

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

PRINTED: 04/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2015
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NAME OF PROVIDER OR SUPPLIER HEARTLAND OF LOUISVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 BROWNS LANE LOUISVILLE, KY 40220
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F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey was initiated on 04/07/15 and concluded on 04/08/15 to investigate KY23056. The Division of Health Care substantiated the allegation with deficiencies cited at a scope and severity of a D.</p> <p>F 425 483.60(a),(b) PHARMACEUTICAL SVC - SS=D ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the Pharmacy failed to provide a STAT (without delay; immediate) pain medication in a timely manner for one (1) of three (3) sampled residents, Resident #1.</p>	F 000	<p>The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F425</p> <p>1. Resident #1 was discharged on 4/1/15 and is no longer a resident in our center.</p> <p>2. Patients admitted to the facility with physician orders for pain medication have the potential to be affected by the deficient practice. The Director of Care Delivery (DCD) and/or House Supervisor will review newly admitted residents medication orders to ensure the pharmacy was notified of new orders. The DCD and/or House Supervisor will review newly admitted resident's Medication Administration Records to ensure that their pain medications were administered per physician orders.</p>	
F 425		F 425		4/17/15

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

TITLE

(X8) DATE

Beverly M. Edwards

Administrative

4/17/15

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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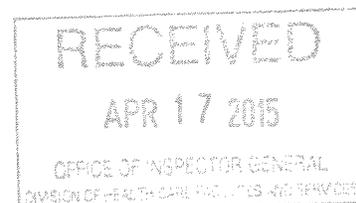
APR 17 2015

OFFICE OF INSPECTOR GENERAL
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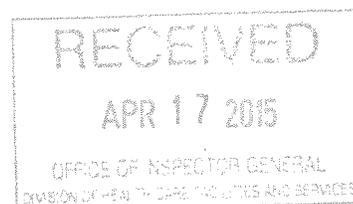
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F 425	Continued From page 1 The findings include: Review of the facility's pharmacy policy regarding Receipt of Interim/STAT/Emergency Deliveries, dated 05/01/10, revealed the facility should immediately notify pharmacy when the facility received a medication order that required a STAT delivery. If a STAT delivery was necessary, the facility should arrange either: with the pharmacy to include the STAT medication in an earlier scheduled delivery or a special delivery, as required, or, for delivery by a contract courier, or, for the medication to be dispensed and delivered by a third party pharmacy to ensure timely receipt. Review of the closed clinical record for Resident #1 revealed the facility admitted the resident on 03/27/15 with diagnoses of a Left Knee Device Removal, Left Knee Infection and Osteoarthritis. At the time of discharge from a local hospital at 6:30 PM the resident received a dose of pain medication Norco 10/325 mg orally. Review of the admission orders, dated 03/27/15, revealed the facility was to administer Norco 10/325mg, one (1) tablet every four (4) hours as needed for moderate pain, and Norco 10/325mg, two (2) tablets every four (4) hours as needed for severe pain. Interview with LPN #3, on 04/07/15 at 6:20 PM, revealed the pain medication ordered (Norco 10/325mg) was not kept in stock and when the orders were faxed to the pharmacy, the pharmacy was told the medication was STAT. Review of the Nurses Notes, dated 03/27/15 to 03/28/15, revealed the admission orders were	F 425	3. The Administrator spoke with the General Manager (GM) of Omnicare Pharmacy via telephone on 4/9/15 and scheduled a meeting for 4/15/15 to discuss expected medication delivery times. The Administrator, Administrative Director of Nursing Services (ADNS) and the GM were present during this meeting on 4/15/15. It was determined that newly admitted resident's medications will be delivered STAT to the center. The Administrator, ADNS and GM agreed that the estimated time frame of delivery for STAT medications is less than 4 hours. The GM will in-service pharmacy staff(s) to ensure that all STAT medication orders for newly admitted residents are entered into their system as STAT and delivered within less than 4 hours. On or before 4/24/15 the ADNS, DCDs and/or House Supervisor will in-service licensed nurses to place a STAT order to pharmacy for medications needed prior to the next routine delivery that are not available in the emergency drug kit. The ADNS, DCDs and/or House Supervisor will also in-service licensed nurses to notify the physician if patients verbalize or demonstrate uncontrolled pain.		



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F 425	Continued From page 2 faxed to the Pharmacy and a call was placed to the Pharmacy, on 03/27/15 at 8:30 PM, and the medication orders were to be STAT. Interview with the facility's Pharmacist, on 04/07/15 at 4:45 PM, revealed the pharmacy received the fax at 8:15 PM on 03/28/15. The medication order was placed on the STAT board at 9:42 PM on 03/28/15. The Pharmacy delivered the medications to the facility on 03/28/15 at 2:02 AM, six (6) hours after the order had been placed. Review of the tracking sheet provided by the pharmacy, dated 03/28/15, revealed the STAT pain medication was not delivered to the facility until 2:02 AM with proof of delivery signed by LPN #3. Review of the Medication Administration Record, dated March 2015, revealed on 03/28/15 at 2:02 AM, LPN #3 administered Resident #1 the first dose of Norco 10/235 mg, with a pain level of eight (8); seven and one half hours (7.5) after the last dose from the hospital; and approximately six (6) hours after the order was placed with Pharmacy. Interview with Resident #1, on 04/07/15 at 4:20 PM, revealed when he/she requested the pain medication, LPN #3 stated it had to come from Pharmacy. The resident stated a request for pain medication was made on 03/27/15 at 10:15 PM and 03/28/15 at 12:40 AM both times with a pain level of a six (6) out of ten (10). Continued interview with LPN #3, on 04/07/15 at 6:20 PM, revealed when the resident asked for pain medication, the resident stated the pain was a level six (6) of ten (10). If the resident had said	F 425	4. The ADNS, DCDs, and/or House Supervisor will utilize the Pharmacy Services QAPI tool to audit 5 newly admitted residents per week for 12 weeks to ensure that medications are ordered timely by the licensed nurse and delivered timely by pharmacy. The ADNS, DCD and/or House Supervisor will also audit the MAR of 5 residents per week for 12 weeks to ensure that newly admitted resident's medications are administered per physician orders. The physician will be notified if patients verbalize or demonstrate uncontrolled pain. The ADNS, DCD and/or House Supervisor will report the results of the audits monthly to our Quality Assurance Committee for further review and recommendations. 5. Corrective measures will be completed by 4/25/15.	4/25/15.	



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F 425	Continued From page 3 the pain was an eight (8) or (9) she would have called the physician. The nurse stated she repositioned the resident and called the pharmacy twice about the medications. LPN #3 further stated they had lots of delays with getting medications from the pharmacy at night. Interview with the Director of Nursing, on 04/08/15 at 9:20 AM, revealed the STAT orders should have been included in the 12:00 midnight run. The facility met with the Pharmacist to add an additional delivery time at 12:00 midnight. This was conveyed to the Nurses in December of 2014 as well as Cardiac, Blood Pressure, Antipsychotic, and Pain medications were to be called in as STAT if these medications were not in stock. Resident #1 had a non-stocked pain medication ordered. Additional interview with the Pharmacist, on 04/08/15 at 8:50 AM, revealed the routine route ended at 5:00 pm, after that a STAT medication order had to be called to pharmacy to be delivered before the morning shift. However, continued interview with the Pharmacist, on 04/08/15 at 10:20 AM, revealed STAT orders would be delivered within four (4) hours for new admissions, but actually the pharmacy had no set time schedule for STAT orders.	F 425			

