

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

PRINTED: 12/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 12/29/2015
NAME OF PROVIDER OR SUPPLIER CREEKWOOD PLACE NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 107 BOYLES DRIVE RUSSELLVILLE, KY 42276		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS A Revisit survey to verify correction of the PoC was initiated and completed 12/29/15. It was determined the facility had corrected deficiencies as of 12/14/15, as alleged in the PoC and no other regulatory violations were identified.	{F 000}			

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

TITLE

(X6) DATE

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.

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 185313	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/29/2015
Name of Facility CREEKWOOD PLACE NURSING & REHAB CENTER, INC	Street Address, City, State, Zip Code 107 BOYLES DRIVE RUSSELLVILLE, KY 42276	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0164</u> Reg. # <u>483.10(e), 483.75(l)(4)</u> LSC _____	Correction Completed 12/14/2015	ID Prefix <u>F0282</u> Reg. # <u>483.20(k)(3)(ii)</u> LSC _____	Correction Completed 12/14/2015	ID Prefix <u>F0323</u> Reg. # <u>483.25(h)</u> LSC _____	Correction Completed 12/14/2015
ID Prefix <u>F0329</u> Reg. # <u>483.25(l)</u> LSC _____	Correction Completed 12/14/2015	ID Prefix <u>F0428</u> Reg. # <u>483.60(c)</u> LSC _____	Correction Completed 12/14/2015	ID Prefix <u>F0514</u> Reg. # <u>483.75(l)(1)</u> LSC _____	Correction Completed 12/14/2015
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By <u>[Signature]</u>	Date: <u>12/30/15</u>	Signature of Surveyor: <u>Barbara Huddleston, RN, NR [Signature]</u>	Date: <u>12/30/15</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 10/30/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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NAME OF PROVIDER OR SUPPLIER CREEKWOOD PLACE NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 107 BOYLES DRIVE RUSSELLVILLE, KY 42276		
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F 000	<p>INITIAL COMMENTS</p> <p>AMENDED</p> <p>An Abbreviated Survey/Partial Extended Survey investigating Complaint #KY23926 was conducted on 10/14/15 through 10/30/15. Complaint #KY23926 was substantiated with deficiencies cited at the highest Scope and Severity of a "J".</p> <p>Resident #1 was receiving Coumadin (anticoagulant/blood thinner) six (6) milligrams (mg) tablet; and, a three (3) mg tablet once daily, on Monday, Tuesday, Thursday, Friday and Sundays; and, ten (10) mg tablet once daily on Wednesdays and Saturdays. The facility care planned to obtain laboratory (lab) tests as ordered. However, on 09/10/15, the physician wrote an order on the laboratory report to recheck the resident's Protime (PT)/International Normalized Ratio (INR) (measures the clotting time of the blood) in one (1) week. The Licensed Practical Nurse failed to transcribe the lab correctly and wrote the order to obtain the lab on 10/17/15 (five {5} weeks later) instead of on 09/17/15.</p> <p>The facility's system to ensure lab orders were obtained correctly was ineffective. The facility failed to obtain the PT/INR on 09/17/15. On 10/10/15, the resident was sent to the Emergency Room with stroke like symptoms and a change in mental status. The resident was admitted to the hospital and later died on 10/11/15 with diagnosis of Massive Cerebrovascular Accident (CVA/stroke).</p> <p>Resident #3 was receiving Coumadin three (3)</p>	F 000	F 000		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Elizabeth Stump* TITLE: *Administrators* (X6) DATE: *12/4/15*

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F 000	Continued From page 1 mg tablet daily. The facility care planned to obtain labs as ordered; however, on 08/17/15 the physician wrote an order to recheck the resident's PT/INR level on 08/31/15. However, the facility failed to obtain the lab as ordered. The facility's system for checking to ensure lab orders were obtained as ordered failed to identify that Resident #3's PT/INR was not obtained on 08/31/15. Immediate Jeopardy (IJ) was identified in the areas of 42 CFR 483.20 Resident Assessment at F282; 42 CFR 483.25 Quality of Care at F329; 42 CFR 483.60 Pharmacy Services at F428; and 42 CFR 483.75 Administration at F514. Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care. Immediate Jeopardy was identified on 10/19/15 and determined to exist on 08/31/15. The facility was notified of the Immediate Jeopardy on 10/19/15. An acceptable Allegation of Compliance (AoC) was received on 10/29/15 alleging the IJ was removed on 10/27/15. The State Survey Agency validated the AoC and determined the Immediate Jeopardy was removed on 10/27/15. The Scope and Severity was lowered to a "D" for 42 CFR 483.20 Resident Assessment at F282; 42 CFR 483.25 Quality of Care at F329; 42 CFR 483.60 Pharmacy Service at F428 and 42 CFR 483.20 Administration at F514, while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.	F 000			
F 164 SS=E	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	F 164			

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F 164	<p>Continued From page 2</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (a)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility policy and procedures, it was determined the facility failed to ensure two (2) of seven (7) sampled residents (Resident #3 and Resident #7); and, four (4) unsampled residents' (Resident A, B, C, and D) medical records were kept confidential.</p>	F 164	<p>F164</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>Personal Privacy / Confidentiality of Records It is the routine practice of Creekwood Place Nursing and Rehab to keep information contained within the resident's record confidential.</p> <p>Corrective Action for Residents Affected: The nurse administering medications on 300 hall to Resident # 3 and Resident #7 and the 4 unsampled residents, was provided education regarding covering residents' Medication Administration Record (MAR) to protect confidential information on 10/15/15 and 10/22/15 by Regional Nurse. She completed a post test on 10/21/15 to validate comprehension of the training. She was monitored during multiple observations by Director of Nursing, Staff Development Coordinator, Regional Nurse, and Quality Management Nurses to observe for continued concerns following education to assure information was properly covered.</p> <p>How other residents with potential to be affected are identified: Unannounced rounds by Director of Nursing, Staff Development Coordinator, Regional Nurse, and Quality Management Nurses to observe for proper covering of MARs when unattended, were made on 10/14/15, 10/15/15, 10/16/15, 10/19/15, 10/20/ 15 and 10/21/15.</p> <p>Education was initiated with all licensed nurses and Certified Medication Aides/Technicians (CMT) on 10/14/15 by Regional Nurse and 10/19/15 by Staff Development to provide retraining that Medication Administration Records are to be</p>	12/14/15	

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F 164	Continued From page 3 The Medication Administration Record (MAR) for Resident #3 and Resident #7; and, Unsampled Residents A, B, C and D were observed unattended and exposed for public view on 10/14/15. The findings include: Review of the facility's policy titled, "Privacy, Dignity and Confidentiality" not dated, revealed the resident's personal information will not be left unattended and uncovered in areas that are visible to the public. Observations during a medication pass with Registered Nurse (RN) #1, on 10/14/15 at 5:15 PM through 5:45 PM, revealed the MAR book was left open and Unsampled Residents A, B, C, D's and, Residents #3 and #7's MARs were in plain view. An unidentified person was observed by the medication cart, during this time. Interview with RN #1, on 10/14/15 at 5:46 PM, revealed she should always cover up the medical records of each resident. She stated she had just got in a "lazy" habit of not covering the MAR when leaving the medication cart. Interview with the Director of Nursing (DON), on 10/15/15 at 2:10 PM, revealed she would expect all staff passing medications to provide confidentiality by covering the MAR before leaving the medication cart. Interview with the Administrator, on 10/15/15 at 4:35 PM, revealed she would have expected all staff passing medications to keep all information confidential, by covering the MAR up before	F 164	F 164 Continued closed or covered when unattended. A post test was administered from 10/19/15 to 10/27/15 to verify comprehension. This training is being provided to newly hired nurses and CMTs as part of orientation by the Staff Development Coordinator (SDC), Assistant Director (ADON) of Nursing or Director of Nursing (DON). On 11/23/15 a laminated sheet was placed on all Medication Carts to provide a readily accessible tool for covering information by the Director of Nursing. Monitoring measures to assure solutions are sustained : Unannounced rounds will be conducted by the DON, ADON, SDC, Unit Managers, and/or Regional Nurses to validate that the residents personal/confidential information is not left unattended in area that are accessible to unauthorized persons. These rounds will be conducted 3 x weekly for 4 weeks to include all shifts and weekends, and then weekly for 8 weeks on varying shifts. Findings of these rounds will be reported to members of the Quality Assurance committee (Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, or Staff Development Coordinator). Based on the findings the committee will determine if the frequency may be decreased to monthly for six months.		

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F 164	Continued From page 4 leaving the the medication cart.	F 164		
F 282 SS=J	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's policy and procedure, and review of Hospital Records and laboratory (lab) reports, it was determined the facility failed to ensure the care plan was followed for two (2) of seven (7) sampled residents related to obtaining labs (Resident #1 and Resident #3). Resident #1 was care planned for Atrial Fibrillation and the use of Coumadin (anticoagulant/blood thinner) with an intervention to obtain laboratory (lab) tests as ordered and report to the Physician. On 09/10/15, Resident #1's Physician wrote an order to repeat PT (Protime)/ INR (International Normalized Ratio) in one (1) week (09/17/15) on the lab report. However, the nurse transcribed the lab to be drawn on 10/17/15 (five (5) weeks later) in the lab book, which resulted in Resident #1's PT/INR not being drawn. On 10/10/15, Resident #1 was sent to the local Emergency Room with stroke-like symptoms and the hospital labs revealed the resident's INR was 1.30 which was below therapeutic range (2.0-3.0). Resident #1 expired on 10/11/15 with a diagnosis of Severe Cerebral Vascular Accident (CVA/stroke).	F 282	F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN It is the routine practice of this facility to provide or arrange services by qualified persons in accordance with each resident's plan of care. Corrective Action for Residents Affected: Resident #1 was no longer a resident of the facility, so no additional action could be taken. The care plan for Resident # 3 was reviewed on 10/14/15 by the MDS Coordinators and it was noted to contain the intervention to obtain labs as ordered and report lab results to the physician. At the time of the audit, Resident # 3's currently ordered labs had been obtained and her PT/INR results had been reported to the physician. How other residents with potential to be affected are identified: On 10/11/15 an audit was conducted by the Director of Nursing (DON) and Quality Management Nurse (QMS) for all residents receiving warfarin to validate that PT/INR testing was current. PT/INR testing from 8/1/15 to 10/11/15 was reviewed to validate that residents all had current PT/INR tests. It was through this audit that it was identified Resident #3 had missed her ordered test for 8/31/15. An additional audit was conducted on 10/24/15 by the Quality Management Nurse (QMS) and the Regional Nurse Consultant for all residents receiving other significant medications requiring titration and/or lab monitoring from to validate that residents had all current ordered lab tests. All residents having orders for monitoring of significant medications had current results.	12/14/15

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F 282	<p>Continued From page 5</p> <p>Resident #3 was care planned for Anticoagulant therapy and the use of Coumadin with an intervention to obtain labs as ordered and to report lab results to the Physician. On 08/17/15, Resident #3's Physician wrote an order to repeat PT/INR on 08/31/15; and on 09/29/15 to repeat Resident #3's PT/INR every three (3) days until 10/04/15 (09/30/15 and 10/03/15). However, review of Resident #3's lab reports revealed there was no documented evidence the lab work was completed on 08/31/15 and 09/30/15, as ordered.</p> <p>The facility's failure to implement the care plan related to monitoring Coumadin levels through laboratory testing has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 10/19/15 and determined to exist on 08/31/15. The facility was notified of the Immediate Jeopardy on 10/19/15. An acceptable Allegation of Compliance (AoC) was received on 10/29/15.</p> <p>The State Survey Agency validated the AoC and determined Immediate Jeopardy was removed on 10/27/15. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure titled, "Comprehensive Care Plans", last revised 04/03/13, revealed it is the facility's policy that residents will have a plan of care for assessed needs and a care plan will be developed based on assessed needs. Care plan approaches will be</p>	F 282	<p>F 282 Continued</p> <p>An audit was conducted on the care plans of all residents receiving warfarin to assure that all had a care plan problem addressing their use. The care plan of any resident who did not thoroughly address the anticoagulant use, was revised. This was completed by the MDS Coordinator and MDS Nurse on 10/14/15. An additional audit was conducted on all residents receiving other significant medications requiring titration and/or laboratory monitoring by the Quality Management Nurse (QMS) and regional nurse consultant on 10/24/15. Any care plan that lacked the need to monitor for these medications was revised by the regional nurse consultant and/or the QMS (Quality Management Nurse) at that time.</p> <p>Measures or systemic changes put in place to prevent recurrence:</p> <p>A new protocol was developed on 10/12/15 by the Quality Management Nurse for writing orders to reflect changes in warfarin/Coumadin orders. The process includes: discontinuance of the previous order, if not continued, new dose clearly stated, frequency/interval for next required test and the date scheduled to meet that frequency. Education was initiated with all licensed nurses regarding this protocol change on 10/12/15, by the Quality Management Nurse (QMS), the Director of Nursing (DON), the Staff Development Coordinator (SDC) and Regional Nurse Consultant. Follow-up education, to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses by regional nurse consultants on 10/19/15 and post testing was given to verify comprehension. All licensed nurses have completed education except those on leave or PRN staff who have not been available for work or training. These staff members as well as any temporary or agency personnel will be trained prior to being allowed to work. This training has been added to the orientation material for newly</p>	
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F 282	<p>Continued From page 6</p> <p>communicated to staff for use in providing direction of care. The plan of care will be reviewed and revised when indicated, based on the resident's response.</p> <p>1. Closed record review revealed the facility admitted Resident #1 on 11/26/13 with diagnoses which included Late Effect Cerebrovascular Disease, Hemiplegia, Cerebral Vascular Accident, and Atrial Fibrillation. Review of the Physician's Orders, dated 09/10/15, revealed the resident received Coumadin 9 milligrams (mg) each Monday, Tuesday, Thursday, Friday, and Sunday; and, 10 mg each Wednesday and Saturday.</p> <p>Review of the Comprehensive Care Plan related to Resident #1's diagnosis of Atrial Fibrillation and use of Coumadin, last revised 09/23/15, revealed an intervention for staff to obtain labs as ordered and report to the physician.</p> <p>Review of a Laboratory Report, dated 09/10/15, revealed Resident #1's Protime (PT) level was 18.4 seconds (normal: 9.0-13.0) and the International Normalized Ratio (INR) was 1.74 (normal: 2.0-3.0), indicating the resident's INR was below therapeutic range. Further review revealed the physician documented on the lab "no change in the Coumadin order, repeat the PT/INR in one (1) week" (09/17/15). Review of the Laboratory Book revealed the PT/INR test was documented to be completed on 10/17/15 (approximately five (5) weeks), instead of in one week, as ordered (09/17/15). Review of Resident #1's Laboratory Reports revealed no documented evidence the facility ensured a PT/INR test was obtained on 09/17/15, per the physician's order and the care plan.</p>	F 282	<p>F 282 Continued</p> <p>hired licensed personnel by the Staff Development Coordinator.</p> <p>Clinical AQA (Abbreviated Quality Assurance) members to include the MDS Nurses, Unit Manager, Staff Development Coordinator, and the Director of Nursing will also monitor through the AQA (Abbreviated Quality Assurance) process to verify that orders for PT/INR-Anticoagulants are correctly written and scheduled. They were educated in the validation process by the Administrator on 10/13/15. Additional education was initiated on 10/24/15 regarding significant medications that require lab monitoring with the clinical AQA team by the regional nurse consultant, and continued with remainder of clinical AQA nurses on their next day worked with completion on 10/26/15.</p> <p>Monitoring measures to assure solutions are sustained :</p> <p>The MDS Coordinators will develop the care plans that reflect the need to obtain and monitor lab values for residents on medications that require titration or monitoring. Compliance with obtaining lab values for medication monitoring will be monitored through the second check by charge nurse and oversight by the Clinical AQA team (Director of Nursing, MDS Coordinators, Unit Managers, Assistant Director of Nursing, or the Staff Development Coordinator). Additional monitoring will be provided through review of the care plan interventions through the quarterly review by the interdisciplinary care plan team (MDS Coordinator, MDS Assistant, SSD, and/or CDM). In the event a concern is identified through interdisciplinary review, the identified concern will be immediately reported to the Director of Nursing and Administrator for action. Audit of the care plans of residents receiving significant medications requiring lab monitoring will be conducted monthly for three months and then quarterly for one year by the Director of Nursing, Assistant Director of Nursing or Regional Nurse Consultant.</p>	
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NAME OF PROVIDER OR SUPPLIER CREEKWOOD PLACE NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 BOYLES DRIVE RUSSELLVILLE, KY 42276
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F 282	<p>Continued From page 7</p> <p>Review of the Nurse's Note, dated 10/10/15 at 8:00 AM, revealed Resident #1 was transferred to the local Emergency Room (ER) with stroke-like symptoms. Review of lab values obtained in the ER, on 10/10/15, revealed Resident #1's INR was 1.30 which was below the therapeutic range. Review of hospital records, revealed Resident #1 expired on 10/11/15 with a diagnosis of Severe CVA (stroke).</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 10/15/15 at 4:00 PM, revealed she was aware a lab order was missed for Resident #1's PT/INR. She stated she wrote the order for 10/17/15, instead of 09/17/15. LPN #1 stated she did not know why she wrote 10/17/15.</p> <p>Interview with the Director of Nursing (DON), on 10/14/15 at 2:30 PM, revealed she was not aware the residents' PT/INR tests had not been checked on 09/17/15 as ordered, and per the plan of care, until after Resident #1 was sent to the ER on 10/10/15. She stated another nurse had reviewed the resident's chart and identified the order had been transcribed to be obtained on 10/17/15 instead of 09/17/15.</p> <p>Interview with Resident #1's Physician, on 10/15/15 at 1:40 PM, revealed he had been requesting Resident #1's labs weekly due to fluctuations in the resident's levels. He stated he did not know what the resident's PT/INR was prior to going to the ER because the facility did not get the last PT/INR that was ordered for 09/17/15. He further stated, missing the ordered lab test could have affected the resident's level and if the levels were low for an extended time, this could have contributed to the resident's CVA/stroke.</p>	F 282		
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F 282	<p>Continued From page 8</p> <p>2. Record review revealed the facility admitted Resident #3 on 01/18/13 with diagnoses which included History of Vein Thrombosis/Embolus and Filter Placement Right Femoral Artery. Review of the Physician's Order, dated 04/08/15, revealed to administer Coumadin 3 mg tablet daily.</p> <p>Review of the Comprehensive Care Plan related to the resident's Anticoagulant Therapy/use of Coumadin, dated 03/22/15, revealed an intervention to obtain labs as ordered and to report lab results to the physician.</p> <p>Review of a Physician's Order, dated 08/17/15, and Laboratory Book, revealed to recheck the resident's PT/INR level on 08/31/15. However, review of the resident's Laboratory Reports revealed there was no documented evidence a PT/INR was obtained on 08/31/15 per the physician's order and the resident's care plan.</p> <p>In addition, review of a Physician's Order, dated 09/29/15; the September and October 2015 Medication Administration Records (MAR's); and, the Laboratory Book revealed to repeat Resident #3's PT/INR every three (3) days until 10/04/15 (09/30/15 and 10/03/15). Review of Resident #3's Laboratory Reports revealed there was no documented evidence the PT/INR was obtained on 09/30/15.</p> <p>Interview with Director of Nursing (DON), on 10/14/15 at 2:40 PM, revealed the PT/INR ordered for Resident #3 that was to be obtained on 08/31/15 was missed. She stated Resident #3 was transferred to another room on a different hallway for a brief period of time and that could have contributed to the omission. She stated if the resident's lab page did not get transferred</p>	F 282			

