

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

PRINTED: 10/17/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/03/2013
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - HILLCREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 3116 BRECKINRIDGE LANE LOUISVILLE, KY 40220
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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  An abbreviated survey was initiated on 09/27/13 and concluded on 10/03/13 to investigate KY 20756 and KY 20785. The Division of Health Care unsubstantiated the allegations; however, other regulatory violations were cited.	F 000		
F 431 SS=E	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	<p style="text-align: center;"><b>RECEIVED</b> OCT 31 2013</p> <p>All residents have the potential to be affected by this practice.</p> <p>A 1:1 in-service education was conducted by the Executive Director (ED) with LPN #5 on 10/23/13 and with LPN #6 on 10/25/13 to review the Storage of Medication policy 4.1 including keeping the medication carts locked at all times when not in sight, and making certain that medications are always secured.</p> <p>The Director of Clinical Education (DCE), Assistant Director of Nursing Services (ADNS), Executive Director (ED), or designee will conduct in-service education with all licensed nursing staff from 10/17/13 through 10/31/13 on the Storage of Medication policy. Unannounced audits will be conducted 2 times per week on each shift for 3 months, and then 1 time per week on all shifts for 3 months, by Director of Nursing Services (DON), Assistant Director of Nursing Services (ADON), Director of Clinical Education (DCE), Executive Director (ED), or designee to verify compliance with the policy.</p> <p>The QAPI team will meet twice a month for 3 months and then monthly for 3 months to review audits and compliance of Storage of Medication policy and any issues or concerns will be addressed and monitoring continued. It is ultimately the Administrator's job to validate all parts of the POC are implemented and compliance is achieved and continues.</p>	11/11/13

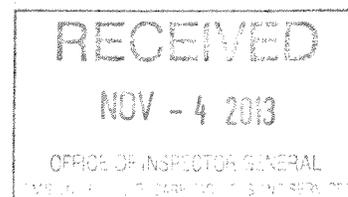
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>[Signature]</i> Executive Director	(X6) DATE 10/25/13
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution 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 431	<p>Continued From page 1</p> <p>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 the facility policy review, it was determined the facility failed to keep medication carts locked when unattended on two (2) of four (4) halls. The Two Hundred (200) Hall and the Four Hundred (400) Hall were unlocked and unattended on the units.</p> <p>The findings include:</p> <p>Review of the facility's Storage of Medication Policy, Section 4.1, dated 10/2007, revealed the medication supply was accessible only to licensed nursing personnel, pharmacy personnel or staff members lawfully authorized to administer medications. Medications were to be kept in containers in a controlled environment. This may include such containers as medication carts. In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications were allowed access to the medication carts. Medication rooms, cabinets and medication supplies are locked or attended by persons with authorized access.</p> <p>Observation of Licensed Practical Nurse (LPN) #5 at the medication cart, located on the Two Hundred (200) Hall, in front of resident room 203, on 10/03/13 at 6:01 AM, revealed the nurse left the cart unattended and unlocked with a medication cup and one (1) pill in the cup on top of the cart. She called out to Certified Nurse Aide</p>	F 431			



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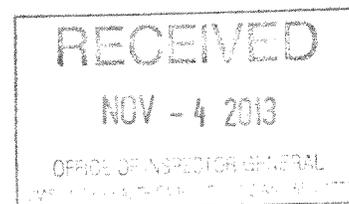
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F 431	<p>Continued From page 2</p> <p>#5 and then walked to the opposite end of the hall and entered a room. CNA #5 walked past the unlocked and unattended medication cart and entered resident room 203. Upon return to the medication cart, LPN #5 verbally stated, I left my cart open! LPN #5 picked up the medication cup on top of the cart and proceeded into the resident's room. There were no residents in the hallway.</p> <p>Interview with LPN #5, on 10/03/13 at 6:02 AM and at 6:16 AM, revealed she left her cart open and she should not have done that. Medication carts should be locked when she was not there. She reported Metoprolol (medication used to treat high blood pressure and chest pain) was the pill in the medication cup on top of the medication cart. The medication carts were to be kept locked. She stated this was to keep residents from getting the medication.</p> <p>Observation of LPN #6 at the medication cart, located on the Four Hundred (400) Hall in front of resident room 409, on 10/03/13 at 1:30 PM, revealed the nurse left the medication cart unattended and unlocked. CNA #3 walked past the unlocked and unattended medication cart and entered a resident's room. LPN #6 came from behind the privacy curtain in resident room 410, bed 1, and returned to the unlocked medication cart and proceeded with the medication pass. There were no residents in the hallway.</p> <p>Interview and observation with LPN #6, on 10/03/13 at 1:45 PM, revealed the medication carts were to be kept locked when not in view. She reported the cart was in her view while at the bedside. However, she glanced over her left shoulder and stated she could not see from there.</p>	F 431		
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F 431	Continued From page 3 She stated this was to keep other staff and residents from getting into the medications.  Interview with the Director of Nurses, on 10/03/13 at 1:50 PM, revealed the medication carts were to be kept locked when unattended. That was the nursing practice and it was covered in their policy.	F 431		

