

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

PRINTED: 06/29/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185419	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2010
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE 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
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F 000	INITIAL COMMENTS	F 000	The provider wishes this plan of correction to be considered as our allegation of compliance.	
F 222 SS=D	<p>483.13(a) RIGHT TO BE FREE FROM CHEMICAL RESTRAINTS</p> <p>The resident has the right to be free from any chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, it was determined the facility failed to ensure the resident has the right to be free from chemical restraints for one resident (#7), in the selected sample of ten (10). Findings include:</p> <p>A record review revealed Resident #7 was admitted to the facility on 11/24/07 with diagnoses to include Anemia, Malaise, Fatigue, Muscle Weakness and Digestive System symptoms.</p> <p>A review of physician's orders, dated 03/10 through the beginning of 05/10, revealed "Geodon 0.5 milliliters (ml)/10 milligrams (mg) intramuscularly (IM) every eight (8) hours as needed (prn) for agitation." Further review of physician's orders, dated 05/03/10, revealed "give Geodon 20 mg IM now and increase Geodon dose to one (1) ml/20 mg IM every eight (8) hours prn for agitation." Additional review of physician's orders, dated 06/10, revealed "Geodon one (1) ml/20 mg IM prn every eight (8) hours prn for agitation."</p>	F 222	<p>admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melanie Eason</i>	TITLE <i>Administrator</i>	(X6) DATE <i>07/08/2010</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 CHRISTIAN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104
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F 000	INITIAL COMMENTS An annual survey was conducted 06/15-17/10 to determine the facility's compliance with Federal Regulatory Requirements. Deficiencies were identified with the highest S/S being a "D".	F 000	1. Physician notified, Geodon IM PRN discontinued. RN's & LPN's in serviced by Director of Nursing on facilities policy and procedure for Physical Restraints. Updated Licensed Nurse Orientation checklist to include Physical Restraints policy and procedure.	07/01/10
F 222 SS=D	483.13(a) RIGHT TO BE FREE FROM CHEMICAL RESTRAINTS The resident has the right to be free from any chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, it was determined the facility failed to ensure the resident has the right to be free from chemical restraints for one resident (#7), in the selected sample of ten (10). Findings include: A record review revealed Resident #7 was admitted to the facility on 11/24/07 with diagnoses to include Anemia, Malaise, Fatigue, Muscle Weakness and Digestive System symptoms. A review of physician's orders, dated 03/10 through the beginning of 05/10, revealed "Geodon 0.5 milliliters (ml)/10 milligrams (mg) intramuscularly (IM) every eight (8) hours as needed (prn) for agitation." Further review of physician's orders, dated 05/03/10, revealed "give Geodon 20 mg IM now and increase Geodon dose to one (1) ml/20 mg IM every eight (8) hours prn for agitation." Additional review of physician's orders, dated 06/10, revealed "Geodon one (1) ml/20 mg IM prn every eight (8) hours prn for agitation."	F 222	2. All residents have potential to be affected. Pharmacy consultant and Director of Nursing reviewed all residents' medications to verify appropriate documentation of orders for each resident receiving psychotropic medications.	

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

Melanie Eaton

TITLE

Administrator

(X6) DATE

07/08/2010

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104		
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F 222	Continued From page 1 A review of the medication administration records (MARs), dated 03/10 through the beginning of 05/10, revealed Geodon 0.5 ml/10 mg IM prn was administered on 04/20/10, as well as Geodon 1 ml/20 mg IM prn administered on 05/03/10. Additionally, a review of physician's orders, dated 03/10 through 05/10, revealed "Hydroxyzine HCL (Atarax) 0.5 ml/12.5 mg IM every six (6) hours prn for agitation." Further review of the physician's orders revealed the Atarax IM prn was discontinued on 05/25/10. A review of the MAR, dated 03/10 through 06/10, revealed Hydroxyzine HCL (Atarax) 0.5 ml/12.5 mg IM prn was administered on 03/12/10, 03/14/10, 04/09/10, 05/01/10, 05/18/10 and 06/10/10. An interview with Registered Nurse (RN) #1, on 06/17/10 at 2:25 PM, revealed she did not see these IM's as a chemical restraint because a chemical restraint would keep the resident "knocked out." An interview with Licensed Practical Nurse (LPN) #1, on 06/17/10 at 2:15 PM, revealed a chemical restraint would hinder the abilities of the resident; however, the nurse would need to attempt other measures before administration of an IM prn and would require the physician's approval before administration of the medication. An interview with the Director of Nursing (DON), on 06/17/10 at 1:55 PM, revealed she understood the definition of a chemical restraint; however, she did not see this as a chemical restraint for this resident because the resident became	F 222	3. Licensed staff in serviced by the Director of Nursing on the determination of appropriate need and use of psychotropic medications to control behavior, use of nonpharmacological interventions prior to administration of PRN medication administration. Upon admission and with new orders, all psychotropic medications will be reviewed by Director of Nursing or designee. Following the review, the physician will be notified of any psychotropic medication that is not required to treat the resident's medical symptoms for determination of use. Any changes will be audited by the care plan team at weekly assessment team meetings. 4. Monitor any psychotropic medications: upon admission and readmission by pharmacy, weekly by care plan team during weekly assessment team meetings, monthly per pharmacy consultant, monthly per Director of Nursing or designee and presented to Administrator for review. Administrator will present to QA committee for six months for determination of compliance and recommendations for audit frequency.		

