

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 BECK LANE MAYFIELD, KY 42066
--	--

(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	F 000		
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, it was determined the facility failed to implement written policies and procedures that prohibit mistreatment, neglect and abuse of residents and misappropriation of resident property. A review of three (3) of seven (7) personnel records revealed a Nurse Aide Abuse Registry (NAAR) check was not completed prior to hire for three employees, which included one Certified Nurse Aide (CNA) #1, one Nurse Aide (NA) #1 and one Dietary Cook #1. Findings include:</p> <ol style="list-style-type: none"> 1. A review of CNA #1's personnel record revealed a hire date of 05/20/10. The facility did not complete a NAAR check, until 06/24/10. 2. A review of NA #1's personnel record revealed a hire date of 03/30/10. An undated NAAR check was included in the employee's file. 3. A review of Dietary Cook #1's personnel record revealed a hire date of 04/07/10. The 	F 226	<p>Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of federal and state law.</p> <p>F226 <u>483.13(c) Development of Abuse / Neglect Policies</u> It is the routine practice of this facility to conduct Nurse Aide Abuse Registry checks prior to employing a new individual. The facility has developed and implemented policies that prohibit mistreatment neglect, and abuse of residents and misappropriation of resident property.</p> <p><u>Corrective Measures for Employees Identified in the deficiency:</u> A new abuse registry check was completed for Dietary Cook #1 NA#1 on 7/7/10. Their files were updated with the information. Because the date was handwritten on Cook #1 another verification was completed on 8/6/10. A request was also faxed to the Kentucky Board of Nursing on 8/6/10 since there were two people on the Kentucky Nurse Aide Registry having the same first and last name, but none had the same middle name or initial. CNA#1's personnel file already contained the abuse registry verification which was done on 6/24/10, after her date of hire, as noted by surveyor in the statement of deficiency.</p> <p><u>How other residents who may have been affected by this practice were identified:</u> The files of all other facility employees were reviewed by the Human Resource Director on</p>	8/17/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Juanne Anderson RN* TITLE: DON (X6) DATE: 8/9/2010

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.

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BECK LANE MAYFIELD, KY 42066		
(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 226	<p>Continued From page 1</p> <p>NAAR check included in the employee's file revealed two names listed at the bottom of the report, which was the same as the name of Dietary Cook #1. A notation at the bottom of the document revealed "Neither of these is this employee" and was signed by the Human Resource (HR) Coordinator.</p> <p>An interview with the HR Coordinator, on 07/07/10 at 1:50 PM, revealed CNA #1 had taken her test for certification prior to the hire date of 05/20/10. The employee became certified on 05/21/10 and the NAAR check was completed on 06/24/10. NA #1 was awaiting test results for certification. The HR Coordinator stated she could not explain why there was no date on the NAAR check which was included in NA#1's file. In regard to the NAAR check completed for Dietary Cook #1, no further action was taken to obtain a corrected report, prior to the survey. The HR Coordinator stated she was responsible for completing all personnel checks and had a personnel file checklist she utilized.</p> <p>An interview with the Administrator, on 07/08/10 at 9:30 AM revealed, there was a problem with the printer and she had information systems working on the problem.</p> <p>A review of the facility's policy/procedure "Abuse: Prevention, Investigation, Reporting, Protection and Response," dated 08/20/08, revealed "Screening - facility personnel who are responsible for interviews and hiring will conduct a perspective employee interview process that focuses on identifying the characteristic personality traits of a competent care giver. Check employment references, gathering as much pertinent information as is available.</p>	F 226	<p>7/7/10, to verify that they all had current abuse registry checks. A new verification was completed for all employees identified as having undated verifications of the Nurse Aide Abuse Registry checks. This was completed by 7/8/10. Due to ongoing computer problems the reports were signed and dated at the time they were completed by the Human Resource Director. On 8/7/10 an external computer was utilized to reprint the verifications so that they are computer dated.</p> <p>Measures Implemented or Systems Altered to Prevent Re-occurrence: The process of validating the Nurse Aide Abuse Registry Checks was modified on 7/8/10 to require that the administrator or her designee, review the abuse registry check for potential new employees prior to their employment, to verify that the Nurse Aide Abuse Registry check was completed and that the date of the verification is present. Due to computer configurations, employees other than CNA's and Nurses do not always contain the date the NAAR check was completed. Beginning on 8/6/10 the process was modified to provide that if the date is not included on the abuse registry check, the Human Resource Director will sign and date the verification and will either postmark using the postage meter or will fax it so that a time and date stamp is present. A full computer system upgrade is scheduled for the week of August 30, 2010 which will allow for actual computer dating of the NAAR checks for employees that are not on the Kentucky Nurse Aide Registry. At that time the use of the fax machine or postage meter for dating will end.</p> <p>Monitoring for Ongoing Compliance: Audits of personnel records will be conducted</p>		

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BECK LANE MAYFIELD, KY 42066	
(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 226	Continued From page 2	F 226		
F 281 SS=D	<p>Review work history. Conduct a criminal background check as reasonably practical in accordance with state requirements. If State Registry is available, check for findings of abuse. Screen for illegal substance use."</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 ensure services provided met professional standards for one resident (#4), in the selected sample of 19 and one resident (#20), not in the selected sample. The facility failed to follow the physician's orders for the administration of an extended release medication (Potassium Chloride) for Resident #20. Additionally, the facility failed to ensure Resident #4's adverse reaction to an antibiotic was addressed to prevent the medication from being prescribed again. Findings include:</p> <p>1. An observation, on 07/06/10 at approximately 5:00 PM, during the medication pass, revealed Certified Medication Assistant (CMA) #1, crushed a Potassium Chloride ER (extended release) 20 milliequivalent (mEq) tablet, placed it in applesauce and gave it to Resident #20.</p> <p>A review of the physician's orders, dated 07/2010, revealed Potassium Chloride 20 mEq ER tablet four times daily for low Potassium with DO NOT CRUSH in large print.</p>	F 281	<p>monthly for six months by the receptionist or other designee as appointed by the administrator. The results of the audit will be reported to the Quality Assessment & Assurance (QAA) Committee for review. If the audit results reflect non-compliance, the administrator, in conjunction with the QAA committee, will evaluate the cause of non-compliance and will alter the process to achieve ongoing compliance. The committee would also increase the frequency of the audits and extend the duration of the audits to continue monitoring for ongoing compliance.</p>	

