



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

PRINTED: 07/15/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185331	(X2) MULTIPLE CONSTRUCTION BUILDING _____ B. WING _____ INSPECTOR GENERAL	(X3) DATE SURVEY COMPLETED  C 07/01/2015
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NAME OF PROVIDER OR SUPPLIER  FRANKLIN-SIMPSON NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 414 ROBEY ST. FRANKLIN, KY 42135
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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	F 000		
F 281 SS=D	<p>An Abbreviated Survey investigating Complaint KY#23366 was conducted on 06/23/15 through 07/01/15. Complaint KY#23366 was unsubstantiated with an unrelated deficiency cited a Scope and Severity of a "D".</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, review of facility policy and review of Kentucky Board of Nursing (KBN) Advisory Opinion Statement #14, it was determined the facility failed to administer physician orders according to professional standards of quality for one (1) unsampled resident (Resident A). Licensed Practical Nurse (LPN) #4 failed to administer eye drops to Unsampled Resident A according to the physician order.</p> <p>The findings include: Review of KBN AOS #14, last revised 10/2010, revealed licensed practical nurses should administer medications or treatment as authorized by a physician or advanced practice registered nurse. Medication Administration includes: preparing and giving medication in the prescribed dosage, route and frequency.</p> <p>Review of facility policy titled, "Medication Administration General Guidelines", dated 2007,</p>	F 281	<p>Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Jenna J. Daves* TITLE Administrator (X6) DATE 8/17/15

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  FRANKLIN-SIMPSON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 414 ROBEY ST. FRANKLIN, KY 42136		
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F 281	<p>Continued From page 1</p> <p>revealed medications should be administered in accordance with the written order of the prescriber, and medications should be verified correct three (3) times before administration: when pulling the medication from the medication cart, when the dose is prepared and before the dose is administered to the resident.</p> <p>Record review revealed Unsamped Resident A was admitted to the facility on 04/04/38 with diagnoses to include: Dementia without Behavior Disturbance, Posttraumatic Stress Disorder, Chronic Pancreatitis, Deficiency Anemia, and Glaucoma.</p> <p>Review of Physician Orders, dated June 2015, revealed Unsamped Resident A was to receive Dorzolamide HCL/Timolol Maleate (Cosopt eye drops) one (1) drop to both eyes twice a day and Brimonidine 0.2% one (1) drop to be administered in both eyes twice a day. Review of July 2015 Medication Administration Record (MAR) revealed both of the eye drops were to be administered at 9:00 AM and 9:00 PM.</p> <p>Observation of a medication pass, on 06/24/15 at 10:20 AM, revealed LPN #4 administered Brimonidine 0.2% one (1) drop in each eye and then obtained a dropper bottle from a brown pill container and administer another drop in each eye. Review of the eye dropper bottle revealed it contained Brimonidine 0.2% also but the pill container the eye dropper bottle came from stated it was Dorzolamide HCL/Timolol Maleate (Cosopt eye drops). Further observation of Unsamped Resident A's medication drawer revealed there was no Dorzolamide HCL/Timolol Maleate in the drawer. This mistake caused the resident to receive twice the ordered dose of</p>	F 281	<p>F281</p> <p>1) Medication administration was observed by the Director of Nurses of the licensed practical nurse #4 on 7/22/15. The Director of nurses verified that the nurse administered the correct eye drops according to the physician's orders for resident A</p> <p>2) The Director Of Nurses and the RN charge nurse observed medication administration passes of nurses on 7/22/15 and 7/23/15 to verify that medications are being administered per physicians. No concerns were identified.</p> <p>3) All current licensed nurses and all current Certified Medication Aides will complete Relias ( electronic training system) Medication administration training including following medication administration according to a physician orders by 7/24/15 . No licensed staff or Certified Medication Aide will work after 7/24/15 without having had this re-education.</p>		

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F 281	<p>Continued From page 2</p> <p>Brimonidine 0.2% and miss the dose of Dorzolamide HCL/Timolol Maleate.</p> <p>Interview with LPN #4, on 06/24/15 at 1:00 PM, revealed she had given way to many of the wrong eye drops because they were in the wrong pill bottle. LPN #4 stated she did not look at the eye drop bottle when she took it out of the pill bottle and she should have compared the eye dropper bottle label with the pill bottle container label. LPN #4 revealed she did not report the error to the Charge Nurse right away; and the effects of the incorrect administration of the eye drops could be damage to the eyes, irritation, inflammation, and mess up the eye pressure.</p> <p>Interview with LPN #5, on 06/28/15 at 4:01 PM, revealed to ensure the correct eye drop was given staff should look at the Medication Administration Record and follow the five (5) rights of medication administration: right medication, right resident, right time, right dose, and right route.</p> <p>Interviews with the Director of Nursing (DON), on 06/24/15 at 12:35 PM, on 06/26/15 at 1:45 PM, and on 07/01/15 at 10:34 AM, revealed she expected staff to look at the container the eye drops were in; compare it to the eye drop bottle to ensure it is the right medication before administering it; and then follow the five (5) rights of medication administration.</p>	F 281	<p>4) The Director of nurses or the Assistant Director of Nurses will complete six (6) medication pass observations per week for twelve (12) weeks to ensure medications are administered according to physicians orders. Six medication pass observations will be completed monthly or when concerns are identified for six months by the director of nurses or the assistant director of nurses .</p> <p>The results of all audits will be reviewed with the Quality Assurance Committee weekly until substantial compliance is achieved and then monthly thereafter for at least three months. Any time concerns are identified the Quality Assurance Committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Director of Nursing, Assistant Director of Nursing, Dietary Services Director, Maintenance Director, Activity Director and Business Office Manager</p> <p>Administrator, with the Medical Director attending at least quarterly.</p> <p>5) Date of compliance 7/25/15</p>	Date of completion 7/25/2015	