

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

PRINTED: 06/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2015
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NAME OF PROVIDER OR SUPPLIER WESTERN STATE NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240
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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 AMENDED A Recertification Survey was conducted on 05/27/15 through 05/29/15 with a deficiency cited at a Scope and Severity of an "E". In addition, a Life Safety Code Survey was conducted on 05/27/15, with the highest deficiency cited at a S/S of an "F".	F 000		
F 502 SS=E	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on observation, interview and facility policy review, it was determined the facility failed to ensure expired laboratory and medical equipment were not accessible for use. Observations of the medication rooms revealed laboratory testing supplies with expiration dates of 02/2014, and 01/2015. The findings include: Review of the facility's policy entitled "Psychobiological/Pharmacological Interventions Medical Treatment Rooms/Emergency Carts", dated March 2015, revealed all dated supplies should be checked for expiration dates and any items noted to have an expired date should be removed and sent back to the pharmacy or central supply.	F 502	What corrective action(a) will be accomplished for those residents found to have been affected by the deficient practice: There were no residents identified to have been affected by the deficient practice. To prevent any possibility of residents being affected by this deficient practice, all medication rooms (1, 2, 3 and 4) on every unit were inventoried by the Assigned Administrative Nurses (#1, #2, #3 and #4). All laboratory and medical equipment was checked for expiration dates with no expired equipment identified. This was completed on 05/29/15 (See Attachment A). How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken: In order to identify other residents having the potential to be affected by the same deficient practice; any new laboratory and/or medical equipment being delivered to the units will be inventoried by the assigned Unit Charge Nurse (RN or LPN) to ensure the already existing laboratory and/or medical equipment with the earliest expiration date is brought to the front for first use (See Attachment B). The Western State Nursing Facility 11-7 Medication Room Check was updated to include "Laboratory and/or medical equipment are stocked according to shelf life with the most current expiration date in front for first use. Also, the assigned Unit Charge Nurse (RN or LPN) will check expiration dates to ensure the use by dates are current, prior to use of any type of laboratory and/or medical equipment (See Attachment C).	7/01/15



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Director	(X8) DATE 6/19/2015
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NAME OF PROVIDER OR SUPPLIER WESTERN STATE NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240		
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F 502	<p>Continued From page 1</p> <p>1. Observations of the medication room on Unit 312 on 05/28/15 at 10:10 AM, revealed fourteen (14) purple rubber top lab testing tubes and twenty (20) green rubber top lab testing tubes available for use, with an expiration date of 02/2014.</p> <p>Interview (post survey) with Licensed Practical Nurse (LPN) #2, on 06/05/14 at 10:18 AM, revealed she worked the 11:00 PM - 7:00 AM shift on Unit 331 and Unit 312. LPN #2 stated she did not check blood vials because staff come from an outside lab and draw the residents' blood and bring their own lab testing tubes. LPN #1 stated the other supplies in the medication room were checked once a week and any identified expired supplies were thrown away.</p> <p>Interview with the Support Services Supervisor, on 05/28/15 at 2:05 PM, revealed using expired specimen containers could potentially lead to erroneous laboratory results, thus causing an improper diagnosis and treatment.</p> <p>2. Observation of the Medication Room on Unit #321, on 05/28/15 at 10:30 AM revealed one (1) indwelling catheter kit with an expiration date of 01/2015.</p> <p>Interview with UM #2, on 05/28/15 at 3:00 PM, revealed the facility should follow the expiration date on the supplies and they should return them to pharmacy or throw them away. UM #2 stated the nurses should check the dates before using the items.</p> <p>Interview (post-survey) with LPN #1, on 06/05/15 at 10:16 AM, revealed she worked 7:00 PM-7:00</p>	F 502	<p>What measures will be put into place, or what systemic changes you will make to ensure that the deficient practice does not recur:</p> <p>On 06/15/17, the Nursing Service Standard Of Operation Section IV Provision of Clinical Services SOP 9 O; Medical Treatment Rooms/Emergency Carts (See Attachment B) was updated by the DON to include: 1. All expired laboratory and/or medical equipment is to be discarded and the most current expiration date placed in front for first use. 2. The Western State Nursing Facility 11-7 Medication Room Check was updated to include "Laboratory and/or medical equipment are stocked according to shelf life with the most current expiration date in front for first use. 3. Also, the assigned Unit Charge Nurse (RN or LPN) will check expiration dates to ensure the use by dates are current, prior to use of any type of laboratory and/or medical equipment. 4. Should there be any expired laboratory and/or medical equipment, it will be discarded immediately (See Attachment B).</p> <p>Additionally, in-servicing was provided to re-iterate these nursing policy revisions to all the licensed nursing staff (RNs and LPNs) presented by the Clinical Coordinators (#1 and #2) beginning on 06/19/15 and completed by 06/25/15. (All licensed nursing staff (RN and/or LPN) on leave at the time of the in-service will review the revised policy upon first day of return to work). The following nursing revisions were reviewed: the medication rooms (1, 2, 3 and 4) are to be checked every Sunday night on the 11-7 shift utilizing the revised Western State Nursing Facility 11-7 Medication Room Check (See Attachment B). When any new laboratory and/or medical equipment are delivered to the units, the assigned Unit Charge Nurse (RN or LPN) will ensure the already existing laboratory and/or medical equipment with the earliest expiration date is brought to the front for first use. Also, the assigned Unit Charge Nurse (RN or LPN) will ensure that all laboratory and/or medical equipment's expiration date is current and stocked on the shelves and in the cabinets with no expired laboratory and/or medical equipment available for use. Should there be any expired laboratory and/or medical equipment, it will be discarded immediately. This checklist will be turned in each Monday morning to the DON/ ADON (See Attachment C)</p>		

