

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

PRINTED: 07/16/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2010
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NAME OF PROVIDER OR SUPPLIER T J SAMSON COMMUNITY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RACE ST GLASGOW, KY 42141
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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>A standard recertification survey was conducted, on 07/06/10 through 07/07/10, to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of "E".</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, and record review, it was determined the facility failed to provide services that met the professional standards of quality for two residents, (#9 and #10), not in the selected sample. The facility failed to ensure Residents #9 and #10 received medications at specified times, per the physician's orders.</p> <p>Findings include: A review of the facility's policy, Medication, Administration Guidelines, dated October 2008, revealed the six rights of drug administration would be performed before administration, which included right patient, right drug, right dose, right route, right time and right documentation. Nursing used standardized medication administration times for all new admissions, which included twice daily medication with food (steroids and non-steroidal anti-inflammatory drugs) at 7:00 AM and 5:00 PM. Medication administration times would be on the hour and would follow the standard administration times.</p>	F 281	<p>F281:</p> <p>1. The following corrective actions have been accomplished for Residents #9 & #10 who were affected by this deficiency:</p> <p><u>Resident #9:</u></p> <p>a. The Medication Administration Record was reviewed against the physicians orders for Resident #9 by Libby Cawthorn, Director of Nursing to determine how this discrepancy could be corrected.</p> <p>b. The Director of Pharmacy, Kevin Adams, RpH, was contacted to review computerized data entered for the MAR for Resident #9 to evaluate if the times entered were correct based on the physicians orders and the most recent policy on "Medication Orders".</p> <p>c. Resident #9's physician, Dr. German, was contacted to determine the exact time the medication was intended to be given in the AM based on the residents needs. It was requested by the physician that an acceptable medication administration time</p>	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Renee Pestkin</i>	TITLE Administrator - SNU	(X6) DATE 7-30-10
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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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F 281	<p>Continued From page 1</p> <p>Medications could be administered up to 30 minutes before the hour and no later than 30 minutes after the hour.</p> <p>1. Resident #9 was admitted to the facility, on 06/27/10, with a diagnosis of Status Post Left Total Knee Repair.</p> <p>An observation of a medication pass, on 07/07/10 at 9:00 AM, revealed Licensed Practical Nurse (LPN) #1 administered Naproxen 500 mg (tab) with 180 milliliters (ml) of water. A review of the Medication Administration Record (MAR) revealed the medication was scheduled for 7:30 AM to be given with a meal.</p> <p>A review of the medication administration history for the resident revealed since admission, on 06/27/10, the resident received only two of ten doses of the medication as prescribed.</p> <p>An interview with LPN #1, on 07/07/10 at 9:00 AM, revealed she started the medication pass late and was aware the Naproxen was not administered within the prescribed timeframe. She stated an hour before or an hour after the prescribed time would be acceptable for the medication administration.</p> <p>2. Resident #10 was admitted to the facility, on 07/01/10, with a diagnosis of Status Post Right Total Knee Repair.</p> <p>An observation of a medication pass, on 07/07/10 at 9:49 AM, revealed LPN #2 administered Voltaren 75 mg (tab) with 120 ml of water. A review of the MAR revealed the medication was scheduled to be administered at 7:30 AM with a meal.</p>	F 281	<p>F281 continued:</p> <p>for the AM dose for this resident was between 7:30 a.m. & 9:00 a.m.</p> <p>d. Based on the physicians request the residents AM medication administration time was changed to 8:00 a.m. rather than 7:30 a.m.</p> <p>Resident #10:</p> <p>a. The medication administration record was reviewed against the physicians orders for Resident #10 by Libby Cawthorn, Director of Nursing to determine how this discrepancy could be corrected.</p> <p>b. The Director of Pharmacy, Kevin Adams, Rph, was contacted to review computerized data entered for the MAR for Resident #10 to evaluate if the times entered were correct based on the physicians orders and the most recent policy on "Medication Orders".</p> <p>c. Since the medication administration time was ordered to correspond with the residents meals the time for the AM dose was arranged to be given at 7:30 a.m. daily as ordered. The staff responsible for medication passes were directed to give the medication as close to 7:30 a.m. as possible & within the parameters of 7:00 a.m. to 8:00 a.m.</p>	