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BECK LANE MAYFIELD, KY 42066	
(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 281	Continued From page 3 A review of Resident #20's medication package for Potassium Chloride 20 mEq revealed a warning sticker with "DO NOT CRUSH" as well as an additional warning sticker that stated, "Do not chew or crush". An interview with CMA #1, on 07/07/10 at approximately 3:00 PM, revealed the nurse told her at the beginning of the shift, Resident #20 took her medications crushed. An interview with Licensed Practical Nurse (#1), on 07/07/10 at approximately 9:30 AM, revealed if an extended release medication was crushed, all the medication was released at one time, instead of over a period of time. An interview with the Director of Nursing (DON), on 07/08/10 at approximately 1:10 PM, revealed an extended release medication should not be crushed, due to the medication would no longer be released over a period of time. An interview with a pharmacist employed by the facility's contracted pharmacy, on 07/08/10 at approximately 1:40 PM, revealed she did not recommend crushing an extended release tablet and a liquid should be ordered instead. The pharmacist stated a resident could have gastrointestinal distress and/or cardiac function problems as a result of receiving a crushed extended release Potassium Chloride tablet. A review of the facility's Medication Administration policy, dated 09/2008, under section 7.1, revealed, " If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing or is tube-fed,	F 281	F281 483.20(k)(3)(i) Services Provided Meet Professional Standards It is the routine practice of this facility to provide or arrange for services to be provided that meet the professional standards of practice. <u>Corrective Measures for Resident Identified in the deficiency:</u> Resident #20's medication was changed to liquid form on 7/7/10. Resident #20 was assessed for adverse effects from the medication form. No adverse effects were noted. Resident #4 's physician orders, MAR, face sheet and alerts were updated on 7/8/10 to reflect the allergy to Cipro. <u>How other residents who may have been affected by this practice were identified:</u> The Medication Orders for residents in the facility were reviewed by licensed nurses who conducted the month end order review, to verify that residents who require that their medications be crushed do not have orders for "do not crush medications" The reviews were completed on 7/31/10. There were ten other residents identified at that time as requiring medications to be crushed, but having orders for medications that indicate they are not to be crushed. Orders were obtained for each of those to change the medication to an alternate form or medication. Additional audits will be completed weekly for four weeks, by licensed nurses to verify that residents whose ability to swallow pills without crushing are not receiving medications that are not to be crushed. The consultant pharmacist, on her next visit, will be provided a list of residents who require medications be crushed to verify the findings of nurses reviews.	8/17/10

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BECK LANE MAYFIELD, KY 42066		
(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 281	<p>Continued From page 4</p> <p>using the following guidelines and with a specific order from prescriber. The need for crushing medications is indicated on the resident's orders and the Medication Administration Record (MAR) so that all personnel administering medications are aware of this need and the consultant pharmacist can advise on safety and alternatives, if appropriate, during Medication Regimen Reviews. Long-acting or enteric-coated dosage forms should generally not be crushed; an alternative should be sought."</p> <p>2. A record review revealed Resident #4 had diagnoses which included Paralysis Agitans, Senile Dementia, Depression and Alzheimer's Disease.</p> <p>A review of a urinalysis report, dated 05/18/10, revealed the resident's urine was cloudy, had a moderate amount of blood (normal: negative), protein was 15 (normal: negative), white blood cells were 15-25 (normal: 3-5) and bacteria was 4+ (normal 0 to 1+). The physician was contacted, on 05/19/10, and orders were received for Cipro (antibiotic) 500 milligrams (mg.), two times a day for 10 days.</p> <p>A review of the nurse's notes, dated 05/24/10 at 11:00 PM, revealed staff identified Resident #4 had developed a rash which covered his/her back, face, chest, arms and legs and the resident complained of itching. A review of the nurse's note, dated 05/25/10, revealed the physician was notified and orders were received to discontinue the Cipro and obtain a second urinalysis and a culture and sensitivity on 05/26/10. Further record review revealed no alert was noted in regard to the resident developing a rash after</p>	F 281	<p>The allergy listings of other residents within the facility were audited by licensed nurses who conducted the month end order review, to verify accuracy. These audits were completed on 7/31/10.</p> <p>There were six people identified as having allergies that were not listed on their orders or face sheets. None were receiving medications that were contraindicated. Allergies were added to the MAR, Orders and Face Sheets for these four residents.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>Licensed staff and Medication Aides have been re-educated regarding properly administering medications that are not to be crushed. They were instructed not to crush meds that are included on the "Do Not Crush List" and were further instructed to notify the physician for alternate orders for residents with meds that are not to be crushed who are unable to swallow the medication.</p> <p>This re-education was conducted by the Staff Development Coordinator on 7/29/10. All nurses attended with the exception of 2 who are on vacation. They will be re-educated upon return before the next shift worked.</p> <p>Licensed staff were also re-educated regarding follow up of allergic reactions and updating records accordingly. The process for monitoring residents who exhibit signs of an allergic reaction has been modified to enhance effectiveness and follow through. Staff were educated on this process and follow through on 7/29/10 by the Staff Development Coordinator. All nurses attended with the exception of two who are on vacation. They will be re-educated upon return before the next shift worked.</p>		

