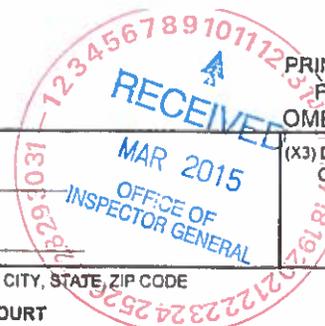


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/29/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER SUPERIOR CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARSHALL COURT PADUCAH, KY 42001
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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 conducted on 01/13/15 through 01/15/15 with deficiencies cited at the highest Scope and Severity of a "D".	F 000	Preparation and 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. This Plan of Correction is prepared and executed solely because it is required by federal and state laws. The facility reserves the right to revise/improve corrective actions as determined to be warranted.	
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedures, it was determined the facility failed to ensure the pharmacist's recommendation was acted upon for one (1) of fifteen (15) sampled residents (Resident #2) regarding recommended lab acquisitions for Digoxin blood levels. The findings include: Review of the facility's policy and procedure titled "Consultant Pharmacist Reports", (undated), revealed the consultant pharmacist works with the facility to establish a system whereby the consultant pharmacist's observations and recommendations regarding resident's medication therapy are communicated to those	F 428 F428	1) Resident #2 physician was called on 1/14/15 and a new order to obtain Digoxen levels monthly was received. 2) DON reviewed all pharmacy recommendations on 1/14/15 and found no other residents affected by the deficient practices. 3) Consulting pharmacist will review all charts monthly. These recommendations will be relayed via email to the DON and the Clinical Directors in each neighborhood. The Clinical Directors will give the recommendations to each visiting Nurse Practitioner or MD upon their visits within 10 days. If at the end of 10 days there is no acknowledgement of the recommendation, the Clinical Director will contact the physician to follow up on the recommendation. The DON reviewed the above procedure pertaining to pharmacy recommendations with the Clinical Directors on 1/14/15.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jayna King</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3-6-15</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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NAME OF PROVIDER OR SUPPLIER SUPERIOR CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARSHALL COURT PADUCAH, KY 42001		
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F 428	<p>Continued From page 1</p> <p>with authority and/or responsibility to implement the recommendations, and responded to in an appropriate and timely fashion. A record of the consultant pharmacist's observations and recommendations should be made available in a easy retrievable form to nurse's, physician's and the care planning team. Comments and recommendations concerning medication therapy should be communicated in a timely fashion. The timing of recommendations should enable a response prior to the next medication regimen review. In the event of a problem requiring the immediate attention of the prescriber, the responsible physician/or physician's designee should be contacted by the consultant pharmacist or the facility, and the prescriber's response should be documented on the consultant pharmacist review record or elsewhere in the resident's medical record. The recommendations should be acted upon and documented by the facility staff and/or the prescriber.</p> <p>Record review revealed the facility admitted Resident #2 on 02/01/13 with diagnoses which included Atrial Fibrillation, Pneumonia, and Hypertension.</p> <p>Review of a Physician's Order, dated January 2015, revealed an order for Digoxin (Inotropic) 0.125 mg tablet, take one tablet by mouth once daily, with an original order date of 10/22/14. Further review of the physician's orders revealed there was no documented evidence of an order to check the Digoxin level. Further review of the resident's medical record revealed there was no documented evidence of a Digoxin level being done since the resident was placed on the Digoxin on 10/22/14.</p>	F 428	<p>4) Through the Quality Assurance process, the pharmacy recommendations will be audited on a monthly basis to ensure physician responses. Ten percent of the pharmacy recommendations will be audited monthly by the Staff Development Coordinator. Audit results will be given to the DON and the Clinical Directors for review. Should any discrepancies be found, the information will be given to the appropriate physician/APRN or physician's assistant to be addressed. These audits will continue for three months. The facilities performance will be monitored thru the QA process. The QA committee consists of the Administrator, Asst. Administrator, DON, Human Resource Generalist, Dietitian, Activity Director, Clinical Directors, MDS Coordinator and the Staff Development Nurse.</p> <p>5) Completion date: 2/9/2015</p>	2/9/15	

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F 428	<p>Continued From page 2</p> <p>Review of the Monthly Medication Review, dated 11/25/14, revealed the Consultant Pharmacist recommended a Digoxin level was needed, however, the facility failed to ensure the Physician was made aware of the recommendation.</p> <p>Interview with Registered Nurse #1, on 01/14/15 at 4:20 PM, revealed the resident did not have a physician's order to obtain Digoxin levels until today (01/14/15). RN #1 stated the physician was notified today and an order was obtained for Digoxin levels to be completed monthly. RN #1 revealed when comparing the medication administration records (MAR) with the physician orders monthly we should have realized the resident wasn't getting a Digoxin level drawn.</p> <p>Interview with Director of Nursing (DON), on 01/15/14 at 2:00 PM, revealed the Pharmacy Medication Reviews were completed on a monthly basis and the recommendations were given to her and she placed them in the physician's folder so the physicians could review when they made rounds. The DON stated it was not uncommon for the physicians to order Digoxin levels at the time the medication was ordered but there was no order received to monitor the resident's levels. The DON revealed she would have expected the physician to order the labs if they were in agreement to the pharmacy recommendation.</p> <p>Interview with Pharmacy Consultant, on 01/15/14 at 2:45 PM, revealed when he made recommendations for certain labs to be completed, there should be some type of response from the physician. He stated the physicians would either write an order or write on the pharmacy recommendation agree or</p>	F 428		

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F 428	<p>Continued From page 3 disagree.</p> <p>Interview with Resident #2's Advance Practice Registered Nurse (APRN), on 01/15/15 at 4:00 PM, revealed she was not aware of the facility's policy related to pharmacy medication reviews, and if the pharmacist made recommendations for a change in the resident's lab orders, she did not see it . She stated someone should have picked up on it, and the error was it was not brought to our attention and the resident was not getting the labs drawn. The APRN revealed the protocol to check Digoxin levels was two weeks after starting a resident on the medication and if stable, to then check every three (3) months.</p>	F 428		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185227	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - SUPERIOR CARE HOME B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
NAME OF PROVIDER OR SUPPLIER SUPERIOR CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MARSHALL COURT PADUCAH, KY 42001	
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 02.</p> <p>PLAN APPROVAL: 2013.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type V Protected</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 2014.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 2014.</p> <p>GENERATOR: Type II generator installed in 2014. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was initiated on 01/14/15 and concluded on 01/15/15. The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid.</p>	K 000		



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

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

2/15

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