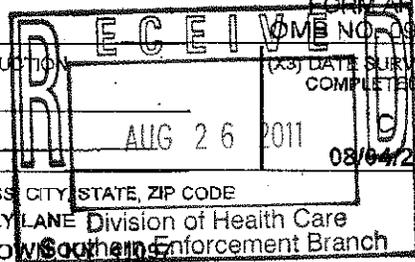


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/18/2011

FORM APPROVED

OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  AUG 26 2011 08/04/2011
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NAME OF PROVIDER OR SUPPLIER  GRANT MANOR CARE AND REHABILITATION CENTER	STREET ADDRESS CITY STATE, ZIP CODE 201 KIMBERLY LANE Division of Health Care WILLIAMSTOWN, VA Southern Enforcement Branch
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  A standard health survey was conducted on 08/02-04/11. Deficient practice was identified with the highest scope and severity at "F" level, with no substandard quality of care.  An abbreviated standard survey (KY15826, KY15893, KY15958, KY16226, KY16321, KY16625, KY16782) was also conducted at this time. The allegations were unsubstantiated with no deficient practice identified.	F 000		
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked, permanently affixed compartments for storage of	F 431	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Grant Manor Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."  F431  1. The packing strips on Providence hall and unpackaged medication from the 100 hall, 200 hall, 300 hall, and 400 hall medication carts were discarded on August 4, 2011 by a Licensed Nurse.  2. Medication carts and medication rooms were inspected by a Licensed Nurse on August 14, 2011 for undated, expired, or unpackaged medication. Any items identified were discarded. No residents were identified as being affected.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *James P. Houghton* RNIBEN/2NBA TITLE: \_\_\_\_\_ (X6) DATE: 8/26/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  GRANT MANOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 KIMBERLY LANE WILLIAMSTOWN, KY 41097
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 431	<p>Continued From page 1</p> <p>controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to store and label drugs and biologicals in accordance with current accepted professional principles. Unpackaged medications were found in the drawers of the medication carts on the 100 Hall, 200 Hall, 300 Hall, and 400 Hall. Observation of the medication room located on the Providence Hall revealed a bottle of packing strips that were available for use. The packing strips had been opened and exceeded the manufacturer's recommended expiration date of December 2010.</p> <p>The findings include:</p> <p>A review of the facility policy Storage and Expiration Dating of Drugs/Biologicals, with an effective date of 12/01/07, revealed the manufacturer's guidelines should be followed with respect to expiration dates for opened/unopened medications. In addition, the policy revealed the facility should ensure that drugs/biologicals for each resident were stored in their originally received containers.</p> <p>Observations conducted on 08/04/11, from 1:10</p>	F 431	<p>3. The Licensed Nurses and Certified Medication Aides were re-educated by the Administrator or Director of Nursing Services as of August 22, 2011 on medication labeling and storage. The Licensed Nurses will check the medication carts and medication rooms each day to ensure labeling and storage is maintained.</p> <p>4.. The Director of Nursing Services, Assistant Director of Nursing Services, Unit Manager, or Nursing Supervisor will review the medication carts and medication rooms weekly times 12 weeks for undated or unpackaged items. The Director of Nursing Services or Assistant Director of Nursing Services will report a summary of findings to the Performance Improvement Committee monthly times 3 months for review and further recommendation</p> <p>Completed August 23, 2011.</p>	
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NAME OF PROVIDER OR SUPPLIER  GRANT MANOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 201 KIMBERLY LANE WILLIAMSTOWN, KY 41097
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 431	<p>Continued From page 2</p> <p>PM to 1:45 PM, of medication carts located on the Heritage and Providence Halls revealed unpackaged/unlabeled medications available for resident use, e.g., 11 unpackaged/unlabeled pills were stored in the 100 Hall cart, 2 unpackaged/unlabeled pills were stored in the 200 Hall cart, 14 unpackaged/unlabeled pills were stored in the 300 Hall cart, and 9 unpackaged/unlabeled pills were stored in the 400 Hall cart.</p> <p>An observation conducted on 08/04/11, at 1:45 PM, of the Providence Hall medication room revealed a bottle of packing strips with an expiration date of December 2010. The bottle was opened, not dated with the date it had been opened, and was available for resident use.</p> <p>An interview conducted with the Unit Manager of the Heritage Hall on 08/04/11, at 1:15 PM, revealed the Unit Manager checked medication carts on the 300 and 400 Halls on a monthly basis and had not identified concerns related to medication storage.</p> <p>An interview conducted with the Unit Manager of the Providence Hall on 08/04/11, at 1:45 PM, revealed the Unit Manager checked medications located in the medication room and the medication carts for expiration dates on a weekly basis and had not identified any concerns related to the storage of medications or with expiration dates of the medication.</p> <p>An interview conducted with the Director of Nursing (DON) on 08/04/11, at 2:15 PM, revealed the medication carts were to be cleaned on Saturdays by the night shift staff and checked on</p>	F 431		