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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104		
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F 222	Continued From page 2 physically and verbally aggressive with the staff at times. She stated the benefits of the medication outweighed the risks. A review of the facility's policy/procedure "Physical Restraints," dated 12/98, revealed "chemical restraints are not utilized for any reason. As with all other medication ordered by the physician, a qualifying diagnosis and/or medical symptoms are identified for justification for use."	F 222			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, it was determined the facility failed to meet professional standards of quality for one resident (#7), in the selected sample of ten (10), related to a physician's order for Atarax IM discontinued on 05/25/10 but administered on 06/10/10. Findings include: A record review revealed Resident #7 was admitted to the facility on 11/24/07 with diagnoses to include Anemia, Malaise, Fatigue, Muscle Weakness and Digestive System symptoms. A review of physician's orders, dated 05/10, revealed "Hydroxyzine HCL (Atarax) 0.5 ml/12.5 mg IM every six (6) hours prn for agitation." Further review of a "Consultant Pharmacist Communication to Nursing" form, dated 05/19/10,	F 281	1. Medication error was noted and reported to physician on 6/16/10. Medication was discontinued from Medication Administration Record (MAR) and removed from medication cart on 6/16/10. No resident was harmed. 2. All residents have the potential to be affected. The Director of Nursing reviewed all residents' medications with physician orders to assure accuracy. No other residents were affected.	06/18/10	

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F 281 Continued From page 3
revealed, a physician's order to discontinue the Atarax IM prn and was signed by the physician on 05/25/10.

A review of the medication administration records (MARs), dated 05/10, revealed "discontinue Atarax IM prn" on 05/25/10 and was initialed by the nurse.

Further review of the MARs, dated 06/10, revealed Hydroxyzine HCL (Atarax) 0.5 ml/12.5 mg IM prn was still on the MAR and was administered on 06/10/10.

An interview with Registered Nurse (RN) #1, on 06/17/10 at 3:50 PM, revealed she was the nurse who administered the Atarax IM prn on 06/10/10. The medication was still listed on the June MAR and the medication was still in the medication cart. The order had not been discontinued on the June MAR by the person who checked MARs at the end of the month. She stated she did not have time to go back and check every order. When an order was discontinued, it should have been highlighted, dated and initialed, so that all nurses would know about the discontinued medication. The medication should also have been taken out of the cart and put in the discontinued box.

An interview with Licensed Practical Nurse (LPN) #2, on 06/17/10 at 4:20 PM, revealed she did the change-over at the end of the month for the MARs and did not catch this change in medication; however, if it had been written on a physician's order form, she would have caught it.

An interview with the Director of Nursing (DON), on 06/17/10 at 3:30 PM, revealed the order to discontinue the Atarax IM prn was not written on

F 281 3. In service conducted by Director of Nursing with all licensed staff. In service included that physician orders written on Consultant Pharmacist Communication to Nursing form must be transcribed to physician telephone order form to ensure accuracy of MAR. In service also covered that all discontinued medications must be removed from the medication cart immediately in accordance with the policy and procedure for Disposal of Medications. Updated licensed nurse orientation checklist to include policy and procedure of discontinued/disposal of medications.

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F 281	Continued From page 4 a physician's order form but was written on the "Consultant Pharmacist Communication to Nursing" form and was signed by the physician on 05/25/10. LPN #2 completed the end of the month change-over and did not see a written telephone order for the discontinuation of the Atarax IM prn, so she did not discontinue the medication from the June MAR. It should have been written on a physician's order form and not taken off from the "Consultant Pharmacist Communication to Nursing" form.	F 281	4. Director of Nursing or designee will audit Consultant Pharmacist Communication form and physician telephone order forms to ensure accuracy as applicable. Director of Nursing or designee will audit MAR at the end of the month change over to compare all medication orders from month to month. Each audit will continue for 3 months, be reviewed by the administrator, and reported to QA for additional recommendations or change in audit frequency.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185419	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2010
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WESTEN AVENUE BOWLING GREEN, KY 42104	
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K 000	INITIAL COMMENTS A Life Safety Code survey was initiated and conducted on 06/17/10 to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to be in compliance with NFPA 101 Life Safety Code 2000 Edition. No deficiencies were identified during this survey.	K 000		

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

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(X6) DATE

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