

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

PRINTED: 11/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/29/2015
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NAME OF PROVIDER OR SUPPLIER  MOUNTAIN MANOR OF PAINTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 EUCLID AVENUE PAINTSVILLE, KY 41240
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F 000	INITIAL COMMENTS  An abbreviated standard survey (KY23972, KY23973) was conducted on 10/27-29/15. Complaint #KY23972 was unsubstantiated with no deficient practice identified. KY23973 was substantiated with deficient practice identified at "D" level.	F 000	Mountain Manor of Paintsville does not believe and does not admit that any deficiencies existed, either, before, during or after the survey. Mountain Manor of Paintsville reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard of care, contract obligation or position, and Mountain Manor reserves the right to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance, or self-critical examination privileges which Mountain Manor of Paintsville does not waive, and reserves the right to assert in any administrative, civil, criminal claim, action or proceeding. Mountain Manor of Paintsville offers its responses, credible allegation of compliance, and plan of correction as part of its ongoing effort to provide quality care to its residents.	
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.  The results of all investigations must be reported	F 225	F 225 483.13(c)(1)(ii)-(iii), (c)(2)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  It is the policy of this facility that all residents will be free from misappropriation of property and the facility will conduct a thorough investigation. This is evidenced by the following:  1. The alleged deficient practice cannot be corrected for Resident #4 as this resident was	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Emily Ann - Hays* TITLE: Administrator DATE: 11/16/2015

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 225	<p>Continued From page 1</p> <p>to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, it was determined the facility failed to ensure residents were free from misappropriation of property as evidenced by missing narcotics for two (2) of four (4) sampled residents (Resident #3 and Resident #4). The facility failed to prevent misappropriation of narcotic medications and failed to follow their policy and procedure to conduct a thorough investigation.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled "Reporting Abuse," revised 12/09, revealed the facility would not allow resident abuse by anyone. The policy defined misappropriation of resident property as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.</p>	F 225	<p>discharged from Mountain Manor of Paintsville on 10-16-2015.</p> <p>For Resident #3 all licensed personnel who had signed the Controlled Drug Record for prescribed Norco 5-325 verified signatures and stated those were administered to Resident #3 by them.</p> <p>Resident #3 was interviewed again by Andrea Blair, Community Coordinator on 11-12-2015 to ensure he/she was receiving administered controlled medications as needed. Resident #3 stated he/she is receiving pain medication as requested and has no other concerns.</p> <p>LPN #1 was terminated on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, Director of Nursing (see attachment #1).</p> <p>All licensed staff and certified medication aides were inserviced regarding proper medication administration on 11-11-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Julie Carroll, with MedCare Pharmacy (see attachment #2). A handout was also given to employees outlining medication administration during the inservices (see attachment #2).</p> <p>All licensed staff and certified medication aides were inserviced regarding administration and handling of narcotics on 11-09-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Mary Arms, Director of Nursing (see attachment #3).</p> <p>All staff were inserviced on 11-11-2015, 11-12-2015 and 11-13-2015 by Beverly Moore, RN, Staff Development Nurse regarding</p>		
	<p>Review of the facility's policy and procedure titled "Investigating Reports of Misappropriation of Resident Property," revised 11/05/12, revealed it was the policy of the facility that all reports of misappropriation of resident property would be promptly and thoroughly investigated. Further review revealed all staff members who had</p>				

