

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH MAYO TRAIL PIKEVILLE, KY 41601		
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F 425	Continued From page 93 a. Review of the facility audits revealed one random nurse per day, per shift completed a medication pass observation with the DON, ADONs, SDC, Medical Record's Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant to ensure compliance with medication administration, the resident's care plan was being followed and accurate, and to ensure documentation was completed. b. Review of the facility's audits revealed the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant reconciled the medications of four (4) randomly selected residents daily to ensure compliance with medication administration. The audits revealed the process was ongoing on 04/24/15. c. Review of the facility's in-services revealed the nurses/KMAs received education on 04/21/15 by the Regional Nurse Consultant, DON, ADONs, SDC, or Nursing Supervisor on placing the discarded pill packets/bottles in the bottom drawer of the medication cart when the packet/bottle was finished. Review of the facility's audits revealed the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant audited ten (10) discarded packets/bottles per unit daily and compared them to packets/bottles that were put into service to reconcile medications, confirm the reorder process and that the medications were being given per the physician's orders and the plan of care. Review of the facility's audits and an observation of the medication cart on 04/24/15, revealed the process was ongoing on 04/24/15.	F 425			

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F 425	<p>Continued From page 94</p> <p>d. Observations of the medication carts on 04/24/15 revealed the nurses/KMAs had placed the date/time and their initials on the side of new medication packet/bottle. Further observations of the medication carts revealed liquid medications were dated 04/22/15.</p> <p>e. Review of the medication re-order process revealed the following process was in place</p> <p>i) Interviews, on 04/24/15, with nursing staff revealed a nurse reordered medications via the ezMAR alert system when three (3) to four (4) days of a medication was left to administer.</p> <p>ii) Observations on 04/24/15, and Interviews with nursing staff, on 04/24/15, revealed a nurse placed the date of reorder and their initials on the current medication bubble package.</p> <p>iii) Interviews, on 04/24/15, with the DON and ADONs revealed the administrative staff ran the "Refill Reminder Report" from the ezMAR system, Monday -Friday, and validated that all medications due to be reordered, had actually been reordered.</p> <p>iv) Interviews on 04/24/15, with the Facility Formulary Nurse, ADONs, SDC, QA Nurse, and Nursing Supervisors revealed the staff reconciled the Refill Reminder Report with the nightly medication manifest report and the actual medication packet on the cart or stored in overflow to ensure medications that were reordered had actually arrived at the facility.</p> <p>f. Review of the facility in-services revealed nurses and KMAs were educated/trained on the</p>	F 425		
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F 425	<p>Continued From page 95</p> <p>medication administration policy and procedure to include documentation along with the scope of practice of the KMA. Interviews, on 04/24/15, with nurses and KMAs revealed the staff had been trained on documentation practices and scope of practice for the KMA.</p> <p>10) Review of the facility's audits revealed all residents' medications were reconciled two (2) times weekly, starting on 04/20/15 by the DON, ADONs, SDC, Medical Records Nurse, QA Nurse, Nursing Supervisor, Regional Nurse Consultant or Chief Nursing Executive. Interviews on 04/24/15 with the DON, ADONs, SDC, Medical Records Nurse, QA Nurse, Nursing Supervisor, Regional Nurse Consultant and Chief Nursing Executive revealed all residents' medications were reconciled two (2) times weekly with no issues identified.</p> <p>11) Review of the facility's in-services revealed education was provided for Licensed Nursing Staff by the Administrator, Assistant Administrator, DON ADONs SDC, or the Regional Nurse Consultant regarding the above stated plan by 04/21/15. Interviews on 04/24/15 with the Administrator, DON, ADON, SDC, and the Regional Nurse Consultant revealed licensed nursing staff was provided education regarding all areas of the corrective plan.</p> <p>12) Review of medication pass audits revealed the audits were completed by the DON, ADON, SDC, Medical Records Nurse, or Regional Nurse Consultant for all nurses and KMA by 04/22/15. Interviews on 04/24/15 with the DON, ADON, SDC, Medical Records Nurse and Regional Nurse Consultant revealed a medication pass had been completed with all nurses and KMAs by</p>	F 425			

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F 425	Continued From page 96 04/22/15. 13) Interviews on 04/24/15 with the Special Projects Administrator, the Regional Vice President of Operations, and the Chief Operating Officer revealed administrative oversight of the facility was completed by the Special Projects Administrator, the Regional Vice President of Operations, or the Chief Operating Officer daily. 14) Review of the audits and interviews on 04/24/15 with the Administrator, Assistant Administrator, Special Projects, DON, Chief Operating Officer, Chief Nurse Executive or Regional Nurse Consultant revealed the administrative staff audited the compliance of the above stated audits/observations daily. 15) Review of the Quality Assurance meeting minutes revealed a meeting was held on 04/17/15 and again on 04/20/15.	F 425			
F 490 SS=K	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, review of pharmacy medication dispensing records, review of the facility's investigation, and review of facility policy, it was determined the	F 490	F-490 1) The Physician and Power of Attorney (POA) for Residents #11, #13, #14, #15, #16, and #17 were notified immediately upon identification of potential medication errors by the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADONs), Staff Development Coordinator (SDC), Quality Assurance(QA)Nurse, Nursing Supervisor, Medical Records Nurse or Regional Nurse Consultant on 04/20/15. Residents #11, #13, #14, #15, #16, and #17 were assessed by the ADONs or QA Nurse on 04/20/15 for any signs and symptoms of adverse reactions, with no issues identified. Laboratory levels were drawn on all six (6) residents, the physician was notified of the results, and the residents' care plans were updated, as needed. All six (6) residents' medications were counted and a medication reconciliation was completed for accuracy and a current count was placed on each individual pill packet and/or bottle of liquid medicine on 04/20/15 by the DON, ADONs, SDC, QA Nurse, Medical Records Nurse or Regional Nurse Consultant. The physician and POAs for Residents #11, #15, #16, and #17 were notified immediately upon identification of inappropriate documentation by the Administrator, DON, ADONs, SDC, QA Nurse, Nursing Supervisor, Medical Record's Nurse, or Regional Nurse Consultant on 04/20/15. Residents #11, #15, #16, and #17 were	5/30/15	

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F 490	<p>Continued From page 97</p> <p>facility's Administration failed to ensure its resources were used effectively and efficiently to maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>On 04/03/15, the facility initiated an investigation of an allegation of neglect related to Resident #11's Digoxin (a medication used to slow the heart rate of patients with atrial fibrillation). Review of the facility's investigation revealed the facility determined on 04/01/15 that Resident # 11 had ten (10) Digoxin tablets in the medication cart, and on 04/03/15 ten (10) Digoxin tablets remained in the cart. The facility obtained a laboratory level for the resident's medication Digoxin on 04/03/15, which revealed the resident's medication level was sub-therapeutic.</p> <p>In addition, six (6) of nine (9) other residents had sub-therapeutic medication levels when tests were obtained on 04/03/15. The Administrator took no further action to conduct additional investigations or to address the medication concerns (refer to F282, F333, F425, and F514).</p> <p>The facility's failure to have an effective system in place to ensure care and services were provided as per the resident's plan of care was likely to cause serious injury, harm, impairment, or death. Immediate Jeopardy was determined to exist on 04/02/15 at 42 CFR 483.20 Resident Assessment (F282), 42 CFR 483.25 Quality of Care (F333), 42 CFR 483.60 Pharmacy Services (F425), and 42 CFR 483.75 Administration (F490 and F514). The facility was notified of the Immediate Jeopardy on 04/20/15.</p> <p>An acceptable Allegation of Compliance was received on 04/23/15, which alleged removal of</p>	F 490	<p>re-assessed by the ADONs or QA Nurse, on 04/20/15, for any signs and symptoms of adverse reactions, with no issues identified.</p> <p>2. An audit of all resident's charts was completed on 4/24/15 by the Chief Nurse Executive, Assistant Administrator, Quality Assurance Director, Medical Records Director, Unit Manager, Director of Nursing, Regional Nurse Consultant, Social Services Director, or Regional Vice President to ensure compliance of Federal and State Regulations related to proper notification. Chart audit included, but was not limited to: Physician Orders, SBARs, Progress Notes, History and Physicals, Labs, Social Services Notes, Dietary Notes, Nurse's Notes, and Care Plans. No concerns were identified.</p> <p>A 100% Audit of all stakeholders personnel files was completed on 5/13/15 by the Human Resources Director to ensure reference checks are present.</p> <p>On 5/11/15 and 5/12/15 the Regional Clinical Reimbursement Specialist reviewed the most recent OBRA assessments on all residents to ensure assessment accurately reflect the resident's status with emphasis on section P. Any Concerns identified were immediately addressed.</p> <p>All residents Comprehensive Care Plans were reviewed for updates and accuracy with emphasis on total care, by the Chief Nurse Executive, Regional Nurse Consultant, Director of Nursing, Quality Assurance Nurse, Medical Records Director, Unit Manager or Administrator on 4-20-15. Any concerns were addressed immediately.</p> <p>All residents' medications were audited by the DON, ADON, SDC, Nursing Supervisor, Medical Record's Nurse or Regional Nurse Consultant, on 04/20/15, to ensure that the current medications, compared to the current Physician Order Sheet, were present and the quantity of medication was counted, the quantity was placed on the</p>		

