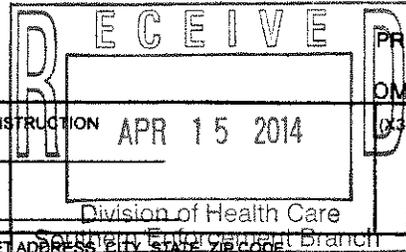


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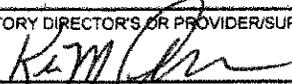


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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/26/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER-STANFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 106 HARMON HEIGHTS STANFORD, KY 40484
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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 An abbreviated standard survey (KY21459) was conducted on 03/26/14. The complaint was unsubstantiated with related deficient practice identified at "E" level.	F 000	<i>This Plan of Correction is the provider's credible allegation of compliance.</i>	
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility policy it was determined the facility failed to provide pharmaceutical services to include procedures to ensure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet	F 425	<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 laws.</i> F-425 #1 Address what corrective action will be accomplished for those residents found to have been affected by the deficient practice; Residents #2 and #3 did receive "as needed" pain medication during the months of February and March 2014. The pain medication, (Narcotic) was confirmed as given with the signature of the nurse administering the medication, on the Controlled Substance Record but not on the Medication Administration Record. The resident's Medication Administration Record and Controlled Substance Record was reviewed for further concerns and none was noted. #2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice;	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/15/2014
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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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F 425	<p>Continued From page 1</p> <p>the needs of two (2) of three (3) sampled residents (Residents #2 and #3). The facility failed to ensure nursing staff accurately documented the administration of narcotic medication on the Medication Administration Record when administered to Residents #2 and #3 for the months of February and March 2014.</p> <p>The findings include:</p> <p>An interview with the Director of Nursing on 03/26/14 at 5:20 PM revealed the facility had no policy related to pharmacy services. However, a review of the facility policy, not titled or dated, revealed facility staff was to document the location and rating of the resident's pain, when a "prn" medication was given.</p> <p>1. A review of Resident #2's medical record revealed staff admitted the resident on 10/07/11, with diagnoses that included Osteoarthritis and Peripheral Vascular Disease. A review of a Significant Change Minimum Data Set (MDS) Assessment dated 02/07/14 revealed the resident required extensive assistance with transferring, dressing, and eating. The assessment further revealed staff had assessed the resident to be interviewable, with a Brief Interview for Mental Status (BIMS) score of 14.</p> <p>A review of Resident #2's physician's orders dated February 2014 revealed the resident had orders for Norco (Hydrocodone 5 milligrams and Acetaminophen 325 milligrams, a narcotic pain medication) to be administered every six hours as needed for pain.</p> <p>A review of Resident #2's Electronic Medication Administration Record (EMAR) dated February</p>	F 425	<p>All residents have the potential to be affected by this deficient practice. Audits have been conducted for other current residents with orders for "as needed" pain medication for documentation to support use. Audits have been conducted for other current residents with scheduled pain medication. The ADNS and Unit Managers conducted these audits with a review of the Medication Administration Record and Controlled Substance Record.</p> <p>Both audits conducted indicated residents receiving "as needed," and "scheduled" pain medication had documentation to support administration of medication.</p> <p>#3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>A re-in-service was initiated for current nurses on 3/26/14 and completed on 4/2/14 by the Director of Clinical Educator. The in-service consisted of procedures for administering pain medications to include documentation to support such as pain rating/effectiveness of pain medication.</p>		