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F 225	Continued From page 2 contact with the resident would be interviewed.  Review of a "Self-Reported Incident Form, Initial Report," dated 10/15/15, revealed an allegation of misappropriation of property for Resident #4. On 10/15/15, LPN #2 reported that three Percocet (a narcotic medication for pain) tablets were signed out on 10/10/15 and 10/11/15 and stated that her name was forged as the staff that signed the medication out.  1. Closed record review revealed the facility admitted Resident #4 on 08/25/15 with diagnoses that included Fracture of Femur, Pain in Knee, and Arthropathy. Further review revealed a physician's order for Percocet 5-325 milligrams (mg), administer one tablet every six hours as needed for pain. Further review revealed Resident #4 was discharged home on 10/16/15, with goals met. Review of an Initial Minimum Data Set (MDS) assessment dated 09/01/15, revealed the facility assessed Resident #1's cognition as intact with a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was interviewable.  Review of the facility's Controlled Drug Record for the month of October 2015 revealed Percocet was signed out for Resident #4 on 10/07/15 at 3:59 PM, on 10/10/15 at 8:00 AM and 4:00 PM, and on 10/11/15 at 7:45 AM by Licensed Practical Nurse (LPN) #2.	F 225	Abuse/Neglect Prevention (see attachment #4).  All department managers and facility supervisors were inserviced on 11-09-2015 - 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Olive Allen, Director of Operations with Health Systems of Kentucky regarding abuse investigations (see attachment #5). A handout was also given to employees outlining the investigation process (see attachment #5).  Other licensed personnel (LPN #2 and LPN #3) who may have had access to controlled medications in the Transitional Unit during the investigation process were given a random drug test on 11-05-2015 and 11-10-2015. The drug tests were negative (see attachment #8).  2. All residents have the potential to be affected.  A resident questionnaire was completed for all residents with BIMS score of 8-15 regarding receiving/not receiving medications and in particular receiving pain/narcotic medications. This was completed on 11-12-2015 and 11-13-2015 by Andrea Blair, Community Coordinator.  There were a total of 62 questionnaires completed. This questionnaire form was created by Kathy Meadows, LSW, Assistant Administrator on 11-11-2015 (see attachment #6).  No other residents were identified as being affected by the alleged deficient practice.	
	Interview with Resident #4 on 10/29/15 at 3:30 PM revealed he/she only received the narcotic pain medication Percocet on 10/07/15 by LPN #2. Resident #4 stated he/she was certain he/she did not receive the medication any other time.			

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F 225	<p>Continued From page 3</p> <p>2. Record review revealed the facility readmitted Resident #3 on 03/04/15 with diagnoses that included Parkinson's Disease, Depression, Diabetes Mellitus, and Pain. Further review revealed a physician's order for Norco 5-325 (narcotic pain medication), one tablet every six hours as needed for pain. Review of a quarterly MDS assessment dated 08/28/15, revealed the facility assessed Resident #3's cognition as intact with a BIMS score of 15, indicating the resident was interviewable.</p> <p>Review of the Controlled Drug Record revealed Resident #3 was administered Norco on 10/13/15 at 2:45 PM and on 10/14/15 at 9:20 AM by LPN #1.</p> <p>Interview with Resident #3 on 10/28/15 revealed he/she did not request or receive pain medication on 10/13/15 or 10/14/15 administered by LPN #1.</p> <p>Interview with the Director of Nursing (DON) on 10/29/15 at 2:07 PM and 5:41 PM revealed on 10/15/15, LPN #2 reported to her that Resident #4's Controlled Drug Record had her signature for medications that she was certain she did not administer. The DON stated she immediately began an investigation into the missing narcotics; however, LPN #2 was excluded from the investigation because she was the one who identified the forged signatures. The DON stated she identified all nurses who worked during the periods of the missing medication and identified LPNs #1, #4, and #5. The DON also stated she reviewed the last narcotic inventory count which was done on the unit on 10/12/15. The DON stated during the inventory count it was noted Resident #4 had 29 Percocet tablets remaining and Resident #4 received the last dose on</p>	F 225	<p>All licensed personnel and certified medication aides reviewed all active Controlled Drug Records for discrepancies in their signature. No other discrepancies were found. This audit was conducted from 10-30-2015 – 11-09-2015 by Mary Arms, RN, Director of Nursing. The form was created by Mary Arms, DON on 10-29-2015 (see attachment #7).</p> <p>LPN #1 was terminated on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, Director of Nursing (see attachment #1).</p> <p>All licensed staff and certified medication aides were inserviced regarding proper medication administration on 11-11-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Julie Carroll, with MedCare Pharmacy (see attachment #2). A handout was also given to employees outlining medication administration during the inservices (see attachment #2).</p> <p>All licensed staff and certified medication aides were inserviced regarding administration and handling of narcotics on 11-09-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Mary Arms, Director of Nursing (see attachment #3).</p> <p>All staff were inserviced on 11-11-2015, 11-12-2015 and 11-13-2015 by Beverly Moore, RN, Staff Development Nurse regarding Abuse/Neglect Prevention (see attachment #4).</p> <p>All department managers and facility supervisors were inserviced on 11-09-2015 - 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Olive Allen, Director</p>		