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BECK LANE MAYFIELD, KY 42086		
(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 281	Continued From page 5 taking Cipro. Interviews with Registered Nurse (RN) #1 /Nurse Manager and LPN #1, on 07/08/10 at 9:55 AM, revealed if a resident had a reaction after taking a medication, the physician was informed and the physician usually responded. The order was sent to the pharmacy and the name of the medication was added to the "allergy" section on the physician's order sheet. The allergy was then included on the monthly Medication Administration Records. RN #1 and LPN #1 stated the physician did not address the need to add Cipro to Resident #4's allergy list and staff had not called the physician to verify whether Cipro should be added to the allergy list. An interview with Resident #4's physician, on 07/08/10 at 1:30 PM, revealed the facility called on 07/08/10, prior to the interview and asked him about the resident rash after taking Cipro and he told the facility to add Cipro to the resident's allergy list.	F 281	Admission records will be audited by the Unit Manager or other Administrative Nurse, on the next working day following a new admission, to verify that allergies are correctly transcribed onto the admission orders, Medication Records and Face Sheet. This audit process will be ongoing until otherwise recommended by the Quality Assurance committee. An audit will be conducted monthly for 3 months, by the DON or ADON to include a 10% sample of residents, to verify that allergies are properly identified and recorded and that any resident who had exhibited symptoms of an allergic reaction has had their clinical records updated to reflect the allergy. Findings of these audits will be reported to the Quality Assurance & Assessment Committee for review & recommendations. If audit results reflect an indication of non-compliance, the DON in conjunction with the QAA Committee will modify the plan to address what the committee analyzes as the underlying cause of the ineffectiveness of the process based on the audit findings. Further audits, as previously conducted or with modifications recommended by the committee will be conducted with the frequency to be increased as determined by the QAA committee, to validate the ongoing effectiveness of that plan.		
F 511 SS=D	483.75(k)(2)(II) RADIOLOGY FINDINGS-PROMPTLY NOTIFY PHYSICIAN The facility must promptly notify the attending physician of the findings. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, it was determined the facility failed to promptly notify the physician of the results of a chest x-ray for one resident (#11), in the selected sample of 19. Findings include: A record review revealed Resident #11 was	F 511			

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 183279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2010	
NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 BECK LANE MAYFIELD, KY 42088		
(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 511	<p>Continued From page 6</p> <p>admitted to the facility with a diagnosis of Dysphagia.</p> <p>A review of a chest X-ray report, dated 03/24/10, revealed the resident had slight perihilar (near the breast plate) congestion and clinical correlation and a follow-up X-ray was suggested. Further review revealed the X-ray report was faxed to the physician, on 03/24/10, on 03/25/10 and on 03/29/10. The report revealed a nurse spoke to the physician's receptionist, on 03/26/10 and on 03/29/10. There was no evidence the physician was contacted regarding the X-ray results.</p> <p>A review of the nurse's notes, dated 03/28/20 and 03/29/10, revealed the resident was lethargic and non-responsive. The nurse called the physician and informed the physician of the resident's change in condition and results of the chest X-ray. The physician ordered Lasix (diuretic) 20 milligrams (mg.) every day and a basic metabolic profile (lab test) to be completed the next morning.</p> <p>Interviews with Registered Nurse #1 and Licensed Practical Nurse #1, on 07/08/10 at 9:55 AM, revealed X-ray reports were received by the facility and faxed to the physician. If the facility received no response from the physician by the next day, the licensed nurse called the physician. The facility called the physician three consecutive days and if there was still no response received, the Medical Director was notified.</p> <p>Attempts to interview Resident #11's physician, on 07/08/10 at 8:45 AM, 11:30 AM and 1:30 PM were unsuccessful.</p> <p>An interview with the Director of Nursing, on</p>	F 511	<p>F511 483.75(k)(2)(ii) Radiology Findings- Promptly Notify Physician</p> <p>It is the normal practice of Mills Manor to promptly notify the physician of findings of x-rays.</p> <p><u>Corrective Measures for Resident Identified in the deficiency:</u> The physician was initially notified of the x-ray on 3/24/10 and although he did not respond promptly, he did respond to its results with new orders on 3/29/10. Since the x-ray no longer reflects the resident's condition at this time, no further corrective measure for this resident is indicated presently.</p> <p><u>How other residents who may have been affected by this practice were identified:</u> The records of residents who had received x-rays in the past 30 days were reviewed to determine if the physician had been promptly notified of the findings. The audit was initiated on 7/19/10 by the Director of Nursing. During that period there were 4 residents identified as having received x-rays. Of those residents, none of the findings revealed acute or unexpected conditions, however the the physicians were notified immediately and all responded to the notification within 24 hours or less.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u> Licensed nurses have been / will be re-educated regarding notification of the physician when x-ray results are received. The physician is to be notified immediately of new or unsuspected findings on an x-ray. If a timely response, based on the resident's condition and x-ray findings, is not received the DON or designee will be notified and the medical director will be</p>	8/17/10

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2010
NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 BECK LANE MAYFIELD, KY 42066		
(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 511	<p>Continued From page 7</p> <p>07/08/10 at 10:45 AM, revealed if the X-ray results were not critical, the licensed staff faxed the report to the physician. If no response was received within 24 hours, the licensed staff faxed/called the physician for the next three days. If no response was received after three days, the facility notified the Medical Director.</p> <p>A review of the facility's Physician Notification policy and procedure, dated 09/17/09, revealed the physician should be notified when there was a need to alter the resident's treatment significantly.</p>	F 511	<p>contacted for orders as indicated. If the x-ray results require immediate physician intervention the resident will be sent to the emergency room if a physician does not respond promptly. Re-education was conducted on 7/29/10 by the Staff Development Coordinator. Additional education was conducted beginning on 8/6 that further clarified that timeliness of physician response is based on x-ray report findings and the resident's condition. This education was conducted by the DON, SDC and Weekend Manager. All nurses will be educated prior to or at the beginning of their next scheduled shift.</p> <p>Monitoring for Ongoing Compliance: X-ray reports will be reviewed by the Unit Manager, Weekend-Supervisor or designee, in her absence daily, to verify that the physician has been notified of the findings, and that if results are unexpected / abnormal that a response has been received. The determination that the response was timely will be based on the finding of the x-ray report and it's impact on the resident's need for treatment. Findings of the review will be reported to the Abbreviated Quality Assurance Committee Meeting. A summary of the findings will be reported to the Quality Assurance & Assessment Committee on a monthly basis for review further recommendations. If audit results reflect an indication of non-compliance, the DON in conjunction with the QAA Committee will modify the plan to address what the committee analyzes as the underlying cause of the ineffectiveness of the process based on the audit findings. Further audits, as previously conducted or with modifications recommended by the committee will be conducted with the frequency to be increased as determined by the QAA committee, to validate the ongoing effectiveness of that plan.</p>		

Validation by identifier:

- ARNP registration numbers are 3 or 4 digit numbers
- License numbers are 7 digit numbers beginning with the digit "1" for RNs or "2" for LPNs
- Provisional license numbers are 8 digits beginning with the digit "2"
- Temporary work permit numbers are 5 digit numbers
- SRNA numbers are 8 digit numbers beginning with digit "5"
- We are no longer offering the option of entering a social security number when you access the Basic License Validation service
- DT numbers are 7 digit numbers beginning with digit "8"

Validate by identifier

Identifier

Search by name:

- Please enter first name or last name or both and click Search button. After the results are displayed please select the names you would like to validate and click on "Validate Selected" button at the bottom of the results. To select all names please click on Select All column.