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F 490	<p>Continued From page 98</p> <p>the Immediate Jeopardy on 04/23/15. An extended survey was conducted on 04/24/15. The State Survey Agency determined the Immediate Jeopardy was removed on 04/23/15, which lowered the Scope and Severity to an "E" at 42 CFR 483.20 Resident Assessment (F282), 42 CFR 483.25 Quality of Care (F333), 42 CFR 483.60 Pharmacy Services (F425), and, 42 CFR 483.75 Administration (F490 and F514) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Medication Administration - Medication Discrepancies," dated December 2009, revealed medication discrepancies were documented and reported to the resident's attending physician, Director of Nursing, responsible party, and the Performance Improvement Committee. The policy defined a medication discrepancy as an omission of medication due to a prescribing, dispensing, or administration error. The policy further revealed when a medication discrepancy occurred immediate action should be taken to protect the patient's safety and welfare. The policy revealed a medication discrepancy/error/incident report was to be completed.</p> <p>Review of the facility's Administrator Job Description, dated December 2011, revealed the Administrator would "lead and direct the overall operations of the facility in accordance with customer needs, government regulations and Company policies, with focus on maintaining excellent care for the residents while achieving the facility's business objectives."</p>	F 490	<p>medication container along with the date/time completed and initialed by the Nurse Manager completing the validation/count process. A new bottle of medications were requested and placed into service on 04/22/15 for the liquid medications that could not be counted, due to opacity of container.</p> <p>All residents' care plans were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director, Quality of life, Dietary Manager, Chaplain, Medical Records or Regional Nurse Consultant by 04/22/15 to ensure all resident care plans reflected the current resident care needs.</p> <p>Skin assessments were completed on all residents by 5/15/15 to ensure residents had the appropriate treatments in place as in accordance with the comprehensive assessment and plan of care.</p> <p>Skin assessments were completed on all residents by 5/15/15 to ensure residents had the appropriate treatments in place as in accordance with the comprehensive assessment and plan of care.</p> <p>A 100% observation was completed on 5/7/15 by the DON, ADON, QA nurse, unit manager, facility formulary nurse, and weekend shift supervisor nurse to ensure all resident's fingernails and toenails were trimmed. Residents identified with needs that were not able to be met by the DON, ADON, unit manager, facility formulary nurse, or weekend shift supervisor nurse were communicated to the social services director and placed on the facility list for the Podiatrist to examine. All residents Comprehensive Care Plans were reviewed for updates and accuracy with emphasis on toenail care, by the Chief Nurse Executive, Regional Nurse Consultant, Director of Nursing, Quality Assurance Nurse, Medical Records Director, Unit Manager or Administrator on 4-20-15.</p>	

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F 480	<p>Continued From page 99</p> <p>Review of Resident #11's April 2015 Physician's Orders revealed an order for staff to administer one Digoxin 125 mcg (micrograms) tablet per day. The medication was initially ordered 08/17/14.</p> <p>Review of the facility's investigation related to Resident #11, dated 04/07/15, revealed on 04/01/15, Resident #11's Digoxin medication card dated 03/24/15 (the date the medication card was received from the pharmacy), revealed only four (4) tablets had been dispensed from the card leaving ten (10) tablets remaining on the medication card. The facility audited the medication card again on 04/03/15, prior to the morning dose of Digoxin being administered, and Resident #11's Digoxin medication card still had ten (10) tablets remaining on the card. Even though the pill count remained the same, review of the Medication Administration Record (MAR) revealed staff documented the medication was administered on 04/02/15; and that the medication had not been held or refused the previous day. The facility initiated an investigation on 04/03/15, which included obtaining laboratory results for nine (9) residents who received medications that must maintain a therapeutic level. Review of the laboratory tests revealed six (6) of the nine (9) residents tested had sub-therapeutic laboratory levels. Further review of the facility's investigation revealed the facility unsubstantiated the allegation.</p> <p>Review of the Pharmacy's Medication Dispensing records, dated 12/01/14 through 04/17/15, revealed medications that required monitoring were not being dispensed by the pharmacy in the amount required to ensure they were available to be administered per Physician's Orders. Further</p>	F 490	<p>A kitchen sanitation audit was conducted by the Dietary Manager on 4/14/15 to identify any additional undated food items and sanitation issues. No other issues were identified.</p> <p>3) Education was provided to the Administrator, HR, Med Record's Nurse, BOM, Quality of Life, Admissions, Assistant Administrator, Plant Ops, Food Service Director, SSD, Central Supply, Housekeeping Supervisor, DON, ADONs, SDC, MDS Coordinators, and Nursing Supervisors on 04/20/15 by the Regional Nurse Consultant regarding the facility's medication administration policy and procedure which included medication reconciliation. The care plan policy and the procedure included following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized. Education was initiated for licensed staff, Kentucky Medication Aides (KMAs) and State Registered Nurse Aides (SRNAs) on 04/20/15 by the Administrator, Assistant Administrator, Regional Nurse Consultant, DON, ADONs or the SDC regarding the Medication Administration Policy and Procedure which included medication reconciliation, care plan policy and the procedure to include following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized. All clinical staff completed or will complete a</p>	

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F 490	<p>Continued From page 100</p> <p>review revealed facility staff was not reordering the medications to ensure they were available to administer as the physician had ordered.</p> <p>Further review of the Dispensing Records revealed Resident #11's Digoxin went up to thirty-seven (37) days between refills; Resident #17 went up to sixty-five (65) days for his/her Primidone (anti-seizure medication) and up to forty-three (43) days to get the Depakote (anti-seizure medication) refilled. Further review revealed there were up to forty-seven (47) days between refills of Resident #13's Keppra (anti-seizure); and up to twenty-five (25) days between refills of Resident #16's Depakote. Further review revealed 473 ml of Keppra (a 30-day supply) was dispensed to the facility on 03/20/15 for Resident #15 and dated as opened on 03/21/15; the Keppra bottle contained 150 ml of liquid medication and by the documentation on the MAR there should have only been 130.5 ml remaining in the bottle.</p> <p>The SSA's Consultant Pharmacist's post survey review revealed there was a delay of approximately twenty-three (23) days between receipt of two of Resident #13's refills of Keppra Liquid (30-day supply).</p> <p>Interview on 04/14/15 at 6:07 PM with the Director of Nursing (DON) revealed she conducted a random medication cart audit on 04/01/15 after the morning medication pass. She stated Resident #11's Digoxin raised a "red flag" because the medication card label was dated 03/24/15 and only four (4) tablets had been administered from the medication card leaving ten (10) tablets on the card. The DON stated she reviewed Resident #11's MAR and no doses had</p>	F 490	<p>post-test and score 100% to ensure understanding of education/training provided. If 100% is not obtained then the staff member will be re-educated and a post-test re-administered until the staff member obtains 100% score to ensure understanding of the material covered. Clinical staff was not allowed to work prior to receiving the above stated education Those clinical staff members that were on Family Medical Leave Act (FMLA), leave or work "as needed" (PRN) were sent a certified letter and were not allowed to work until the education had been received and a post-test completed with 100% score obtained. As of 05/29/15 all education was completed and any PRN or staff who had not completed the education received a certified letter and will not be allowed to return to work until the education has been completed and verified. Once education has been provided, each licensed nurse will complete a medication administration observation pass with the DON, ADONs, SDC, Nursing Supervisor, or Regional Nurse Consultant. Education regarding medication administration policy and procedure, care plan policy and procedure, administrative oversight, and complete and accurate clinical records were included in the new hire orientation.</p> <p>4)Administrative oversight of the facility was completed by the Special Projects Administrator, the Regional Vice President of Operations, or the Chief Operating Officer daily until removal of immediacy, weekly for four (4) weeks after removal of immediacy, then monthly.</p> <p>This process is still ongoing and was reviewed at the QAPI Meeting on 4/27/15, 5/4/15, and 5/11/15. On 5/22/15 oversight will be reduced to biweekly for four weeks and will then be reviewed at the QAPI Meeting.</p>		

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F 490	<p>Continued From page 101</p> <p>been held or refused. Further interview revealed she immediately initiated an investigation which included assessments of all residents on the hall where Resident #11 resided. Laboratory levels for all residents on that hall that were ordered medications that require therapeutic monitoring were obtained. However, the DON stated review of the Pharmacy Dispensing Records was not conducted as part of the investigation. She stated the administrative staff reviewed the investigation and did not feel there was enough concrete evidence to say Resident #11 did not receive his/her medications as ordered by the physician. Although six (6) residents were identified to have sub-therapeutic laboratory levels, interview with the Director of Nursing revealed no pattern or trend was identified and no further action was taken.</p> <p>Interview on 04/20/15 at 1:30 PM with the Administrator revealed the allegation was discussed by the Interdisciplinary Treatment Team and it was determined there had been a thorough investigation of the discrepancy. Even though the Administrator was aware that Resident #11's medication had the same number of pills for two (2) days (04/01/15-04/03/15), and other residents had sub-therapeutic levels of medications, he stated he did not feel the allegation could be substantiated without proof that the medication was not administered to Resident #11 per the Physician's Orders. Further interview revealed the Administrator took no further action to ensure residents received their medications as ordered by the residents' physicians. According to the facility's policy, when a medication discrepancy occurred immediate action should be taken to protect the patient's safety and welfare.</p>	F 490	<p>A Quality Assurance meeting will be held weekly for four (4) weeks, then monthly for recommendations and further follow up regarding the above stated plan. QAPI Meetings were held on 4/27/15, 5/4/15, and 5/11/15 to discuss the findings of the audits and adjust the plan as necessary. QAPI Committee will review at the next Weekly QAPI Meeting to review any findings. Weekly QAPI Meetings will continue for an additional four weeks and to be reviewed at that time to determine ongoing frequency of weekly QAPI Meeting. Once the weekly QAPI Meeting frequency is discontinued, the QAPI Committee will review and evaluate the plan monthly during the normally scheduled QAPI Meeting.</p> <p>5) May 30, 2015</p>		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501	
(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 490	Continued From page 102 **The facility provided an acceptable Allegation of Compliance (AOC) on 04/23/15. The facility implemented the following actions to remove the Immediate Jeopardy: 1) The Physician and Power of Attorney (POA) for Residents #11, #13, #14, #15, #16, and #17 were notified immediately upon identification of potential medication errors by the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADONs), Staff Development Coordinator (SDC), Quality Assurances (QA)Nurse, Nursing Supervisor, Medical Records Nurse or Regional Nurse Consultant on 04/20/15. Residents #11, #13, #14, #15, #16, and #17 were assessed by the ADONs or QA Nurse on 04/20/15 for any signs and symptoms of adverse reactions, with no issues identified. Laboratory levels were drawn on all six (6) residents, the physician was notified of the results, and the residents' care plans were updated, as needed. All six (6) residents' medications were counted and a medication reconciliation was completed for accuracy and a current count was placed on each individual pill packet and/or bottle of liquid medicine on 04/20/15 by the DON, ADONs, SDC, QA Nurse, Medical Records Nurse or Regional Nurse Consultant. 2) The physician and POAs for Residents #11, #15, #16, and #17 were notified immediately upon identification of inappropriate documentation by the Administrator, DON, ADONs, SDC, QA Nurse, Nursing Supervisor, Medical Record's Nurse, or Regional Nurse Consultant on 04/20/15. Residents #11, #15, #16, and #17 were re-assessed by the ADONs or QA Nurse, on	F 490		