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NAME OF PROVIDER OR SUPPLIER WESTERN STATE NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240		
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F 502	<p>Continued From page 2</p> <p>AM on Unit #332. LPN #1 stated the medication room checks were conducted every Sunday and all expired medications and supplies should have been removed. Further interview with LPN #1 revealed she did not know supplies were stored in drawers or under the cabinets so she had not checked them. In addition, she stated she was not the only nurse who worked on Sunday nights.</p> <p>Interview with Registered Nurse (RN) #1, on 05/28/15 at 2:30 PM, revealed, the nurses on the night shift were responsible for checking each medication room for outdated supplies once a week. RN #1 stated using an expired specimen container could possibly lead to inaccurate lab results.</p> <p>Interview with the Laboratory Manager, on 05/28/15 at 4:10 PM, revealed it was not recommended to use any expired laboratory supplies, and the facility staff was responsible to check for outdated medical supplies.</p> <p>Interview with the Director of Nursing (DON), on 05/28/15 at 4:30 PM, revealed the Charge Nurse on the night shift was responsible for completing a weekly audit of the medication room to check for expired supplies. The DON stated using an expired laboratory testing tube could lead to the potential of having to re-stick the resident to obtain the proper sample. She further stated there was a check and balance system in place, but evidently it was not working. Further interview revealed she would have expected the night nurse responsible for completing the weekly audit to have removed any expired medical supplies.</p>	F 502	<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance will be put into place:</p> <p>Additionally, the assigned Clinical Coordinators (#1 and #2) will conduct a review of each medication room on their assigned units for any expired laboratory and/or medical equipment weekly beginning the week of 06/22/15. This review will be conducted on a weekly basis for six months to ensure that no expired laboratory and/or medical equipment available for resident use. (See Attachment D). Results of these checks will be documented and turned in to the ADON/DON. Any identified concerns will be addressed immediately with the involved licensed nursing staff (RN or LPN). Additionally, weekly random medication room audits will be conducted by the ADON/DON to ensure there are no expired laboratory and/or medical equipment available for use. This audit will begin the week of 6/29/15. (See Attachment E). These audits will be conducted weekly times four weeks and then monthly times five months. The results of the DON/ADON medication Room Audit will be reported to the Quality Assurance Committee by the ADON/DON quarterly for 6 months with any performance plans necessary initiated.</p>		