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F 282	<p>Continued From page 9</p> <p>over with the other paperwork it could have been a factor in the omission of the lab test. However, further interview revealed the resident was not transferred to another hall until 10/27/15 which was after the labs should have been obtained.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> 1. On 10/11/15, an audit was conducted by the DON and Quality Management Nurse (QMN) on all residents receiving Coumadin to validate that PT/INR testing was current. PT/INR testing from 08/01/15 through 10/11/15 was reviewed to validate that all residents had current PT/INR tests. It was through this audit that it was identified Resident #3 has missed his/her ordered test for 08/31/15. 2. An additional audit was conducted on 10/24/15 by the QMS and Regional Nurse Consultant (RNC) for all residents receiving other significant medications requiring titration and/or lab monitoring to validate that the residents had all current ordered lab tests with no concerns identified. Any care plan that lacked the need to monitor for these medications were revised by the regional nurse consultant or the QMS at the time. 3. An audit was conducted on the care plans of all residents receiving warfarin to assure that all had a care plan problem addressing their use. The care plan of any resident which did not thoroughly address the anticoagulant use was revised. This was completed by the MDS Coordinator and the MDS Nurse on 10/14/15. 4. A Quality Assurance meeting was held 	F 282		
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F 282	<p>Continued From page 10</p> <p>10/12/15 by the Administrator with the DON, the Staff Development Coordinator (SDC), the QMN, and the Unit Manager to identify the root cause of the missed testing and to develop action plans to prevent re-occurrence. A call was placed to the Medical Director by the Administrator on 10/12/15 to review the actions planned and the QA findings. Further communication was made daily until the Medical Director was reached on 10/14/15.</p> <p>5. A new protocol was developed on 10/12/15 by the QMN for writing orders to reflect changes in warfarin/coumadin orders. The process includes: discontinuance of the previous order, if not continued, new dose clearly stated, frequency/interval for next required test and the date scheduled to meet that frequency. The Administrator reviewed the new protocol with the Medical Director on 10/15/15.</p> <p>6. Protocol for nurses writing coumadin/warfarin orders as well as other significant medications requiring titration and or laboratory monitoring and documenting was revised to include clearly stating current orders and including both the frequency/interval of testing as well as the scheduled date. The process includes a second nurse validating accurate transcription of the order components.</p> <p>7. The lab order monitoring process was revised by the QMN on 10/12/15 to be made a part of the active Abbreviated Quality Assurance (AQA) Program. The AQA meeting is conducted Monday through Friday except holidays. During the AQA meeting, the administrative nursing team members (DON, ADON, SDC or Unit Manager) will review lab reports, returned labs from the MD</p>	F 282		
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F 282	<p>Continued From page 11</p> <p>on which orders were noted, transcribed orders, and the lab book, to validate that all accurately correspond and were complete. Clinical AQA members will also monitor through the AQA process to verify that orders for PT/INR-anticoagulants are correctly written and scheduled. They were educated in the validation process by the Administrator on 10/13/15. Additional education was initiated on 10/24/15 regarding significant medications that require lab monitoring with the clinical AQA team by the RNC, and continued with the remainder of clinical AQA nurses on their next scheduled day worked with completion on 10/26/15.</p> <p>The new process is as follows:</p> <p>Upon receipt of an order for a lab test, the nurse receiving the order is responsible for placing the lab on the lab book on the corresponding date. If the lab is to be performed on an upcoming month, or is recurring, it will be listed on the future date page. The order, as with other orders will be placed in the AQA box for review in the next AQA meeting.</p> <p>The night shift charge nurse will complete the lab requisitions for the ordered lab on or before the shift which they are due. If the date is designated a lab day a representative from local hospital will come draw the lab. If its not a lab day, the night shift nurse is responsible for drawing the labs and having them delivered to the local hospital.</p> <p>All stat labs are to be drawn by the charge nurse on duty or another nurse if difficulty is encountered. If at shift change an on coming charge nurse may draw the specimen. When a lab result is received, the charge nurse receiving</p>	F 282			

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F 282	Continued From page 12 the lab result is to fax the results to the physician unless the result is a critical value. If there is a critical valuer, the results will be called to the physician by the charge nurse. After the physician reviews the lab result, he will fax or call the charge nurse to acknowledge and provide new orders as indicated. When an order is written on the lab result, the charge nurse is to write a telephone order containing the order change and any future labs ordered. Anticoagulants should contain both frequency and scheduled date. The nurse will transcribe any medication change on the MAR as indicated and place the ordered test on the appropriate date on the lab book. The accuracy of the transcribed order and the lab book is to be validated by a second nurse. The lab report should be placed in the AQA box and the white and yellow copies of the order in the section designated for orders. If there are no orders when the doctor acknowledges the lab results, the acknowledged results are to be placed in the AQA box for review by the clinical AQA committee. Phone orders and lab results will be brought into each AQA meeting by the DON or Unit Managers along with the lab book and the charts. During the AQA process, the lab book will be checked by the DON, SDC, Unit Managers, ADON, a with the lab orders to verify the lab was placed on the correct scheduled day. Previous days lab orders on the lab book will also be checked by the AQA team to verify they were completed and results received. The AQA meeting is conducted Monday through Friday except holidays. Proper completion of lab orders from weekends and holidays will be verified in the next AQA meeting in addition the on-call nurse validate during the weekend and	F 282			

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F 282	Continued From page 13 holidays. The on call Administrative Nurse for the weekend or holiday will validate that all stat or follow-up labs that are ordered are scheduled and obtained. On the following working day, the AQA clinical team will review the lab results, schedule and orders to verify that all orders and results are correctly scheduled, obtained, results received, communicated to the physician and orders correctly transcribed. 8. Education was initiated with all licensed nurses regarding this protocol change on 10/12/15, by the QMN, the DON, SDC and the Regional Nurse Consultant. Follow-up education to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses by Regional Nurse Consultant on 10/19/15 and post testing was given to verify comprehension. All licensed nurses have completed education except those on leave or PRN staff who have not been available for training. Any temporary or agency personal will be trained prior to being allowed to return to work. Education was initiated by the QMS, DON, SDC, RNC with licensed nurses regarding anticoagulant orders and the required components to be included in the transcribed physician's order. The education was completed with scheduled nurses on 10/16/15. Any PRN staff, temporary staff and agency staff have been trained prior to beginning work. The written order is to include: Discontinuing the current dosage if there is to be a change, new order or statement to continue current dosage, the interval or frequency for future testing and the date that treating is to be done. Follow-up education with licensed staff regarding anti-coagulant orders and	F 282			

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F 282	<p>Continued From page 14</p> <p>the required components to be included in the transcribed physician's order was started on 10/19/15, by the RNC and post testing was given to verify comprehension.</p> <p>To further validate comprehension beginning on the night shift on 10/25/15, nurses were required to successfully complete a packet demonstrating accurate transcription of three (3) sampled lab results of values impacted by high risk medications. Testing is ongoing, no staff members, to include temporary staff or agency staff, will be allowed to work prior to completing competency testing. The education on the lab order completion and monitoring process will be conducted with licensed staff by the SDC, DON, or QMN prior to the next shift worked. Education will include agency and temporary staff.</p> <p>Education with Nurses and Certified Medication Technicians (CMTs) was initiated 10/13/15 regarding accurate documentation on Medication Administration Records (MAR). This education has been provided by the Staff Development Coordinator (SDC), DON, QMS and the Regional Nurse Consultant. CMTs and licensed nurses were educated to document in accordance with professional standards and to complete documentation immediately following delivery of the medication. They are to review documentation at the end of their shift with the oncoming staff member or peer. If documentation omissions are identified, the nurse/CMT may document only if they recall with certainty that the medication was provided. If the medication was missed they are to contact the MD and follow the medication error process and physician's actions that are ordered. This education has been ongoing and will continue</p>	F 282			

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F 282	<p>Continued From page 15</p> <p>with oncoming staff prior to their next shift worked to include temporary or agency staff. PRN staff who have not been available for education were sent a letter by the SDC on 10/23/15 explaining that they must complete education prior to working again. They will also be required to demonstrate competency.</p> <p>Education reinforcing the requirement to review MAR/TAR, and initial to signify the administration of the medication or task after it is completed was initiated by the DON,</p> <p>QMS, SDC, RNC on 10/12/15. Follow up education was started on 10/19/15 by the RNC and was completed on 10/26/15 with scheduled licensed nursing staff. Any PRN staff, temporary staff and agency staff have been trained prior to beginning work. Any additional PRN, temporary or agency staff, who will be assigned shifts in the future will receive training and post testing prior to beginning their next shift duties.</p> <p>9. To heighten the nurses' awareness of anti-coagulants and the need to monitor corresponding labs, all anti-coagulants were moved to the nurses MAR for administration by a licensed nurse. Prior to this review, Coumadin/Warfarin, and Lovenox were the only anticoagulants exclusively administered by the nurses. This change was made by the QMN on 10/11/15.</p> <p>10. As part of the QA investigation it was noted that there were documentation omissions/errors on the residents MAR. Omissions/errors in administration of medication and inaccurate documentation regarding obtaining PT/INR on 09/17/15 were identified. LPN #1 inaccurately transcribed the order that should have been</p>	F 282			

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F 282	Continued From page 16 scheduled for 09/17/15 as 10/17/15, on the physicians order, and initialed as 09/17/15 on the MAR. She was issued a final written warning by the DON on 10/11/15, and instructed that she must have a second nurse verify all transcribed orders of any kind. She was further instructed by the DON to have an administrative nurse conduct an additional review. In the absence of a administrative nurse an alternate nurse will be assigned on the assigned shift. (This nurse is not assigned to work weekends). 11. The Regional Nurse Consultant met with LPN #3 on 10/13/15 to discuss documentation omissions on the MAR. LPN #3 was the usual nurse on that unit on her scheduled days, followed a regular routine, and the administration of his medication was a standard part of her routine. She had failed to initial the medication when she administered it. The following day, further discussion was held with Nurse "B" and the Quality Management Specialist. A written warning (disciplinary action) was prepared by the Director of Nursing and was issued on 10/14/15 by the Quality Management Specialist for failure to document medication administration. 12. To monitor ongoing accurate transcription of Coumadin and PT/INR orders as well as other significant medications and corresponding lab monitoring and completion of ordered testing and compliance with care plan as it relates to obtaining labs as ordered. All telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence a member of the administrative nursing team such as the DON, or SDC. The administrative nurse is validating that the order was correctly transcribed on the MAR/TAR.	F 282			

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F 282	Continued From page 17 All orders, lab results, and the Lab Log are being brought to the morning QA meeting to confirm the orders were correctly transcribed from the lab result to the Physician's Order, and that the next scheduled lab was recorded onto the lab schedule accurately. The lab schedule is also being checked confirm that the scheduled testing was obtained, and that results have been received for tests that were previously obtained. On weekends, the charge nurse will have a charge nurse from another hall verify that significant medication labs orders are accurately transcribed and entered on the lab log. If variances are identified, immediate corrective measure will be taken. The day shift charge nurse on each unit will check the lab books on the corresponding units to validate that all labs scheduled to be obtained have been drawn. The weekend on call administrative nurse, will validate that ordered labs have been obtained. Orders received on the weekend that are checked by the charge nurse at the time transcribed, will also be verified through the AQA process the next day. To verify that the monitoring process is effective the Administrator will observe /validate the process three (3) times a week for four (4) weeks, then monthly for twelve (12) weeks. Monthly observation and validation of accuracy will be continued monthly. The Regional Nurse Consultant will validate compliance monthly for three (3) months then quarterly. 13. Charge Nurses will review the MAR with a second charge nurse or CMT to verify that all ordered medications have been addressed either with initials or with an explanation as to why it	F 282			