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F 281	Continued From page 2 A review of the medication administration history for the resident revealed since admission, the resident had not received the 7:30 AM dose of the Voltaren as prescribed. An interview with LPN #2, on 07/07/10 at 9:55 AM, revealed she was aware the medication was not given within the accepted timeframe. She stated "a lot of times this medicine is given outside the time frame. The medicine is prescribed with meals. The resident's tray is usually delivered by dietary staff, between 7:15 AM and 7:30 AM. At that time, staff are getting report from the previous shift". LPN #2 stated the medication could be given one hour before or after the prescribed time. An interview with the Director of Nursing (DON), on 07/07/10 at 10:15 AM, revealed the physician ordered the medication to be administered twice a day, but no specific time was given. The pharmacy set up the times for the medication administration. She stated the nurses had a hour before or after the time scheduled to administer the medication. Upon review of the current policy and procedure for medication administration, the DON stated the policy specified nurses had 30 minutes before or after the time scheduled to administer the medication. She stated she expected the nurses to administer the medication as ordered. An interview with a pharmacist, on 07/07/10 at 1:45 PM, revealed the pharmacy set the times the medication was administered. The medications were customized to every area in the facility and the system changed the time to fit the times the meals were served. He was unsure, but thought	F 281	F281 continued: 2. An investigation was done by Libby Cawthorn, Director of Nursing & Helen Gerald, RN to determine that all residents on the Skilled Unit received medication within the time periods specified by the most current policy and the physicians order. A statement of the results of this audit is attached as exhibit A. 3. The following measures were put into place to help assure that medications are administered as ordered and according to current policy: a. Libby Cawthorn, Director of Nursing met with nursing staff responsible for medication passes to assure they were aware of this deficiency & the measures to be taken for its correction. b. The hospital Pharmacy Director, Kevin Adams, RpH, & the Director of Nursing, Libby Cawthorn, met to review & evaluate current medication times designed per policy as it relates to the needs of residents on the Skilled Nursing Unit. At this meeting the State Operations Manual was reviewed by both parties & the decision was made to revise the current policy on		

Continued From Page 3

F281 continued:

medication administration times. The policy at the time of the survey stated medications may be given from 30-minutes before to 30-minutes after the prescribed time. The revised policy states that medications are to be given from one hour before to one hour after the prescribed time. A copy of this policy entitled "Medication Orders" is attached as Exhibit B.

- c. All RN's & LPN's responsible for medication passes who are employed on the Skilled Nursing Unit were provided an inservice detailing changes in the policy entitled "Medication Orders" to include the fact that all medications are to be administered within one hour before or one hour after the prescribed time. The sign-in record for the inservice is attached as Exhibit C and the content of the inservice as Exhibit D.
 - d. Any staff members responsible for medication passes who were not able to attend the inservice will be provided a copy of the revised policy and required to sign a record indicating they have received the policy and understood its content. (Exhibit E).
4. The following measures are in place to assure these solutions are sustained:
- a. An inservice for all RNs & LPNs employed on the Skilled Nursing Unit will be provided annually to review and detail the policy in place on time frames for medication passes. This will be done by adding the information to the annual Pharmacy Review Test provided through a hospital wide software program called Health Stream.
 - b. The Director of Nursing conducted a quality review study of skilled nursing residents currently admitted to determine that the revised policy is being adhered to.
 - c. Additional on-going quality review studies of skilled nursing residents and subsequent inservices of staff will be conducted quarterly if the initial study does not indicate 100% compliance. If compliance is 100% an audit of at least 50% if residents will be done and documented by the Director of Nursing every 6 months.

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F 281	Continued From page 3 the nurse had an hour before or after the time scheduled to administer the medication. The computer system prompted the nurse for a reason if they were late administering the medication, but what happened afterwards was the responsibility of nursing.	F 281		07/08/10 LT/RP
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to store, prepare, distribute and serve food under sanitary conditions. A review of the Census and Conditions, dated 07/06/10, revealed a census of 12. It was determined 12 of 12 was served meals prepared and served from the facility kitchen. Observation revealed two dietary staff failed to effectively wear hair restraints. Observation revealed a build up of a brownish-black substance covered the racks of the oven and below the oven doors.	F 371	F371: Improper Hair Restraints: All employees were instructed to wear hair restraints or bonnets that completely cover hair. Hats or caps are only allowed to be worn over proper fitting hair restraints, not as the only restraint. This was corrected with all food service employees including clerks, managers, kitchen workers and those employees working on the floors including the Skilled Nursing Unit. Supervisors will now conduct the weekly Food Safety and Sanitation Checklist at the start of both am and pm shifts to ensure that all employees are following proper procedure. A department wide employee in-service is scheduled for 8/10 which will agin cover the hair covering policy & procedures. A mandatory test will be given following the inservice.	LT/RP 7-6-10 delete LT/RP 7-6-10 delete 8-10-10