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F 490	Continued From page 103 04/20/15, for any signs and symptoms of adverse reactions, with no issues identified. 3) All residents' medications were audited by the DON, ADON, SDC, Nursing Supervisor, Medical Record's Nurse or Regional Nurse Consultant, on 04/20/15, to ensure that the current medications, compared to the current Physician Order Sheet, were present and the quantity of medication was counted, the quantity was placed on the medication container along with the date/time completed and Initialed by the Nurse Manager completing the validation/count process. A new bottle of medications were requested and placed into service on 04/22/15 for the liquid medications that could not be counted, due to opacity of container. 4) All residents' charts were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director, Quality of Life, Dietary Manager, Chaplain, Medical Record's Nurse or Regional Nurse Consultant by 04/22/15 for accuracy of the clinical records and that the records were complete and accurately documented. The following issues were identified and corrected: a. Social Services Quarterly Notes were not within compliance- for three (3) residents b. Activity Quarterly Notes not within compliance-three (3) residents c. Care plan updates-two (2) residents d. Behavior Management care plan updates-two (2) residents 5) All residents' care plans were audited by the Administrator, Assistant Administrator, DON,	F 490		

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F 490	<p>Continued From page 104</p> <p>ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director, Quality of life, Dietary Manager, Chaplain, Medical Records or Regional Nurse Consultant by 04/22/15 to ensure all resident care plans reflected the current resident care needs.</p> <p>6) Education was provided to the Administrator, HR, Med Record's Nurse, BOM, Quality of Life, Admissions, Assistant Administrator, Plant Ops, Food Service Director, SSD, Central Supply, Housekeeping Supervisor, DON, ADONs, SDC, MDS Coordinators, and Nursing Supervisors on 04/20/15 by the Regional Nurse Consultant regarding the facility's medication administration policy and procedure which included medication reconciliation. The care plan policy and the procedure included following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized.</p> <p>7) Education was initiated for licensed staff, Kentucky Medication Aides (KMAs) and State Registered Nurse Aides (SRNAs) on 04/20/15 by the Administrator, Assistant Administrator, Regional Nurse Consultant, DON, ADONs or the SDC regarding the Medication Administration Policy and Procedure which included medication reconciliation, care plan policy and the procedure to include following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily</p>	F 490			

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F 490	Continued From page 105 accessible and systematically organized. All clinical staff completed or will complete a post-test and score 100% to ensure understanding of education/training provided. If 100% is not obtained then the staff member will be re-educated and a post-test re-administered until the staff member obtains 100% score to ensure understanding of the material covered. Clinical staff was not allowed to work prior to receiving the above stated education. Those clinical staff members that were on Family Medical Leave Act (FMLA), leave or work "as needed" (PRN) were sent a certified letter and were not allowed to work until the education had been received and a post-test completed with 100% score obtained. As of 04/23/15, 60% of all licensed staff and clinical staff had been educated with post-test completed and 100% score obtained; 15% have been contacted by phone, provided education and notified that they cannot work until 1:1 education with post-test was completed, and, 100% score obtained. The remaining 25% were in the process of being contacted and will not be allowed to work until education with post-test has been completed and 100% score obtained. Once education has been provided, each licensed nurse will complete a medication administration observation pass with the DON, ADONs, SDC, Nursing Supervisor, or Regional Nurse Consultant. 8) Education regarding medication administration policy and procedure, care plan policy and procedure, administrative oversight, and complete and accurate clinical records were included in the new hire orientation. 9) A new process was initiated on 04/22/15 for medication reconciliation of residents'	F 490			

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F 490	Continued From page 106 medications. The process is as follows: a. One random nurse per day, per shift, will complete a medication pass observation with the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant to ensure compliance with medication administration, the resident's care plan was being followed and accurate along with completed documentation was noted. b. DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor, or Regional Nurse Consultant reconciled the medications of four (4) randomly selected residents daily to ensure compliance with medication administration. This process was continued until immediacy was lifted. c. Nurses/KMAs received education on 04/21/15 by the Regional Nurse Consultant, DON, ADONs, SDC, or Nursing Supervisor on placing the discarded pill packets/bottles in the bottom drawer of the medication cart when packet/bottle was finished. The DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant audited, daily, ten (10) discarded packets/bottles per side compared to packets/bottles that were put into service to reconcile medications, confirm reorder process and that the medications were being given per the physician's orders and the plan of care. The process continued until immediacy was lifted. d. Nurses/KMAs placed the date/time and their initials on the side of any new medication packet/bottle placed into service to ensure an accurate date which will allow for accurate	F 490		

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F 490	Continued From page 107 reconciliation. Those liquid medications, a total of twenty-one (21), that could not be counted, due to opacity of container, a new bottle was obtained and placed in service by 04/22/15. e. Reorder process below will continue until immediacy was lifted: i) A nurse re-ordered medications via the ezMAR alert system when three (3) to four (4) days of medication were left to administer. ii) A nurse then placed, on the current medication bubble pack, the date of reorder, and their initials. iii) The DON and/or ADONs ran the "Refill Reminder Report" from the ezMAR system, Monday - Friday, and validated that all medications due to be reordered, had actually been reordered. iv) Facility Formulary Nurse, ADONs, SDC, QA Nurse, or Nursing Supervisors reconciled the Refill Reminder Report with the nightly medication manifest report with the actual medication packet on the cart or stored in overflow to ensure medications that were reordered have actually arrived at facility. f. Nurses and KMAs were educated/trained on the medication administration policy and procedure to include documentation along with the scope of practice of the KMA. KMAs will not administer or document administering any medications other than by mouth (PO) or topical. 10) All residents medications were reconciled two (2) times weekly, starting 04/20/15 by the DON, ADONs, SDC, Medical Records Nurse, QA	F 490		

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F 490	<p>Continued From page 108</p> <p>Nurse, Nursing Supervisor, Regional Nurse Consultant or Chief Nursing Executive, to ensure reorder process system was intact and within compliance along with ensuring residents medications were administered as ordered. This process will continue for two (2) weeks and results will be reviewed in a weekly QAPI meeting. The QAPI committee will determine ongoing frequency of resident medication reconciliation at that time.</p> <p>11) Education was provided for Licensed Nursing Staff by the Administrator, Assistant Administrator, DON, ADON, the SDC, or the Regional Nurse Consultant regarding the above stated plan by 04/21/15.</p> <p>12) Medication pass audits were completed by the DON, ADON, SDC, Medical Records Nurse, or Regional Nurse Consultant for all nurses and KMAs by 04/22/15 to ensure that medications were administered without significant medication error. Nurses or KMAs who had not completed a medication pass observation were not allowed to work until the medication pass observations had been completed for shifts scheduled after 04/22/15. As of 04/24/15, 75% of all nurses and KMAs had completed a medication pass observation.</p> <p>13) Administrative oversight of the facility was completed by the Special Projects Administrator, the Regional Vice President of Operations, or the Chief Operating Officer daily until removal of immediacy, weekly for four (4) weeks after removal of immediacy, then monthly.</p> <p>14) The Administrator, Assistant Administrator, Special Projects, DON, Chief Operating Officer,</p>	F 490		

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F 490	<p>Continued From page 109</p> <p>Chief Nurse Executive or Regional Nurse Consultant audited compliance of the above stated audits/observations daily until removal of immediacy, then twice weekly for four (4) weeks and reported findings during weekly QA for four (4) weeks, for recommendations and further follow-up as indicated.</p> <p>15) A Quality Assurance meeting was held on 04/17/15, and again on 04/20/15 for further recommendations regarding the plan for removal of Immediate Jeopardy. A Quality Assurance meeting will be held weekly for four (4) weeks, then monthly for recommendations and further follow up regarding the above stated plan.</p> <p>**The State Survey Agency validated the Immediate Jeopardy was removed as follows:</p> <p>1) Review of the medical records of Residents #11, #13, #14, #15, #16, and #17 revealed the residents' physicians and POAs were notified of the potential medication errors by the administrative staff. Further review of the medical records revealed Residents #11, #13, #14, #15, #16, and #17 were assessed by the ADONs or the QA Nurse, on 04/20/15, for any signs and symptoms of adverse reactions from potential medication errors, with no issues identified. The facility obtained laboratory levels on all six (6) residents, the physician was notified of the results, and the residents' care plans were updated as needed. The residents' laboratory results were obtained on the following days by the facility: Resident #11 on 04/03/15, 04/06/15, and 04/20/15, Resident #13 on 04/03/15 and 04/19/15, Resident #14 on 04/17/15, 04/17/15 and 04/19/15, Resident #15 on 04/03/15 and 04/20/15, Resident #16 on 04/03/15 and 04/17/15</p>	F 490			