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F 282	<p>Continued From page 18</p> <p>wasn't completed. Unresolved omissions will be addressed by the charge nurse as medication errors, including physician notification. The AQA team member or Regional Consultant will also do an audit daily including weekends for three (3) weeks of the MARs to verify that all ordered medications have been addressed either with initials or an explanation as to why it wasn't given. After three (3) weeks, if the process is determined to be effectively working by the AQA committee, over site by the AQA team may be reduced to three (3) times a week for six (6) weeks, then weekly if ongoing effectiveness is determined.</p> <p>14. The MDS Coordinator will develop the care plans that reflect the need to obtain and monitor lab values for residents on medications that require titration or monitoring. Additional monitoring will be provided through review of the care plan interventions through the quarterly review by the interdisciplinary care plan team. In the event a concern is identified through the interdisciplinary review, the identified concern will be immediately reported to the DON and Administrator for action. Audit of the care plans of residents receiving significant medications requiring lab monitoring will be conducted monthly for three (3) months and then quarterly for one (1) year by the DON, ADON, or RNC.</p> <p>**The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. Review of the facility's audits completed on 10/11/15 revealed, an audit was completed for all residents receiving Coumadin to validate that PT/INR testing was current. Record reviews for four (4) residents (Residents #3, #7, #8, and #9)</p>	F 282			

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F 282	Continued From page 19 revealed the residents had current PT/INR testing. 2. Review of documentation revealed the QMS and RNC completed an additional audit on 10/24/15. An audit for all residents receiving other significant medications requiring titration and/or lab monitoring to validate that all residents had all current lab results. 3. Review of the care plan audits revealed the MDS Coordinator and MDS Nurse had completed an audit on care plans for all residents receiving warfarin and requiring PT/INR and all revisions were completed. Interview with the MDS Coordinator and the MDS Nurse, on 10/29/15 at 4:14 PM, revealed they both had been educated related to the new changes and would be continuing the audit process along with other members of the AQA team. 4. Review of the Quality Assurance (QA) Meeting Sign in Sheet, revealed on 10/12/15, the Administrator had a meeting with the QA team to identify the root cause of the missed testing and to develop action plans to prevent re-occurrence. Review of the Plan of Action developed in the AQA meeting, revealed there were measurable goals and interventions put in place to prevent future problems with documentation and missed labs. Further review revealed additional information was initiated on 10/24/15 regarding significant medications that require lab monitoring with the AQA team and continued with the remainder of the clinical AQA nurses on their next day worked with completion on 10/26/25. 5. Review of the Lab Results Policy revealed it was revised on 10/12/15, to add clarification of	F 282			

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F 282	Continued From page 20 employee responsibility to ensure a consistent system for obtaining a laboratory test order to transcription and overall tracking of the laboratory process. 6. Review of the protocol for nurses writing orders to reflect changes in medications revealed the protocol was revised to include a second nurse to validate the order was transcribed correctly. 7. Review of the new AQA process for monitoring labs developed on 10/12/15 by the Quality Management Nurse for Anti-coagulant Therapy orders, revealed instructions for monitoring and transcription of labs to reflect changes in Coumadin orders from the physician as well as transcribing the new order in the Lab Book. Further review revealed all telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence a member of the Administrative nursing team. Review of the Sign in Sheet dated 10/13/15, revealed all the clinical members of the AQA team received training and education related to the new lab monitoring procedure. Interviews with the AQA staff (the Clinical Nurse Specialist on 10/30/15 at 3:15 PM and the MDS Coordinator on 10/29/15 at 4:14 PM) revealed they had been inserviced on the new AQA process and had a good understanding of the process and felt comfortable with monitoring the staff. Phone interview with LPN #5/Unit Manager, on 10/29/15 at 5:30 PM, revealed he received in-service from the Administrator and the Quality	F 282			

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F 282	<p>Continued From page 21</p> <p>Management Nurse regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing lab orders and placing them in the lab book. He stated he has been involved in the process of checking nurses' MAR prior to leaving from their assigned shift.</p> <p>Interview with Minimum Data Set (MDS) Coordinator, on 10/29/15 at 4:15 PM, revealed compliance with obtaining lab values for residents' medication will be monitored through the second check by charge nurse and the AQA team. He stated he received in-service from the Administrator and the Quality Management Nurse regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing of lab orders and placing them in the lab book.</p> <p>Interview with the Quality Management Nurse, on 10/29/15 at 2:00 PM, revealed the lab order monitoring process was revised on 10/12/15 to be made a part of the active Abbreviated Quality Assurance (AQA) program. She further stated the AQA meeting will be conducted Monday through Friday except holidays and that during the meeting, the administrative nursing team members will review lab reports, returned labs from Medical Providers on which orders are noted, transcribed orders, and the lab book, to validate that all accurately correspond and are complete.</p> <p>Interview with the Staff Development Coordinator (SDC) on 10/30/15 at 1:30 PM, revealed she received in-service from the Administrator and the</p>	F 282			

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F 282	<p>Continued From page 22</p> <p>Quality Management Nurse regarding their assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing lab orders and placing them in the lab book.</p> <p>Interview with the Director of Nursing (DON), on 10/30/15 at 3:15 PM, revealed she has been actively involved in the AQA process. She further revealed she has received training about the new policies put in place related to the lab monitoring, correctly documenting physician's orders and had been assisting with the training's for all licensed staff. She further revealed the facility will continue the daily monitoring process and the audits even after the documented time frame has passed. She further revealed the facility had implemented all the new changes into the new employee packet for new employees. She further revealed the facility had implemented all the new changes into the new employee packet for new employees and had developed a corrective monitoring check list to aid in the verification process.</p> <p>8. Review of inservice records revealed education was initiated with all licensed nurses regarding the protocol changes on 10/12/15. Follow up education to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses on 10/19/15 and post testing was given to verify comprehension. Review of Sign in sheets from in-services held on 10/12/15, 10/21/15 and 10/23/15 revealed staff was in-serviced on the new lab monitoring procedure.</p> <p>Review of in-service records revealed the</p>	F 282			

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F 282	<p>Continued From page 23</p> <p>education on the lab order completion and monitoring process was initiated on 10/15/15 by the DON and the RNC and was conducted with all licensed staff prior to their next scheduled shift to work. Documented sign in sheets indicated last in-service completed on 10/22/15.</p> <p>Review of sign in sheets revealed, all licensed nurses were provided education by the Regional Nurse Specialists on 10/19/15 on the need to accurately follow the residents' plan of care and nurses not available for education were being trained prior to being allowed to work.</p> <p>Reviewed sign in sheet for in-service education with licensed staff and Certified Medication Technicians related to proper documentation following professional standards initiated on 10/13/15 and completed 10/23/15.</p> <p>Interviews on 10/29/15 with LPN #11 at 5:03 PM, LPN #5 at 5:30 PM, RN #3 at 4:52 PM, RN #1 at 3:32 PM, LPN #12 at 4:00 PM and RN #2 on at 4:52 PM; and, on 10/30/15 with LPN #7 at 2:40 PM, LPN #10 at 8:40 AM, CMT #5 at 9:00 AM, CMT #6 at 9:05 AM and LPN #8 at 11:15 AM, revealed they had been in-serviced on the new policies and that audits were being completed by the AQA staff members. All staff interviewed verified they had completed a post test as indicated in the AOC. The staff interviewed revealed they were completing the verification checks with another staff member at the change of shift as outlined in the facility's plan.</p> <p>Interview with LPN #1, on 10/15/15 at 4:00 PM, revealed she was required to have another nurse check her work after she transcribes or carries out any type of physicians order. She stated she</p>	F 282			

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F 282	<p>Continued From page 24</p> <p>was required to have another nurse check her MAR at the end of her shift as well as she is required to check the other nurses MAR prior to being able to leave for the day.</p> <p>Interview with LPN #11, on 10/29/15 at 5:03 PM, revealed she currently works 6:30 AM to 6:30 PM, and has been employed by the facility for one and half (1.5) years. She stated she had been in-serviced on the new policy put in place related to documentation of lab orders, transcribing the orders as well as documenting in the lab book. She further stated she has been checking the other nurses MAR each shift prior to leaving for the day and has also observed a member of the AQA team checking MARS after the checks have been completed by the licensed staff.</p> <p>Interview with RN #2, on 10/29/15 at 4:52 PM, revealed she has been in-service on the new policy related to Coumadin administration, medication documentation, as well as transcribing new orders. She stated she is also checking the other nurses MAR's for documentation issues prior to leaving for the day as well as having her MAR checked. She further stated the Administrative nurse is checking behind the nurses each day to make sure they are completing the documentation and and the labs are being done as scheduled.</p> <p>Interview with CMT #4, on 10/30/15 at 9:15 AM, revealed she is currently employed by the facility on a PRN (when ever needed) basis. She stated she has been in-serviced on the new policies put in place related to Coumadin administration, documentation on the MAR as well as checking the MAR after the end of your shift. She further stated staff are not allowed to leave at the end of</p>	F 282			

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F 282	<p>Continued From page 25</p> <p>the shift until the MAR is checked by an Administrative Nurse.</p> <p>Interview with LPN #3, on 10/30/15 at 10:40 AM, revealed she had been in-serviced on the new policies related to Coumadin administration as well as transcribing lab orders and placing orders in the lab book. She stated she is required to have another nurse verify all the orders she transcribes as well as all lab orders placed in the lab book. She further stated administrative staff check on the MARs on the weekends and staff are required to count the Coumadin pills at the end of each shift and document on a sign out page.</p> <p>Interview with LPN #6, on 10/30/15 at 12:00 PM, revealed she currently works 7:00 PM to 7:00 AM shift. She stated she had been in-serviced on the new policy changes related to Coumadin administration as well as documentation and transcribing physician's orders and putting orders in the lab book. She further stated staff was required to have another nurse check the MAR prior to leaving at the end of the shift as well as by an administrative nurse. She stated, "The new changes have made you pay more attention to detail to ensure your work is completed as ordered by the medical provider."</p> <p>Interview with the Quality Management Nurse, on 10/29/15 at 2:00 PM, revealed Licensed Staff Nurses were all educated to have another licensed charge nurse validate their lab reports and transcribed orders, and the lab book all accurately correspond and are completed on the weekends and holidays.</p> <p>9. Interviews on 10/29/15 with LPN #11 at 5:03</p>	F 282			

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F 282	<p>Continued From page 26</p> <p>PM, LPN #5 at 5:30 PM, RN #3 at 4:52 PM, RN #1 at 3:32 PM, LPN #12 at 4:00 PM and RN #2 on at 4:52 PM; and, on 10/30/15 with LPN #7 at 2:40 PM, LPN #10 at 8:40 AM, CMT #5 at 9:00 AM, and LPN #8 at 11:15 AM, revealed all anti-coagulants were moved to a nurses MAR, for administration by a licensed nurse.</p> <p>10. Interview with LPN #1, on 10/15/15 at 4:00 PM, revealed she was required to have another nurse check her work after she transcribes or carries out any type of physician's order. She stated she is required to have another nurse check her MAR at the end of her shift as well as she is to check the other nurses MAR's prior to being able to leave for the day.</p> <p>11. Phone interview with LPN #3, on 10/30/15 AT 10:40 AM, revealed she was required to have another nurse check her documentation on the MAR at the end of her shift as well as check the other nurses MAR. She further revealed that a Administrative nurse also has to check the MAR's before they can leave. She further revealed any blanks on the MAR's are being treated as medication errors.</p> <p>12. Interview with Administrator and DON, on 10/30/15 at 3:15 PM, revealed they have started the AQA process daily by bringing the lab sheet along with the lab book and the residents medical record in the meeting each morning. They stated they are auditing the written physicians orders as well as lab orders and the lab log daily. They revealed if the orders are not written specifically as inserviced the employee is being re-inserviced at that time.</p> <p>Interview with Director of Nursing (DON), on</p>	F 282			

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F 282	<p>Continued From page 27</p> <p>10/30/15 at 3:15 PM, revealed she has been actively involved in the AQA process and the facility will continue the daily monitoring process and the audits even after the documented time frame has passed.</p> <p>Interview with the Administrator, on 10/30/15 at 3:00 PM, revealed she will complete monitoring three (3) times a week for four (4) weeks, then weekly for twelve (12) weeks and then monthly. She further revealed the RNC will validate compliance monthly for three (3) months then quarterly. She continued to reveal she has been involved in the AQA process and has also been involved in the education and training of staff members related to the new interventions put in place.</p> <p>13. Review of documentation revealed MAR reviews were being completed daily on each shift by the Charge Nurse or CMT to verify all ordered medications have been addressed either with an initial, or with explanation as to why it wasn't completed. Further review revealed an AQA team member or Regional Consultant was monitoring all MAR's daily to verify that shift to shift checks are occurring and are effective.</p> <p>Interview with LPN #5/Unit Manager, on 10/29/15 at 5:30 PM, revealed he has been assisting with the audits by helping to verify the MAR's are initialed at the end of each shift and by ensuring all lab orders when transcribed are placed on the lab book.</p> <p>Interview with the Social Services Director, on 10/30/15 at 1:20 PM, revealed she had been assisting with the audits that were being done daily. She further revealed she has been</p>	F 282			

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F 282	Continued From page 28 completing audits one (1) to two (2) times a day, by checking the medication carts to make sure they were locked, looking at the MARs and Tars to ensure documentation was being completed and if she noticed anything questionable she verifies with the nurses. Interview with Administrator and DON, on 10/30/15 at 3:15 PM, revealed they were continuing to check the MARs daily including weekends for documentation errors. 14. Interview with the Minimum Data Set (MDS) Coordinator, on 10/29/15 at 4:15 PM, revealed he was responsible for developing the care plans that reflected the need to obtain and monitor lab values for residents on medications that require titration or monitoring. Record reviews completed on Resident #3, #7, #8 and #9, revealed PT/INR tests were completed as ordered by the medical provider. Review of the lab book for each resident revealed all future labs were documented and ordered per facility policy. Review of written Physician's Orders revealed all orders were written as described in the new policy and procedure. Residents' care plans had interventions in place to monitor labs as ordered by the medical provider as well as to administer medication as ordered. Each residents' MAR was reviewed for documentation of medication being administered with no concerns noted related to missing documentation. Further review of faxed lab results revealed the medical provider had been notified of lab results in a timely manner per the facility policy.	F 282			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2015
NAME OF PROVIDER OR SUPPLIER CREEKWOOD PLACE NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 107 BOYLES DRIVE RUSSELLVILLE, KY 42276		
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F 323 SS=D	Continued From page 29 HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility policy and procedures it was determined the facility failed to provide a safe environment for residents, staff and the public when one (1) of two (2) medication carts (300 wing) was left unlocked and unattended. Review of the facility's "Residents Who Wander List" provided by the facility revealed there were eight (8) residents in the facility, who wandered. The findings include: Review of the facility's policy titled, "Long Term Care (LTC) Facility's Pharmacy Services and Procedures Manual 6.0", last revised 01/01/13, revealed the facility should ensure that medication carts were always locked when out of sight or unattended. Observation during a medication pass on the 300 Wing with Registered Nurse (RN) #1, on 10/14/15 at 5:15 PM through 5:45 PM, revealed the medication cart was left unattended at 5:15 PM, 5:18 PM, 5:24 PM, 5:26 PM, 5:30 PM, and 5:45 PM when the nurse left the cart to administer	F 323	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES It is the practice of this facility to ensure that the residents environment remain as free of hazards as is possible Corrective Action for Residents Affected: The nurse administering medications on 300 hall to Resident # 3 and Resident #7 and the 4 unsampled residents, was provided education on 10/15/15 by the Regional Nurse and on 10/21/15 by the Staff Development Coordinator. She completed a post test on 10/21/15 to validate comprehension of the training. She was monitored during multiple observations by Director of Nursing, Staff Development Coordinator, Regional Nurse, and Quality Management Nurses to observe for continued concerns following education. How other residents with potential to be affected are identified: Unannounced rounds by Director of Nursing, Staff Development Coordinator, Regional Nurse, and Quality Management Nurses to observe unlocked medication carts or for were made on 10/14/15, 10/15/15, 10/16/15, 10/19/15, 10/20/ 15 and 10/21/15 by Director of Nursing, Staff Development Coordinator, Regional Nurse, and Quality Management Nurses to observe for medication carts left unlocked while unattended. Measures or systemic changes put in place to prevent recurrence: Education was initiated with all licensed nurses and Certified Medication Aides/Technicians (CMT) on 10/14/15 by Quality management Nurse to provide retraining that Medication Carts are to be locked with no potentially hazardous items accessible when the cart is unattended. Education was continued with oncoming nurses and Medication Aides by Director of Nursing, Staff Development Coordinator,	12/14/15	

