

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

PRINTED: 06/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/13/2013
NAME OF PROVIDER OR SUPPLIER HOME OF THE INNOCENTS			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 EAST MARKET STREET LOUISVILLE, KY 40206		
(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 A standard health survey was conducted from 06/11/13 through 06/13/13 and a Life Safety Code survey was conducted on 06/12/13. Deficiencies were cited with the highest scope and severity of an "D" with the facility having the opportunity to correct the deficiencies before remedies would be recommended for imposition.	F 000	Statement of Deficiency June 25, 2013 F Tag 431 PHARMACY SERVICES		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 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. 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. 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	F 431	Expired liquid Ativan was found in the Sunshine Lane medication room refrigerator locked narcotic box on 6/12/13. The Ativan was noted to have been given two times after the expiration date. There were no other expired medications found. The expired medication was immediately removed from use and discarded on 6/12/13 after discovery. On 6/12/13, each medication cart was checked by administrative nursing staff and assigned nursing staff to ensure that no other medications were expired eliminating the potential for other residents to be affected by the same deficient practice. A standard procedure 11.09.09.00 is in place specifically stating "Medications areas are checked regularly for expired, discontinued, damaged and contaminated medications. The above items shall be removed from the area promptly upon discovery."	7/26/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature] Jeff F. Lewis X TITLE: Admin. X (X8) DATE: 7-3-13

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.

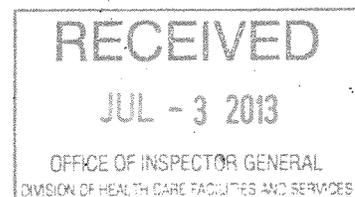
JUL 3 2013
OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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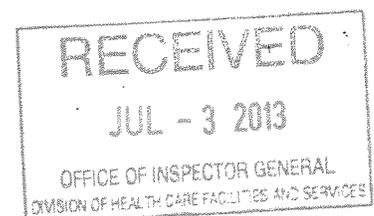
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F 431	<p>Continued From page 1</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policies, it was determined the facility failed to discard expired medication for one (1) of five (5) units. (The Sunshine Unit). The facility administered two (2) doses of expired Ativan on 06/05/13 and 06/06/13.</p> <p>The findings include:</p> <p>Review of the facility's policies, titled Medication Administration, Expiration Dating and Expired Drug Removal, and Dispensing Medications, all with review dates of September 2010, revealed the facility are not to dispense or administer expired solutions. In addition, The Village Pharmacy (TVP) staff monitors and maintains a drug inventory Quarterly.</p> <p>Observation of the Sunshine Unit's medication room with License Practical Nurse (LPN) #1, on 06/12/13 at 11:30 AM, revealed a locked narcotic box located in the medication refrigerator with a bottle of liquid Ativan. Further observation revealed the bottle of Ativan had an expiration date of 05/28/13.</p> <p>Record review of the medication cart and refrigerator cleaning check list revealed the</p>	F 431	<p>Procedure 11.10.01.00 specifically states "drugs should not be kept past the expiration date". These procedures were provided during the survey and are easily accessible to staff. In addition a procedure is in place that requires staff nurses to clean / check medication carts and refrigerators weekly and the medication carts and refrigerators were checked quarterly by The Village Pharmacy staff.</p> <p>Additional measures shall be put in place to ensure this identified practice will not recur. These measures include the following four measures.</p> <ol style="list-style-type: none"> 1. In-Service Training by the Consultant Pharmacist shall be provided to and required of all current licensed staff that administer medication. (See Attachment A) 2. The current checklist for Med Cart and Med Refrigerator Cleaning has been revised to include the refrigerator locked narcotic box. The frequency of cleaning and checking the medication cart and refrigerator has been increased from weekly to twice weekly to include both day and evening shifts. (See Attachment B) 		