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F 490	<p>Continued From page 110 and Resident #17 on 04/20/15. The Administrative Staff counted all six (6) residents' medications and a medication reconciliation was completed for accuracy and a current count was placed on each individual pill packet and/or bottle of liquid medicine on 04/20/15 by the DON, ADONs, SDC, QA Nurse, Medical Records Nurse or Regional Nurse Consultant.</p> <p>2) Review of the medical record revealed the physicians and POAs for Residents #11, #15, #16, and #17 were notified immediately upon identification of inappropriate documentation by the Administrator, DON, ADONs, SDC, QA Nurse, Nursing Supervisor, Medical Record's Nurse, or Regional Nurse Consultant on 04/20/15. Further review of the medical records revealed Residents #11, #15, #16, and #17 were re-assessed by the ADONs or QA Nurse, on 04/20/15, for any signs and symptoms of adverse reactions, with no issues identified.</p> <p>3) Review of the medication audits revealed the audits were completed by the DON, ADON, SDC, Nursing Supervisor, Medical Record's Nurse or Regional Nurse Consultant, on 04/20/15, and ensured that the current medications, compared to the current Physician Order Sheet, were present and the quantity of medication was counted, the quantity was placed on medication container along with the date/time completed and initialed by the Nurse Manager completing the validation/count process. Observations, on 04/24/15 revealed new bottles of medication were placed into service on 04/22/15.</p> <p>4) Review of the facility's audits revealed all residents' charts were audited by the Administrator, Assistant Administrator, DON,</p>	F 490			

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F 490	<p>Continued From page 111</p> <p>ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director (SSD), Quality of Life, Dietary Manager, Chaplain, Medical Record's Nurse or Regional Nurse Consultant by 04/22/15 for accuracy of the clinical records and that the records were complete and accurately documented. The audits revealed issues identified were corrected by the facility staff.</p> <p>5) Review of the facility's audits on 04/24/15, revealed all residents care plans were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director, Quality of life, Dietary Manager, Chaplain, Medical Records or Regional Nurse Consultant by 04/22/15 to ensure all residents' care plans reflected the current resident care needs.</p> <p>6) Review of the facility's in-services revealed education was provided to the Administrator, HR, Medical Record's Nurse, BOM, Quality of Life, Admissions, Assistant Administrator, Plant Ops, Food Service Director, SSD, Central Supply, Housekeeping Supervisor, DON, ADONs, SDC, MDS Coordinators, and Nursing Supervisors on 04/20/15 by the Regional Nurse Consultant. The education provided included the medication administration policy and procedure to include medication reconciliation, care plan policy, and the procedure to include following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized.</p>	F 490			

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F 490	<p>Continued From page 112</p> <p>Interviews conducted on 04/24/15, with the Administrator, HR, Med Record's Nurse, BOM, Quality of Life, Admissions, Assistant Administrator, Plant Ops, Food Service Director, SSD, Central Supply, Housekeeping Supervisor, DON, ADONs, SDC, MDS Coordinators, and Nursing Supervisors revealed the staff was educated on 04/20/15 on care plans, the medication administration policy and procedure and accurate medical records.</p> <p>7) Review of the facility's in-services revealed education was initiated for licensed staff, KMAs and SRNAs on 04/20/15 by the Administrator, Assistant Administrator, Regional Nurse Consultant, DON, ADONs or the SDC regarding the medication administration policy and procedure to include medication reconciliation, care plan policy and the procedure to include following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized. Interviews on 04/24/15 with licensed staff, KMAs, and SRNAs revealed the facility provided staff education that included information on the medication administration policy, medical record documentation, care planning and following the care plan and medication reconciliation. Review of the post-tests revealed staff (with the exception of staff who was on medical leave or who worked "as needed") had completed the post-test with a 100% score.</p> <p>8) Review of new employee orientation revealed newly hired staff would receive education</p>	F 490			

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F 490	<p>Continued From page 113</p> <p>regarding medication administration policy and procedure, care plan policy and procedure, administrative oversight, and complete and accurate clinical records and that the information was added to the new hire orientation. Interviews on 04/24/15, with newly hired staff revealed the staff had been provided information on medication administration policy and procedure, care plan policy and procedure, administrative oversight, and complete and accurate clinical records.</p> <p>9) Review of the new process for medication reconciliation of residents' medications revealed the process was initiated on 04/22/15. The process was as follows:</p> <p>a. Review of the facility audits revealed one random nurse per day, per shift completed a medication pass observation with the DON, ADONs, SDC, Medical Record's Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant to ensure compliance with medication administration, the resident's care plan was being followed and accurate, and to ensure documentation was completed.</p> <p>b. Review of the facility's audits revealed the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant reconciled the medications of four (4) randomly selected residents daily to ensure compliance with medication administration. The audits revealed the process was ongoing on 04/24/15.</p> <p>c. Review of the facility's in-services revealed the nurses/KMAs received education on 04/21/15 by the Regional Nurse Consultant, DON, ADONs,</p>	F 490		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41601		
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F 490	<p>Continued From page 114</p> <p>SDC, or Nursing Supervisor on placing the discarded pill packets/bottles in the bottom drawer of the medication cart when the packet/bottle was finished. Review of the facility's audits revealed the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant audited ten (10) discarded packets/bottles per unit daily and compared them to packets/bottles that were put into service to reconcile medications, confirm the reorder process and that the medications were being given per the physician's orders and the plan of care. Review of the facility's audits and an observation of the medication cart on 04/24/15, revealed the process was ongoing on 04/24/15.</p> <p>d. Observations of the medication carts on 04/24/15 revealed the nurses/KMAs had placed the date/time and their initials on the side of new medication packet/bottle. Further observations of the medication carts revealed liquid medications were dated 04/22/15.</p> <p>e. Review of the medication re-order process revealed the following process was in place</p> <p>i) Interviews, on 04/24/15, with nursing staff revealed a nurse reordered medications via the ezMAR alert system when three (3) to four (4) days of a medication was left to administer.</p> <p>ii) Observations on 04/24/15, and interviews with nursing staff, on 04/24/15, revealed a nurse placed the date of reorder and their initials on the current medication bubble package.</p> <p>iii) Interviews, on 04/24/15, with the DON and ADONs revealed the administrative staff ran the</p>	F 490			

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F 490	<p>Continued From page 115</p> <p>"Refill Reminder Report" from the ezMAR system, Monday -Friday, and validated that all medications due to be reordered, had actually been reordered.</p> <p>iv) Interviews on 04/24/15, with the Facility Formulary Nurse, ADONs, SDC, QA Nurse, and Nursing Supervisors revealed the staff reconciled the Refill Reminder Report with the nightly medication manifest report and the actual medication packet on the cart or stored in overflow to ensure medications that were reordered had actually arrived at the facility.</p> <p>f. Review of the facility in-services revealed nurses and KMAs were educated/trained on the medication administration policy and procedure to include documentation along with the scope of practice of the KMA. Interviews, on 04/24/15, with nurses and KMAs revealed the staff had been trained on documentation practices and scope of practice for the KMA.</p> <p>10) Review of the facility's audits revealed all residents' medications were reconciled two (2) times weekly, starting on 04/20/15 by the DON, ADONs, SDC, Medical Records Nurse, QA Nurse, Nursing Supervisor, Regional Nurse Consultant or Chief Nursing Executive. Interviews on 04/24/15 with the DON, ADONs, SDC, Medical Records Nurse, QA Nurse, Nursing Supervisor, Regional Nurse Consultant and Chief Supervisor, Regional Nurse Consultant and Chief Nursing Executive revealed all residents' medications were reconciled two (2) times weekly with no issues identified.</p> <p>11) Review of the facility's in-services revealed education was provided for Licensed Nursing Staff by the Administrator, Assistant</p>	F 490		

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F 490	Continued From page 116 Administrator, DON ADONs SDC, or the Regional Nurse Consultant regarding the above stated plan by 04/21/15. Interviews on 04/24/15 with the Administrator, DON, ADON, SDC, and the Regional Nurse Consultant revealed licensed nursing staff was provided education regarding all areas of the corrective plan. 12) Review of medication pass audits revealed the audits were completed by the DON, ADON, SDC, Medical Records Nurse, or Regional Nurse Consultant for all nurses and KMA by 04/22/15. Interviews on 04/24/15 with the DON, ADON, SDC, Medical Records Nurse and Regional Nurse Consultant revealed a medication pass had been completed with all nurses and KMAs by 04/22/15. 13) Interviews on 04/24/15 with the Special Projects Administrator, the Regional Vice President of Operations, and the Chief Operating Officer revealed administrative oversight of the facility was completed by the Special Projects Administrator, the Regional Vice President of Operations, or the Chief Operating Officer daily. 14) Review of the audits and interviews on 04/24/15 with the Administrator, Assistant Administrator, Special Projects, DON, Chief Operating Officer, Chief Nurse Executive or Regional Nurse Consultant revealed the administrative staff audited the compliance of the above stated audits/observations daily. 15) Review of the Quality Assurance meeting minutes revealed a meeting was held on 04/17/15 and again on 04/20/15.	F 490			
F 514	483.75(l)(1) RES	F 514	F 514 1) The Physician and Power of Attorney for Residents #11, #13, #14, #15, #16, and #17 were notified immediately upon identification of potential medication errors by the Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Quality Assurance Nurse, Nursing Supervisor, Medical Records Nurse or Regional Nurse Consultant on 4/20/15. Residents #11, #13, #14, #15, #16, and #17 were assessed by the ADONs or QA Nurse on 4/20/15 for any signs and symptoms of adverse reactions, with no issues identified. Laboratory levels were drawn on all six residents, the physician was notified of the results, and the	5/30/15	