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F 323	Continued From page 30 medications. Interview with RN #1, on 10/14/15 at 5:46 PM, revealed she should always lock the medication cart when going into residents' rooms and she should never leave the medication cart unlocked when unattended. LPN #1 further stated that she had a lazy habit that needed to be broken. Interview with the Director of Nursing (DON), on 10/15/15 at 2:10 PM, revealed she expected the staff passing medication to always lock the medication cart when the cart was out of sight. Interview with the Administrator, on 10/15/15 at 4:35 PM, revealed she expected the medication cart to be locked when unattended, unless the medication cart was in full view. She stated there was the possibility of someone gaining access to the cart if left unattended and unlocked.	F 323	F323 (CONTINUED) Unit Manger, Regional or Quality Management Nurse. A post test was administered from 10/19/15 to 10/27/15, to verify comprehension. This training is being provided to newly hired nurses and CMTs as part of orientation by the Staff Development Coordinator (SDC), Assistant Director of Nursing (ADON) or Director of Nursing (DON). Monitoring measures to assure solutions are sustained : Unannounced rounds will be conducted by the DON, ADON, SDC, Unit Managers, Regional Nurses or other assigned member of the QA Committee, to validate that the Medication Cart is locked when unattended. These rounds will be conducted 3 x weekly for 4 weeks to include all shifts and weekends, and then weekly for 8 weeks on varying shifts. Findings of these rounds will be reported to members of the Quality Assurance committee (Administrator, Director of Nursing, Assistant Director of Nursing, Unit Manager and/or SDC). Based on the findings the committee will determine if the frequency may be decreased to monthly for six months.		
F 329 SS=J	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition	F 329			

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F 329	Continued From page 31 as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on interview, record review, facility policy and procedure review, and hospital record review, it was determined the facility failed to have an effective system in place to ensure drug level monitoring was completed as ordered for residents who were on Coumadin Therapy (anticoagulant/blood thinner) for two (2) of seven (7) sampled residents (Resident #1 and Resident #3). Resident #1 was receiving Coumadin 9 milligrams (mg) each Monday, Tuesday, Thursday, Friday, and Sunday; and 10 mg each Wednesday and Saturday. On 09/10/15, Resident #1's Physician ordered a Protime (PT)/International Normalized Ratio (INR) to be completed in one (1) week (09/17/15) due to the resident's PT/INR level being below therapeutic level; however, the nurse documented in the lab book to draw the PT/INR on 10/17/15 (five (5) weeks later) instead of 09/17/15. The facility's system to check the laboratory orders to ensure the labs were obtained as ordered by the physician was ineffective as it failed to identify the nurse's transcription error. On 10/10/15, Resident #1 was admitted to the hospital with a	F 329	F329 483.25(f) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Corrective Action for Residents Affected: Resident #1 was no longer a resident of the facility, so no additional action could be taken. On 10/11/15 Resident # 3's record was reviewed by the Director of Nursing and it was noted that her currently ordered labs had been obtained and her PT/INR results had been reported to the physician. How other residents with potential to be affected are identified: On 10/11/15 an audit was conducted by the Director of Nursing (DON) and Quality Management Nurse (QMS) for all residents receiving warfarin to validate that PT/INR testing was current. PT/INR testing from 8/1/15 to 10/11/15 was reviewed to validate that residents all had current PT/INR tests. It was through this audit that it was identified Resident #3 had missed her ordered test for 8/31/15. An additional audit was conducted on 10/24/15 by the Quality Management Nurse (QMS) and the Regional Nurse Consultant for all residents receiving other significant medications requiring titration and/or lab monitoring from to validate that residents had all current ordered lab tests. All residents having orders for monitoring of significant medications had current results. Measures or systemic changes put in place to prevent recurrence: A new protocol was developed on 10/12/15 by the Quality Management Nurse for writing orders to reflect changes in warfarin/Coumadin orders. The process includes: discontinuance of the previous order, if not continued, new dose clearly stated, frequency/interval for next required	12/14/15	

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F 329	<p>Continued From page 32</p> <p>diagnosis of Severe Cerebral Vascular Accident (CVA/ stroke) and Resident #1's PT/INR at the hospital was below therapeutic range. Resident #1 expired at the hospital on 10/11/15.</p> <p>Resident #3 was receiving Coumadin 3 mg daily. On 08/17/15, Resident #3's Physician ordered to recheck the resident's PT/INR on 08/31/15, however, the lab was not completed. The facility's system to ensure lab orders were obtained as ordered was ineffective as they failed to identify the lab was not completed on 08/31/15.</p> <p>The facility's system for ensuring Laboratory Tests were obtained as ordered was ineffective as they failed to identify Resident #1's order was not transcribed as ordered and failed to identify Resident #3's lab was not obtained.</p> <p>The facility's failure to ensure their system of monitoring Coumadin levels per Physician's orders was effective has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 10/19/15 and determined to exist on 08/31/15. The facility was notified of the Immediate Jeopardy on 10/19/15. An acceptable Allegation of Compliance (AoC) was received on 10/29/15.</p> <p>The State Survey Agency validated the AoC and determined Immediate Jeopardy was removed on 10/27/15. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p>	F 329	F 329 (continued)		
			<p>Test and the date scheduled to meet that frequency. Education was initiated with all licensed nurses regarding this protocol change on 10/12/15, by the Quality Management Nurse (QMS), the Director of Nursing (DON), the Staff Development Coordinator (SDC) and Regional Nurse Consultant. Follow-up education, to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses by regional nurse consultants on 10/19/15 and post testing was given to verify comprehension. All licensed nurses have completed education except those on leave or PRN staff who ave not been available for work or training. Any temporary or agency personnel will be trained prior to being allowed to work. The lab order monitoring process was revised by the Quality Management Nurse on 10/12/15 to be made a part of the active Abbreviated Quality Assurance (AQA) program. The Abbreviated Quality Assurance (AQA) meeting is conducted Monday through Friday except holidays. During the AQA meeting, the administrative nursing team members (Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, or Unit Manager) will review lab reports, returned labs from MDs on which orders are noted, transcribed orders, and the lab book, to validate that all accurately correspond and are complete. The Abbreviated Quality Assurance Committee (AQA) members involved with the clinical AQA review (The Director of Nursing (DON), the Unit Manager, and the Staff Development Coordinator (SDC) were educated on this process by the Administrator on 10/13/15. The newly hired Assistant Director of Nursing (ADON) will be educated by the Director of Nursing (DON) on this process prior to beginning work. Licensed charge nurses were educated to</p>		

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F 329	<p>Continued From page 33</p> <p>Review of the facility's policy titled, "Lab Results Process", not dated, revealed when an order is obtained for a lab test, the nurse who received the order is responsible for placing the lab on the lab book on the corresponding dated page. When an order is received from the lab result, the nurse is to note the lab and then file the lab in the chart under "LAB". The nurse is to transcribe any medication change on to the MAR as indicated and schedule the next ordered labs as indicated. Phone orders will be brought into each Abbreviated Quality Assurance (AQA) meeting along with the lab book and the charts. During the AQA process, the lab book will be checked according to the lab orders to verify the lab was placed on the correct day. The previous day's lab orders on the lab book will also be checked to verify they were completed.</p> <p>1. A closed record review revealed the facility admitted Resident #1 on 11/26/13 with diagnoses which included Congestive Heart Failure, Cerebrovascular Disease, Hemiplegia Dominant Side, Gastrostomy, Aphasia, Hypertension, Cerebral Vascular Accident, and Diabetes Mellitus Type II.</p> <p>Review of the Annual Minimum Data Set (MDS) assessment, dated 09/22/15, revealed the facility assessed Resident #1's cognition to be intact with a Brief Interview for Mental Status (BIMS) score of fifteen (15), indicating the resident was interviewable.</p> <p>Review of the Physician's Orders, dated 09/10/15, revealed the resident received Coumadin nine (9) milligrams (mg) each Monday, Tuesday, Thursday, Friday, and Sunday; and 10 mg each Wednesday and Saturday. Review of</p>	F 329	<p>F 329 (continued)</p> <p>have another licensed charge nurse validate their lab reports, transcribed orders, and lab book all accurately correspond and are complete on the weekends and holidays. Routine Labs are not scheduled for weekends or holidays, so only stats or follow-up labs will be scheduled. The on call administrative nurse (Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator and Unit Managers) for the weekend or holiday will validate that all stat or follow-up labs that are ordered are scheduled and obtained. On the following working day, the AQA Clinical team will review the labs results, schedule and orders to verify that all that all orders and results were correctly scheduled, obtained, results received, communicated to physician and orders correctly transcribed.</p> <p>The education on the lab order completion and monitoring process was initiated on 10/15/15 by the DON and Regional Nurse Consultant and will be conducted with licensed staff by the Staff Development Coordinator (SDC), the Director of Nursing (DON), or Quality Management Nurse (QMS) prior to their next shift worked. Education will include agency and temporary staff. The Administrator reviewed the lab order monitoring process with the Medical Director on 10/15/15. All education was added to the orientation materials for newly hired licensed nurses.</p> <p>A list of significant medications requiring lab monitoring was obtained from the consultant pharmacist on 10/21/15 and was posted at the nurses station, on the nurses clipboards, and in the front of each MAR, by the regional nurse consultant. The consultant pharmacist will review for the presence of lab monitoring for these medications during her monthly reviews. Education with the SDC regarding</p>		

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F 329	<p>Continued From page 34</p> <p>the September 2015 Medication Administration Record (MAR), revealed the resident was receiving Coumadin six (6) mg tablet and a three (3) mg tablet once daily, on Mondays, Tuesdays, Thursdays, Fridays and Sundays; and, ten (10) mg tablet once daily on Wednesdays and Saturdays.</p> <p>Review of the Comprehensive Care Plan related to Resident #1's diagnosis of Atrial Fibrillation and use of Coumadin, last revised 09/23/15, revealed an intervention for staff to obtain labs as ordered and report to the Physician.</p> <p>Review of a Laboratory Report, dated 09/10/15, revealed Resident #1's PT level was 18.4 seconds (normal: 9.0-13.0) and INR was 1.74 (normal 2.0-3.0), which indicated the INR level was not in therapeutic range. The physician documented no change in the Coumadin order, and to repeat the PT/INR test in one (1) week, on 09/17/15.</p> <p>Review of Resident #1's September 2015 MAR revealed the PT/INR was initialed as completed on 09/17/15 by Licensed Practical Nurse (LPN) #1; however, review of the Laboratory Book revealed the nurse documented the lab to be drawn on 10/17/15, instead of 09/17/15. Review of Resident #1's Laboratory Reports revealed no documented evidence the PT/INR was conducted on 09/17/15.</p> <p>Review of Nurses Notes, dated 10/10/15 at 8:00 AM, revealed the resident was sent to the Emergency Room on the morning of 10/10/15 with stroke like symptoms and change in mental status. Review of Resident #1's PT/INR results taken in the Emergency Room on 10/10/15 at</p>	F 329	<p>F329 (continued)</p> <p>monitoring significant medications requiring lab monitoring was initiated on 10/24/15, continued with the DON on 10/25/15 and completed with the MDS nurses on 10/26/15 when they returned to work by regional nurse consultant. The MDS nurses will check for the presence of orders and results with Initial MDS and quarterly reviews.</p> <p>Monitoring measures to assure solutions are sustained :</p> <p>To monitor for ongoing accurate transcription of Coumadin & PT/INR orders as well as other significant medications and corresponding lab monitoring and completion of ordered testing & compliance with care plan as it relates to obtaining labs as ordered:</p> <p>All telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence, a member of the administrative nursing team such as the Director of Nursing or Staff Development Coordinator. The administrative nurse is validating that the order was correctly transcribed to the MAR/TAR. All orders, lab results, and the lab log are being brought to the morning AQA (Abbreviated Quality Assurance) meeting to confirm the order was correctly transcribed from the lab result to the physician's order, and that the next scheduled lab was recorded onto the lab schedule accurately. The lab schedule is also being checked to confirm that the scheduled testing was obtained, and that results have been received for tests that were previously obtained.</p> <p>On weekends, the charge nurse will have a charge nurse from another hall verify that significant medication lab orders are accurately transcribed and entered on the</p>	
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F 329	<p>Continued From page 35</p> <p>8:43 AM, revealed the resident's PT was 13.6 and INR was 1.30 which was below the therapeutic range. Review of the Hospital Records revealed Resident #1 was admitted to the hospital on 10/10/15 and died on 10/11/15 with diagnosis of Massive Cerebrovascular Accident (CVA/stroke).</p> <p>Interview with Licensed Practical Nurse #1, on 10/15/15 at 4:00 PM, revealed the Physician documented on the Laboratory Report to recheck Resident #1's PT/INR in one (1) week, on 09/17/15. Further interview revealed when LPN #1 documented it on the Physician's Order and in the Lab Book she wrote to draw the lab on 10/17/15, instead of on 09/17/15. She stated she was not aware of the error until she was counseled by her Supervisor on 10/12/15.</p> <p>Interview (Post Survey) with LPN #1, on 11/06/15 at 1:20 PM, revealed she did not remember if she had initialed Resident #1's MAR indicating the PT/INR was drawn on 09/17/15, but she usually initials the MAR when the resident's lab results were received; however, there was no evidence of a Laboratory Report for 09/10/15.</p> <p>Interview with the Director of Nursing (DON), on 10/14/15 at 2:30 PM, revealed she was not aware the resident's PT/INR had not been checked on 09/17/15 as ordered until after the resident was sent to the ER on 10/10/15. She stated another nurse had reviewed the resident's chart and identified the order had been transcribed to be obtained on 10/17/15 instead of 09/17/15.</p> <p>Interview (Post Survey) with the DON, on 11/06/15 at 3:00 PM, revealed they were having the AQA Meeting every morning and staff would bring the resident's charts which included the laboratory orders and physician's order. She</p>	F 329	<p>F 329 (continued)</p> <p>lab log. If variances are identified, immediate corrective measures will be taken. The day shift charge nurses on each unit will check the lab books on their corresponding units to validate that all labs scheduled to be obtained have been drawn.</p> <p>Director of Nursing, Staff Development Coordinator, or Unit Managers, will validate that ordered labs have been obtained. Orders received on the weekend that are checked by the charge nurse at the time of transcription, will also be verified through the Abbreviated Quality Assurance (AQA) process on the next working day.</p> <p>To verify that the monitoring process is effective the Administrator will observe /validate the process 3 x per week for 4-weeks, then weekly for 12 weeks. Monthly observation and validation of accuracy will be continued monthly. The regional nurse consultant will validate compliance monthly for 3 months then quarterly.</p>		

