

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2015
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NAME OF PROVIDER OR SUPPLIER CARDINAL HILL REHABILITATION UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 VERSAILLES ROAD LEXINGTON, KY 40504
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F 000 INITIAL COMMENTS

F 000

A Recertification Survey was initiated on 01/27/15 and concluded on 01/29/15 with deficiencies cited at the highest Scope and Severity of a "D".

F431

F 431 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS
SS=D

F 431

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.

Resident #2 was discharged on 1/29/15 prior to the completion of this survey.

Resident #11 was discharged on 1/28/15 prior to the completion of this survey.

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.

The policy for Storage of Medications will be modified by the Pharmacy Director in collaboration with the Director of Nursing, to address storage of topical creams at bedside by requiring specific orders and storage practices, by February 19, 2015.

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 Director of Nursing completed an initial audit of all resident rooms to ensure immediate compliance on 1/29/15. The Director of Nursing will then audit compliance of the modified policy by verifying

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 package drug distribution systems in which the quantity stored is minimal and a missing dose can

February 19, 2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/4/15
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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 431 Continued From page 1
 be readily detected.

This REQUIREMENT is not met as evidenced
 by:
 Based on observation, interview, and review of
 the facility's policies, it was determined the facility
 failed to ensure drugs and biologicals were stored
 in locked compartments under proper
 temperature controls, and only authorized
 personnel permitted to have access to the keys
 as evidenced by prescribed medications
 observed on two (2) of eleven (11) residents'
 bedside tables (Resident #2 and Resident #11).

The findings include:

Review of the facility's policy titled, "Medication
 Administration", revised February 2014, revealed
 under Section 3, Medication Storage, medications
 would remain in the Automated Dispensing Units
 (ADU) until the time of administration.
 Medications were to be transported for
 administration via a locked workstation on wheels
 (WOW) cart, and were to remain in the WOW
 cart until administered.

Review of the facility's policy titled, "Medication:
 Self-Medication Program", undated, revealed
 residents who met the established criteria, and
 had a written medical provider order, would be
 able to self-administer their approved
 medications.

1. Review of Resident #11's medical record
 revealed the facility admitted the resident on
 01/22/15, with diagnoses which included Diastolic
 Heart Failure, Chronic Lower Extremity Ulcers,

F 431 appropriate ordering and
 storage of creams three
 times per week for one
 month, and then one time
 per week for two months.

The results of those audits and
 will be reported to the SRU
 Quality Assurance
 Committee.

All licensed nursing staff and
 SRNA's will be provided
 education on the modified
 policy 'Storage of
 Medications,' specifically on
 the updated portions
 addressing appropriate
 ordering and storage of
 creams. This education will

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185457	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2015
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NAME OF PROVIDER OR SUPPLIER CARDINAL HILL REHABILITATION UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 VERSAILLES ROAD LEXINGTON, KY 40504
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F 431 Continued From page 2

Anxiety with Depression and Venous Insufficiency. Review of the Nursing Assessment form, dated 01/22/15, revealed Resident #11's short term memory, comprehension of language and expression of language were assessed as being intact.

Review of the Physician's Order, dated 01/22/15, revealed an order for Xenaderm Ointment (a medicated topical ointment used to treat skin wounds and ulcers and relieve pain) to be administered twice day, and for Nystatin Cream (A topical antifungal and barrier medication) to be administered four (4) times a day. Additional review of the Physician's Orders revealed no documented evidence of an order for Resident #11's medications to be left at the bedside.

However, observations on 01/27/15 at 10:20 AM, made during initial tour of the facility revealed a tube of Nystatin Cream and a tube of Xenaderm Ointment lying on Resident #11's bedside table.

Interview, on 01/27/15 at 10:20 AM, with Resident #11, at the time of observation, revealed the nurses had left the cream and ointment in the room. Resident #11 stated the nurses come in and apply the cream and ointment and had instructed the resident to apply the cream and ointments when he/she felt they were needed.