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F 225	<p>Continued From page 4</p> <p>10/07/15. The DON stated that after review of the Controlled Drug Record, it was obvious to her someone had signed the Percocet out after 10/12/15 for the dates of 10/10/15 and 10/11/15 which was when there were 29 pills remaining. The DON stated the signatures were backdated and appeared to be forgeries. The DON stated she immediately notified the Assistant Administrator and the Administrator. The DON stated she asked LPN #2 to review all residents on the unit where she worked who received narcotic medication to identify any additional residents who may have been affected.</p> <p>Interview with LPN #2 on 10/29/15 at 10:25 PM, revealed she was reviewing the drug records on 10/15/15 and noted the Percocet signed out for Resident #4 on 10/07/15 at 3:59 PM, 10/10/15 at 8:00 AM and 4:00 PM, and on 10/11/15 at 7:45 AM. LPN #2 further stated she was certain she only administered the medication to Resident #4 on 10/07/15 at 3:59 PM and the signatures on 10/10/15 and 10/11/15 were not her signatures and were forgeries. LPN #2 stated she immediately reported her findings to the DON. LPN #2 stated she was later asked by the DON to review all Controlled Drug Records for the residents on the unit where she worked to see if there were any other forgeries. LPN #2 stated she did not identify any additional forgeries but had a concern with Resident #3's Norco that was administered on 10/13/15 and 10/14/15 by LPN #1. LPN #2 stated Resident #3 only received the pain medication when he/she received eye injections. LPN #2 stated Resident #3 received his/her last eye injection on 09/28/15. LPN #2 stated she did not identify any other residents whose Controlled Drug Record looked suspicious.</p>	F 225	<p>of Operations with Health Systems of Kentucky regarding abuse investigations (see attachment #5). A handout was also given to employees outlining the investigation process (see attachment #5).</p> <p>A random sample of other licensed personnel and certified medication aides who have access to controlled medications in the building were given a drug test on 11-05-2015. There were six (6) completed on this date. All drug tests were negative (see attachment #9).</p> <p>3. The "Preventing Resident Abuse" policy was reviewed on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #10).</p> <p>The "Abuse Investigation" policy was reviewed on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #11).</p> <p>The "Investing Reports of Misappropriation of Resident Property" policy was reviewed on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #12).</p> <p>The "Protection of Residents During Abuse Investigation" policy was reviewed on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #13).</p>		