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F 514 SS=K	Continued From page 117 RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility's policies, pharmacy medication dispensing records, and review of Kentucky Board of Nursing Advisory Opinion Statement #15 it was determined the facility failed to maintain accurately documented Medication Administration Records (MARs) for five (5) of thirty (30) sampled residents (Residents #11, #13, #15, #16 and #17). Review of the residents' MARs and interviews with staff revealed from December 2014 through 04/17/15, staff documented they administered residents' medications per Physician's Orders. However, review of the pharmacy's medication dispensing records for Residents #11, #13, #16, and #17, and observation of Resident #15's medication, revealed the following medications were not administered as ordered by the residents'	F 514	residents' care plans were updated, as needed. All six residents' medications were counted and medication reconciliation was completed for accuracy and a current count was placed on QA nurse, Medical Records Nurse or Regional Nurse Consultant. The physician and POAs for Residents #11, #15, #16, and #17 were notified immediately upon identification of inappropriate documentation by the Administrator, DON, ADONs, SDC, QA Nurse, Nursing Supervisor, Medical Record's Nurse, or Regional Nurse Consultant on 4/20/15. Residents #11, #15, #16, and #17 were re-assessed by the ADONs or QA Nurse, on 4/20/15, for any signs and symptoms of adverse reactions, with no issues identified. 2) All residents' medications were audited by the DON, ADON, SDC, Nursing Supervisor, Medical Record's Nurse or Regional Nurse Consultant, on 4/20/15, to ensure that the current medications, compared to the current Physician Order Sheet, were present and the quantity of medication was counted, the quantity was placed on the medication container along with the date/time completed and initialed by the Nurse Manager completing the validation/count process. A new bottle of medications were requested and placed into service on 4/22/15 for the liquid medication that could not be counted, due to opacity of container. All residents charts were audited by the Administrator, Assistant Administrator, Don, ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director, Quality of Life, Dietary Manager, Chaplain, Medical Record's Nurse or Regional Nurse Consultant by 4/22/15 for accuracy of the clinical records and that the records were complete and accurately documented. All residents care plans were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director, Quality of Life, Dietary Manager, Chaplain, Medical Records or Regional Nurse	

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F 514	<p>Continued From page 118</p> <p>physicians: Resident #11's Digoxin (medication to treat an abnormal heartbeat); Resident #17's Primidone (anti-seizure medication) and Depakote (anti-seizure and treat some psychiatric disorders); Resident #13's Keppra (anti-seizures); Resident #16's Depakote; and Resident #15's Keppra. On 04/03/15, the facility obtained Physician's Orders to conduct laboratory tests of the resident's medication levels of all medications except Resident #17's Primidone. The lab results revealed Residents #11, #17, #13, and #16's medication levels were subtherapeutic (less than the amount required to treat or cure the disease process) (refer to F282, F333, F425, and F490).</p> <p>Additional review of Medication Administration Records (MARs) revealed a medication aide, who is not authorized in the state of Kentucky to administer medications via a resident's gastrostomy tube (a gastrostomy tube, or G-tube, is a tube inserted through the abdomen that delivers nutrition directly to the stomach), documented she administered medications via Residents #11, #15, #16, and #17's gastrostomy tubes, when the medications were administered by licensed staff.</p> <p>The facility's failure to have an effective system in place to ensure care and services were provided as per the resident's plan of care was likely to cause serious injury, harm, impairment, or death. Immediate Jeopardy was determined to exist on 04/02/15 at 42 CFR 483.20 Resident Assessment (F282), 42 CFR 483.25 Quality of Care (F333), 42 CFR 483.60 Pharmacy Services (F425), and 42 CFR 483.75 Administration (F490 and F514). The facility was notified of the Immediate Jeopardy on 04/20/15.</p>	F 514	<p>Consultant by 4/22/15 to ensure all resident care plans reflected the current resident care needs.</p> <p>3) Education was provided to the Administrator, HR, Medical Records Nurse, BOM, Quality of Life, Admissions, Assistant Administrator, Plant Ops, Food Service Director, SSD, Central Supply, Housekeeping Supervisor, DON, ADONs, SDC, MDS Coordinators, and Nursing Supervisors on 4/20/15 by the Regional Nurse Consultant regarding the facility's medication administration policy and procedure which included medication reconciliation. The care plan policy and the procedure included following the care plan, administering care to ensure highest practical physical, mental, and psychosocial wellbeing of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, and readily assessable and systematically organized. Education was initiated for licensed staff, Kentucky Medication Aides and State Registered Nurse Aides on 4/20/15 by the Administrator, Assistant Administrator, Regional Nurse Consultant, DON, ADONs or the SDC regarding the Medication Administration Policy and Procedure which included medication reconciliation, care plan policy and procedure to include following the care plan administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized. All clinical staff completed or will complete a post-test and score 100% to ensure understanding of education/training provided. If 100% is not obtained then the staff member will be re-educated and a post-test re-administered until the staff member obtains 100% to ensure understanding of the material covered. Clinical staff was not allowed to work prior to receiving the above stated education. Those clinical staff member that were on Family</p>	

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F 514	<p>Continued From page 119</p> <p>An acceptable Allegation of Compliance was received on 04/23/15, which alleged removal of the Immediate Jeopardy on 04/23/15. An extended survey was conducted on 04/24/15. The State Survey Agency determined the Immediate Jeopardy was removed on 04/23/15, which lowered the Scope and Severity to an "E" at 42 CFR 483.20 Resident Assessment (F282), 42 CFR 483.25 Quality of Care (F333), 42 CFR 483.60 Pharmacy Services (F425), and, 42 CFR 483.75 Administration (F490 and F514) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Medication Administration General Guidelines," dated December 2012, revealed medications were administered as prescribed in accordance with the manufacturer's specifications, good nursing principles and practices, and only by persons legally authorized to do so. The policy further stated medications were administered in accordance with written orders of the prescriber. The individual who administered the medication dose was required to record the administration on the resident's MAR immediately following the medication being given. If a dose of regularly scheduled medication was withheld, refused, or given at a time other than the scheduled time, the space provided on the front of the MAR for that dosage administration was initialed and circled.</p> <p>Review of the facility's policy titled "Medication Administration - Medication Discrepancies," dated December 2009, revealed medication discrepancies were documented and reported to the resident's attending physician, Director of</p>	F 514	<p>Medical Leave Act, leave or work "as needed" were send a certified letter and were not allowed to work until the education had been received and post-test completed with 100% score obtained. Once education has been provided, each licensed nurse will complete a medication administration observation pass with the DON, ADONs, SDC, Nursing Supervisor, or Regional Nurse Consultant. Education regarding medication administration policy and procedure, care plan policy and procedure, administrative oversight, and complete and accurate clinical records were included in the new hire orientation.</p> <p>4) One random nurse per day, per shift, will complete a medication pass observation with the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant to ensure compliance with medication administration, the resident's care plan was being followed and accurate along with completed documentation was noted. This was reviewed at the QAPI Meeting on 4/27/15 and facility continued with a medication pass observation for one random nurse per day, per shift. To be reviewed at the next QAPI Meeting in one week.</p> <p>This was reviewed again on 5/4/15 at the QAPI Meeting and it was determined by the committee that the facility would reduce the medication pass observations to one random nurse per day. To be reviewed at the next QAPI Meeting in one week.</p> <p>This was reviewed on 5/11/15 and the QAPI Committee determined to reduce the audits to medication pass observations on three random nurses per week for. To be reviewed at the next QAPI Meeting to determine frequency and duration. QAPI Committee will review at the</p>		

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F 514	<p>Continued From page 120</p> <p>Nursing, responsible party, and the Performance Improvement Committee. The policy defined a medication discrepancy as an omission of medication due to a prescribing, dispensing, or administering error. The policy further revealed when a medication discrepancy occurred immediate action should be taken to protect the patient's safety and welfare. Continued review of the policy revealed the attending physician was notified of the error or significant medication discrepancy and the patient was to be monitored closely for 24 to 72 hours or as directed by the physician. The policy revealed a medication discrepancy/error/incident report was to be completed.</p> <p>1. Review of Resident #11's medical record revealed the resident had diagnoses that included Atrial Fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow). Further review revealed Physician's Orders for Digoxin (initially dated 08/17/14) to treat atrial fibrillation.</p> <p>Review of Resident #11's MARs for December 2014 through 04/17/15 staff documented one (1) dose of Digoxin was omitted on 01/05/15. Staff documented all other doses of Digoxin were administered per the Physician's Order.</p> <p>However, review of the facility's investigation related to Resident #11, dated 04/07/15, revealed on 04/01/15, Resident #11's Digoxin medication card dated 03/24/15 (the date the medication card was received by the facility for use) revealed ten (10) of fourteen (14) tablets were remaining on the medication card. The facility audited the medication card again on 04/03/15 (two days later), prior to the morning dose of Digoxin, and</p>	F 514	<p>Weekly QAPI Meetings will continue for an additional four weeks and to be reviewed at that time to determine ongoing frequency of Weekly QAPI Meeting. Once the weekly QAPI meetings frequency is discussed the QAPI Committee will review and evaluate the plan monthly during the normally scheduled Quality Assurance meeting.</p> <p>5) May 30, 2015</p>	

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F 514	<p>Continued From page 121</p> <p>Resident #11's Digoxin medication card still had ten (10) tablets remaining on the card. Review of the Medication Administration Record (MAR) revealed staff documented the medication was administered on 04/02/15 and the medication had not been held or refused the previous day.</p> <p>Review of the pharmacy's medication dispensing records, dated 12/01/14 through 04/17/15, revealed fourteen (14) Digoxin tablets were dispensed for Resident #11 seven (7) times since 12/10/14 (dispensed on 12/10/14, 12/21/14, 01/28/15, 02/11/15, 02/25/15, 03/25/15, and 04/15/15). During the timeframe reviewed (12/10/14 through 04/16/15) the pharmacy dispensed ninety-eight (98) Digoxin tablets; however, the resident required one hundred twenty-eight (128) tablets for the staff to be able to administer the resident's Digoxin per the Physician's Orders.</p> <p>Review of Resident #11's Digoxin laboratory levels dated 01/05/15 and 04/03/15 revealed the resident's medication was at a sub-therapeutic level.</p> <p>2. Review of Resident #17's medical record revealed the resident had a diagnosis of Seizure Disorder. Review of Resident #17's physician's orders initially written on 12/16/14, revealed an order for Primidone (anti-seizure medication) and an order initially dated 08/05/14 for Depakote (medication to prevent seizures).</p> <p>Review of Resident #17's MARs for 12/01/14 through 04/04/15 revealed staff omitted one dose of Primidone for the resident on 01/05/15. Staff documented all other doses had been administered. Further review revealed staff</p>	F 514			