Search by name

First Name

Last Name

Maximum number of results

Does not hold a nursing license in Kentucky and has never been registered with the Kentucky Nurse Aide Registry nor listed on the Kentucky Nurse Aide Abuse Registry.

F226 - NA #1

Kentucky Board of Nursing > Bulk License Validation

Validation by identifier:

- ARNP registration numbers are 3 or 4 digit numbers
- License numbers are 7 digit numbers beginning with the digit "1" for RNs or "2" for LPNs
- Provisional license numbers are 8 digits beginning with the digit "2"
- Temporary work permit numbers are 5 digit numbers
- SRNA numbers are 8 digit numbers beginning with digit "5"
- We are no longer offering the option of entering a social security number when you access the Basic License Validation service
- DT numbers are 7 digit numbers beginning with digit "8"

Identifier Valldata ↓

Search by name:

- Please enter first name or last name or both and click Search button. After the results are displayed please select the names you would like to validate and click on "Valldate Selected" button at the bottom of the results. To select all names please click on Select All column.

First Name

Last Name

Maximum number of results

Does not hold a nursing license in Kentucky and has never been registered with the Kentucky Nurse Aide Registry nor listed on the Kentucky Nurse Aide Abuse Registry.

Contact Us | Site Map

Validation by identifier:

- ARNP registration numbers are 3 or 4 digit numbers
- License numbers are 7 digit numbers beginning with the digit "1" for RNs or "2" for LPNs
- Provisional license numbers are 8 digits beginning with the digit "2"
- Temporary work permit numbers are 5 digit numbers
- SRNA numbers are 8 digit numbers beginning with digit "5"
- We are no longer offering the option of entering a social security number when you access the Basic License Validation service
- DT numbers are 7 digit numbers beginning with digit "8"

Validate by identifier

Identifier Validate

Search by name:

- Please enter first name or last name or both and click Search button. After the results are displayed please select the names you would like to validate and click on "Validate Selected" button at the bottom of the results. To select all names please click on Select All column.

Search by name

First Name

Last Name

Maximum number of results : 200

Does not hold a nursing license in Kentucky and has never been registered with the Kentucky Nurse Aide Registry nor listed on the Kentucky Nurse Aide Abuse Registry.

F226 Cook #

Home | Useful Links | FAQs | Calendar
Kentucky Board of Nursing > Bulk License Validation

Validation by identifier:

- ARNP registration numbers are 3 or 4 digit numbers
- License numbers are 7 digit numbers beginning with the digit "1" for RNs or "2" for LPNs
- Provisional license numbers are 8 digits beginning with the digit "2"
- Temporary work permit numbers are 5 digit numbers
- SRNA numbers are 8 digit numbers beginning with digit "5"
- We are no longer offering the option of entering a social security number when you access the Basic License Validation service
- DT numbers are 7 digit numbers beginning with digit "8"

Validate by identifier

Identifier

Search by name:

- Please enter first name or last name or both and click Search button. After the results are displayed please select the names you would like to validate and click on "Validate Selected" button at the bottom of the results. To select all names please click on Select All column.

Search by name

First Name
 Last Name
 Maximum number of results

Search results

Select All	First Name	Middle Name	Last Name	Maiden Name	City	Zip	Lic#/SRNA/DT#	Type
<input type="checkbox"/>					MORGANFIELD	42437		Nurse Aide
<input type="checkbox"/>								Nurse Aide

Contact Us | Site Map

Copyright © 2010 Commonwealth of Kentucky
All rights reserved.

F226 Cook#

[Home](#) | [Useful Links](#) | [FAQs](#) | [Calendar](#)
[Kentucky Board of Nursing](#) > **Bulk License Validation**

Online Validation Results

Online Validation Results

Identifier	Validation Result
	<p> SRNA#: Status: Active Expiration Date: Original KY Registry Date: </p> <p>Is not listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry.</p> <p>Is not licensed as a nurse in KY.</p> <p>Verification date: 08-AUG-10.</p>
	<p> SRNA#: Status: Unknown Expiration Date: Original KY Registry Date: </p> <p>Is listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry. For more information, contact the Kentucky OIG, Division of Licensing and Regulation at 502-564-7963.</p> <p>Is not licensed as a nurse in KY.</p> <p>Verification date: 08-AUG-10.</p>

[Contact Us](#) | [Site Map](#)

Copyright © 2010 Commonwealth of Kentucky
All rights reserved.

F 281
F 511

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Institution: Drills Health and Rehab

Department: _____

Date: 7/29/2010

Time: _____ to _____

Meeting Area: _____

Employee group(s) present: licensed staff + KMA's

Subject(s) covered: Allergies, "DO NOT crush" Medications
Radiology reports, E.dials - attempt to report
3x. List allergies on MAR & verify H&P.
(If unable to report dial to MD - attempt to)
then supervisor will report to Dr. Carico)
Problems, comments, suggestions: _____

Conducted by: Peggy Walker RN

Title: _____

Signature: Lynne Anderson RN

Title: DON



Nursing Employee Checklist for Mills Health and Rehab Center

EMP# LAST FIRST HIRE SVMO DCL W

Chela Pinott

~~Debra Sells~~

~~Laura Melton~~

~~YVONNE SCATLEY~~

~~KRISTY~~

Resigned - not currently employ

~~Sharon Martin~~

~~Angie Buttain~~

~~Janice Mealy~~
~~Janice Mealy~~

~~M. Wheeler~~

~~Heather Reyley~~

~~Veronica Sullivan~~

~~Flora Backman~~

~~M. Burger~~

~~Patricia DePaul~~

~~on vacation will return 8/12/2010~~

~~on vacation will return 8/12/2010~~

Susan Pice

· Delia Smith
 · James Taylor
 · Karen Sullivan
 · Ward Carter

· Charity Kelley
 · Beth Munsee
 · Peggy Wacker
 Janet Deane

Employees: 01

Copyright (C) 1996-2009, iCareSource. For Internal Use Only

[Home](#) | [Logout](#)