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NAME OF PROVIDER OR SUPPLIER  GRANT MANOR CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 201 KIMBERLY LANE WILLIAMSTOWN, KY 41097	
(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 431	Continued From page 3	F 431		
F 465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide a safe, functional, and sanitary environment for residents and staff. Facility medication carts and pill crushers were observed soiled with a buildup of medication residue, dirt, and debris.</p> <p>The findings include:</p> <p>An interview conducted with the Director of Nursing (DON) on 08/04/11, at 2:15 PM, revealed the facility did not have a written policy for cleaning and monitoring medication carts or pill crushers.</p> <p>Observations conducted on 08/04/11, from 1:10 PM to 1:45 PM, of five facility medication carts for both the Heritage and Providence Hallways revealed a heavy buildup of medication residue in the bottom of the drawers in the medication carts and a buildup of dirt and debris on the outside of the carts. In addition, five pill crushers were observed with a buildup of dirt debris and medication residue.</p>	F 465	<p>F465</p> <ol style="list-style-type: none"> <li>1. Medication carts and pill crushers were cleaned on August 14, 2011 by the Licensed Nurses.</li> <li>2. No residents were identified as affected by the identified medication carts and pill crushers.</li> <li>3. The Licensed Nurses and Certified Medication Aides were re-educated as of August 22, 2011 regarding the medication cart and pill crusher cleaning schedule and procedure by the Administrator or Director of Nursing Services. The cleaning schedule is to clean the medication carts and pill crushers weekly by the Licensed Nurse and/or Certified Medication Aide.</li> </ol>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/04/2011
NAME OF PROVIDER OR SUPPLIER  GRANT MANOR CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 201 KIMBERLY LANE WILLIAMSTOWN, KY 41097		
(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 465	Continued From page 4  Interviews conducted with the Unit Managers of the Heritage and Providence Halls on 08/04/11, at 1:15 PM and 1:45 PM, revealed the Unit Managers were not aware of a cleaning schedule for the pill crushers or the medication carts. According to the Unit Managers the carts were not routinely checked for dirt and debris.  An interview with the Director of Nursing (DON) on 08/04/11, at 2:15 PM, revealed the medication carts were to be cleaned on Saturdays by night shift staff. According to the DON, the outside of the carts was to be cleaned by the Certified Nurse Aides (CNAs) and the inside of the carts was to be cleaned by the nurses. The DON was not aware of any concerns regarding a buildup of medication residue, dirt, and debris on the medication carts or the pill crushers.	F.465	4. The Director of Nursing Services, Assistant Director of Nursing Services, Unit Manager or Nursing Supervisor will monitor medication carts and pill crushers weekly times 12 weeks to ensure cleanliness. The Director of Nursing Services or Assistant Director of Nursing Services will submit a summary of findings to the Performance Improvement Committee for review and further recommendation monthly times 3 months.  Completed August 23, 2011.		

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185265</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/03/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>GRANT MANOR CARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 KIMBERLY LANE WILLIAMSTOWN, KY 41097</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a) Building: 01 Plan Approval: 1986, 1996 Survey under: 2000 Existing Facility type: SNF/NF Type of structure: One story Type V111 with partial basement Smoke Compartment: Four smoke compartments Fire Alarm: Full fire alarm system installed in 1986 Sprinkler System: Automatic (dry) sprinkler system installed in 1986 Generator: Type II natural gas installed in 2010 A standard Life Safety Code survey was conducted on 08/03/11. Grant Manor Care and Rehabilitation Center was found to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was 85. The facility is licensed for 95.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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