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F 329	<p>Continued From page 36</p> <p>stated Resident #1's (09/17/15) lab order was not identified because the nurse had documented the Physician's Order to be completed on 10/17/15, so when they compared the Physician's Order to the Lab Book the orders matched. She stated they did not look at the Laboratory Report to compare with the physician's orders.</p> <p>Interview with the Quality Consultant Manager, on 10/14/15 at 2:30 PM and 3:00 PM, revealed Resident #1's PT/INR was not drawn on 09/17/15 as ordered, because the nurse (LPN #1) transcribed the order to the Lab Book as due on 10/17/15, instead of 09/17/15. She stated the Unit Managers were responsible for checking the lab book daily to ensure labs were completed.</p> <p>Interview (Post Survey) with LPN #5/Unit Manager, on 10/29/15 at 5:30 PM, revealed he was responsible for checking the lab orders to ensure any order written was transcribed to the Lab Book and to make sure they followed up on all labs. He stated at the time of the residents' missed labs he had transferred to another position and he did not know who was responsible for checking the lab book at that time.</p> <p>Interview with Resident #1's Physician, on 10/15/15 at 1:40 PM, revealed he tried to keep the resident's INR blood levels between 2.0 and 3.0. He stated if the resident's level was too low for a long period of time, this could have contributed to the resident's CVA. He further stated he didn't know what the resident's PT/INR level was prior to going to the Emergency Room because the resident did not get the lab test that was ordered on 09/17/15. Resident #1's Physician stated that missing the ordered lab test could have affected the resident's PT/INR level.</p>	F 329		

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F 329	<p>Continued From page 37</p> <p>Continued interview revealed he had been monitoring the resident's lab levels weekly due to fluctuations in the resident's levels. He stated he expected the facility to have a tracking system in place to ensure the Laboratory Book and the Medication Administration Record (MAR) were accurate. After reviewing the resident's PT/INR level completed in the ER on 10/10/15, the Physician stated the level was sub-therapeutic.</p> <p>2. Record review revealed the facility admitted Resident #3 on 01/18/13 with diagnoses which included History of Vein Thrombosis/Embolus, Embolus, Deep Low Extremity, and Filter Placement Right Femoral Artery. Review of the Annual Minimum Data Set (MDS) Assessment, dated 08/25/15, revealed the resident's cognition was intact with a BIMS score of thirteen (13), indicating the resident was interviewable.</p> <p>Review of the Comprehensive Care Plan related to the resident's Anticoagulant Therapy and use of Coumadin, dated 03/22/15, revealed an intervention to obtain labs as ordered and to report lab results to Physician.</p> <p>Review of the Physician's Orders, dated 08/2015, revealed an order for Coumadin 3 mg daily. Review of the August 2015 MAR revealed Resident #3 was receiving Coumadin 3 mg daily as ordered.</p> <p>Review of a Laboratory Report, dated 08/17/15, revealed Resident #3's PT was 25.7 which was high and the INR was 2.40 which was therapeutic (normal 2.0-3.0). Further review of the report and review of a Physician's Order, dated 08/19/15, revealed the Physician wrote an order to repeat the PT/INR on 08/31/15. Review of the Lab Book</p>	F 329			

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F 329	<p>Continued From page 38</p> <p>revealed the PT/INR was documented to be completed on 08/31/15; however, further review of lab reports revealed no documented evidence the lab work was completed as ordered.</p> <p>Further review revealed a Physician's Order, dated 09/27/15, to administer Augmentin (antibiotic) 500 mg twice a day times ten (10) days. Review of a Pharmacy Recommendation, dated 09/27/15, revealed recommendations to monitor for an increase in hypoprothrombinemic (deficiency of blood clotting factor in the blood) response to anticoagulants during administration of penicillin.</p> <p>Review of a Physician's Order, dated 09/29/15; the September and October 2015 MAR; and, the Lab Book revealed to "repeat the PT/INR every three (3) days until 10/4/15 (09/30/15 and 10/03/15)" from the date antibiotic was started on 09/27/15. However, review of Resident #3's Laboratory Reports revealed a PT/INR was not completed on 09/30/15 as ordered.</p> <p>Interview with the Director of Nursing (DON), on 10/14/15 at 2:40 PM; and, on 10/19/15 at 1:00 PM, revealed the facility completed an audit of all residents receiving Coumadin on 10/12/15, and identified Resident #3 had went a period without lab monitoring being completed as ordered. The DON stated Resident #3's PT/INR that was ordered for 08/31/15 was missed and the next one was not drawn until 10/03/15. The DON stated they had attempted to call Resident #3's Physician and he was scheduled to make rounds at the facility on 10/15/15 (next day). The DON said they were unable to find the cause of the error. She stated she did not review Resident #3's chart after she received the Pharmacist's</p>	F 329			

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F 329	<p>Continued From page 39</p> <p>Recommendation to repeat the PT/INR on 09/29/15, because it was a recommendation based on medication being administered not the facility's failure to obtain labs. Review of Lab Report, dated on 10/03/15, revealed Resident #3's PT 22.9 and INR was 2.15 which was a therapeutic level.</p> <p>Interview with the Quality Management Consultant, on 10/14/15 at 2:30 PM; and, on 10/19/15 at 12:00 noon, revealed the facility was not aware Resident #3's PT/INR level had not been completed as ordered on 08/31/15 until they completed an audit of all residents receiving Coumadin on 10/12/15. She stated when the facility receives an order for a lab test, it is then transcribed on to a phone order, and the nurse taking the order is responsible for placing the order in the Lab Book, as well as documenting the order on the resident's MAR. She further revealed a lab person comes from the hospital and draws the resident's blood on scheduled lab days and if the test is ordered on a day that is not a scheduled lab day the nurse is responsible for doing the blood draw. She further stated after the results were sent from the lab, the nurse is responsible for faxing the results to the medical provider and following up with any orders written on the lab result printout. She stated the Unit Managers were responsible to review the Lab Book daily and report to the morning meeting if all labs were completed. They would compare the physician's order with the Lab Book to ensure all entries were made. She stated at that time there may not have been a Unit Manager for that unit. She further revealed when the order was written for Resident #3 to have PT/INRs completed every three (3) days while on antibiotic therapy, the resident had not started the new antibiotic.</p>	F 329			

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F 329	<p>Continued From page 40</p> <p>However, review of the September 2015 MAR revealed the resident began receiving Penicillin on 09/27/15. She stated the first PT/INR was completed after the resident was on antibiotic therapy on 10/03/15 and again on 10/10/15. Further interview revealed she was not aware there were any problems with the PT/INR orders until after they completed the audits on 10/12/15. She stated the facility was going through a transition period with the DON still in orientation and the transitioning of Administrators at the time of the missed labs.</p> <p>Interview with Administrator on 10/14/15 at 4:55 PM, revealed Resident #1 and Resident #3, were both taken care of by the same Physician and the Physician did not always have standing orders for lab work, he will make rounds and then order the lab work at that time.</p> <p>**The facility implemented the following actions to remove the Immediate Jeopardy:</p> <ol style="list-style-type: none"> 1. On 10/11/15, an audit was conducted by the DON and Quality Management Nurse (QMS) on all residents receiving Coumadin to validate that PT/INR testing was current. PT/INR testing from 08/01/15 through 10/11/15 was reviewed to validate that all residents had current PT/INR tests. It was through this audit that it was identified Resident #3 has missed his/her ordered test for 08/31/15. 2. An additional audit was conducted on 10/24/15 by the QMS and Regional Nurse Consultant (RNC) for all residents receiving other significant medications requiring titration and/or lab monitoring to validate that the residents had all 	F 329			

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F 329	<p>Continued From page 41</p> <p>current ordered lab tests with no concerns identified. Any care plan that lacked the need to monitor for these medications were revised by the regional nurse consultant or the QMS at the time.</p> <p>3. An audit was conducted on the care plans of all residents receiving warfarin to assure that all had a care plan problem addressing their use. The care plan of any resident which did not thoroughly address the anticoagulant use was revised. This was completed by the MDS Coordinator and the MDS Nurse on 10/14/15.</p> <p>4. A Quality Assurance meeting was held 10/12/15 by the Administrator with the DON, the Staff Development Coordinator (SDC), the QMN, and the Unit Manager to identify the root cause of the missed testing and to develop action plans to prevent re-occurrence. A call was placed to the Medical Director by the Administrator on 10/12/15 to review the actions planned and the QA findings. Further communication was made daily until the Medical Director was reached on 10/14/15.</p> <p>5. A new protocol was developed on 10/12/15 by the QMN for writing orders to reflect changes in warfarin/coumadin orders. The process includes: discontinuance of the previous order, if not continued, new dose clearly stated, frequency/interval for next required test and the date scheduled to meet that frequency. The Administrator reviewed the new protocol with the Medical Director on 10/15/15.</p> <p>6. Protocol for nurses writing coumadin/warfarin orders as well as other significant medications requiring titration and or laboratory monitoring and documenting was revised to include clearly</p>	F 329	

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F 329	<p>Continued From page 42</p> <p>stating current orders and including both the frequency/interval of testing as well as the scheduled date. The process includes a second nurse validating accurate transcription of the order components.</p> <p>7. The lab order monitoring process was revised by the QMN on 10/12/15 to be made a part of the active Abbreviated Quality Assurance (AQA) Program. The AQA meeting is conducted Monday through Friday except holidays. During the AQA meeting, the administrative nursing team members (DON, ADON, SDC or Unit Manager) will review lab reports, returned labs from the MD on which orders were noted, transcribed orders, and the lab book, to validate that all accurately correspond and were complete. Clinical AQA members will also monitor through the AQA process to verify that orders for PT/INR-anticoagulants are correctly written and scheduled. They were educated in the validation process by the Administrator on 10/13/15. Additional education was initiated on 10/24/15 regarding significant medications that require lab monitoring with the clinical AQA team by the RNC, and continued with the remainder of clinical AQA nurses on their next scheduled day worked with completion on 10/26/15.</p> <p>The new process is as follows:</p> <p>Upon receipt of an order for a lab test, the nurse receiving the order is responsible for placing the lab on the lab book on the corresponding date. If the lab is to be performed on an upcoming month, or is recurring, it will be listed on the future date page. The order, as with other orders will be placed in the AQA box for review in the next AQA meeting.</p>	F 329		

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F 329	<p>Continued From page 43</p> <p>The night shift charge nurse will complete the lab requisitions for the ordered lab on or before the shift which they are due. If the date is designated a lab day a representative from local hospital will come draw the lab. If its not a lab day, the night shift nurse is responsible for drawing the labs and having them delivered to local hospital.</p> <p>All stat labs are to be drawn by the charge nurse on duty or another nurse if difficulty is encountered. If at shift change an on coming charge nurse may draw the specimen. When a lab result is received, the charge nurse recelving the lab result is to fax the results to the physician unless the result is a critical value. If there is a critical valuer, the results will be called to the physician by the charge nurse. After the physician reviews the lab result, he will fax or call the charge nurse to acknowledge and provide new orders as indicated. When an order is written on the lab result, the charge nurse is to write a telephone order containing the order change and any future labs ordered. Anticoagulants should contain both frequency and scheduled date. The nurse will transcribe any medication change on the MAR as indcated and place the ordered test on the appropriate date on the lab book. The accuracy of the transcribed order and the lab book is to be validated by a second nurse. The lab report should be placed in the AQA box and the white and yellow copies of the order in the section designated for orders.</p> <p>If there are no orders when the doctor acknowledges the lab results, the acknowledged results are to be placed in the AQA box for review by the clinical AQA committee. Phone orders and lab results will be brought into each AQA meeting</p>	F 329		

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F 329	<p>Continued From page 44</p> <p>by the DON or Unit Managers along with the lab book and the charts. During the AQA process, the lab book will be checked by the DON, SDC, Unit Managers, ADON, a with the lab orders to verify the lab was placed on the correct scheduled day. Previous days lab orders on the lab book will also be checked by the AQA team to verify they were completed and results received.</p> <p>The AQA meeting is conducted Monday through Friday except holidays. Proper completion of lab orders from weekends and holidays will be verified in the next AQA meeting in addition the on-call nurse validate during the weekend and holidays.</p> <p>The on call Administrative Nurse for the weekend or holiday will validate that all stat or follow-up labs that are ordered are scheduled and obtained. On the following working day, the AQA clinical team will review the lab results, schedule and orders to verify that all orders and results are correctly scheduled, obtained, results received, communicated to the physician and orders correctly transcribed.</p> <p>B. Education was initiated with all licensed nurses regarding this protocol change on 10/12/15, by the QMN, the DON, SDC and the Regional Nurse Consultant. Follow-up education to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses by Regional Nurse Consultant on 10/19/15 and post testing was given to verify comprehension. All licensed nurses have completed education except those on leave or PRN staff who have not been available for training. Any temporary or agency personal will be trained prior to being allowed to return to work.</p>	F 329		

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F 329	<p>Continued From page 45</p> <p>Education was initiated by the QMS, DON, SDC, RNC with licensed nurses regarding anticoagulant orders and the required components to be included in the transcribed physician's order. The education was completed with scheduled nurses on 10/16/15. Any PRN staff, temporary staff and agency staff have been trained prior to beginning work. The written order is to include: Discontinuing the current dosage if there is to be a change, new order or statement to continue current dosage, the interval or frequency for future testing and the date that treating is to be done. Follow-up education with licensed staff regarding anti-coagulant orders and the required components to be included in the transcribed physician's order was started on 10/19/15, by the RNC and post testing was given to verify comprehension.</p> <p>To further validate comprehension beginning on the night shift on 10/25/15, nurses were required to successfully complete a packet demonstrating accurate transcription of three (3) sampled lab results of values impacted by high risk medications. Testing is ongoing, no staff members, to include temporary staff or agency staff, will be allowed to work prior to completing competency testing. The education on the lab order completion and monitoring process will be conducted with licensed staff by the SDC, DON, or QMN prior to the next shift worked. Education will include agency and temporary staff.</p> <p>Education with Nurses and Certified Medication Technicians (CMTs) was initiated 10/13/15 regarding accurate documentation on Medication Administration Records (MAR). This education has been provided by the Staff Development Coordinator (SDC), DON, QMS and the Regional</p>	F 329			