F281

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON	GENERIC	BRAND	DOSAGE FORM	REA
Acamprosate	Campra®	Tablet, capsule	1	Carbencillin	Geocillin®	Tablet	3
Acetaminophen* (extended release)	Tylenol® Arthritis Pain, Tylenol® 8 Hour	Tablet	2	Carbinoxamine and pseudoephedrine* (extended release)	Palgic®-D, Rondec-TR®	Tablet	2
Acetazolamide* (extended release)	Diamox® Sequels®	Capsule	2	Cefuroxime*	Ceftin®	Tablet	3
Albuterol* (extended release)	VoSpire ER®	Tablet	2	Cetirizine and pseudoephedrine	Zyrtec-D 12 Hour™	Tablet	2
Alendronate*	Fosamax®, Fosamax Plus D™	Tablet	4	Chloral hydrate*	Somnote™	Capsule	3
Alfuzosin	UroXtral®	Tablet	2	Chlorpheniramine* (extended release)	QDALL® AR	Capsule	2
Alprazolam*	Niravam™	Tablet	14	Chlorpheniramine* (extended release)	Chlor-Trimeton®	Tablet	2
Alprazolam* (extended release)	Xanax XR®	Tablet	2	Chlorpheniramine and phenylephrine* (extended release)	Dallergy-JR®	Capsule	2
Ammonium chloride* (enteric coated)	(Generic forms available)	Tablet	1	Chlorpheniramine and phenylephrine* (extended release)	Ed A-Hist®, Rescon® JR	Tablet	2
Amoxicillin and clavulanate* (extended release)	Augmentin XR®	Tablet	2	Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	Extendryl® JR	Capsule	2
Aripiprazole* (ODT)	Abilify® Discmelt™	Tablet	14	Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	Dallergy®, Drize®-R, Durahist™ PE, Extendryl SR, Hista-Vent® DA, PCM Allergy, Ralix	Tablet	2
Aspirin and dipyridamole	Aggrenox®	Capsule	2	Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	OMNihist® II L.A., Rescon® MX	Tablet	2
Aspirin* (controlled release)	ZORprin®	Tablet	2	Chlorpheniramine and pseudoephedrine* (extended release)	Deconamine® SR, Dynahist-ER Pediatric®, Histadine™, Kronofed-A®, QDALL®	Capsule	2
Aspirin* (enteric coated)	Bayer® Aspirin Regimen Adult Low Strength, Bayer® Aspirin Regimen Regular Strength, Easprin®, Ecotrin®, Ecotrin® Low Strength, Ecotrin® Maximum Strength, Halfprin®, St. Joseph Adult Aspirin, Sureprin 81™	Tablet	1	Cinacalcet	Sensipar™	Tablet	1
Atomoxetine	Strattera®	Capsule	4, 11, 13	Ciprofloxacin*	Cipro®	Tablet	2
Atropine, hyoscyamine, phenobarbital and scopolamine* (extended release)	Donnatal Extentabs®	Tablet	2	Ciprofloxacin* (extended release)	Cipro® XR, Proquin® XR	Tablet	2
Benzonatate*	Tessalon®	Capsule	4, 9	Clarithromycin* (extended release)	Biaxin XL®	Tablet	2
Bisacodyl* (delayed release)	Doxidan®	Tablet	2, 17	Clopidogrel bisulfate	Plavix®	Tablet	1
Bisacodyl* (enteric coated)	Atopen®, Bisac-Evac™, Correctol®, Dulcolax®, Femailax™, Fleet® Stimulant Laxative, Mcdane®, Veracolate	Tablet	1, 17	Clozapate* (sustained release)	Tranxene®-SD, Tranxene®-SD Half Str.	Tablet	2
Brompheniramine* (extended release)	Bidhist, Lodrane® 12 Hour, Lodrane® 24, LoHist-12	Tablet	2, 8	Clotrimazole*	Mycetex® Troche	Troche	1
Brompheniramine and pseudoephedrine* (extended release)	Bromfenex®, Bromfenex® PD, Lodrane® LD, Histex™ SR, Touro™ Allergy	Capsule	2	Clozapine* (ODT)	FazaClo®	Tablet	1
Brompheniramine and pseudoephedrine* (extended release)	Lodrane® 12 D	Tablet	2	Colestipol*	Colestid®	Tablet	2
Budesonide	Entocort® EC	Capsule	1	Cyclophosphamide	Cytoxan®	Tablet	12
Bupropion* (extended release)	Budeprion™ SR, Buproban™, Wellbutrin XL™, Wellbutrin® SR, Zyban®	Tablet	2	Darifenacin	Enablex®	Tablet	2
Carbamazepine* (extended release)	Carbatrol®, Equetro™	Capsule	2, 5	Deferasirox	Exjade®	Tablet	1
Carbamazepine* (extended release)	Tegretol® XR	Tablet	2	Desloratidine* (ODT)	Clarinex® RediTabs®	Tablet	1
				Desloratidine and pseudoephedrine	Clarinex-D® 12 Hour, Clarinex-D® 24 hour	Tablet	2
				Dexbrompheniramine and pseudoephedrine	Drixoral® Cold & Allergy	Tablet	2