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NAME OF PROVIDER OR SUPPLIER WESTERN STATE NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240	
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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: 1958</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Three (3) story, Type II (222)</p> <p>SMOKE COMPARTMENTS: Thirteen (13) smoke compartments.</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: Type II generator. Fuel source is diesel.</p> <p>A Life Safety Code Survey was completed on 05/27/15. The facility was found to be not 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). The facility is certified for one-hundred and forty-four (144) beds with a census of one-hundred and ten (110) on the day of the survey.</p> <p>The findings that follow demonstrate</p>	K 000	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">POC ACCEPTED</p> <p style="text-align: center;">JUN 25 2015</p> <p style="text-align: center;"><i>Kurt D. [Signature]</i></p> </div> <div style="text-align: center;">  </div>	

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

[Signature]

Director

TITLE

(X5) DATE

6/23/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185225	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER WESTERN STATE NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240	
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K 000	Continued From page 1 noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire). Deficiencies were cited with the highest deficiency identified at Scope and Severity of an "F".	K 000		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on interview, it was determined the facility failed to maintain the generator set by National Fire Protection Association (NFPA) standards. This deficient practice affected thirteen (13) of thirteen (13) smoke compartments, staff and all the residents. The facility has the capacity for one-hundred and forty-four (144) beds with a census of one-hundred and ten (110) on the day of survey. The findings include: During the Life Safety Code Survey it was determined the facility did not have a log of documented monthly checks for the generator	K 144	What corrective actions will be for those residents found to have been affected by the deficient practice: The deficient practice affected thirteen (13) of thirteen (13) smoke compartments, and all residents, staff and visitors. On 5/27/15, the Power Plant Manager and Safety Specialist manually tested generator transfer switch to ensure switch was operating as intended. How the facility will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken: On 6/23/15, the Safety Specialist created an Emergency Power Systems policy (A 51A) in the Western State Nursing Facility General Manual to ensure the generator's transfer switch was manually tested once a month and therefore maintained in accordance with the National Fire Protection Association (NFPA) standards (See attachment A). What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur: On 6/23/15, the Safety Specialist in-serviced all power plant staff regarding NFPA standards on generator testing and manually testing the transfer switch once a month to remain in compliance with Life Safety code and to ensure the deficient practice does not recur (See attachment B). The Safety Specialist also in-serviced power plant staff on the new Emergency Power Systems Policy (A 51) that was put into place to ensure proper testing of the generator and the manual transfer switches. The power plant in-service also included the changes to the monthly preventative maintenance (PM) monitor for the generator where "manual transfer test" was added to the third week of testing for each month (See attachment C). (Any employee on extended leave at the time of in-servicing will be in-serviced upon their return to work.)	7/01/15

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K 144	<p>Continued From page 2</p> <p>transfer switch. Interview on 05/27/15 at 1:15 PM, with the Power Plant Manager at the generator transfer switch revealed he was not aware he was supposed to manually test the generator transfer switch on a monthly basis. This type of testing helps ensure the generator transfer switch is operating as intended.</p> <p>The findings were revealed to the Acting Administrator during the exit conference on 05/27/15.</p> <p>Reference: NFPA 110 1999 edition</p> <p>6-4.5 Level 1 and Level 2 transfer switches shall be operated monthly. The monthly test of a transfer switch shall consist of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position.</p>	K 144	<p>How the corrective actions will be monitored to ensure the deficient practice does not recur</p> <p>Effective 6/18/15, the Safety Specialist/Maintenance Superintendent will monitor the monthly generator test to ensure the transfer switch is tested the third week of each month and in compliance with NFPA 99 & 110. The monitor will be conducted once (1) a month for one (1) year and the Safety Specialist/Maintenance Superintendent will report the findings to the Quality Assurance committee and Safety Risk Management committee on a quarterly basis for one (1) year (See attachment D).</p>	