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F 329	<p>Continued From page 46</p> <p>Nurse Consultant. CMTs and licensed nurses were educated to document in accordance with professional standards and to complete documentation immediately following delivery of the medication. They are to review documentation at the end of their shift with the oncoming staff member or peer. If documentation omissions are identified, the nurse/CMT may document only if they recall with certainty that the medication was provided. If the medication was missed they are to contact the MD and follow the medication error process and physician's actions that are ordered. This education has been ongoing and will continue with oncoming staff prior to their next shift worked to include temporary or agency staff. PRN staff who have not been available for education were sent a letter by the SDC on 10/23/15 explaining that they must complete education prior to working again. They will also be required to demonstrate competency.</p> <p>Education reinforcing the requirement to review MAR/TAR, and initial to signify the administration of the medication or task after it is completed was initiated by the DON, QMS, SDC, RNC on 10/12/15. Follow up education was started on 10/19/15 by the RNC and was completed on 10/26/15 with scheduled licensed nursing staff. Any PRN staff, temporary staff and agency staff have been trained prior to beginning work. Any additional PRN, temporary or agency staff ,who will be assigned shifts in the future will receive training and post testing prior to beginning their next shift duties.</p> <p>9. To heighten the nurses' awareness of anti-coagulants and the need to monitor corresponding labs, all anti-coagulants were</p>	F 329		

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F 329	<p>Continued From page 47</p> <p>moved to the nurses MAR for administration by a licensed nurse. Prior to this review, Coumadin/Warfarin, and Lovenox were the only anticoagulants exclusively administered by the nurses. This change was made by the QMN on 10/11/15.</p> <p>10. As part of the QA investigation it was noted that there were documentation omissions/errors on the residents MAR. Omissions/errors in administration of medication and inaccurate documentation regarding obtaining PT/INR on 09/17/15 were identified. LPN #1 inaccurately transcribed the order that should have been scheduled for 09/17/15 as 10/17/15, on the physicians order, and initialed as 09/17/15 on the MAR. She was issued a final written warning by the DON on 10/11/15, and instructed that she must have a second nurse verify all transcribed orders of any kind. She was further instructed by the DON to have an administrative nurse conduct an additional review. In the absence of a administrative nurse an alternate nurse will be assigned on the assigned shift. (This nurse is not assigned to work weekends).</p> <p>11. The Regional Nurse Consultant met with LPN #3 on 10/13/15 to discuss documentation omissions on the MAR. LPN #3 was the usual nurse on that unit on her scheduled days, followed a regular routine, and the administration of his medication was a standard part of her routine. She had failed to initial the medication when she administered it. The following day, further discussion was held with Nurse "B" and the Quality Management Specialist. A written warning (disciplinary action) was prepared by the Director of Nursing and was issued on 10/14/15 by the Quality Management Specialist for failure</p>	F 329			

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F 329	<p>Continued From page 48 to document medication administration.</p> <p>12. To monitor ongoing accurate transcription of Coumadin and PT/INR orders as well as other significant medications and corresponding lab monitoring and completion of ordered testing and compliance with care plan as it relates to obtaining labs as ordered. All telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence a member of the administrative nursing team such as the DON, or SDC. The administrative nurse is validating that the order was correctly transcribed on the MAR/TAR.</p> <p>All orders, lab results, and the Lab Log are being brought to the morning QA meeting to confirm the orders were correctly transcribed from the lab result to the Physician's Order, and that the next scheduled lab was recorded onto the lab schedule accurately. The lab schedule is also being checked confirm that the scheduled testing was obtained, and that results have been received for tests that were previously obtained.</p> <p>On weekends, the charge nurse will have a charge nurse from another hall verify that significant medication labs orders are accurately transcribed and entered on the lab log. If variances are identified, immediate corrective measure will be taken. The day shift charge nurse on each unit will check the lab books on the corresponding units to validate that all labs scheduled to be obtained have been drawn. The weekend on call administrative nurse, will validate that ordered labs have been obtained. Orders received on the weekend that are checked by the charge nurse at the time transcribed, will also be verified through the AQA process the next day.</p>	F 329			

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F 329	Continued From page 49 To verify that the monitoring process is effective the Administrator will observe /validate the process three (3) times a week for four (4) weeks, then monthly for twelve (12) weeks. Monthly observation and validation of accuracy will be continued monthly. The Regional Nurse Consultant will validate compliance monthly for three (3) months then quarterly. 13. Charge Nurses will review the MAR with a second charge nurse or CMT to verify that all ordered medications have been addressed either with initials or with an explanation as to why it wasn't completed. Unresolved omlssions will be addressed by the charge nurse as medication errors, including physician notification. The AQA team member or Regional Consultant will also do an audit daily including weekends for three (3) weeks of the MARs to verify that all ordered medications have been addressed either with initials or an explanation as to why it wasn't given After three (3) weeks, if the process is determined to be effectively working by the AQA committee, over site by the AQA team may be reduced to three (3) times a week for six (6) weeks, then weekly if ongoing effectiveness is determined. 14. The MDS Coordinator will develop the care plans that reflect the need to obtain and monitor lab values for residents on medications that require titration or monitoring. Additional monitoring will be provided through review of the care plan interventions through the quarterly review by the interdisciplinary care plan team. In the event a concern is identified through the interdisciplinary review, the identified concern will be immediately reported to the DON and	F 329			

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F 329	<p>Continued From page 50</p> <p>Administrator for action. Audit of the care plans of residents receiving significant medications requiring lab monitoring will be conducted monthly for three (3) months and then quarterly for one (1) year by the DON, ADON, or RNC.</p> <p>**The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. Review of the facility's audits completed on 10/11/15 revealed, an audit was completed for all residents receiving Coumadin to validate that PT/INR testing was current. Record reviews for four (4) residents (Residents #3, #7, #8, and #9) revealed the residents had current PT/INR testing.</p> <p>2. Review of documentation revealed the QMS and RNC completed an additional audit on 10/24/15. An audit for all residents receiving other significant medications requiring titration and/or lab monitoring to validate that all residents had all current lab results.</p> <p>3. Review of the care plan audits revealed the MDS Coordinator and MDS Nurse had completed an audit on care plans for all residents receiving warfarin and requiring PT/INR and all revisions were completed. Interview with the MDS Coordinator and the MDS Nurse, on 10/29/15 at 4:14 PM, revealed they both had been educated related to the new changes and would be continuing the audit process along with other members of the AQA team.</p> <p>4. Review of the Quality Assurance (QA) Meeting Sign in Sheet, revealed on 10/12/15, the Administrator had a meeting with the QA team to identify the root cause of the missed testing and</p>	F 329			

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F 329	<p>Continued From page 51</p> <p>to develop action plans to prevent re-occurrence. Review of the Plan of Action developed in the AQA meeting, revealed there were measurable goals and interventions put in place to prevent future problems with documentation and missed labs. Further review revealed additional information was initiated on 10/24/15 regarding significant medications that require lab monitoring with the AQA team and continued with the remainder of the clinical AQA nurses on their next day worked with completion on 10/26/15.</p> <p>5. Review of the Lab Results Policy revealed it was revised on 10/12/15, to add clarification of employee responsibility to ensure a consistent system for obtaining a laboratory test order to transcription and overall tracking of the laboratory process.</p> <p>6. Review of the protocol for nurses writing orders to reflect changes in medications revealed the protocol was revised to include a second nurse to validate the order was transcribed correctly.</p> <p>7. Review of the new AQA process for monitoring labs developed on 10/12/15 by the Quality Management Nurse for Anti-coagulant Therapy orders, revealed instructions for monitoring and transcription of labs to reflect changes in Coumadin orders from the physician as well as transcribing the new order in the Lab Book. Further review revealed all telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence a member of the Administrative nursing team.</p> <p>Review of the Sign in Sheet dated 10/13/15, revealed all the clinical members of the AQA</p>	F 329		

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F 329	<p>Continued From page 52</p> <p>team received training and education related to the new lab monitoring procedure.</p> <p>Interviews with the AQA staff (the Clinical Nurse Specialist on 10/30/15 at 3:15 PM and the MDS Coordinator on 10/29/15 at 4:14 PM) revealed they had been inserviced on the new AQA process and had a good understanding of the process and felt comfortable with monitoring the staff.</p> <p>Phone interview with LPN #5/Unit Manager on 10/29/15 at 5:30 PM, revealed he received In-service from the Administrator and the Quality Management Nurse regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing lab orders and placing them in the lab book. He stated he has been involved in the process of checking nurses' MAR prior to leaving from their assigned shift.</p> <p>Interview with Minimum Data Set (MDS) Coordinator, on 10/29/15 at 4:15 PM, revealed compliance with obtaining lab values for residents' medication will be monitored through the second check by charge nurse and the AQA team. He stated he received in-service from the Administrator and the Quality Management Nurse regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing of lab orders and placing them in the lab book.</p> <p>Interview with the Quality Management Nurse on 10/29/15 at 2:00 PM, revealed the lab order monitoring process was revised on 10/12/15 to be</p>	F 329			

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F 329	Continued From page 53 made a part of the active Abbreviated Quality Assurance (AQA) program. She further stated the AQA meeting will be conducted Monday through Friday except holidays and that during the meeting, the administrative nursing team members will review lab reports, returned labs from Medical Providers on which orders are noted, transcribed orders, and the lab book, to validate that all accurately correspond and are complete. Interview with the Staff Development Coordinator (SDC) on 10/30/15 at 1:30 PM, revealed she received in-service from the Administrator and the Quality Management Nurse regarding their assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing lab orders and placing them in the lab book. Interview with the Director of Nursing (DON) on 10/30/15 at 3:15 PM, revealed she has been actively involved in the AQA process. She further revealed she has received training about the new policies put in place related to the lab monitoring, correctly documenting physician's orders and had been assisting with the training's for all licensed staff. She further revealed the facility will continue the daily monitoring process and the audits even after the documented time frame has passed. She further revealed the facility had implemented all the new changes into the new employee packet for new employees. She further revealed the facility had implemented all the new changes into the new employee packet for new employees and had developed a corrective monitoring check list to aid in the verification process.	F 329			

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F 329	Continued From page 54 8. Review of inservice records revealed education was initiated with all licensed nurses regarding the protocol changes on 10/12/15. Follow up education to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses on 10/19/15 and post testing was given to verify comprehension. Review of Sign in sheets from in-services held on 10/12/15, 10/21/15 and 10/23/15 revealed staff was in-serviced on the new lab monitoring procedure. Review of in-service records revealed the education on the lab order completion and monitoring process was initiated on 10/15/15 by the DON and the RNC and was conducted with all licensed staff prior to their next scheduled shift to work. Documented sign in sheets indicated last in-service completed on 10/22/15. Review of sign in sheets revealed, all licensed nurses were provided education by the Regional Nurse Specialists on 10/19/15 on the need to accurately follow the residents' plan of care and nurses not available for education were being trained prior to being allowed to work. Reviewed sign in sheet for in-service education with licensed staff and Certified Medication Technicians related to proper documentation following professional standards initiated on 10/13/15 and completed 10/23/15. Interviews on 10/29/15 with LPN #11 at 5:03 PM, LPN #5 at 5:30 PM, RN #3 at 4:52 PM, RN #1 at 3:32 PM, LPN #12 at 4:00 PM and RN #2 on at 4:52 PM; and, on 10/30/15 with LPN #7 at 2:40 PM, LPN #10 at 8:40 AM, CMT #5 at 9:00 AM,	F 329			

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F 329	Continued From page 55 CMT #6 at 9:05 AM and LPN #8 at 11:15 AM, revealed they had been in-serviced on the new policies and that audits were being completed by the AQA staff members. All staff interviewed verified they had completed a post test as indicated in the AOC. The staff interviewed revealed they were completing the verification checks with another staff member at the change of shift as outlined in the facility's plan. Interview with LPN #1, on 10/15/15 at 4:00 PM, revealed she was required to have another nurse check her work after she transcribes or carries out any type of physicians order. She stated she was required to have another nurse check her MAR at the end of her shift as well as she is required to check the other nurses MAR prior to being able to leave for the day. Interview with LPN #11, on 10/29/15 at 5:03 PM, revealed she currently works 6:30 AM to 6:30 PM, and has been employed by the facility for one and half (1.5) years. She stated she had been in-serviced on the new policy put in place related to documentation of lab orders, transcribing the orders as well as documenting in the lab book. She further stated she has been checking the other nurses MAR each shift prior to leaving for the day and has also observed a member of the AQA team checking MARS after the checks have been completed by the licensed staff. Interview with RN #2, on 10/29/15 at 4:52 PM, revealed she has been in-service on the new policy related to Coumadin administration, medication documentation, as well as transcribing new orders. She stated she is also checking the other nurses MAR's for documentation issues prior to leaving for the day as well as having her	F 329			

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F 329	<p>Continued From page 58</p> <p>MAR checked. She further stated the Administrative nurse is checking behind the nurses each day to make sure they are completing the documentation and and the labs are being done as scheduled.</p> <p>Interview with CMT #4, on 10/30/15 at 9:15 AM, revealed she is currently employed by the facility on a PRN (when ever needed) basis. She stated she has been in-serviced on the new policies put in place related to Coumadin administration, documentation on the MAR as well as checking the MAR after the end of your shift. She further stated staff are not allowed to leave at the end of the shift until the MAR is checked by an Administrative Nurse.</p> <p>Interview with LPN #3, on 10/30/15 at 10:40 AM, revealed she had been in-serviced on the new policies related to Coumadin administration as well as transcribing lab orders and placing orders in the lab book. She stated she is required to have another nurse verify all the orders she transcribes as well as all lab orders placed in the lab book. She further stated administrative staff check on the MARs on the weekends and staff are required to count the Coumadin pills at the end of each shift and document on a sign out page.</p> <p>Interview with LPN #6, on 10/30/15 at 12:00 PM, revealed she currently works 7:00 PM to 7:00 AM shift. She stated she had been in-serviced on the new policy changes related to Coumadin administration as well as documentation and transcribing physician's orders and putting orders in the lab book. She further stated staff was required to have another nurse check the MAR prior to leaving at the end of the shift as well as</p>	F 329			