Medications Not To Be Crushed

SON	GENERIC	BRAND	DOSAGE FORM	REASON	GENERIC	BRAND	DOSAGE FORM	RE
	Piroxicam	Feldene®	Capsule	4	Sildenafil	Revatio™, Viagra®	Tablet	
2	Potassium bicarbonate and potassium chloride	K-Lyte®	Tablet	7	Sodium bicarbonate* (granules)	Brioschi®	Granules	
	Potassium chloride*	microK®	Capsule	2, 5	Sulfasalazine* (delayed release)	Azulfidine® EN-tabs®, Sulfazine EC	Tablet	
	Potassium chloride*	K-Dur®, K-Tab®, Kaon CR®, Klor-Con®	Tablet	2	Sumatriptan	Imitrex®	Tablet	
	Potassium citrate	Urocit® K	Tablet	1	Tamsulosin	Flomax®	Capsule	
	Prednisolone* (ODT)	Orapred ODT™	Tablet	14	Temozolomide	Temodar®	Capsule	
	Procainamide* (extended release)	Procanbid®	Tablet	2	Theophylline* (extended release)	Theo-24®, TheoCap™	Capsule	
	Proprantheline	(Generic forms available)	Tablet	3	Theophylline* (extended release)	Quibron®-T/SR, Theochron®	Tablet	
8	Propranolol* (extended release)	Inderal® LA, InnoPran XL™	Capsule	2	Theophylline* (extended release)	Uniphyt®	Tablet	
	Pseudoephedrine* (extended release)	Contact® Cold, Dimetapp® 12-Hour Non-Drowsy, Extentabs®, Sudafed® 12 hour, Sudafed® 24 Hour	Tablet	2	Thyphoid vaccine	Vivotif Berna®	Capsule	
	Pyridostigmine* (sustained release)	Mestinon® Timespan®	Tablet	2	Tolterodine* (extended release)	Detro® LA	Capsule	
	Quinidine* (extended release)	Quinidine Gluconate ER, Quinidine Sulfate ER	Tablet	2	Topiramate*	Topamax® Sprinkle	Capsule	
	Rabeprazole	Aciphex®	Tablet	1	Tramadol* (extended release)	Ultram® ER	Tablet	
	Ramelteon	Rozerem™	Tablet	11	Trandolapril and verapamil	Tarka®	Tablet	
	Ranofazine	Ranexa™	Tablet	2, 11	Divalproex Sodium*	Depakote® Sprinkle	Capsule	
	Risedronate, risedronate/calcium	Actonel®, Actonel® with Calcium	Tablet	4	Divalproex Sodium*	Depakene®	Capsule	
	Risperidone* (ODT)	Risperdal® M-Tabs™	Tablet	14	Divalproex Sodium* (extended release)	Depakote®	Tablet	
	Ropinirol (ODT)	Requip®	Tablet	14	Divalproex Sodium* (extended release)	Depakote® ER	Tablet	
	Selegiline* (ODT)	Zelapar™	Tablet	14	Venlafaxine* (extended release)	Effexor® XR	Capsule	
	Sevelamer	Renagel®	Tablet	13	Verapamil* (extended release)	Verelan®, Verelan® PM	Capsule	
					Verapamil* (extended release)	Covera-HS®, Isoptin® SR	Tablet	
					Verapamil* (extended release)	Calan® SR	Tablet	
					Zolpidem* (extended release)	Ambien™ CR	Tablet	

* Some of these medications may be available in liquid or other formulations. Please consult your pharmacist for the appropriate formulation. Some brands may not be available in all areas. Not all manufacturers may differ from the brand name listed.

ODT = Orally Disintegrating Tablet

- | | | |
|--|--|---|
| <ol style="list-style-type: none"> 1. Enteric coated formulation. 2. Time release formulation. 3. Unpleasant taste. 4. Can irritate mucus membranes and/or skin. 5. Capsule may be opened and contents removed for administration without crushing, chewing, or dissolving. 6. Tablets are made to disintegrate under the tongue. 7. Tablets MUST be dissolved in liquid as recommended by the manufacturer. 8. Tablet is scored and may be broken in half, at the score line, without affecting release characteristics in most situations. | <ol style="list-style-type: none"> 9. Liquid filled capsule. 10. Contents may be dissolved in water for administration. 11. Not recommended by manufacturer. No data available. 12. Women who are or may become pregnant should not handle crushed or broken tablets. 13. Miscellaneous 14. Product designed to dissolve in the mouth. 15. Once digestive enzyme capsules are opened onto food, swallow immediately to reduce irritation of mucosa. Follow-up with fluid. Contact with foods having pH > 5.5 can dissolve enteric coating. | <ol style="list-style-type: none"> 16. Crushing diltiazem tablets will alter the controlled release mechanism resulting in instant release of drug which may cause faster absorption, earlier to max concentration, and higher max concentration. The duration of effect might be decreased necessitating more frequent dosing when tablets are crushed. Patients who are administered crushed tablets should be closely monitored for exaggerated effect. 17. Antacids and/or milk may prematurely dissolve the ODT of the tablet. |
|--|--|---|

This document is not all-inclusive and not all products may be available in all areas. Use of the document also requires health professionals to evaluate individual patient needs (i.e. the list should not be viewed as an absolute contraindication to crushing). References available upon request.
 Content edited and updated by: **Charlie Waters, PharmD, BCPS**

ASCP
 AMERICAN SOCIETY OF
 CONSULTANT PHARMACISTS
 1321 Duke Street, Alexandria, VA 22314-3563
 E-mail: info@ascp.com • www.ascp.com

America's Senior Care Pharmacists®

Exclusively Distributed By:
MED-PASS®
 The Senior Care Pharmacy Group
 www.med-pass.com

