

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

2nd SPD

PRINTED: 08/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  188200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/25/2015
NAME OF PROVIDER OR SUPPLIER  LETCHER MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 73 PIEDMONT DRIVE WHITESBURG, KY 41858		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 332 SS=D	<p>A standard health survey was conducted on 06/23-25/15. Deficient practice was identified with the highest scope and severity at "D" level.</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to ensure it was free of medication error rates of five (5) percent or greater. Observation of medication administration by Licensed Practical Nurse (LPN) #1 on 06/24/15, revealed two (2) medication errors were observed out of twenty-nine (29) opportunities, reflecting a medication error rate of seven (7) percent.</p> <p>The findings include:</p> <p>Review of a facility's policy titled, "Medication Administration," undated, revealed medications were administered as prescribed by the physician. The policy also revealed the individual who administered the medication was responsible for documenting the administration on the resident's Medication Administration Record (MAR) immediately after the medication was given.</p> <p>Observation of medication administration for Resident A on 06/24/15 at 8:58 AM with LPN #1</p>	F 332	<p>Letcher Manor does not believe, nor does the facility admit, that any deficiencies exist. Letcher Manor reserves all rights to contest the survey findings through informal dispute resolution, appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard of care, contract, obligation or position. Letcher Manor reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Letcher Manor does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceeding. Letcher Manor offers its responses, credible allegations of compliance and plan of correction as part of its on-going effort to provide quality care to our residents. Letcher Manor strives to provide the highest quality of care while ensuring the rights and safety of all residents.</p> <p><u>F332 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</u> Letcher Manor strives to ensure medication administration and corresponding records are accurate and complete in accordance with</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Carla C. Biskupic*

TITLE

Administrator

(X6) DATE

07/19/2015

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  LETCHER MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 73 PIEDMONT DRIVE WHITESBURG, KY 41858	
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F 332	<p>Continued From page 1</p> <p>revealed Omeprazole (medication used to reduce acid produced by the stomach) 20 milligrams, and Potassium Chloride (mineral supplement) 10 milliequivalents, were not observed to be administered to Resident A.</p> <p>Review of the Medication Administration Record (MAR) for Resident A revealed both medications, Omeprazole 20 milligrams and Potassium Chloride 10 milliequivalents, had been documented by LPN #1 as having been administered to the resident.</p> <p>Interview with LPN #1 on 06/24/15 at 9:22 AM, revealed she overlooked the Omeprazole 20 milligrams and Potassium Chloride 10 milliequivalents for Resident A. LPN #1 stated she had received training on medication administration by the facility and was aware she should not have documented she administered the medication when the medication was not actually given.</p> <p>Interview with the Director of Nursing (DON) on 04/25/15 at 2:30 PM, revealed the facility monitored one nurse per month during medication administration, and had not identified any concerns related to medication administration. The DON stated LPN #1 had been monitored during medication administration, but was unsure of the date. The DON stated there had been no identified concerns related to LPN #1 administering medications.</p>	F 332	<p>written physician orders and accepted professional standards and practices. Per facility policy titled, 'Medication Administration,' medications are administered as prescribed in accordance with good nursing principles and practices, and only by persons legally authorized to do so. Medications are administered in accordance with written orders of the attending physician. Medications are administered without unnecessary interruptions. At the end of the medication pass, the person administering the medications shall review the medication administration record (MAR) to ensure necessary doses were administered and documented.</p> <p>Per LPN #1, on 06/24/15, the medication pass time had five (5) minutes left to complete timely, and LPN #1 had already started preparing medications for the last resident when two (2) individuals approached to observe. LPN #1 and the Unit Coordinator informed them the medication pass had already started for this last resident and must be complete by 0900. LPN #1 was requested to proceed. LPN #1 states that during this medication pass, it was interrupted thrice: 1) The initial approach and conversation; 2) to explain what medication had already been pulled from the cart for this resident; and, 3) to explain infection control processes while still in the process of administering the medication. LPN #1 states that he/she is familiar with the resident's medications and what should be given, as these are given each day he/she works, and</p> <p>(Page 2 of 5)</p>	

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any error related to non-administration would have been determined during the final MAR review.

The physician orders stated for Klor-Con 10 10MEQ to be given twice daily, and the Omeprazole 20 mg to be given once daily. Both medications are normally given to this resident by 0900 a.m.

Staff providing medications were educated by Pharmacy Consultants on March 13, 2015. LPN #1 was observed by Pharmacy Consultants on June 2, 2015 with an error rate of zero percent (0%). It is the goal of this facility to achieve and maintain an error free medication rate.

This is evidenced by the following actions:

1. Resident A did not express any concern, nor was found to have any adverse affect in regards to the time frame variance of the medication. Per resident's chart, the physician was notified on 06/24/15 the above-mentioned medications were not provided at the normal time of day; whereas the physician provided a new (one time) order to give both medications at 0935 a.m., which was substantiated as administered by MAR review. A "circle" was observed around LPN #1 initials for both medications at 0900 which corrected the MAR error.
2. To identify other residents who may have had the potential to be affected,

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MAR review and medication cart review was performed, as well as interview of alert and oriented residents on 06/24/15. No other residents were found to have been affected. Other residents are not anticipated to be affected due to the implementation of #4 below. LPN #1 was re-educated on the Medication Administration Policy on 06/24/15.

3. To ensure the practice will not recur, educational in-services were conducted, by the Director of Nursing, on July 3, 2015 for all staff who administer medications, specifically, RNs, LPNs and KMAs. The in-service included detailed review of medication administration policies, which included proper administration of medications and documentation of medication administration. All new hires shall be oriented to the medication administration policies for the above-mentioned issues. These same policies shall be reviewed with these same staff if a concern is identified. In-services shall be conducted annually with staff who will be administering medications as noted above.
4. To ensure solutions are sustained in regards to medication administration and documentation thereof, the Director of Nursing shall implement quality assurance measures by the method of survey. This will include medication pass observation along with chart/MAR

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review. A ten (10) percent sample selection of all residents receiving medications shall be conducted. In addition, the pharmacy consultant shall conduct one monthly medication pass observation for staff administering medication. The QA Coordinator shall oversee the above-mentioned reviews and assess compliance on a monthly basis, and shall evaluate annually for on-going review. Evaluation reports will be distributed by the QA Coordinator to the Director of Nursing for review and appropriate action to be taken as necessary. If solutions are not maintained, dependent upon the cause, corrective action shall be implemented, including, but not limited to: #3 as mentioned above shall be initiated again, and/or sampling increased, and/or increase periodic monitoring.

5. F332 July 4, 2015

7/4/15

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NAME OF PROVIDER OR SUPPLIER  <b>LETCHER MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>73 PIEDMONT DRIVE WHITESBURG, KY 41858</b>		
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K 000	<p>INITIAL COMMENTS</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1985</p> <p>SURVEY UNDER: 2000 Existing (Short Form)</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (111)</p> <p>SMOKE COMPARTMENTS: Four</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II diesel generator</p> <p>A life safety code survey was initiated and concluded on 06/24/15, for compliance with Title 42, Code of Federal Regulations, 483.70(a) and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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