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F 225	Continued From page 5  The DON stated LPN #2 reported to her she had identified Resident #3 with a suspicious pattern of administration. The DON stated she interviewed all interviewable residents on the unit and both Resident #3 and Resident #4 reported he/she did not receive medication that was signed out on 10/13/15 and 10/14/15 by LPN #1.  Interview with LPN #1 on 10/29/15 at 11:21 AM, revealed she had worked on 10/13/15 and 10/14/15. LPN #1 stated she was called in for a drug screen at the facility on 10/15/15. LPN #1 stated her drug screen was probably positive because she had recently taken Percocet. LPN #1 stated she had an old bottle of Percocet. LPN #1 stated she developed a headache on 10/12/15 and took some of her own leftover medication. LPN #1 stated she did not take Resident #3 or Resident #4's medication for her own personal use and did not forge the signature of LPN #2.  Interview with the Assistant Administrator on 10/28/15 at 3:30 PM, revealed once the facility was made aware of the allegation of the misappropriation of property an investigation was started immediately. The Assistant Administrator stated the facility identified three nurses who had access to the medication cart on the unit where the medications were missing. The facility identified LPN #1, LPN #4, and LPN #5 and they were called in for a drug screening for that day. The Assistant Administrator stated LPNs #4 and #5 willingly submitted to the drug test and tested negative to all illegal substances; however, LPN #1 hesitated to submit a urine sample. The Assistant Administrator stated LPN #1 first stated she could not urinate; however, after some time lapsed she submitted two consecutive urine	F 225	The "Reporting Abuse" policy was reviewed on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #14).  LPN #1 was terminated on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, Director of Nursing (see attachment #1).  All licensed personnel and certified medication aides reviewed all active Controlled Drug Records for discrepancies in their signature. No other discrepancies were found. This audit was conducted from 10-30-2015 – 11-09-2015 by Mary Arms, RN, Director of Nursing. The form was created by Mary Arms, DON on 10-29-2015 (see attachment #7).  All licensed staff and certified medication aides were inserviced regarding proper medication administration on 11-11-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Julie Carroll, with MedCare Pharmacy (see attachment #2). A handout was also given to employees outlining medication administration during the inservices (see attachment #2).  All licensed staff and certified medication aides were inserviced regarding administration and handling of narcotics on 11-09-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Mary Arms, Director of Nursing (see attachment #3).  All staff were inserviced on 11-11-2015, 11-12-2015 and 11-13-2015 by Beverly Moore, RN, Staff Development Nurse regarding		

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F 225	Continued From page 6 samples which would not register as urine for the test. The Assistant Administrator stated LPN #1 finally submitted to the drug test that was found to be positive for Opiates and Oxycodone. The Assistant Administrator stated LPN #1 had not submitted reasonable documentation for why the urine test would be positive and would be terminated at the conclusion of the investigation.  Interview with the DON on 10/29/15 at 2:07 PM, revealed when the facility was made aware of the alleged misappropriation of narcotics she immediately identified all nurses who worked on the unit for the period in question. The DON stated she identified LPN #1, LPN #2, LPN #4, and LPN #5. The DON stated LPN #2 was excluded from the investigation because she was the one who identified the forged signatures. The DON stated that during the investigation she did not identify that the nurses from other units had to cover for those nurses and no other nurses where interviewed or tested. The DON stated in hindsight and according to the policy and procedure all nurses who had any access to the medication cart for any time should have been interviewed and drug tested.	F 225	Abuse/Neglect Prevention (see attachment #4).  All department managers and facility supervisors were inserviced on 11-09-2015 - 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Olive Allen, Director of Operations with Health Systems of Kentucky regarding abuse investigations (see attachment #5). A handout was also given to employees outlining the investigation process (see attachment #5).  A new "Weekly Signature Review" form (see attachment #15) was created on 10-30-2015 by Mary Arms, RN, Director of Nursing along with a new "CMA/Nurse Master Signature Log" (see attachment #16). This form will be completed weekly by Mary Arms, DON or a designee. Nurse Arms/designee will compare signatures on the Master Log to the signatures on the Controlled Drug Record for discrepancies.		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  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.  A facility must provide pharmaceutical services	F 425	Mary Arms, RN, DON and Anna Caldwell, RN, Assistant Director of Nursing or a designee will continue to inventory narcotics on a weekly basis on the "Weekly Narcotic Inventory" form (see attachment #17).  4. A new "Weekly Signature Review" form (see attachment #15) was created on 10-30-2015 by Mary Arms, RN, Director of Nursing along with a new "CMA/Nurse Master Signature Log" (see attachment #16). This form will be completed weekly by Mary Arms, DON or a designee. Nurse Arms/designee will compare signatures on the Master Log to the signatures on the Controlled Drug Record for discrepancies.		