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F 514	<p>Continued From page 122</p> <p>omitted one dose of Depakote on 04/04/15 and documented that the medication was not administered on five (5) other occasions (03/08/15, 03/17/15, 03/18/15, 03/22/15, and 03/23/15). All other doses were administered, according to the MARs.</p> <p>Review of the pharmacy medication dispensing records dated 12/01/14 through 04/17/15, revealed the pharmacy dispensed thirty (30) capsules of Primidone 250 mg (a 30-day supply) twice from 12/18/14 through 04/04/15 (12/18/14 and 1/28/15), for a total of sixty (60) capsules. However, one hundred seven (107) capsules were required for the staff to be able to administer the resident's Primidone per the Physician's Orders.</p> <p>Further review of the pharmacy medication dispensing records revealed the pharmacy dispensed one hundred twenty (120) capsules of Depakote 125 mg (a 30-day supply) on 02/20/15; however, the medication was not refilled again until 04/05/15, forty-four (44) days later.</p> <p>Review of Resident #17's laboratory results revealed on 04/03/15, the resident's Valproic Acid (Depakote) level was not therapeutic. Further review of Resident #17's lab levels revealed on 03/16/15, the resident's Primidone level was sub-therapeutic at less than 2.5 mcg/ml (micrograms/milliliter) (therapeutic range is 5 - 12 mcg/ml), but had increased to 9.1 mcg/ml on 03/19/15.</p> <p>As a result of post-survey review by the SSA's pharmacist consultant, it was determined Resident #17's had Physician Orders for April 2015 had concurrent orders for the Primidone</p>	F 514		

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F 514	<p>Continued From page 123</p> <p>250 mg; one order in which the resident was to be given one tablet (250 mg) each morning (initiated 09/19/14), and a second order in which the resident was also to be given one tablet (250 mg) each evening (Initiated 12/16/14), for a total of two (2) tablets per day.</p> <p>3. Review of Resident #13's medical record revealed the resident had diagnoses that included Seizure Disorder. Review of April 2015 Physician's Orders revealed an order for Keppra (anti-seizure medication).</p> <p>Review of Resident #13's MARs for January through March 2015, revealed staff documented the resident's Keppra medication was administered as ordered.</p> <p>Review of the pharmacy medication dispensing records for Resident #13 revealed the pharmacy dispensed 300 ml (a 30-day supply) of Keppra liquid medication four (4) times from 12/03/14 through 03/18/15, for a total of 900 ml. There were forty-seven (47) days between refills from 01/08/15 through 02/24/15. However, 1,050 ml of Keppra was required to administer the medication per physician's orders.</p> <p>Review of Resident #13's laboratory results revealed on 12/01/15, the resident's Keppra level was therapeutic at 23 mcg/ml (normal range is 5 - 63 mcg/ml). However, on 03/02/15 and 04/03/15, the resident's Keppra level was sub-therapeutic (2.0 mcg/ml and 2.9 mcg/ml, respectively).</p> <p>During the SSA's post-survey review by the State Agency Pharmacist Consultant, it was determined through review of the pharmacy's Delivery Manifest Report from 12/01/14 through 04/04/15</p>	F 514			

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F 514	<p>Continued From page 124</p> <p>revealed Resident # 13's Keppra Liquid refills were supplied as 30-day increments of 300 ml each. The review also revealed the resident received four (4) refills (12/03/14, 01/08/15, 02/24/15, and 03/19/15) of Keppra Liquid during that time. Thus, the subsequent refill was approximately six (6) days late. Likewise, after receiving the 300 ml refill on 01/08/15, the resident received a subsequent refill of 300 ml forty-seven (47) days later on 02/25/15, or approximately seventeen (17) days late, as the subsequent refill should have been received approximately 30 days later, on/about 02/07/15.</p> <p>Post Survey review of the January through April 2015 revealed staff did not administer the Keppra liquid medication as ordered; two (2) doses were omitted in January 2015, one (1) dose in February 2015, and two (2) doses in April 2015 for a total of five (5) doses (50 ml).</p> <p>4. Review of Resident #16's medical record revealed the resident had diagnoses that included Seizure Disorder and Psychosis. Further review revealed a Physician's Order dated 09/05/14, for Valproic Acid (brand name is Depakote - a medication used to prevent seizure activity and treat some psychiatric disorders).</p> <p>Review of Resident #16's MARs for 12/01/14 through 04/17/15 revealed staff omitted the resident's morning dose of Valproic Acid on 01/05/15; however, staff documented the resident's Valproic Acid was administered as ordered for all other doses during these months.</p> <p>However, review of the pharmacy medication dispensing records revealed the pharmacy dispensed a 150-ml bottle (a 15-day supply) of</p>	F 514		

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F 514	<p>Continued From page 125</p> <p>Depakote for Resident #16 on 01/24/15. However, the medication was not refilled again until 02/18/15, twenty-six (26) days later.</p> <p>Review of Resident #16's Valproic Acid laboratory level dated 04/03/15 revealed the resident's Valproic Acid level was sub-therapeutic at 20.6 mcg/ml (therapeutic range is 50 - 100 mcg/ml).</p> <p>5. Review of Resident #15's medical record revealed the facility readmitted the resident on 03/20/15, after a hospital stay.</p> <p>Further review revealed the resident had a diagnosis of Seizure Disorder and had a Physician's Order for Keppra (anti-seizure medication), dated 03/19/15.</p> <p>However, review of Resident #15's MARs for 03/20/15 through 04/17/15 revealed staff documented they administered Keppra to Resident #15 as ordered by the resident's physician.</p> <p>Review of the pharmacy's medication dispensing records for Resident #15 revealed 473 ml of Keppra was dispensed to the facility on 03/20/15.</p> <p>Observation on 04/17/15 at 2:20 PM of Resident #15's Keppra medication bottle, that was available for use in the medication cart, revealed the medication was dated as opened on 03/21/15, one day after the resident was readmitted to the facility. The bottle contained 150 ml. However, according to the resident's Physician's Order, the resident required 342.5 ml of medication during the time period, leaving 130.5 ml remaining in the bottle.</p>	F 514			

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F 514	<p>Continued From page 126</p> <p>Review of Resident #15's laboratory results revealed on 01/20/15, the resident's level was 8.0 mcg/ml (normal range is 5 - 83 mcg/ml). However, on 04/03/15, the resident's level had decreased to a sub-therapeutic level of 5.0 mcg/ml.</p> <p>Review of the facility's "Status Change" document that listed residents who had been admitted, transferred, or discharged from December 2014 through April 2015 revealed Residents #11, #13, #15, #16, and #17 had not been absent from the facility, during the times the discrepancies were identified with their medication.</p> <p>Interview with RN #1 on 04/14/15 at 5:03 PM, with Licensed Practical Nurse (LPN) #5 on 04/16/15 at 11:55 PM, with RN #6 on 04/16/15 at 12:14 PM, with Kentucky Medication Aide (KMA) #1 on 04/17/15 at 1:27 PM, and with LPN #8 on 04/17/15 at 3:29 PM, revealed staff denied any resident's medication was not administered per Physician's Orders. Staff stated if they documented on the resident's MAR that medication was administered then the medication was administered per the physician's orders.</p> <p>Interview on 04/14/15 at 6:07 PM with the Director of Nursing (DON) revealed the DON only reviewed MARs for omissions and discrepancies daily and had not identified any concerns. The DON further stated administrative staff observed random medication passes with the nursing staff and had not identified any concerns.</p> <p>6. Review of Kentucky Board of Nursing Advisory Opinion Statement #15 revealed unlicensed personnel known as medication aides may function by administering oral and topical</p>	F 514		

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F 514	<p>Continued From page 127</p> <p>medications in long-term care facilities only through delegation by and under the supervision of a registered nurse or licensed practical nurse.</p> <p>Review of the Kentucky Medication Aide (KMA) course curriculum revealed medication aides "DO NOT:... administer medications via tubes inserted into any body cavity."</p> <p>Review of Residents #11, #15, #16, and #17's Physician's Orders for January 2015 through April 2015 revealed the residents received medications via a G-tube.</p> <p>Review of Resident #11 and #17's MARs for January 2015 through April 2015 revealed KMA #1 documented that she administered G-tube medications to the residents on four (4) days in January 2015, three (3) days in February 2015, one day in March 2015, and four (4) days in April 2015.</p> <p>Review of Resident #15's MARs for January 2015 through April 2015 revealed KMA #1 documented she administered Resident #15's G-tube medications on four (4) days in January 2015, three (3) days in February 2015, and three (3) days in April 2015.</p> <p>Review of Resident #16's MARs for January 2015 through April 2015 revealed KMA #1 documented she administered the resident's G-tube medications on four (4) days in January 2015, three (3) days in February 2015, one (1) day in March 2015, and three (3) days in April 2015.</p> <p>Interview with KMA #1 on 04/17/15 at 1:27 PM revealed she did not administer medications via residents' G-tubes. She stated the residents'</p>	F 514			

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F 514	<p>Continued From page 128</p> <p>MARs had her name on them because she was signed into the electronic Medication Administration Record (eMAR) when the licensed nurses administered the medications. KMA #1 stated nursing staff failed to sign into the electronic MAR under their own names when they administered G-tube medications. The KMA further stated she only administered oral medications.</p> <p>Interview with RN #1 on 04/14/15 at 5:03 PM, with Licensed Practical Nurse (LPN) #5 on 04/16/15 at 11:55 PM, with RN #6 on 04/16/15 at 12:14 PM, and with LPN #8 on 04/17/15 at 3:29 PM, revealed they always administered medications for residents with G-tubes. They stated they were required to have the KMA sign out of the resident's electronic MAR and they should sign in before administering G-tube medications or they should document a note in the electronic MAR; however, the staff could provide no evidence this practice occurred.</p> <p>Interview with the facility's Corporate Nurse Consultant on 04/17/15 at 2:45 PM and the DON on 04/17/15 at 3:45 PM revealed they were not aware nursing staff was not signing in or documenting when they administered G-tube medications when the KMA was signed/logged into the electronic MAR system.</p> <p>Interview on 04/14/15 at 6:07 PM with the DON revealed she reviewed MARs for omissions and discrepancies daily and administrative staff randomly observed medication administration. She further stated no concerns had been identified related to KMAs documenting administration of G-tube medications.</p>	F 514			

