

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

APR 16 2015

PRINTED: 04/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
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NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL - LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS A Recertification Survey was initiated on 03/30/15 and concluded on 04/01/15 and found the facility not meeting the minimum requirements for recertification with deficiencies cited.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 431	F 431 The vials of Gentamicin were removed from the Emergency Drug Box immediately after identification on 04/01/2015 and the provider pharmacy was notified to obtain replacement medication. Because there was no order for this medication to be given and the date identified by RN #1, no resident was affected. Emergency Medication Boxes were exchanged on 04/01/2015 and checked according to policy. No residents were found to be affected. Upon receipt of each Emergency Drug Box, the receiving nurse will check the expiration date(s) located on the outside of the Box and on the medication list on each Box. If any medication is noted to expire within 30 days of delivery, the Box will be returned to the pharmacy for replacement. The expiration date for the medication expiring soonest on Boxes accepted for storage will be recorded on the delivery sheet and retained by the Director of Nursing Services. The Consultant Pharmacist will ensure all Emergency Medication Boxes are inspected at least every thirty (30) days. Provider pharmacy pharmacists will perform a final check of Emergency Drug Boxes and	5/1/2015

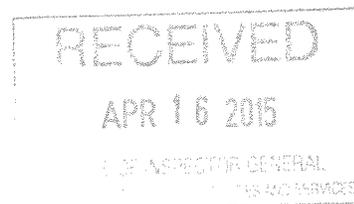
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>X [Signature]</i>	TITLE <i>X Executive Director X</i>	(X6) DATE <i>4/16/15</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution 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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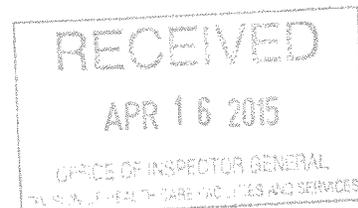
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015	
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL - LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205		
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F 431	<p>Continued From page 1 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 facility policy review, it was determined the facility failed to ensure medications ready for use were not expired for one (1) of two (2) medication rooms. Two (2) vials of Gentamicin stored in the Emergency Medication Box had expired January 2015.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Emergency Medication Supplies, dated 12/01/07, revealed the facility was to ensure Emergency Medication Supplies remained in the facility until either an item was withdrawn or its contents was about to expire. In either case, the facility contacted the pharmacy for a replacement. The facility implemented an On-Demand Exchange System whereby the pharmacy exchanged the emergency medication supply box on a staggered-exchange scheduled basis. During the interval between exchanges, the facility notified the pharmacy of any withdrawals or discrepancies. The facility returned opened boxes to the pharmacy for review and reconciliation of any discrepancies.</p> <p>Observation of the Central medical room, on 04/01/15 at 1:30 PM, revealed the emergency medication supply box contained two (2) expired</p>	F 431	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 431 document accuracy before each Box is delivered to the facility.</p> <p>Results of the nurses checking the expiration dates before acceptance will be presented to the Quality Assurance Performance Improvement Committee by the Director of Nursing Services at least monthly until 100% compliance is achieved for three (3) consecutive months. Results of the Emergency Drug Box inspections and final checks will be presented to the Quality Assurance and Performance Improvement Committee by the Consultant Pharmacist at least monthly until 100% compliance is achieved for three (3) consecutive months. The Quality Assurance Performance Improvement Committee consist of the Medical Director, Director of Nursing Services, Executive Director (Administrator), Nurse Manager, Respiratory Therapy Manager, Social Services Director, Admissions Coordinator, MDS Coordinator, Registered Dietician, Activities Director, Therapy Program Director, and Medical Records Clerk.</p>	



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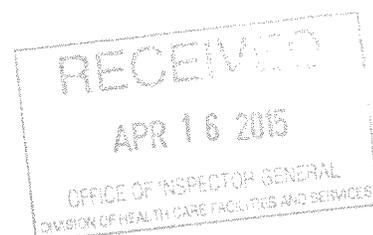
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NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL - LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205		
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F 431	<p>Continued From page 2</p> <p>vials of Gentamicin 80 mg per two (2) milliliters (ml). The medication expired January 2015.</p> <p>Review of the medication list on the outside of the box, not dated, revealed the medication Gentamicin 80 mg/2 ml, with a quantity of two (2) vials, with an expiration date of January 2015.</p> <p>Interview with Registered Nurse (RN) #1, on 04/01/15 at 1:30 PM, revealed the medication Gentamicin 80 mg/2 ml located in the emergency medication kit had an expiration date of January 2015. The RN stated Gentamicin was an antibiotic medication used to treat certain types of infections. RN #1 stated the RN's could have mixed this medication for patient use if a physician prescribed this medication to a resident. She stated it was the responsibility of the nurse to check the medication's expiration date prior to administering to a resident; however, the potential existed for a nurse to administer the medication to a resident. RN #1 stated the manufacturer placed an expiration date on the medication for a reason she was unsure of, but would not have given an expired medication to a resident, as the medication may not be safe or effective. RN #1 further stated a resident could experience a delay in starting the medication, because the medication in the emergency medication box was expired. The nurse would have to call the pharmacy and have the medication delivered STAT. The RN stated the STAT reorder could take 4 hours, delaying the resident from starting the antibiotic treatment on time.</p> <p>Interview with the Director of Nursing (DON), on 04/01/15 at 2:00 PM, revealed the Pharmacy maintained the medications in the emergency</p>	F 431		



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NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL - LOUISVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205		
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F 431	<p>Continued From page 3</p> <p>medication boxes. The DON stated the pharmacy replaced the entire medication box twice per week. The DON stated the potential outcome of the medication in the emergency medication box being expired was a nurse could administer the expired medication to a resident. Additionally, there was the potential for a delay in starting the antibiotic treatment prescribed to the resident if the nurse verified the medication was expired prior to administration of the medication. The DON further stated the pharmacy last replaced the emergency medication box on the Center Hall medication room on 03/23/15.</p> <p>Interview with the Pharmacy Representative, on 04/01/15 at 2:30 PM, revealed expired medications in the emergency medication box was a problem because, if administered, the medication could be less effective. The manufacturer did not guarantee the potency of a medication after the expiration date. The Pharmacy Representative discussed the process for checking and changing out the emergency medication box at the facility. A courier delivers the emergency medication box from the facility to the pharmacy. A Pharmacy Technician pulled expired medications and replaced expired or missing medications from the emergency medication box. The Pharmacist visually inspected the emergency medication box to ensure the medications are accurate and in date. If the Pharmacist found expired medication, he would ask the Pharmacy Technician to replace the medication. The pharmacy would then send the emergency medication box to the facility via courier service.</p>	F 431		



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NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL - LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1313 ST. ANTHONY PLACE LOUISVILLE, KY 40205
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01</p> <p>Plan Approval: 1962, 1992</p> <p>Survey under: 2000 existing</p> <p>Facility type: SNF/NF on the third floor of a Hospital.</p> <p>Type of structure: Third (3rd) Floor of a Six (6) story with Basement, Type II protected construction.</p> <p>Smoke Compartment: Four (4) smoke compartments on the third floor.</p> <p>Fire Alarm: Complete fire alarm system with heat and smoke detectors.</p> <p>Sprinkler System: Complete automatic wet sprinkler system.</p> <p>Generator: Two (2) Type I generators, 600 KW and 300 KW, fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 03/31/15. The skilled nursing facility located on the third floor of the Hospital was found to be in compliance with the Requirements for Participation in Medicare and Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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