Medications Not To Be Crushed

NERIC	BRAND	DOSAGE FORM	REASON	GENERIC	BRAND	DOSAGE FORM	REASON
methylphenidate	Focalin™ XR	Capsule	2, 5	Fluvastatin* (extended release)	Lesco® XL	Tablet	2
dromphetamine* (sustained release)	Dexedrine® Spansule®	Capsule	2	Ganciclovir	Cytovene®	Capsule	4
dromphetamine and phetamine* (extended release)	Adderall-XR®	Capsule	2, 5	Glipizide* (extended release)	Glipizide ER, Glucotrol® XL	Tablet	2
lofenac* (enteric coated)	Voltaren®	Tablet	1	Griseofulvin* ultramicrosized	Gris-Peg®	Tablet	1
lofenac* (extended release)	Diclofenac Sodium ER, Voltaren® XR	Tablet	2	Guaifenesin* (extended release)	Humibid® Maximum Strength, Mucinex®	Tablet	2
lofenac and misoprostol	Arthrotec®	Tablet	1	Guaifenesin and dextromethorphan* (extended release)	Amibid DM, Guaifenesin® DM, Mucinex® DM, Touro® DM, Tussi-Bid®	Tablet	2
anosine* (enteric coated)	Videx® EC	Capsule	1	Guaifenesin and dextromethorphan* (extended release)	Alfen®-DM, Mucophen® DM, Gua-D, Q-Bid DM, Respa-DM®, Z-Cof LA	Tablet	2, 8
thylpropion* (controlled release)	Tenuate® Dospan®	Tablet	2	Guaifenesin and phenylephrine* (extended release)	Crantex ER, Deconsal II®, Entex® ER, Entex® LA, Guaifed®, PhenaVent™	Capsule	2
unisal	(Generic forms available)	Tablet	4	Guaifenesin and phenylephrine* (extended release)	Aldex™, Ami-Tex LA, Crantex LA, Enda®, Liquibid®-PD, PhenaVent™ D, Profex™-D, SINUvent® PE, XPECT-PE™	Tablet	2
oxin*	Lanoxicaps®	Capsule	9	Guaifenesin and potassium guaifacolsulfonate* (extended release)	Alfen, Humibid® LA	Tablet	2, 8
iazem*	Cardizem®	Tablet	16	Guaifenesin and pseudoephedrine* (extended release)	Respire®-120 SR, Respire®-60 SR	Capsule	2
iazem* (extended release)	Cartia XT, Dilacor® XR, Diltia® XT, Diltiazem ER	Capsule	2	Guaifenesin and pseudoephedrine* (extended release)	Ami-Tex PSE, Guaifenesin® GP, Guaifenesin® PSE, Zephrex LA®, Maxifed®, Maxifed® G, Mucinex®-D, Nasatab® LA, PanMist®-LA, Touro® LA	Tablet	2
iazem* (extended release)	Cardizem® CD, Taztia™ XT, Tiazac®	Capsule	2, 5	Guaifenesin and pseudoephedrine* (extended release)	Dynex®, Guaimax-D®, Profen II®, Profen Forte®, Zephrex-LA®	Tablet	2, 8
iazem* (extended release)	Cardizem® LA	Tablet	2	Guaifenesin, pseudoephedrine and dextromethorphan* (extended release)	Maxifed® DM, Medent-DM, Touro® CC, Touro® CC-LD	Tablet	2, 8
phenhydramine and pseudoephedrine* (ODT)	Benadryl® Allergy and Sinus Fastmelt™	Tablet	14	Guaifenesin, pseudoephedrine and dextromethorphan* (extended release)	Ambifed-G DM, Coldmist DM, Profen Forte™ DM, Profen II DM®, Pseudovent™ DM, Pseudo Max DMX	Tablet	2
pyramide* (controlled release)	Norpace® CR	Capsule	2	Hyoscyamine* (extended release)	Cystospaz-M®, Levsinex® Timecaps	Capsule	2
nepezil* (ODT)	Aricept® ODT	Tablet	14	Hyoscyamine* (extended release)	Hyoscyamine ER, Symax™-SR	Tablet	2
axosin* (extended release)	Cardura® XL	Tablet	2	Hyoscyamine* (extended release)	Levbid®	Tablet	2, 8
oxycycline	Oracea™	Capsule	2	Hyoscyamine* (sublingual)	Levsin/SL®	Tablet	6
oxycycline	Doryx®	Tablet	1	Ibandronate	Boniva®	Tablet	4
onabinol	Marinol®	Capsule	9	Ibuprofen*	(Generic forms available)	Tablet	3
loxetine	Cymbalta®	Capsule	1	Indomethacin* (sustained release)	Indocin® SR, Indomethacin SR	Capsule	2
atapril and felodipine	Lexxel®	Tablet	2	Iron salts* (timed release)	Fero-Grad 500®, Ferro-Sequels®, Slow FE®	Tablet	2
calciferol*	Drisdol®	Capsule	9				
coloid mesyates* (sublingual)	(Generic forms available)	Tablet	6				
gotamine	Ergomar®	Tablet	6				
thromycin*	Ery-lab®, PCE®	Tablet	1				
thromycin* (enteric coated)	Eryc®	Capsule	1				
omeprazole	Nexium®	Capsule	1, 5				
zopiclone	Lunesta™	Tablet	11				
odolac* (extended release)	Lodine® XL	Tablet	2				
lodipine	Plendit®	Tablet	2				
xofenadine and pseudoephedrine	Allegra-D®	Tablet	2				
asteride	Propecia®, Proscar®	Tablet	12				
oxetine* (delayed release)	Prozac® Weekly	Capsule	2				