2. Review of Resident # 2's medical record revealed the facility admitted the resident on 12/19/14, with diagnoses which included Disc Herniation with Lumbar Laminectomy, History of Urinary Tract Infections (UTIs), Functional Disorder of Bladder and Diabetes. Review of the Admission Minimum Data Set (MDS) Assessment, dated 12/26/14, revealed the facility

F 431

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F 431 Continued From page 3

F 431

assessed Resident #2 to have a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated no cognitive impairment. Review of the Physician's Order, dated 12/22/14, revealed an order for Lac Hydrin lotion (a lotion used to treat dry, scaly, itchy skin) to be applied twice a day. Additional review of the Physician's Orders revealed an order, dated 01/07/15, for Flanders Buttocks Cream (a zinc oxide cream used to treat minor skin irritations) to be applied twice a day and PRN (as necessary). Further review of the Physician's Orders revealed no documented evidence of an order for Resident #2's Lac Hydrin lotion or Flanders Buttocks Cream to be left at the bedside.

However, observations on 01/27/15 at 11:55 AM, at 12:20 PM, at 2:25 PM, at 3:30 PM and 4:25 PM, revealed two (2) bottles of Lac Hydrin 5% lotion and a tube of Flanders Buttocks Cream lying on Resident #2's bedside table. Additionally observations, on 01/28/15 at 8:20 AM, at 9:30 AM, at 10:25 AM, at 11:20 AM, at 1:30 PM and 3:30 PM and on 01/29/15 at 9:45 AM, revealed the two (2) bottles of Lac Hydrin 5% lotion and a tube of Flanders Buttocks Cream continued to be lying on Resident #2's bedside table.

Interview with Licensed Practical Nurse (LPN) #1, on 01/29/15 at 9:45 AM, revealed she thought prescribed lotions, creams, and ointments were allowed to be kept at the residents' bedside. LPN #1 stated she was unsure if an order was needed to have prescribed medications at the resident's bedside. She revealed she had reviewed Resident #2's medical record and did not see a Physician's Order to have the medications stored at the resident's bedside. LPN #1 was observed to remove the prescribed Lac Hydrin and

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F 431	<p>Continued From page 4</p> <p>Flanders Buttocks Cream from Resident #2's room.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #1, on 01/29/15 at 8:55 AM, revealed any medicated lotions, creams, or ointments were to be kept on the nurses' medication cart and the nurses applied those to the residents. SRNA #1 revealed she had not observed any medicated lotions, creams, or ointments stored on any resident's bedside table.</p> <p>Interview with SRNA #2, on 01/29/15 at 09:05 AM, revealed the only creams which could be kept in a resident's room would be non-medicated ones. SRNA #2 stated medicated creams, lotions, or ointments should be kept in the nurses' medication cart. SRNA #2 stated she was unaware of any medicated creams, lotions, or ointments stored in the residents' rooms.</p> <p>Interview with SRNA #3, on 01/29/15 at 10:45 AM, revealed medications should not be left at the bedside unless there was a Physician's Order for those items to be left at the bedside. SRNA #3 stated she was not aware of any medications stored at the residents' bedside.</p> <p>Interview with LPN #2, on 01/29/15 at 10:30 AM, revealed no medications should be left at the residents' bedside unless there was a Physician's Order stating it was allowed to be left there. LPN #2 stated if there was an order to keep creams, lotions or ointments at resident's bedside, then the medications should be placed in a plastic bag and stored in a drawer in the resident's nightstand.</p> <p>Interview with the Advanced Practice Registered</p>	F 431		
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F 431 Continued From page 5
 Nurse (APRN), on 01/29/15 at 9:55 AM, revealed a written Physician's Order needed to be in place to keep prescribed medications, such as creams, lotions or ointments at the residents' bedside.
 Interview with the Director of Nursing (DON), on 01/29/15 at 10:50 AM, revealed in order for prescribed medications, such as creams, lotions, and ointments, to be left at the residents' bedside, there must be a Physician's Order. Per interview, if there was no order the creams, lotions and ointments should be stored secured, as per facility policy.

F 431

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 000 INITIAL COMMENTS

CFR: 42 CFR 483.70(a)

Building: 01

Survey under: NFPA 101 (2000 Edition)

Plan approval: 10/22/1986

Facility type: SNF/NF

Type of structure: Type I (333) 2nd Floor contains rooms 279-299, 3rd floor contains rooms 362-379

Smoke Compartment: Four (4)

Fire Alarm: Complete fire alarm (software upgrade: 09/17/2008)

Sprinkler System: Complete sprinkler system (wet)

Generator: Two (2) Type I. Diesel installed 1998

A Standard Life Safety Code Survey was conducted on 01/28/2015 using the 2786S (short form). The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid.

K 000



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/4/15
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