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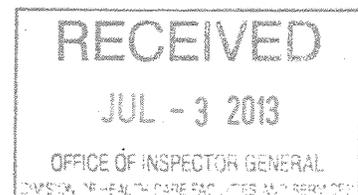
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F 431	<p>Continued From page 2</p> <p>narcotic refrigerator was checked on 05/27/13, 06/04/13 and 06/11/13 also verified by a nurses signature that no outdated medications were found.</p> <p>Review of the medication administration records revealed a resident received an as needed dose of Ativan on 06/05/13 at 09:16 AM and on 06/06/13 at 10:05 AM.</p> <p>Interview with LPN #1, on 06/12/13 at 11:35 AM, revealed night shift nurses are responsible to ensure there are no expired medications available for use. He stated all medications are to be checked for the expiration dates prior to being administered. He stated an expired medication administered could be less effective.</p> <p>Interview with the Clinical Supervisor, on 06/13/13 at 2:30 PM, revealed the staff was trained to check for expiration dates with each medication administration. She stated the facility's system for ensuring no expired medications are administered was to have the night shift nurse check the medication cart and medication refrigerator weekly for expired medications. She continued to state the facility's auditing system works; however, the staff overlooked the medication because it was as needed and the resident did not get the medication often. She stated expired medications should not be administered because of the loss of potency.</p> <p>Interview with the Director of Clinical Services, on 06/13/13 at 2:50 PM, revealed the facility's system to ensure expired medications are not administered was to have staff monitor and sign a check list weekly that the medication cart and</p>	F 431	<p>3. The frequency of administrative auditing of medication carts and medication refrigerators has been increased from quarterly to monthly. The Village Pharmacy Staff and the RN Clinical Supervisor staff shall perform audits in alternate months. (See Attachment C).</p> <p>4. Education and training on medication administration, storage, handling and discarding medication provided during the In-Service listed on Attachment A shall be included in orientation for newly hired licensed staff.</p> <p>Monitoring of performance shall occur in the following ways. The monthly audits of medication carts and medication refrigerators performed by The Village Pharmacy and Nursing Supervisory staff shall be provided to the Director of Nursing and the Director of Clinical Services for review. Audit findings shall be compared to the twice weekly checklists performed by licensed staff for discrepancies. The disciplinary process shall be implemented and followed when appropriate.</p>		



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F 431	<p>Continued From page 3</p> <p>medication refrigerator contained no expired medications. She further stated the facility had a double check system to ensure expired medications are not administer by having the pharmacy check for expired medication quarterly. She stated the facility's system worked, just not in this case.</p> <p>Continued review of the Sunshine's Unit pharmacy quality improvement report, dated 06/11/13, revealed the pharmacy found zero (0) controlled medications not properly, securely stored, per regulation F431.</p> <p>Telephone interview with the Pharmacist, on 06/13/13 at 3:35 PM, revealed he was at the facility on 06/11/13 to preform a quality check. He stated no check was preformed on the Sunshine's Unit because the nurse with the narcotic key could not be located. Therefore, he failed to preform a quality check on the medication refrigerator. He stated Ativan being expired will lose it potency.</p>	F 431	<p>The Director of Nursing and the Director of Clinical Services shall report compliance and or deficient practice to the Quality Improvement Committee on a quarterly basis.</p> <p>The corrective action for F431 Deficient Practice shall be completed on July 26, 2013.</p>		



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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 2003, 2010</p> <p>SURVEY UNDER: 2000 New</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: The original 2003 building is a one (1) story structure with a partial basement. The 2010 building addition is a two (2) story structure with a full basement, Construction Type II Protected.</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments.</p> <p>FIRE BARRIER: The non-certified facility and the Skilled Nursing Facility were separated by a two-hour fire barrier.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic, wet sprinkler system, hydraulically designed</p> <p>GENERATOR: Type II, 750 KW generator. Fuel source is diesel.</p> <p>A standard Life Safety Code survey was conducted on 06/12/13. The Home of the Innocents was found to be in compliance with the Requirements for Participation in Medicare and</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jeff A. Lewis & Admin* TITLE *Admin* (X6) DATE *X 7-3-13*

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K 000	Continued From page 1 Medicaid in accordance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).	K 000			