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F 329	<p>Continued From page 57</p> <p>by an administrative nurse. She stated, "The new changes have made you pay more attention to detail to ensure your work is completed as ordered by the medical provider."</p> <p>Interview with the Quality Management Nurse, on 10/29/15 at 2:00 PM, revealed Licensed Staff Nurses were all educated to have another licensed charge nurse validate their lab reports and transcribed orders, and the lab book all accurately correspond and are completed on the weekends and holidays.</p> <p>9. Interviews on 10/29/15 with LPN #11 at 5:03 PM, LPN #5 at 5:30 PM, RN #3 at 4:52 PM, RN #1 at 3:32 PM, LPN #12 at 4:00 PM and RN #2 on at 4:52 PM; and, on 10/30/15 with LPN #7 at 2:40 PM, LPN #10 at 8:40 AM, CMT #5 at 9:00 AM, and LPN #8 at 11:15 AM, revealed all anti-coagulants were moved to a nurses MAR, for administration by a licensed nurse.</p> <p>10. Interview with LPN #1, on 10/15/15 at 4:00 PM, revealed she was required to have another nurse check her work after she transcribes or carries out any type of physicians order. She stated she is required to have another nurse check her MAR at the end of her shift as well as she is to check the other nurses MAT prior to being able to leave for the day.</p> <p>11. Phone interview with LPN #3, on 10/30/15 AT 10:40 AM, revealed she was required to have another nurse check her documentation on the MAR at the end of her shift as well as check the other nurses MAR. She further revealed that a Administrative nurse also has to check the MAR's before they can leave. She further revealed any blanks on the MAR's are being treated as</p>	F 329		
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F 329	<p>Continued From page 58 medication errors.</p> <p>12. Interview with Administrator and DON, on 10/30/15 at 3:15 PM, revealed they have started the AQA process daily by bringing the lab sheet along with the lab book and the residents medical record in the meeting each morning. They stated they are auditing the written physicians orders as well as lab orders and the lab log daily. They revealed if the orders are not written specifically as inserviced the employee is being re-inserviced at that time.</p> <p>Interview with Director of Nursing (DON) on 10/30/15 at 3:15 PM, revealed she has been actively involved in the AQA process and the facility will continue the daily monitoring process and the audits even after the documented time frame has passed.</p> <p>Interview with the Administrator, on 10/30/15 at 3:00 PM, revealed she will complete monitoring three (3) times a week for four (4) weeks, then weekly for twelve (12) weeks and then monthly. She further revealed the RNC will validate compliance monthly for three (3) months then quarterly. She continued to reveal she has been involved in the AQA process and has also been involved in the education and training of staff members related to the new interventions put in place.</p> <p>13. Review of documentation revealed MAR reviews were being completed daily on each shift by the Charge Nurse or CMT to verify all ordered medications have been addressed either with an initial, or with explanation as to why it wasn't completed. Further review revealed an AQA team member or Regional Consultant was</p>	F 329		
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F 329	<p>Continued From page 59</p> <p>monitoring all MAR's daily to verify that shift to shift checks are occurring and are effective.</p> <p>Interview with LPN #5/Unit Manager on 10/29/15 at 5:30 PM, revealed he has been assisting with the audits by helping to verify the MAR's are initialed at the end of each shift and by ensuring all lab orders when transcribed are placed on the lab book.</p> <p>Interview with the Social Services Director on 10/30/15 at 1:20 PM, revealed she had been assisting with the audits that were being done daily. She further revealed she has been completing audits one (1) to two (2) times a day, by checking the medication carts to make sure they were locked, looking at the MARs and Tars to ensure documentation was being completed and if she noticed anything questionable she verifies with the nurses.</p> <p>Interview with Administrator and DON, on 10/30/15 at 3:15 PM, revealed they were continuing to check the MARs daily including weekends for documentation errors.</p> <p>14. Interview with the Minimum Data Set (MDS) Coordinator, on 10/29/15 at 4:15 PM, revealed he was responsible for developing the care plans that reflected the need to obtain and monitor lab values for residents on medications that require titration or monitoring.</p> <p>Record reviews completed on Resident #3, #7, #8 and #9, revealed PT/INR tests were completed as ordered by the medical provider. Review of the lab book for each resident revealed all future labs were documented and ordered per facility policy. Review of written</p>	F 329			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2015
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NAME OF PROVIDER OR SUPPLIER CREEKWOOD PLACE NURSING & REHAB CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 BOYLES DRIVE RUSSELLVILLE, KY 42276
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F 329	Continued From page 60 Physician's Orders revealed all orders were written as described in the new policy and procedure. Residents' care plans had interventions in place to monitor labs as ordered by the medical provider as well as to administer medication as ordered. Each residents' MAR was reviewed for documentation of medication being administered with no concerns noted related to missing documentation. Further review of faxed lab results revealed the medial provider had been notified of lab results in a timely manner per the facility policy.	F 329		
F 428 SS-J	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, it was determined the facility failed to ensure the Consultant Pharmacist identified the facility's failure to monitor Protime (PT)/ International Normalized Ratio (INR) related to Coumadin Therapy; and failed to act on the Pharmacist's Recommendations for PT/INRs for two (2) of seven (7) sampled residents (Resident #1 and Resident #3).	F 428		

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F 428	Continued From page 61 Resident #1 was receiving Coumadin nine (9) milligrams (mg) each Monday, Tuesday, Thursday, Friday, and Sunday; and ten (10) mg each Wednesday and Saturday. On 09/10/15, Resident #1's Physician ordered a Protime (PT)/International Normalized Ratio (INR) to be completed in one (1) week (09/17/15) to monitor the resident's Coumadin; however, the facility failed to obtain the PT/INR. The Pharmacist failed to identify the PT/INR was not obtained on 09/17/15 during the Medication Regimen Review on 09/22/15. Resident #1 was admitted to the hospital with a diagnosis of Severe Cerebral Vascular Accident (CVA/ stroke) Resident #1's PT/INR at the hospital was below therapeutic range. Resident #1 expired at the hospital on 10/11/15. Resident #3 was receiving Coumadin three (3) mg daily. On 08/17/15, Resident #3's Physician ordered to recheck the resident's PT/INR on 08/31/15. However, a PT/INR was not completed until 10/03/15. The Pharmacist failed to identify Resident #3's medication was not monitored as ordered during the medication Regimen Review on 09/22/15. In addition, the Pharmacist recommended the resident's Coumadin be monitored every three (3) days (09/30/15 and 10/03/15); however, the facility failed to obtain the PT/INR per the Pharmacist Recommendations and Physician's Orders. The facility's failure to ensure Pharmacist Recommendations were acted upon and the Pharmacist identified when medication was not being monitored has caused or is likely to cause serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on	F 428	F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON It is the routine practice of this facility for the Consultant Pharmacist to review the drug regimen of each resident, make recommendations and for the recommendations to be acted upon. Corrective Action for Residents Affected: Resident #1 was no longer at facility, no further corrective action can be taken. Resident 3# Drug Regimen was reviewed on 10/22/15 and on 11/19/15 by the Consultant Pharmacist. There was no new recommendations in October 2015 and one new recommendation in November 2015. November 2015 recommendation has been submitted to physician for response. How other residents with potential to be affected are identified: A list of significant medications requiring lab monitoring was obtained from the consultant pharmacist on 10/21/15. Medication Administration Records of all residents were reviewed to identify all residents receiving these medications on 10/21/15 by the Regional Nurse Consultant. Lab findings of these residents were reviewed to determine if recommended testing had been completed by Regional Nurse Consultant. The Pharmacy Consultant reviewed residents on medications requiring lab monitoring for titration or adjustment on 11/19/15 & 11/20/15. Measures or systemic changes put in place to prevent recurrence: Education was provided to the Consultant Pharmacist on 11/19/15 by her supervisor, the Clinical Manager, regarding the Drug Regimen Review Process and monitoring of medications requiring titration or lab	12/14/15	

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F 428	<p>Continued From page 62</p> <p>10/19/15 and determined to exist on 08/31/15. The facility was notified of the Immediate Jeopardy on 10/19/15. An acceptable Allegation of Compliance (AoC) was received on 10/29/15.</p> <p>The State Survey Agency validated the AoC and determined Immediate Jeopardy was removed on 10/27/15. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Medication Regimen Review, (effective date 12/01/07), revealed 1.) The Consultant Pharmacist will conduct Medical Record Reviews if required under a Pharmacy Consult Agreement; 2.) Facility should ensure that the Consultant Pharmacist has access to: 2.1) The resident and/or the resident's responsible party; 2.2) The resident's records; 2.2) The resident's laboratory tests; 2.4) Physician/Prescriber Progress Notes, Nurses Notes, and other documents which may assist the Consultant Pharmacist in making a professional judgement as to whether or not irregularities exist in the medication regimen; and any necessary information.</p> <p>Closed record review revealed the facility admitted Resident #1 on 11/26/13 with diagnoses which included Congestive Heart Failure, Cerebrovascular Disease, Hemiplegia Dominant Side, Gastrostomy, Aphasia, Hypertension, Cerebral Vascular Accident, and Diabetes Mellitus Type II.</p>	F 428	<p>F 428 (Continued)</p> <p>monitoring. This education was delivered prior to the Consultant Pharmacist conducting Drug Regimen Reviews in November.</p> <p>Upon completion of review, the Consultant Pharmacist will verbally report any recommendations requiring immediate action (such as a missed PT/INR) to the Director of Nursing or in her absence Assistant Director of Nursing. The verbal report will be followed with the written recommendation after upload to Pharmacy.</p> <p>Upon receipt of Drug Regimen Review reports, a copy will be retained by the Director of Nursing. The original will be submitted to the the physician for review. Upon receipt of recommendations returned by physician, the recommendation will be reviewed by the Abbreviated Quality Assurance Committee, Clinical Team to assure that the physician's response is followed. The Director of Nursing will monitor to identify outstanding recommendations, for need of follow-up.</p> <p>Monitoring measures to assure solutions are sustained :</p> <p>Following the completion of drug regimen reviews, the Clinical Manager will generate a list of residents receiving medications requiring lab monitoring, and note lab testing that will be indicated for those medications. She will audit the recommendations made by the consultant pharmacist to assure that the labs were addressed or are current. This audit will be completed monthly for 3 months to verify that the Consultant Pharmacist is identifying significant medications and making recommendations for labs as indicated. At the conclusion of the 3 months the report will be generated quarterly for 9 months to validate ongoing compliance.</p>	
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F 428	<p>Continued From page 63</p> <p>Review of the Physician's Orders, dated 09/10/15, revealed the resident received Coumadin nine (9) milligrams (mg) each Monday, Tuesday, Thursday, Friday, and Sunday; and ten (10) mg each Wednesday and Saturday.</p> <p>Review of a Laboratory Report, dated 09/10/15, revealed Resident #1's PT level was 18.4 seconds (normal: 9.0-13.0) and INR was 1.74 (normal 2.0-3.0), which indicated the INR level was not in therapeutic range. The physician documented no change in the Coumadin order, and to repeat the PT/INR test in one (1) week, on 09/17/15; however, review of Resident #1's Laboratory Reports revealed there was no PT/INR from 09/10/15 until the resident was sent to the hospital on 10/10/15.</p> <p>Review of the Pharmacist Consultation Report, dated 09/22/15, revealed there was no documented evidence that the Pharmacist had identified the resident's Coumadin was not monitored as ordered.</p> <p>Review of Nurses Notes, dated 10/10/15 at 8:00 AM, revealed the resident was sent to the Emergency Room on the morning of 10/10/15 with stroke like symptoms and a change in his/her mental status. Review of Resident #1's PT/INR results taken in the Emergency Room on 10/10/15 at 8:43 AM, revealed the resident's PT was 13.6; and, his/her INR was 1.30 which was below the therapeutic range. Review of the Hospital Records revealed Resident #1 was admitted to the hospital on 10/10/15 and died on 10/11/15 with diagnosis of Massive Cerebrovascular Accident (CVA/stroke).</p> <p>Interview with the Director of Nursing (DON), on</p>	F 428	F 428 (continued)		

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F 428	<p>Continued From page 64</p> <p>10/14/15 at 2:30 PM, revealed she was not aware the resident's PT/INR had not been checked on 09/17/15 as ordered until after the resident was sent to the ER on 10/10/15. She stated another nurse had reviewed the resident's chart and identified the order had been transcribed to be obtained on 10/17/15 instead of 09/17/15.</p> <p>Interview (Post Survey) with the Pharmacy Manager, on 11/16/15 at 11:30 AM, revealed he was not sure if Coumadin was looked at very closely during the pharmacy audit. He stated someone else at the facility was responsible for following the Coumadin laboratory (lab) due to the frequency of the lab order changes as well as dosage changes.</p> <p>2. Record review revealed the facility admitted Resident #3 on 01/18/13 with diagnoses which included History of Vein Thrombosis/Embolus, Embolus, Deep Low Extremity, and Filter Placement Right Femoral Artery.</p> <p>Review of the Physician's Orders, dated 08/2015, revealed an order for Coumadin three (3) mg daily.</p> <p>Review of a Laboratory Report, dated 08/17/15, revealed Resident #3's PT was 25.7 (normal: 9.0-13.0) which was high and the INR was 2.40 which was therapeutic (normal 2.0-3.0). Further review of the report and review of a Physician's Order, dated 08/19/15, revealed the Physician wrote an order to repeat the PT/INR on 08/31/15; however, review of the laboratory reports revealed Resident #3 did not have a PT/INR conducted until 10/03/15.</p> <p>Review of the Pharmacy Consultation Report,</p>	F 428			

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F 428	<p>Continued From page 65</p> <p>dated 09/22/15, revealed the Pharmacist did not identify the resident had not received a PT/INR since 08/17/15 and the PT/INR ordered for 08/31/15 had not been obtained.</p> <p>Further review revealed a Physician's Order, dated 09/27/15, to administer Augmentin (antibiotic) 500 mg twice a day times ten (10) days. Review of a Pharmacy Recommendation, dated 09/27/15, revealed recommendations to monitor for an increase in hypoprothrombinemic (deficiency of blood clotting factor in the blood) response to anticoagulants during administration of penicillin every three (3) days from the start of the antibiotic.</p> <p>Review of a Physician's Order, dated 09/29/15; revealed to "repeat the PT/INR every three (3) days until 10/04/15 (09/30/15 and 10/03/15)" from the date antibiotic was started on 09/27/15. However, review of Resident #3's Laboratory Reports revealed a PT/INR was not completed on 09/30/15 as recommended by the Pharmacist and ordered by the Physician.</p> <p>Interview with the Director of Nursing (DON), on 10/14/15 at 2:40 PM; and, on 10/19/15 at 1:00 PM, revealed she did not review Resident #3's chart after she received the Pharmacist's Recommendation to repeat the PT/INR on 09/29/15, because it was a recommendation based on medication being administered not the identification of the facility's failure to obtain labs.</p> <p>Interview (Post Survey) with the Clinical Nurse Specialist, on 11/16/15 at 3:00 PM, revealed the Unit Managers were responsible for reviewing the pharmacy recommendations and obtaining the orders. She stated the Pharmacist looked to see</p>	F 428			

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F 428	Continued From page 66 if the resident had a recent lab completed but they were not part of their monitoring system to ensure labs were completed. Interview (Post Survey) with Pharmacy Clinical Manager, on 11/17/15 at 7:40 AM, revealed during the monthly pharmacy review process, she expected the Pharmacist to review the current physician's order to ensure PT/INR levels were being obtained for residents receiving Coumadin. She stated she expected the Pharmacist to review the residents lab results to ensure the lab was completed as ordered and a new order was written for future labs if indicated on the physician's order. She said she expected the facility to have a monitoring system in place to track the residents lab work as well. Interview (Post Survey) with Administrator, on 11/17/15 at 7:40 AM, revealed she expected the pharmacy audits to include the monitoring of critical lab levels (PT/INR) to ensure they are being completed as part of the monthly pharmacy review. The facility implemented the following actions to remove the Immediate Jeopardy: 1. On 10/11/15, an audit was conducted by the DON and Quality Management Nurse (QMS) on all residents receiving Coumadin to validate that PT/INR testing was current. PT/INR testing from 08/01/15 through 10/11/15 was reviewed to validate that all residents had current PT/INR tests. It was through this audit that it was identified Resident #3 has missed his/her ordered test for 08/31/15. 2. An additional audit was conducted on 10/24/15	F 428			