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NAME OF PROVIDER OR SUPPLIER  MOUNTAIN MANOR OF PAINTSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1025 EUCLID AVENUE PAINTSVILLE, KY 41240		
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F 425	<p>Continued From page 7 (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 observation, interview, record review, and review of the facility's policy and procedure it was determined the facility failed to provide pharmaceutical services to include the accurate dispensing of all medications to meet the needs of each resident for one (1) unsampled resident (Resident A). Observations on 10/27/15 revealed a narcotic pain medication was prepared and placed in a cup with Resident A's initials, and then placed back in the narcotics drawer of the medication cart and stored for later use.</p> <p>The findings include: Review of the facility's policy titled "Administering Medications," revised 12/09, revealed medications would be administered in a safe and timely manner. Further review revealed medications would not be prepared in advance.</p> <p>Observation of a narcotics count on the Transitional Care Unit (TCU) medication cart on 10/27/15 at 8:15 PM, revealed Licensed Practical Nurse (LPN) #5 performed a narcotics count of</p>	F 425	<p>Findings will be documented on the form "Weekly Signature Review." Any discrepancies will be immediately investigated by Mary Arms, DON, Anna Caldwell, ADON or a designee. Any concerns or issues will be reported to Emily Jones-Gray, Administrator or Kathy Meadows, Assistant Administrator and all appropriate agencies/authorities will be notified according to regulation/law.</p> <p>This audit will continue for at least 6 months and then will be re-evaluated at that time.</p> <p>Mary Arms, RN, DON and Anna Caldwell, RN, Assistant Director of Nursing or a designee will continue to inventory narcotics on a weekly basis on the "Weekly Narcotic Inventory" form (see attachment #17).</p> <p>Findings will be documented on the form "Weekly Narcotic Inventory." Any discrepancies will be immediately investigated by Mary Arms, DON, Anna Caldwell, ADON or a designee. Any concerns or issues will be reported to Emily Jones-Gray, Administrator or Kathy Meadows, Assistant Administrator and all appropriate agencies/authorities will be notified according to regulation/law</p> <p>This will completed weekly for an indefinite period of time.</p> <p>All staff members are inserviced upon hire regarding Abuse/Neglect Prevention, Identification, Reporting, Protection and Investigation (see attachment #18).</p> <p>Continued education will be completed at least bi-annually regarding Abuse/Neglect Prevention, Identification, Reporting,</p>		

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

PRINTED: 11/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/29/2015
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN MANOR OF PAINTSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1026 EUCLID AVENUE PAINTSVILLE, KY 41240		
(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 425	<p>Continued From page 8</p> <p>Resident A's Hydrocodone-Acetaminophen 10-325 milligrams (mg) which revealed the count was correct. LPN #5 then removed a dose of the Hydrocodone-Acetaminophen medication that was due at 9:00 PM and prepared the medication by placing it in a medication cup. LPN #5 labeled the cup with Resident A's initials and placed the medication back into the narcotics drawer of the medication cart.</p> <p>Observation on 10/27/15 at 8:35 PM revealed LPN #5 removed the medication cup that was previously prepared and administered the contents of the cup to Resident A.</p> <p>Interview with LPN #5 on 10/27/15 at 8:34 PM and on 10/29/15 at 2:38 PM, revealed she should not have prepared the narcotic pain medication in advance. LPN #5 stated since she had to pull the medication for the narcotics count she went ahead and prepared it, and placed it back in the medication cart to save time.</p> <p>Interview with the Director of Nursing (DON) on 10/29/15 at 8:00 PM, revealed the nurses should never prepare any medication in advance. The DON stated she monitored medication passes as she made daily rounds to ensure appropriate medication administration but stated, "You cannot be there every second."</p>	F 425	<p>Protection and Investigation, and when needed to all staff members.</p> <p>Dr. Charles Hardin, Medical Director, was consulted on 10-29-2015 by Emily Jones-Gray, CSW, Administrator, Mary Arms, RN, DON and Kathy Meadows, LSW, Assistant Administrator regarding the alleged deficient practice and the compliance process.</p> <p>Dr. Charles Hardin, Medical Director, will provide oversight during the compliance process. The results of all audits will be reported to the Medical Director at least quarterly.</p> <p>5. Date of completion: 11-14-2015</p> <p>F 425 483.60(a),(b) PHARMACEUTICAL SVC--ACCURATE PROCEDUES, RPH</p> <p>It is the policy of this facility to accurately dispense all medications to meet the needs of each resident. This is evidenced by:</p> <p>1. For Resident A, all licensed personnel who had signed the Controlled Drug Record for the prescribed Hydrocodone-Acetaminophen 10-325 verified signatures and stated those were administered to Resident A by them.</p> <p>Resident A was interviewed by Andrea Blair, Community Coordinator on 11-13-2015 to ensure he/she was receiving administered controlled medications as ordered. Resident A stated he/she is receiving pain medication daily and has no other concerns.</p>		