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F 514	<p>Continued From page 129</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 04/23/15. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>1) The Physician and Power of Attorney (POA) for Residents #11, #13, #14, #15, #16, and #17 were notified immediately upon identification of potential medication errors by the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADONs), Staff Development Coordinator (SDC), Quality Assurances (QA)Nurse, Nursing Supervisor, Medical Records Nurse or Regional Nurse Consultant on 04/20/15. Residents #11, #13, #14, #15, #16, and #17 were assessed by the ADONs or QA Nurse on 04/20/15 for any signs and symptoms of adverse reactions, with no issues identified. Laboratory levels were drawn on all six (6) residents, the physician was notified of the results, and the residents' care plans were updated, as needed. All six (6) residents' medications were counted and a medication reconciliation was completed for accuracy and a current count was placed on each individual pill packet and/or bottle of liquid medicine on 04/20/15 by the DON, ADONs, SDC, QA Nurse, Medical Records Nurse or Regional Nurse Consultant.</p> <p>2) The physician and POAs for Residents #11, #15, #16, and #17 were notified immediately upon identification of inappropriate documentation by the Administrator, DON, ADONs, SDC, QA Nurse, Nursing Supervisor, Medical Record's Nurse, or Regional Nurse Consultant on 04/20/15. Residents #11, #15, #16, and #17 were re-assessed by the ADONs or QA Nurse, on 04/20/15, for any signs and symptoms of adverse</p>	F 514		

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F 514	<p>Continued From page 130 reactions, with no issues identified.</p> <p>3) All residents' medications were audited by the DON, ADON, SDC, Nursing Supervisor, Medical Record's Nurse or Regional Nurse Consultant, on 04/20/15, to ensure that the current medications, compared to the current Physician Order Sheet, were present and the quantity of medication was counted, the quantity was placed on the medication container along with the date/time completed and initialed by the Nurse Manager completing the validation/count process. A new bottle of medications were requested and placed into service on 04/22/15 for the liquid medications that could not be counted, due to opacity of container.</p> <p>4) All residents' charts were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director, Quality of Life, Dietary Manager, Chaplain, Medical Record's Nurse or Regional Nurse Consultant by 04/22/15 for accuracy of the clinical records and that the records were complete and accurately documented. The following issues were identified and corrected:</p> <p>a. Social Services Quarterly Notes were not within compliance- for three (3) residents b. Activity Quarterly Notes not within compliance-three (3) residents c. Care plan updates-two (2) residents d. Behavior Management care plan updates-two (2) residents</p> <p>5) All residents' care plans were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators,</p>	F 514			

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F 514	<p>Continued From page 131</p> <p>Nursing Supervisor, Admissions, Social Services Director, Quality of life, Dietary Manager, Chaplain, Medical Records or Regional Nurse Consultant by 04/22/15 to ensure all resident care plans reflected the current resident care needs.</p> <p>6) Education was provided to the Administrator, HR, Med Record's Nurse, BOM, Quality of Life, Admissions, Assistant Administrator, Plant Ops, Food Service Director, SSD, Central Supply, Housekeeping Supervisor, DON, ADONs, SDC, MDS Coordinators, and Nursing Supervisors on 04/20/15 by the Regional Nurse Consultant regarding the facility's medication administration policy and procedure which included medication reconciliation. The care plan policy and the procedure included following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized.</p> <p>7) Education was initiated for licensed staff, Kentucky Medication Aides (KMAs) and State Registered Nurse Aides (SRNAs) on 04/20/15 by the Administrator, Assistant Administrator, Regional Nurse Consultant, DON, ADONs or the SDC regarding the Medication Administration Policy and Procedure which included medication reconciliation, care plan policy and the procedure to include following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized. All</p>	F 514			

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F 514	<p>Continued From page 132</p> <p>clinical staff completed or will complete a post-test and score 100% to ensure understanding of education/training provided. If 100% is not obtained then the staff member will be re-educated and a post-test re-administered until the staff member obtains 100% score to ensure understanding of the material covered. Clinical staff was not allowed to work prior to receiving the above stated education. Those clinical staff members that were on Family Medical Leave Act (FMLA), leave or work "as needed" (PRN) were sent a certified letter and were not allowed to work until the education had been received and a post-test completed with 100% score obtained. As of 04/23/15, 60% of all licensed staff and clinical staff had been educated with post-test completed and 100% score obtained; 15% have been contacted by phone, provided education and notified that they cannot work until 1:1 education with post-test was completed, and, 100% score obtained. The remaining 25% were in the process of being contacted and will not be allowed to work until education with post-test has been completed and 100% score obtained. Once education has been provided, each licensed nurse will complete a medication administration observation pass with the DON, ADONs, SDC, Nursing Supervisor, or Regional Nurse Consultant.</p> <p>8) Education regarding medication administration policy and procedure, care plan policy and procedure, administrative oversight, and complete and accurate clinical records were included in the new hire orientation.</p> <p>9) A new process was initiated on 04/22/15 for medication reconciliation of residents' medications. The process is as follows:</p>	F 514			

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F 514	Continued From page 133 a. One random nurse per day, per shift, will complete a medication pass observation with the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant to ensure compliance with medication administration, the resident's care plan was being followed and accurate along with completed documentation was noted. b. DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor, or Regional Nurse Consultant reconciled the medications of four (4) randomly selected residents daily to ensure compliance with medication administration. This process was continued until immediacy was lifted. c. Nurses/KMAs received education on 04/21/15 by the Regional Nurse Consultant, DON, ADONs, SDC, or Nursing Supervisor on placing the discarded pill packets/bottles in the bottom drawer of the medication cart when packet/bottle was finished. The DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant audited, daily, ten (10) discarded packets/bottles per side compared to packets/bottles that were put into service to reconcile medications, confirm reorder process and that the medications were being given per the physician's orders and the plan of care. The process continued until immediacy was lifted. d. Nurses/KMAs placed the date/time and their initials on the side of any new medication packet/bottle placed into service to ensure an accurate date which will allow for accurate reconciliation. Those liquid medications, a total of	F 514			

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F 514	<p>Continued From page 134</p> <p>twenty-one (21), that could not be counted, due to opacity of container, a new bottle was obtained and placed in service by 04/22/15.</p> <p>e. Reorder process below will continue until immediacy was lifted:</p> <p>i) A nurse re-ordered medications via the ezMAR alert system when three (3) to four (4) days of medication were left to administer.</p> <p>ii) A nurse then placed, on the current medication bubble pack, the date of reorder, and their initials.</p> <p>iii) The DON and/or ADONs ran the "Refill Reminder Report" from the ezMAR system, Monday - Friday, and validated that all medications due to be reordered, had actually been reordered.</p> <p>iv) Facility Formulary Nurse, ADONs, SDC, QA Nurse, or Nursing Supervisors reconciled the Refill Reminder Report with the nightly medication manifest report with the actual medication packet on the cart or stored in overflow to ensure medications that were reordered have actually arrived at facility.</p> <p>f. Nurses and KMAs were educated/trained on the medication administration policy and procedure to include documentation along with the scope of practice of the KMA. KMAs will not administer or document administering any medications other than by mouth (PO) or topical.</p> <p>10) All residents medications were reconciled two (2) times weekly, starting 04/20/15 by the DON, ADONs, SDC, Medical Records Nurse, QA Nurse, Nursing Supervisor, Regional Nurse</p>	F 514			

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F 514	<p>Continued From page 135</p> <p>Consultant or Chief Nursing Executive, to ensure reorder process system was intact and within compliance along with ensuring residents medications were administered as ordered. This process will continue for two (2) weeks and results will be reviewed in a weekly QAPI meeting. The QAPI committee will determine ongoing frequency of resident medication reconciliation at that time.</p> <p>11) Education was provided for Licensed Nursing Staff by the Administrator, Assistant Administrator, DON, ADON, the SDC, or the Regional Nurse Consultant regarding the above stated plan by 04/21/15.</p> <p>12) Medication pass audits were completed by the DON, ADON, SDC, Medical Records Nurse, or Regional Nurse Consultant for all nurses and KMAs by 04/22/15 to ensure that medications were administered without significant medication error. Nurses or KMAs who had not completed a medication pass observation were not allowed to work until the medication pass observations had been completed for shifts scheduled after 04/22/15. As of 04/24/15, 75% of all nurses and KMAs had completed a medication pass observation.</p> <p>13) Administrative oversight of the facility was completed by the Special Projects Administrator, the Regional Vice President of Operations, or the Chief Operating Officer daily until removal of immediacy, weekly for four (4) weeks after removal of immediacy, then monthly.</p> <p>14) The Administrator, Assistant Administrator, Special Projects, DON, Chief Operating Officer, Chief Nurse Executive or Regional Nurse</p>	F 514			