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F 371	<p>Continued From page 4</p> <p>Findings include:</p> <p>1. Observation of the kitchen, on 07/06/10 at 11:15 AM, revealed Dietary Aide #1 was working the trayline and covered each filled plate with a lid. Dietary Aide #1 wore a hair net; however, hair around the face and a long pony-tail was exposed. A cook wore a baseball cap and pieces of hair were unrestrained in the front, sides and a pony-tail was uncovered in the back. She was observed to cook potatoes, deliver potatoes and bacon to the tray line.</p> <p>2. Observation revealed the ovens had a build-up of a brownish-black substance on the racks, grease spillage in the bottom of the oven, and black substance below the oven doors.</p> <p>A review of the facility's policy, Infection Control Procedures, dated 1987 and revised July 2007, revealed "The Food Service Manager and/or Supervisor were responsible for supervising the sanitation and housekeeping procedures within the food service department. The Food Service Manager and/or Supervisor prepared a cleaning schedule and was responsible for seeing that the schedule was followed in a satisfactory manner. Hair must conform to style. A hair net or other restraint (surgery cap) must be worn while on duty. Short or worn off the shoulder. Covered with hair net while on duty. No ornaments except those necessary to keep hair off shoulders".</p> <p>An interview with Dietary Aide #1, on 07/07/10 at 12:35 PM, revealed she loaded the dietary carts on 07/06/10. She stated dietary staff either wore a hair net or a hair bonnet. Cooks wore caps and their pony tails stuck out the back of the cap. She stated it had never been a problem how she</p>	F 371	<p>F371: Build Up In Ovens: A two week oven cleaning schedule is currently in place and will continue. Weekly sanitation checklists will be completed by a food service manager to ensure that ovens have been cleaned according to schedule and are in proper sanitary conditions. If ovens need attention additional cleaning will be added to the schedule.</p>	<p>LT/RP 7-13-10 <i>delite</i></p>

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F 371	<p>Continued From page 5</p> <p>wore her hair net, but she realized that all of her hair had to be restrained with the hair net or bonnet.</p> <p>An interview with Dietary Aide #2, on 07/07/10 at 12:45 PM, revealed he was responsible for cleaning the ovens. He used a product named "Carbon Off" to clean the oven. He let the cleaning product soak in the oven for about an hour and then removed it. He cleaned the oven once every two weeks. Some of the build-up could not be removed, but he did not discuss the problem with his supervisor.</p> <p>An interview with the Dietary Manager, on 07/07/10 at 1:00 PM, revealed the dietary staff were required to wear a hair net or bonnet to restrain their hair. She conducted a periodic check of the dietary staff compliance with hair restraints and checked the cleaning of appliances, but did not recall when she last conducted a compliance check.</p>	F 371		

Exhibit A

Medication sheets for each resident were audited and medications were found to be given within one hour before or after the prescribed times. The time frames were defaulted to the oral medication administration times specified for the Skilled Nursing Unit in the policy revision.
(Exhibit B)



Libby Cawthorn, RN Director



T. J. Samson Community Hospital

MEDICATION ORDERS

DEPARTMENTS: Skilled Nursing Facility

Formulation Date: 8-1993

Last Revision Date: 07-2010

Reviewed Annually

Administrator: Renee' Perkins, CNO, NHA

Pharmacist: Kevin Adams

RN Director: Libby Cawthorn, RN, BSN

Policy:

It shall be the policy of the Nursing Department of the T. J. Samson Community Skilled Nursing Facility that its staff will adhere to the following policies in relation to medication:

1. Drug shall be administered on the order of a medical staff physician, or other individuals who are granted clinical privileges to write orders.
2. All medication orders must be recorded in writing in the individual resident's medical records.
3. Verbal orders for medication shall be given only to licensed nursing staff who must immediately write the order down, repeat the order back, record it in the chart.
4. Telephone orders for patients shall be given only to licensed nursing staff who must immediately record it in the resident's chart after writing the order down and repeating it back.
5. All verbal, telephone, or standing orders must be countersigned by the staff physician giving the medication order within 48 hours of issuance.
6. Only licensed staff nurses may initiate orders from medically approved standing orders lists. The order must be recorded in the individual resident's medical record immediately.
7. Medications administered to resident shall be in accordance with all state and federal laws.
8. Medications administered one (1) hour before and/or one (1) hour after scheduled dose will be considered timely.