LPN #5 was given a disciplinary warning on 11-05-2015 by Mary Arms, RN, Director of Nursing (see attachment #19).

LPN #5 was given a random drug screen on 10-15-2015 and it was negative (see attachment #20).

LPN #5 was observed during a medication pass on 11-05-2015 by Mary Arms, RN, DON (see attachment #21).

LPN #5 was inserviced on 11-11-2015 by Julie Carroll with MedCare Pharmacy regarding proper medication administration (see attachment #2).

All licensed staff and certified medication aides were inserviced regarding proper medication administration on 11-11-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Julie Carroll with MedCare Pharmacy (see attachment #2). A handout was also given to employees outlining medication administration during the inservices (see attachment #2).

All licensed staff and certified medication aides were inserviced regarding administration and handling of narcotics on 11-09-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Mary Arms, Director of Nursing (see attachment #3).

2. All residents have the potential to be affected.

A resident questionnaire was completed for all residents with BIMS score of 8-15 regarding receiving/not receiving medications and in particular receiving pain/narcotic medications. This was completed on 11-12-2015 and 11-13-

2015 by Andrea Blair, Community Coordinator.

There were a total of 62 questionnaires completed. This questionnaire form was created by Kathy Meadows, LSW, Assistant Administrator on 11-11-2015 (see attachment #6).

No other residents were identified as being affected by the alleged deficient practice.

LPN #5 was given a disciplinary warning on 11-05-2015 by Mary Arms, RN, Director of Nursing (see attachment #19).

LPN #5 was given a random drug screen on 10-15-2015 and it was negative (see attachment #20).

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All licensed staff and certified medication aides were inserviced regarding proper medication administration on 11-11-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Julie Carroll, with MedCare Pharmacy (see attachment #2). A handout was also given to employees outlining medication administration during the inservices (see attachment #2).

All licensed staff and certified medication aides were inserviced regarding administration and handling of narcotics on 11-09-2015 – 11-13-

2015 by Beverly Moore, RN, Staff Development Nurse and Mary Arms, Director of Nursing (see attachment #3).

Twenty-seven (27) medication pass audits were completed with licensed personnel and certified medication aides by Brent Lykins, RPh with MedCare Pharmacy, Mary Arms, RN, DON, Sherry Judson, LPN, Anna Caldwell, RN, ADON and Beverly Moore, RN, Staff Development Nurse. These audits were completed from 11-03-2015 to 11-14-2015. No nurses were found to be preparing medications in advance. Any other identified concerns were addressed with the individual nurse/medication aide and were educated on any areas of weakness (see attachment #22).

A random sample of other licensed personnel and certified medication aides who have access to controlled medications in the building were given a drug test on 11-05-2015. There were six (6) completed on this date. All drug tests were negative (see attachment #9).

3. The "Administering Medications" policy was reviewed on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator and Mary Arms, DON. No changes were made (see attachment #23).

The "Preparation and General Guidelines" policy was reviewed on 10-30-2015 by Emily Jones-Gray, Administrator, Kathy Meadows, Assistant Administrator, Mary Arms, DON and Matt Poltz, RPh, Director of Operations with MedCare Pharmacy. No changes were made (see attachment #24).