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON	GENERIC	BRAND	DOSAGE FORM	REASON
sosorbide dinitrate* (sublingual)	Isordil® Sublingual	Tablet	6	Morphine sulfate* (extended release)	MS Contin®, Oramorph SR®	Tablet	2
sosorbide dinitrate* (sustained release)	Dilatrate® SR	Capsule	2	Mycophenolate*	CellCept®	Tablet, Capsule	12
sosorbide dinitrate* (sustained release)	Isordil® Tembidi, Isosorbide Dinitrate SR, Sorbitrate® SA	Tablet	2	Mycophenolate* (delayed release)	Myfortic®	Tablet	1
sosorbide mononitrate* (extended release)	Imdur®	Tablet	2, 8	Naproxen* (controlled release)	Naprelex®	Tablet	2
sotretinoic acid	Accutane®	Capsule	4	Naproxen* (enteric coated)	EC-Naprosyn	Tablet	1
sradiopine	DynaCirc® CR	Tablet	2	Naproxen and pseudoephedrine	Aleve® Cold & Sinus, Aleve® Sinus & Headache	Tablet	2
ketoprofen*	(Generic forms available)	Capsule	2	Niacin and lovastatin	Advicor®	Tablet	2
esomeprazole*	Prevacid®	Capsule	1, 5	Niacin* (extended release)	Niacin ER, Niaspan®	Tablet	2
esomeprazole* (granules)	Prevacid Packets for Suspension	Granules	1, 10	Niacin* (controlled release)	Slo-Niacin®	Tablet	2, 8
esomeprazole* (ODT)	Prevacid® SoluTab™	Tablet	14	Nicardipine* (sustained release)	Cardene SR®	Capsule	2
levodopa and carbidopa* (ODT)	Parcopa™	Tablet	14	Nifedipine*	Procardia®	Capsule	9
levodopa and carbidopa* (sustained release)	Sinemet® CR	Tablet	2, 8	Nifedipine* (extended release)	Adalat® CC, Afeditab™ CR, Nifedical XL, Nifediac™ CC, Nifedipine ER, Procardia XL®	Tablet	2
lithium* (controlled release)	Eskalith CR, Lithobid®	Tablet	2	Nimodipine	Nimotop®	Capsule	9
loratadine* (extended release)	Alavert™ Allergy and Sinus, Claritin-D®	Tablet	2	Nisoldipine	Sular®	Tablet	2
loratadine* (ODT)	Alavert®, Claritin® RediTabs®, Triaminic® AllergheWs™	Tablet	14	Nitroglycerin*	Nitro-Time®	Capsule	2
lovastatin* (extended release)	Altprev® ER	Tablet	2	Nitroglycerin* (sublingual)	NitroQuick®, Nitrostat®	Tablet	6
lubiprostone	Amitiza™	Capsule	9	Olanzapine* (ODT)	Zyprexa® Zydys®	Tablet	14
Magnesium salts* (delayed release)	Mag 64™, Mag Delay®, Mag-Tab® SR	Tablet	2	Olanzapine and fluoxetine	Symbyax™	Capsule	11
Magnesium salts* (enteric coated)	Slow-Mag®, Maginex™	Tablet	1	Omeprazole	PriLOSEC®	Capsule	1
meperbamate	(Generic forms available)	Tablet	3	Orphenadrine	Norflex™	Tablet	2
Mesalamine* (controlled release)	Pentasa®	Capsule	2	Oxybutynin* (extended release)	Ditropan® XL	Tablet	2
Mesalamine* (enteric coated)	Asacol®	Tablet	1	Oxycodone* (extended release)	OxyContin®	Tablet	2
Metformin* (extended release)	Fortamet®, Glucophage® XR, Glumetza™	Tablet	2	Oxymorphone* (extended release)	Oprana® ER	Tablet	2
Methenamine* (enteric coated)	Mandelamine®	Tablet	1	Pancrelipase	Creon®, Lipram, Pancrearb MS®, Pancrease® MT, Pangestyme™, Ultrase®	Capsule	1, 5, 15
Methylphenidate* (extended release)	Metadate® CD, Ritalin® LA	Capsule	2, 5	Pantoprazole	Protonix®	Tablet	1
Methylphenidate* (extended release)	Concerta®, Metadate® ER, Methylin® ER, Ritalin SR®	Tablet	2	Papaverine	Para-Time SR®	Capsule	2
Metoprolol* (extended release)	Toprol XL®	Tablet	2, 8	Paricalcitol	Zemlar®	Capsule	9
Metronidazole* (extended release)	Flagyl® ER	Tablet	2	Paroxetine* (controlled release)	Paxil CR®	Tablet	2
Minocycline*	Minocin®	Capsule	4	Pentoxifylline	Pentoxil®, Trental®	Tablet	2
Minocycline* (extended release)	Solodyn™	Tablet	2	Phendimetrazine* (sustained release)	Bontri® Slow Release	Capsule	2
Mirtazapine* (ODT)	Remeron SolTab®	Tablet	14	Phenylephrine, pseudoephedrine, chlorpheniramine, atropine, hyoscyamine, scopolamine	Stahist™	Tablet	2
Morphine sulfate* (extended release)	Avinza®, Kadian®	Capsule	2, 5	Phenytoin* (extended release)	Dilantin®, Phenytek™	Capsule	2
				Pioglitazone and metformin	Actoplus Met™	Tablet	11

These are some signs and symptoms of a drug reaction but not limited to.

Clinical signs and symptoms of a reaction:

headache
agitation
confusion
uneasiness
hallucinations
respiratory depression
rash
hives
flushing
pruritis
SOB
bronchospasm
hypotension

hypertension
tachycardiac
bradycardia
angina
syncope
nausea
diarrhea
cramps
dizziness
seizures

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Institution: Mills Health and Rehab

Department: Licensed nurses

Date: 8/6/2010

Time: _____ to _____

Meeting Area: _____

Employee group(s) present: _____

Subject(s) covered: see attached:

- each nurse received a copy of
in service

Problems, comments, suggestions: _____

Conducted by: _____

Title: _____

Signature: Lorraine Anderson RN

Title: TON

Inservice
8/6/10

All Licensed Nurse

To further clarify the education that was provided on 7/29/10, physicians are to be notified immediately of any x-ray, lab report or change in condition that has the potential to require physician intervention.

Professional nursing skills, that are consistent with the standards of nursing practice, must be utilized to determine the urgency of the report / condition.

A change of condition, critical lab or x-ray that indicates the presence of an acute condition requires a rapid response from the physician. The severity of the residents lab or x-ray result, condition, symptoms or risk for further decline determines how rapid that response must be. If the lab or x-ray result / condition is such that a prudent nurse would believe that the resident needs immediate treatment, then the physician should be contacted. If he/she hasn't responded within a very few minutes, the medical director should be contacted or the resident sent to the Emergency Room.

If the results indicate an abnormal or unexpected finding or a condition that is not acute and the resident does not exhibit symptoms of discomfort or distress, then the physician is to be notified immediately. If a response is not received from the physician within 4-8 hours then the alternate physician or medical director should be contacted for further orders.

If an x-ray or lab report indicates a continuation of a chronic condition that will not require a change in treatment (degenerative joints, arthritis, etc. without indication of pain) a response may not occur right away, but if not received by the next business day the doctor should be notified again.

Remember you are the nurse and your responsibility is to assist the resident to obtain prompt treatment for conditions suggested by abnormal lab or x-ray findings.

If at any time you feel that the resident is in need of treatment and you are unable to reach the attending physician or the medical director, you may call 911 and send the resident to the hospital. In such cases please notify the Director of Nursing or on call nurse. As always, notify the family the change in the

F-511

resident's condition.

An x-ray or lab without abnormal findings may not have a response from the physician, but should be noted that he / she was notified of the result and how the notification was made.

F 511



Nursing Employee Checklist for Mills Health and Rehab Center

SIGN & DATE

EMP# LAST FIRST HIRE SVMO DCL W

Karen Melton

KROTSCH 8/6/10

OKmanston

Stella Huff 8/9/10

James Melton

Heather Riley

~~MBurgess~~ 8/7/10

on vacation

on vacation

Susan Puce @ 8-6-10

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185279	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2010
--	--	--	--

NAME OF PROVIDER OR SUPPLIER MILLS HEALTH & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 600 BECK LANE MAYFIELD, KY 42066
--	--

(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
--------------------	--	---------------	---	----------------------

K 000 INITIAL COMMENTS

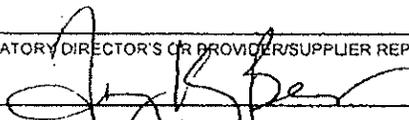
K 000

A Life Safety Code survey was initiated and conducted on 07/13/10 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.

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

TITLE

(X6) DATE



ADMINISTRATOR

7/30/2010

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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.