

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

PRINTED: 04/24/2013
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/10/2013
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NAME OF PROVIDER OR SUPPLIER BOWLING GREEN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1561 NEWTON AVE. BOWLING GREEN, KY 42104
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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	F 000		
F 281 SS=D	<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 interview and record review, it was determined the facility failed to ensure services provided met professional standards of practice for one resident (#1) in the selected sample of three (3) residents related to following physician's orders after the resident had a change in condition.</p> <p>Findings include:</p> <p>An interview with the Director of Nursing (DON), on 04/10/13 at 11:30 AM, revealed there was no specific facility policy related to following physician's orders. An interview with the Consultant Pharmacist, on 04/10/13 at 12:25 PM, revealed there was no specific policy related to the Emergency Drug Kit (EDK).</p> <p>A record review revealed Resident #1 was admitted to the facility on 03/11/13 with diagnoses to include Atrial Fibrillation/Flutter, Angina</p>	F 281	<p>F281 – SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <ol style="list-style-type: none"> The resident #1 was discharged from the facility on 3/24/13. The Director of Nursing, Assistant Director of Nursing and the Unit Manager will complete a 100% audit of all physician orders in the last thirty (30) days to ensure that all orders were followed in a timely manner. Any identified issues will be addressed with the respective physician immediately. This will be completed by 5/20/13. All licensed staff will be re-educated by the Director of Nursing or Assistant Director of Nursing by 5/20/13 on following physician orders in a timely manner and physician notification if unable to carry out orders and the contents of the EDK box. 	5/20/13

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

TITLE

MHA

(X6) DATE

5/2/13

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 BOWLING GREEN NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1561 NEWTON AVE. BOWLING GREEN, KY 42104		
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F 281	<p>Continued From page 1</p> <p>Pectoris, Peripheral Vascular Disease, Alcohol Abuse, Coronary Artery Disease (CAD) and Chronic Obstructive Pulmonary Disease (COPD). A review of the initial Minimum Data Set (MDS), dated 03/22/13, revealed the facility assessed the resident as severely cognitively impaired.</p> <p>A review of the Situation, Background, Assessment, and Request (SBAR) communication form and progress note, dated 03/24/13 at 8:50 AM, revealed a change of condition occurred for Resident #1. An assessment of the resident indicated he/she was unresponsive with an oxygen saturation at 78 percent (%). The note revealed oxygen was placed at 2 liters per nasal cannula with a nebulizer treatment given at 9:20 AM.</p> <p>The physician's orders, dated 03/24/13 at 8:50 AM, revealed an order for Solumedrol 125 milligrams (mg) intramuscular (IM) now, then give 40 mg IM every six hours for exacerbation of COPD. An interview with Registered Nurse (RN) #1, on 04/10/13 at 10:30 AM, revealed the Solumedrol was not given to the resident as it was on "backorder" from the pharmacy; however, a review of the Emergency Box Usage Sheet, revised 02/17/12, revealed Solumedrol was available in the facility's emergency box. An observation of the emergency box, on 04/10/13 at 10:00 AM, revealed one vial of Solumedrol 125 mg for IM or intravenous (IV) use.</p> <p>Further review of the physician's orders, dated 03/24/13 at 10:20 AM, revealed to discontinue the IM Solumedrol. New orders were written for Prednisone 40 mg by mouth twice daily for one day, then 30 mg by mouth twice daily for two</p>	F 281	<p>4. Audits of five (5) resident's physician orders for the past thirty days (30) will be completed weekly for twelve (12) weeks by the Director of Nursing, Assistant Director of Nursing and/or the Unit Manager to ensure that we are following physician orders timely and notifying the physician if we are unable to carry out the orders and that licensed nursing staff are pulling medications from the EDK box when available. The audits will be reviewed by the Quality Assurance Committee monthly for three (3) months to ensure continued compliance. If at any time concerns are identified, they will be brought to the Quality Assurance Committee for further recommendations as needed. The Quality Assurance Committee will consist of at a minimum, the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dietary Service Manager and Medical Director at least quarterly.</p>		

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NAME OF PROVIDER OR SUPPLIER BOWLING GREEN NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1681 NEWTON AVE. BOWLING GREEN, KY 42104		
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F 281	<p>Continued From page 2</p> <p>days, then 20 mg by mouth twice daily for two days, then 10 mg by mouth twice daily for one day. A review of the Medication Administration Record (MAR), dated 03/24/13, revealed the Prednisone was not given to the resident while in the facility. A review of the nurse's notes, dated 03/24/13 at 5:29 PM, revealed the resident was transferred to the hospital at this time (approximately seven hours after the Prednisone order was written). An interview with Licensed Practical Nurse (LPN) #1, on 04/10/13 at 11:10 AM, revealed she was the nurse giving medications to Resident #1 on 03/24/13. She revealed the Prednisone was not given to the resident. She revealed the resident could not take any medications by mouth as he/she was lethargic.</p> <p>An interview with the Primary Physician, on 04/10/13 at 10:20 AM, revealed he would have expected the nurse to give the Solumedrol IM if available, as it would have worked faster than the Prednisone by mouth.</p> <p>An interview with the DON, on 04/10/13 at 11:30 AM, revealed the pharmacy had delivered a new EDK to the facility on 03/23/13; therefore, RN #1 should have had access to the Solumedrol 125 mg IM now dose. She expected the nurse to follow the physician's order and obtain the medication from the EDK. When the Prednisone was ordered, she expected the nurse to notify the Primary Physician if the resident was unable to take medications by mouth.</p>	F 281	<p>THE SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION BY THE PROVIDER OF ANY FACT OR CONCLUSION SET FORTH IN THE STATEMENT OF DEFICIENCY. THIS PLAN OF CORRECTION IS BEING SUBMITTED BECAUSE IT IS REQUIRED BY LAW.</p>		