The "Medication Storage in the Facility" policy was reviewed on 10-30-2015 by Emily Jones-

Gray, Administrator, Kathy Meadows, Assistant Administrator, Mary Arms, DON and Matt Foltz, RPh, Director of Operations with MedCare Pharmacy. No changes were made (see attachment #25).

All licensed personnel and certified medication aides reviewed all active Controlled Drug Records for discrepancies in their signature. No other discrepancies were found. This audit was conducted from 10-30-2015 – 11-09-2015 by Mary Arms, RN, Director of Nursing. The form was created by Mary Arms, DON on 10-29-2015 (see attachment #7).

All licensed staff and certified medication aides were inserviced regarding proper medication administration on 11-11-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Julie Carroll, with MedCare Pharmacy (see attachment #2). A handout was also given to employees outlining medication administration during the inservices (see attachment #2).

All licensed staff and certified medication aides were inserviced regarding administration and handling of narcotics on 11-09-2015 – 11-13-2015 by Beverly Moore, RN, Staff Development Nurse and Mary Arms, Director of Nursing (see attachment #3).

Twenty-seven (27) medication pass audits were completed with licensed personnel and certified medication aides by Brent Lyons, RPh with MedCare Pharmacy, Mary Arms, RN, DON, Sherry Judson, LPN, Anna Caldwell, RN, ADON and Beverly Moore, RN, Staff Development Nurse. These audits were completed from 11-03-2015 to 11-14-2015. No nurses were found to be preparing medications in advance. Any other identified concerns were

addressed with the individual nurse/medication aide and were educated on any areas of weakness (see attachment #22).

Medication Pass Audits will be completed at least quarterly with each licensed nurse and certified medication aide to ensure medications are administered in a safe and timely manner. This will be completed by Brent Lykins, RPh, MedCare Pharmacy, Mary Arms, RN, DON, Anna Caldwell, ADON, Sherry Judson, LPN or a designee.

Mary Arms, RN, DON and Anna Caldwell, RN, Assistant Director of Nursing or a designee will continue to inventory narcotics on a weekly basis on the "Weekly Narcotic Inventory" form (see attachment #17).

4. Medication Pass Audits will be completed at least quarterly with each licensed nurse and certified medication aide to ensure medications are administered in a safe and timely manner. This will be completed by Brent Lykins, RPh, MedCare Pharmacy/designee, Mary Arms, RN, DON, Anna Caldwell, RN, ADON, Sherry Judson, LPN, Beverly Moore, RN, Staff Development Nurse or a designee.

Findings will be documented on the form "Medication Pass Observation Report." Any identified concerns will be addressed with the individual nurse/medication aide and he/she will be educated on any areas of weakness.

This will be completed at least quarterly for one year and then at least every six (6) months for an indefinite period of time.

Mary Arms, RN, DON and Anna Caldwell, RN, Assistant Director of Nursing or a

designee will continue to inventory narcotics on a weekly basis on the "Weekly Narcotic Inventory" form (see attachment #17).

Findings will be documented on the form "Weekly Narcotic Inventory." Any discrepancies will be immediately investigated by Mary Arms, DON, Anna Caldwell, ADON or a designee. Any concerns or issues will be reported to Emily Jones-Gray, Administrator or Kathy Meadows, Assistant Administrator and all appropriate agencies/authorities will be notified according to regulation/law

This will be completed weekly for an indefinite period of time.

All new licensed personnel and certified medication aides will continue to be inserviced and educated upon hire regarding medication administration by Beverly Moore, RN, Staff Development Nurse or a designee (see attachment #24).

Dr. Charles Hardin, Medical Director, was consulted on 10-29-2015 by Emily Jones-Gray, CSW, Administrator, Mary Arms, RN, DON and Kathy Meadows, LSW, Assistant Administrator regarding the alleged deficient practice and the compliance process.

Dr. Charles Hardin, Medical Director, will provide oversight during the compliance process. The results of all audits will be reported to the Medical Director at least quarterly.

5. Date of completion: 11-14-2015