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F 514	<p>Continued From page 136</p> <p>Consultant audited compliance of the above stated audits/observations daily until removal of immediacy, then twice weekly for four (4) weeks and reported findings during weekly QA for four (4) weeks, for recommendations and further follow-up as indicated.</p> <p>15) A Quality Assurance meeting was held on 04/17/15, and again on 04/20/15 for further recommendations regarding the plan for removal of Immediate Jeopardy. A Quality Assurance meeting will be held weekly for four (4) weeks, then monthly for recommendations and further follow up regarding the above stated plan.</p> <p>**The State Survey Agency validated the Immediate Jeopardy was removed as follows:</p> <p>1) Review of the medical records of Residents #11, #13, #14, #15, #16, and #17 revealed the residents' physicians and POAs were notified of the potential medication errors by the administrative staff. Further review of the medical records revealed Residents #11, #13, #14, #15, #16, and #17 were assessed by the ADONs or the QA Nurse, on 04/20/15, for any signs and symptoms of adverse reactions from potential medication errors, with no issues identified. The facility obtained laboratory levels on all six (6) residents, the physician was notified of the results, and the residents' care plans were updated as needed. The residents' laboratory results were obtained on the following days by the facility: Resident #11 on 04/03/15, 04/06/15, and 04/20/15, Resident #13 on 04/03/15 and 04/19/15, Resident #14 on 04/17/15, 04/17/15 and 04/19/15, Resident #15 on 04/03/15 and 04/20/15, Resident #16 on 04/03/15 and 04/17/15 and Resident #17 on 04/20/15. The</p>	F 514		
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F 514	<p>Continued From page 137</p> <p>Administrative Staff counted all six (6) residents' medications and a medication reconciliation was completed for accuracy and a current count was placed on each individual pill packet and/or bottle of liquid medicine on 04/20/15 by the DON, ADONs, SDC, QA Nurse, Medical Records Nurse or Regional Nurse Consultant.</p> <p>2) Review of the medical record revealed the physicians and POAs for Residents #11, #15, #16, and #17 were notified immediately upon identification of inappropriate documentation by the Administrator, DON, ADONs, SDC, QA Nurse, Nursing Supervisor, Medical Record's Nurse, or Regional Nurse Consultant on 04/20/15. Further review of the medical records revealed Residents #11, #15, #16, and #17 were re-assessed by the ADONs or QA Nurse, on 04/20/15, for any signs and symptoms of adverse reactions, with no issues identified.</p> <p>3) Review of the medication audits revealed the audits were completed by the DON, ADON, SDC, Nursing Supervisor, Medical Record's Nurse or Regional Nurse Consultant, on 04/20/15, and ensured that the current medications, compared to the current Physician Order Sheet, were present and the quantity of medication was counted, the quantity was placed on medication container along with the date/time completed and initialed by the Nurse Manager completing the validation/count process. Observations, on 04/24/15 revealed new bottles of medication were placed into service on 04/22/15.</p> <p>4) Review of the facility's audits revealed all residents' charts were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators,</p>	F 514			

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F 514	<p>Continued From page 138</p> <p>Nursing Supervisor, Admissions, Social Services Director (SSD), Quality of Life, Dietary Manager, Chaplain, Medical Record's Nurse or Regional Nurse Consultant by 04/22/15 for accuracy of the clinical records and that the records were complete and accurately documented. The audits revealed issues identified were corrected by the facility staff.</p> <p>5) Review of the facility's audits on 04/24/15, revealed all residents care plans were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director, Quality of life, Dietary Manager, Chaplain, Medical Records or Regional Nurse Consultant by 04/22/15 to ensure all residents' care plans reflected the current resident care needs.</p> <p>6) Review of the facility's in-services revealed education was provided to the Administrator, HR, Medical Record's Nurse, BOM, Quality of Life, Admissions, Assistant Administrator, Plant Ops, Food Service Director, SSD, Central Supply, Housekeeping Supervisor, DON, ADONs, SDC, MDS Coordinators, and Nursing Supervisors on 04/20/15 by the Regional Nurse Consultant. The education provided included the medication administration policy and procedure to include medication reconciliation, care plan policy, and the procedure to include following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized. Interviews conducted on 04/24/15, with the</p>	F 514			

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F 514	<p>Continued From page 139</p> <p>Administrator, HR, Med Record's Nurse, BOM, Quality of Life, Admissions, Assistant Administrator, Plant Ops, Food Service Director, SSD, Central Supply, Housekeeping Supervisor, DON, ADONs, SDC, MDS Coordinators, and Nursing Supervisors revealed the staff was educated on 04/20/15 on care plans, the medication administration policy and procedure and accurate medical records.</p> <p>7) Review of the facility's in-services revealed education was initiated for licensed staff, KMAs and SRNAs on 04/20/15 by the Administrator, Assistant Administrator, Regional Nurse Consultant, DON, ADONs or the SDC regarding the medication administration policy and procedure to include medication reconciliation, care plan policy and the procedure to include following the care plan, administering care to ensure highest practical physical, mental, and psychosocial well-being of each resident, and maintain clinical records in acceptable professional standards and practices that were complete, accurately documented, readily accessible and systematically organized. Interviews on 04/24/15 with licensed staff, KMAs, and SRNAs revealed the facility provided staff education that included information on the medication administration policy, medical record documentation, care planning and following the care plan and medication reconciliation. Review of the post-tests revealed staff (with the exception of staff who was on medical leave or who worked "as needed") had completed the post-test with a 100% score.</p> <p>8) Review of new employee orientation revealed newly hired staff would receive education regarding medication administration policy and</p>	F 514			

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F 514	<p>Continued From page 140</p> <p>procedure, care plan policy and procedure, administrative oversight, and complete and accurate clinical records and that the information was added to the new hire orientation. Interviews on 04/24/15, with newly hired staff revealed the staff had been provided information on medication administration policy and procedure, care plan policy and procedure, administrative oversight, and complete and accurate clinical records.</p> <p>9) Review of the new process for medication reconciliation of residents' medications revealed the process was initiated on 04/22/15. The process was as follows:</p> <p>a. Review of the facility audits revealed one random nurse per day, per shift completed a medication pass observation with the DON, ADONs, SDC, Medical Record's Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant to ensure compliance with medication administration, the resident's care plan was being followed and accurate, and to ensure documentation was completed.</p> <p>b. Review of the facility's audits revealed the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant reconciled the medications of four (4) randomly selected residents daily to ensure compliance with medication administration. The audits revealed the process was ongoing on 04/24/15.</p> <p>c. Review of the facility's in-services revealed the nurses/KMAs received education on 04/21/15 by the Regional Nurse Consultant, DON, ADONs, SDC, or Nursing Supervisor on placing the</p>	F 514			

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F 514	<p>Continued From page 141</p> <p>discarded pill packets/bottles in the bottom drawer of the medication cart when the packet/bottle was finished. Review of the facility's audits revealed the DON, ADONs, SDC, Medical Records Nurse, MDS Coordinators, Nursing Supervisor or Regional Nurse Consultant audited ten (10) discarded packets/bottles per unit daily and compared them to packets/bottles that were put into service to reconcile medications, confirm the reorder process and that the medications were being given per the physician's orders and the plan of care. Review of the facility's audits and an observation of the medication cart on 04/24/15, revealed the process was ongoing on 04/24/15.</p> <p>d. Observations of the medication carts on 04/24/15 revealed the nurses/KMAs had placed the date/time and their initials on the side of new medication packet/bottle. Further observations of the medication carts revealed liquid medications were dated 04/22/15.</p> <p>e. Review of the medication re-order process revealed the following process was in place</p> <p>i) Interviews, on 04/24/15, with nursing staff revealed a nurse reordered medications via the ezMAR alert system when three (3) to four (4) days of a medication was left to administer.</p> <p>ii) Observations on 04/24/15, and interviews with nursing staff, on 04/24/15, revealed a nurse placed the date of reorder and their initials on the current medication bubble package.</p> <p>iii) Interviews, on 04/24/15, with the DON and ADONs revealed the administrative staff ran the "Refill Reminder Report" from the ezMAR system,</p>	F 514			

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F 514	<p>Continued From page 142</p> <p>Monday -Friday, and validated that all medications due to be reordered, had actually been reordered.</p> <p>iv) Interviews on 04/24/15, with the Facility Fomulary Nurse, ADONs, SDC, QA Nurse, and Nursing Supervisors revealed the staff reconciled the Refill Reminder Report with the nightly medication manifest report and the actual medication packet on the cart or stored in overflow to ensure medications that were reordered had actually arrived at the facility.</p> <p>f. Review of the facility in-services revealed nurses and KMAs were educated/trained on the medication administration policy and procedure to include documentation along with the scope of practice of the KMA. Interviews, on 04/24/15, with nurses and KMAs revealed the staff had been trained on documentation practices and scope of practice for the KMA.</p> <p>10) Review of the facility's audits revealed all residents' medications were reconciled two (2) times weekly, starting on 04/20/15 by the DON, ADONs, SDC, Medical Records Nurse, QA Nurse, Nursing Supervisor, Regional Nurse Consultant or Chief Nursing Executive. Interviews on 04/24/15 with the DON, ADONs, SDC, Medical Records Nurse, QA Nurse, Nursing Supervisor, Regional Nurse Consultant and Chief Supervisor, Regional Nurse Consultant and Chief Nursing Executive revealed all residents' medications were reconciled two (2) times weekly with no issues identified.</p> <p>11) Review of the facility's in-services revealed education was provided for Licensed Nursing Staff by the Administrator, Assistant Administrator, DON ADONs SDC, or the Regional</p>	F 514		

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F 514	<p>Continued From page 143</p> <p>Nurse Consultant regarding the above stated plan by 04/21/15. Interviews on 04/24/15 with the Administrator, DON, ADON, SDC, and the Regional Nurse Consultant revealed licensed nursing staff was provided education regarding all areas of the corrective plan.</p> <p>12) Review of medication pass audits revealed the audits were completed by the DON, ADON, SDC, Medical Records Nurse, or Regional Nurse Consultant for all nurses and KMA by 04/22/15. Interviews on 04/24/15 with the DON, ADON, SDC, Medical Records Nurse and Regional Nurse Consultant revealed a medication pass had been completed with all nurses and KMAs by 04/22/15.</p> <p>13) Interviews on 04/24/15 with the Special Projects Administrator, the Regional Vice President of Operations, and the Chief Operating Officer revealed administrative oversight of the facility was completed by the Special Projects Administrator, the Regional Vice President of Operations, or the Chief Operating Officer daily.</p> <p>14) Review of the audits and Interviews on 04/24/15 with the Administrator, Assistant Administrator, Special Projects, DON, Chief Operating Officer, Chief Nurse Executive or Regional Nurse Consultant revealed the administrative staff audited the compliance of the above stated audits/observations daily.</p> <p>15) Review of the Quality Assurance meeting minutes revealed a meeting was held on 04/17/15 and again on 04/20/15.</p>	F 514			