

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

PRINTED: 09/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/19/2020
NAME OF PROVIDER OR SUPPLIER KNOTT COUNTY HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 388 PERKINS MADDEN ROAD HINDMAN, KY 41822		
(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 (KY31359) and a COVID-19 focused infection control survey was conducted on 08/19/2020. The complaint was substantiated and deficient practice was identified with the highest scope and severity at "D" level. The facility was found to be in compliance with 42 CFR 483.80 Infection Control and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The total census was 88.	F 000			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals 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. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) 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. §483.45(h)(2) 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	F 761			

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

TITLE

(X6) DATE

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 761	<p>Continued From page 1</p> <p>package drug distribution systems in which the 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 facility policy review, it was determined that the facility failed to ensure medications were secured in a locked medication cart during medication pass. During observation of medication administration on 08/19/2020, the nurse left the medication cart unlocked and out of sight while administering medications to five (5) unsampled residents.</p> <p>The findings include:</p> <p>Review of the facility policy titled, "Medication Storage in the Facility," dated June 2020, revealed medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.</p> <p>Observations on 08/19/2020 between 12:05 PM and 12:25 PM, during medication pass on Unit 200 conducted by Registered Nurse (RN) #1, revealed the RN left the medication cart unlocked and out of eyesight while administering medications to five (5) unsampled residents.</p> <p>Interview with RN #1 on 08/19/2020 at 12:41 PM revealed she had been trained by the facility to lock the medication cart during medication pass when the medication cart was not in her eyesight. RN #1 further revealed she should have locked</p>	F 761			

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F 761	Continued From page 2 the medication cart each time she administered medications to a resident. RN #1 revealed she was nervous being with a surveyor and just forgot. Interview with the Director of Nursing (DON) on 08/19/2020 at 1:18 PM revealed RN #1 should have locked the medication cart during medication pass when administering medications to each resident. The DON further revealed staff who pass medications are trained to lock medication carts during orientation and annually. The DON also revealed she monitors for locked medication carts during rounds and by making spot checks during medication pass.	F 761			

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E 000	Initial Comments A COVID-19 focused Emergency Preparedness survey was conducted on 08/19/2020. The facility was found to be in compliance with 42 CFR 483.73 Emergency Preparedness related to E0024. No deficient practice was identified.	E 000			

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Office of Inspector General

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N 000	<p>Initial Comments</p> <p>A complaint investigation (KY31359) and a COVID-19 focused infection control survey was conducted on 08/19/2020. The complaint was substantiated and deficient practice was identified pursuant to 42 CFR 483.10-483.95. No deficient practice was identified related to the infection control survey.</p>	N 000		

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