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F 425	<p>Continued From page 2</p> <p>2014 revealed no evidence the resident had required narcotic pain medication to be administered. However, a review of Resident #2's Controlled Substance Record for February 2014 revealed staff had administered 51 doses of "as needed" pain medication (Norco) to the resident from 02/01/14 through 02/28/14.</p> <p>A review of Resident #2's EMAR dated March 2014 revealed staff administered five doses of narcotic pain medication (Norco) to the resident from 03/01/14 through 03/24/14. However, a review of Resident #2's Controlled Substance Record for March 2014 revealed staff administered 29 doses of narcotic pain medication (Norco) to the resident from 03/01/14 through 03/24/14.</p> <p>An interview conducted with Resident #2 on 03/26/14 at 1:30 PM revealed the resident received narcotic pain medication, as needed, and medication was effective when administered by facility staff.</p> <p>2. A review of Resident #3's medical record revealed the facility admitted the resident on 01/04/11 with diagnoses that included Arthritis and Peripheral Vascular Disease. A review of a Quarterly Minimum Data Set Assessment (MDS) dated 03/12/14 revealed the facility assessed Resident #3 to be interviewable with a Brief Interview for Mental Status (BIMS) score of 10.</p> <p>A review of Resident #3's EMAR dated March 2014 revealed staff administered 22 doses of Norco (Hydrocodone 5 milligrams and Acetaminophen 325 milligrams, a narcotic pain medication), to the resident from 03/01/14 through 03/26/14. However, a review of the</p>	F 425	<p>The Unit Manager for each Unit will conduct daily audits for 30 days, then weekly for 4 weeks, then monthly for 3 months to review the medication administration record and the controlled substance record for documentation to support administration of pain medication that includes pain rating/effectiveness when given. The DNS/ADNS or designee will conduct random audits to validate documentation supports the use of pain medication using the Medication Administration Record, and the Controlled Substance Record that includes pain rating/effectiveness of medication given.</p> <p>The Pharmacist Consultant will assist the facility monthly and as needed with review of "as needed," and/or "Scheduled" administration of narcotic medications for appropriate documentation to support administration of narcotics.</p> <p>#4 Indicate how the facility plans to monitor its performance to ensure that solutions are sustained;</p>		

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F 425	<p>Continued From page 3</p> <p>resident's Controlled Drug Record dated March 2014 revealed from 03/01/14 through 03/26/14 staff administered 65 doses of the narcotic pain medication (Norco) to Resident #3.</p> <p>An interview conducted with Resident #3 on 03/26/14 at 3:54 PM revealed the resident's pain medication "works" when administered by facility staff.</p> <p>An interview with Licensed Practical Nurse (LPN) #1 on 03/26/14 at 1:50 PM revealed she acknowledged she had administered Norco (a narcotic pain medication) to Residents #2 and #3 in March 2014. LPN #1 continued to state she had been trained to document administration of as needed pain medications, on the resident's EMAR and the Controlled Drug Record. However, the LPN stated, "I always sign medications out on the controlled drug record, but I just forget to document on the EMAR."</p> <p>An interview with LPN #2 on 03/26/14 at 4:35 PM revealed she acknowledged she had administered narcotic pain medication to Resident #2 in February and March of 2014. The LPN further acknowledged she also administered narcotic pain medication to Resident #3 in March of 2014. The LPN stated she had been trained to document administration of as needed pain medications on the resident's MAR and the Controlled Drug Record. However, LPN #2 stated, "I sign them out on the Controlled Drug Record, but forget to sign the EMAR."</p> <p>An interview with the facility Pharmacist on 03/26/14 at 4:15 PM revealed he had conducted a pharmaceutical review at the facility on 03/25/14 (the day before the investigation was</p>	F 425	<p>The results of the audits will be taken to the facility's monthly Quality Assurance Process Improvement meeting and plans will be developed as needed.</p> <p>Date of Compliance: 4/4/14</p>		

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F 425	Continued From page 4 conducted). The Pharmacist stated he had not identified any concerns with documentation of the facility's administration of narcotic medications. An interview with the Director of Nursing (DON) on 03/26/14 at 5:20 PM revealed staff had been trained to document administration of as needed narcotic pain medications on the residents' EMARs and Controlled Substance Record. The DON stated she ensured facility residents received narcotic medications as ordered by reviewing the Controlled Substance Record but had not reviewed the residents' EMARs to ensure documentation accuracy related to narcotic pain medication administration.	F 425			