The following categories of Nursing Staff only are authorized to administer medications upon completion of orientation/instruction in preparation and administration medications:

- a. Registered Nurse
- b. Licensed Practical Nurse
- c. Registered Nurse Applicant
- d. Licensed Practical Nurse Applicant
- e. Practical Nursing Students and RN Nursing Students in an approved nursing program with clinical affiliation with this institution (under close supervision of their instructor)

9. Only the authorized staff person who prepares a dosage of medication may administer it and may chart it, with the exception of IV fluids and piggybacks that are pre-mixed and labeled by pharmacy with medication amount, dosage, time, date, initials of person preparing and name of resident receiving.
10. All PRN orders are to indicate the reason and/or diagnosis for the medication, including time, dose and route.
11. Standardized oral medication administration times will be consistent and approved by nursing and pharmacy.
12. Standardized oral medication administration times will not be edited by nursing and/or pharmacy unless:
 - a. Current drug administration guidelines recommend specific dosing intervals.
 - b. The physician orders for the medication to be given at specific dosing intervals.
 - c. The resident requests the medication be administered at the times he or she normally takes the medication at home, as the medication has been directed by their family physician.

A copy of the standard oral medication administration times and exceptions for oral medication administration times will be placed on the medication carts on the Skilled Nursing Unit for quick reference. A list of commonly ordered medications requiring special dosing considerations will be available on the unit.

Standard administration times for oral medications on Skilled Nursing Unit will be:

Every day	0900
Twice a day	0900 and 2100
Three times a day	0500, 1300 and 2100
Four times a day	0600, 1200, 1800 and 2400

Exceptions for administration times for oral meds:

BEFORE MEALS	BEFORE MEALS
Every day AC	0600
Twice a day AC	0600 and 1600
Three times a day AC	0600, 1100 and 1600
Four times a day AC	0600, 1100, 1600 and 2100

WITH MEALS	WITH MEALS
Every day CC	0700
Twice a day CC	0700 and 1700
Three times a day CC	0700, 1200, and 1700
Four times a day CC	0700, 1200, 1700 and 2100

AFTER MEALS	AFTER MEALS
Every day PC	0900
Twice a day PC	0900 and 1800
Three times a day PC	0900, 1300 and 1800
Four times a day PC	0900, 1300, 1800 and 2100

BETWEEN MEALS	BETWEEN MEALS
Four times a day B	1000, 1400, 1800 and 2100

Exhibit C

7-20-10

Inservice attendees for
changes to "Medication Orders"
policy including an update
related to time frames.

M. Doolittle
D. Grace RN
D. Smith
A. Crawley RN

H. Hensler
D. Tallent
J. Perkins RN

I conducted an in-service on the Skilled Nursing Unit with staff whose signatures appear on Exhibit C. The remaining staff was and/or will be in-serviced and required to sign for the "Medication Order" policy as they return to work. The gist of the in-service was to inform licensed staff of the changes to the policy "Medication Orders" and the administration times to be followed.

Medications can be given one (1) hour before and/or one (1) hour after the scheduled administration time and remain in compliance. A standard administration times for oral medications is attached to the policy. This time schedule will be laminated and attached to the medication carts for staff to use in case of a discrepancy that pharmacy needs to resolve.

Pharmacy is to use a default system for all medications given on the Skilled Unit and will follow the administration times for oral medications to be given that is attached to the revised policy.

The only exception will be when a physician orders a specific time for a medication to be given.

If a medication is given outside the time range then a reason has to be documented in the reason code area of MAK, ex. NPO for procedure, holding medication due to over-sedation, or resident refuses to take. These reasons are not all inclusive.

Libby Cawthorn, RN Director

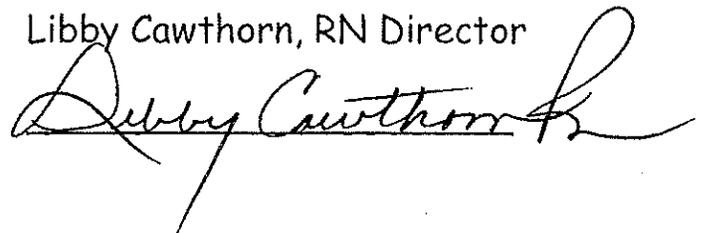
A handwritten signature in black ink, appearing to read "Libby Cawthorn", with a stylized flourish at the end.

Exhibit E

I have received a revised copy of the policy "Medication Orders" and understand its content.

M. Wood
L. Groce LSN
D. M...
D. Crawley LSN

H. ...
D. ...
P. ...