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F 428	Continued From page 67 by the QMS and Regional Nurse Consultant (RNC) for all residents receiving other significant medications requiring titration and/or lab monitoring to validate that the residents had all current ordered lab tests with no concerns identified. Any care plan that lacked the need to monitor for these medications were revised by the regional nurse consultant or the QMS at the time. 3. An audit was conducted on the care plans of all residents receiving warfarin to assure that all had a care plan problem addressing their use. The care plan of any resident which did not thoroughly address the anticoagulant use was revised. This was completed by the MDS Coordinator and the MDS Nurse on 10/14/15. 4. A Quality Assurance meeting was held 10/12/15 by the Administrator with the DON, the Staff Development Coordinator (SDC), the QMN, and the Unit Manager to identify the root cause of the missed testing and to develop action plans to prevent re-occurrence. A call was placed to the Medical Director by the Administrator on 10/12/15 to review the actions planned and the QA findings. Further communication was made daily until the Medical Director was reached on 10/14/15. 5. A new protocol was developed on 10/12/15 by the QMN for writing orders to reflect changes in warfarin/coumadin orders. The process includes: discontinuance of the previous order, if not continued, new dose clearly stated, frequency/interval for next required test and the date scheduled to meet that frequency. The Administrator reviewed the new protocol with the Medical Director on 10/15/15.	F 428			

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F 428	<p>Continued From page 68</p> <p>6. Protocol for nurses writing coumadin/warfarin orders as well as other significant medications requiring titration and or laboratory monitoring and documenting was revised to include clearly stating current orders and including both the frequency/interval of testing as well as the scheduled date. The process includes a second nurse validating accurate transcription of the order components.</p> <p>7. The lab order monitoring process was revised by the QMN on 10/12/15 to be made a part of the active Abbreviated Quality Assurance (AQA) Program. The AQA meeting is conducted Monday through Friday except holidays. During the AQA meeting, the administrative nursing team members (DON, ADON, SDC or Unit Manager) will review lab reports, returned labs from the MD on which orders were noted, transcribed orders, and the lab book, to validate that all accurately correspond and were complete. Clinical AQA members will also monitor through the AQA process to verify that orders for PT/INR-anticoagulants are correctly written and scheduled. They were educated in the validation process by the Administrator on 10/13/15. Additional education was initiated on 10/24/15 regarding significant medications that require lab monitoring with the clinical AQA team by the RNC, and continued with the remainder of clinical AQA nurses on their next scheduled day worked with completion on 10/28/15.</p> <p>The new process is as follows:</p> <p>Upon receipt of an order for a lab test, the nurse receiving the order is responsible for placing the lab on the lab book on the corresponding date. If the lab is to be performed on an upcoming</p>	F 428		
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F 428	<p>Continued From page 69</p> <p>month, or is recurring, it will be listed on the future date page. The order, as with other orders will be placed in the AQA box for review in the next AQA meeting.</p> <p>The night shift charge nurse will complete the lab requisitions for the ordered lab on or before the shift which they are due. If the date is designated a lab day a representative from local hospital will come draw the lab. If its not a lab day, the night shift nurse is responsible for drawing the labs and having them delivered to local hospital.</p> <p>All stat labs are to be drawn by the charge nurse on duty or another nurse if difficulty is encountered. If at shift change an on coming charge nurse may draw the specimen. When a lab result is received, the charge nurse receiving the lab result is to fax the results to the physician unless the result is a critical value. If there is a critical valuer, the results will be called to the physician by the charge nurse. After the physician reviews the lab result, he will fax or call the charge nurse to acknowledge and provide new orders as indicated. When an order is written on the lab result, the charge nurse is to write a telephone order containing the order change and any future labs ordered. Anticoagulants should contain both frequency and scheduled date. The nurse will transcribe any medication change on the MAR as indicated and place the ordered test on the appropriate date on the lab book. The accuracy of the transcribed order and the lab book is to be validated by a second nurse. The lab report should be placed in the AQA box and the white and yellow copies of the order in the section designated for orders.</p> <p>If there are no orders when the doctor</p>	F 428			

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F 428	<p>Continued From page 70</p> <p>acknowledges the lab results, the acknowledged results are to be placed in the AQA box for review by the clinical AQA committee. Phone orders and lab results will be brought into each AQA meeting by the DON or Unit Managers along with the lab book and the charts. During the AQA process, the lab book will be checked by the DON,SDC,Unit Managers,ADON,a with the lab orders to verify the lab was placed on the correct scheduled day. Previous days lab orders on the lab book will also be checked by the AQA team to verify they were completed and results received.</p> <p>The AQA meeting is conducted Monday through Friday except holidays. Proper completion of lab orders from weekends and holidays will be verified in the next AQA meeting in addition the on-call nurse validate during the weekend and holidays.</p> <p>The on call Administrative Nurse for the weekend or holiday will validate that all stat or follow-up labs that are ordered are scheduled and obtained. On the following working day, the AQA clinical team will review the lab results, schedule and orders to verify that all orders and results are correctly scheduled, obtained, results received, communicated to the physician and orders correctly transcribed.</p> <p>8. Education was initiated with all licensed nurses regarding this protocol change on 10/12/15, by the QMN, the DON, SDC and the Regional Nurse Consultant. Follow-up education to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses by Regional Nurse Consultant on 10/19/15 and post testing was given to verify comprehension. All licensed nurses have</p>	F 428		

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F 428	Continued From page 71 completed education except those on leave or PRN staff who have not been available for training. Any temporary or agency personal will be trained prior to being allowed to return to work. Education was initiated by the QMS, DON, SDC, RNC with licensed nurses regarding anticoagulant orders and the required components to be included in the transcribed physician's order. The education was completed with scheduled nurses on 10/16/15. Any PRN staff, temporary staff and agency staff have been trained prior to beginning work. The written order is to include: Discontinuing the current dosage if there is to be a change, new order or statement to continue current dosage, the interval or frequency for future testing and the date that treating is to be done. Follow-up education with licensed staff regarding anti-coagulant orders and the required components to be included in the transcribed physician's order was started on 10/19/15, by the RNC and post testing was given to verify comprehension. To further validate comprehension beginning on the night shift on 10/25/15, nurses were required to successfully complete a packet demonstrating accurate transcription of three (3) sampled lab results of values impacted by high risk medications. Testing is ongoing, no staff members, to include temporary staff or agency staff, will be allowed to work prior to completing competency testing. The education on the lab order completion and monitoring process will be conducted with licensed staff by the SDC, DON, or QMN prior to the next shift worked. Education will include agency and temporary staff. Education with Nurses and Certified Medication Technicians (CMTs) was initiated 10/13/15	F 428			

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F 428	<p>Continued From page 72</p> <p>regarding accurate documentation on Medication Administration Records (MAR). This education has been provided by the Staff Development Coordinator (SDC), DON, QMS and the Regional Nurse Consultant. CMTs and licensed nurses were educated to document in accordance with professional standards and to complete documentation immediately following delivery of the medication. They are to review documentation at the end of their shift with the oncoming staff member or peer. If documentation omissions are identified, the nurse/CMT may document only if they recall with certainty that the medication was provided. If the medication was missed they are to contact the MD and follow the medication error process and physician's actions that are ordered. This education has been ongoing and will continue with oncoming staff prior to their next shift worked to include temporary or agency staff. PRN staff who have not been available for education were sent a letter by the SDC on 10/23/15 explaining that they must complete education prior to working again. They will also be required to demonstrate competency.</p> <p>Education reinforcing the requirement to review MAR/TAR, and initial to signify the administration of the medication or task after it is completed was initiated by the DON, QMS, SDC, RNC on 10/12/15. Follow up education was started on 10/19/15 by the RNC and was completed on 10/26/15 with scheduled licensed nursing staff. Any PRN staff, temporary staff and agency staff have been trained prior to beginning work. Any additional PRN, temporary or agency staff ,who will be assigned shifts in the future will receive training and post testing prior to beginning their next shift duties.</p>	F 428			

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F 428	<p>Continued From page 73</p> <p>9. To heighten the nurses' awareness of anti-coagulants and the need to monitor corresponding labs, all anti-coagulants were moved to the nurses MAR for administration by a licensed nurse. Prior to this review, Coumadin/Warfarin, and Lovenox were the only anticoagulants exclusively administered by the nurses. This change was made by the QMN on 10/11/15.</p> <p>10. As part of the QA investigation it was noted that there were documentation omissions/errors on the residents MAR. Omissions/errors in administration of medication and inaccurate documentation regarding obtaining PT/INR on 09/17/15 were identified. LPN #1 inaccurately transcribed the order that should have been scheduled for 09/17/15 as 10/17/15, on the physicians order, and initialed as 09/17/15 on the MAR. She was issued a final written warning by the DON on 10/11/15, and instructed that she must have a second nurse verify all transcribed orders of any kind. She was further instructed by the DON to have an administrative nurse conduct an additional review. In the absence of a administrative nurse an alternate nurse will be assigned on the assigned shift. (This nurse is not assigned to work weekends).</p> <p>11. The Regional Nurse Consultant met with LPN #3 on 10/13/15 to discuss documentation omissions on the MAR. LPN #3 was the usual nurse on that unit on her scheduled days, followed a regular routine, and the administration of his medication was a standard part of her routine. She had failed to initial the medication when she administered it. The following day, further discussion was held with Nurse "B" and</p>	F 428		

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F 428	Continued From page 74 the Quality Management Specialist. A written warning (disciplinary action) was prepared by the Director of Nursing and was issued on 10/14/15 by the Quality Management Specialist for failure to document medication administration. 12. To monitor ongoing accurate transcription of Coumadin and PT/INR orders as well as other significant medications and corresponding lab monitoring and completion of ordered testing and compliance with care plan as it relates to obtaining labs as ordered. All telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence a member of the administrative nursing team such as the DON, or SDC. The administrative nurse is validating that the order was correctly transcribed on the MARTAR. All orders, lab results, and the Lab Log are being brought to the morning QA meeting to confirm the orders were correctly transcribed from the lab result to the Physician's Order, and that the next scheduled lab was recorded onto the lab schedule accurately. The lab schedule is also being checked confirm that the scheduled testing was obtained, and that results have been received for tests that were previously obtained. On weekends, the charge nurse will have a charge nurse from another hall verify that significant medication labs orders are accurately transcribed and entered on the lab log. If variances are identified, immediate corrective measure will be taken. The day shift charge nurse on each unit will check the lab books on the corresponding units to validate that all labs scheduled to be obtained have been drawn. The weekend on call administrative nurse, will validate	F 428			

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F 428	<p>Continued From page 75</p> <p>that ordered labs have been obtained. Orders received on the weekend that are checked by the charge nurse at the time transcribed, will also be verified through the AQA process the next day.</p> <p>To verify that the monitoring process is effective the Administrator will observe /validate the process three (3) times a week for four (4) weeks, then monthly for twelve (12) weeks. Monthly observation and validation of accuracy will be continued monthly. The Regional Nurse Consultant will validate compliance monthly for three (3) months then quarterly.</p> <p>13. Charge Nurses will review the MAR with a second charge nurse or CMT to verify that all ordered medications have been addressed either with initials or with an explanation as to why it wasn't completed. Unresolved omissions will be addressed by the charge nurse as medication errors, including physician notification. The AQA team member or Regional Consultant will also do an audit daily including weekends for three (3) weeks of the MARs to verify that all ordered medications have been addressed either with initials or an explanation as to why it wasn't given. After three (3) weeks, if the process is determined to be effectively working by the AQA committee, over site by the AQA team may be reduced to three (3) times a week for six (6) weeks, then weekly if ongoing effectiveness is determined.</p> <p>14. The MDS Coordinator will develop the care plans that reflect the need to obtain and monitor lab values for residents on medications that require titration or monitoring. Additional monitoring will be provided through review of the care plan interventions through the quarterly</p>	F 428			

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F 428	<p>Continued From page 76</p> <p>review by the interdisciplinary care plan team. In the event a concern is identified through the interdisciplinary review, the identified concern will be immediately reported to the DON and Administrator for action. Audit of the care plans of residents receiving significant medications requiring lab monitoring will be conducted monthly for three (3) months and then quarterly for one (1) year by the DON, ADON, or RNC.</p> <p>**The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <ol style="list-style-type: none"> 1. Review of the facility's audits completed on 10/11/15 revealed, an audit was completed for all residents receiving Coumadin to validate that PT/INR testing was current. Record reviews for four (4) residents (Residents #3, #7, #8, and #9) revealed the residents had current PT/INR testing. 2. Review of documentation revealed the QMS and RNC completed an additional audit on 10/24/15. An audit for all residents receiving other significant medications requiring titration and/or lab monitoring to validate that all residents had all current lab results. 3. Review of the care plan audits revealed the MDS Coordinator and MDS Nurse had completed an audit on care plans for all residents receiving warfarin and requiring PT/INR and all revisions were completed. Interview with the MDS Coordinator and the MDS Nurse, on 10/29/15 at 4:14 PM, revealed they both had been educated related to the new changes and would be continuing the audit process along with other members of the AQA team. 	F 428			

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F 428	<p>Continued From page 77</p> <p>4. Review of the Quality Assurance (QA) Meeting Sign in Sheet, revealed on 10/12/15, the Administrator had a meeting with the QA team to identify the root cause of the missed testing and to develop action plans to prevent re-occurrence. Review of the Plan of Action developed in the AQA meeting, revealed there were measurable goals and interventions put in place to prevent future problems with documentation and missed labs. Further review revealed additional information was initiated on 10/24/15 regarding significant medications that require lab monitoring with the AQA team and continued with the remainder of the clinical AQA nurses on their next day worked with completion on 10/26/25.</p> <p>5. Review of the Lab Results Policy revealed it was revised on 10/12/15, to add clarification of employee responsibility to ensure a consistent system for obtaining a laboratory test order to transcription and overall tracking of the laboratory process.</p> <p>6. Review of the protocol for nurses writing orders to reflect changes in medications revealed the protocol was revised to include a second nurse to validate the order was transcribed correctly.</p> <p>7. Review of the new AQA process for monitoring labs developed on 10/12/15 by the Quality Management Nurse for Anti-coagulant Therapy orders, revealed instructions for monitoring and transcription of labs to reflect changes in Coumadin orders from the physician as well as transcribing the new order in the Lab Book. Further review revealed all telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence a</p>	F 428		

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F 428	<p>Continued From page 78</p> <p>member of the Administrative nursing team.</p> <p>Review of the Sign in Sheet dated 10/13/15, revealed all the clinical members of the AQA team received training and education related to the new lab monitoring procedure.</p> <p>Interviews with the AQA staff (the Clinical Nurse Specialist on 10/30/15 at 3:15 PM and the MDS Coordinator on 10/29/15 at 4:14 PM) revealed they had been inserviced on the new AQA process and had a good understanding of the process and felt comfortable with monitoring the staff.</p> <p>Phone interview with LPN #5/Unit Manager on 10/29/15 at 5:30 PM, revealed he received in-service from the Administrator and the Quality Management Nurse regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing lab orders and placing them in the lab book. He stated he has been involved in the process of checking nurses' MAR prior to leaving from their assigned shift.</p> <p>Interview with Minimum Data Set (MDS) Coordinator, on 10/29/15 at 4:15 PM, revealed compliance with obtaining lab values for residents' medication will be monitored through the second check by charge nurse and the AQA team. He stated he received in-service from the Administrator and the Quality Management Nurse regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing of lab orders and placing them in the lab book.</p>	F 428			

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F 428	Continued From page 79 Interview with the Quality Management Nurse on 10/29/15 at 2:00 PM, revealed the lab order monitoring process was revised on 10/12/15 to be made a part of the active Abbreviated Quality Assurance (AQA) program. She further stated the AQA meeting will be conducted Monday through Friday except holidays and that during the meeting, the administrative nursing team members will review lab reports, returned labs from Medical Providers on which orders are noted, transcribed orders, and the lab book, to validate that all accurately correspond and are complete. Interview with the Staff Development Coordinator (SDC) on 10/30/15 at 1:30 PM, revealed she received in-service from the Administrator and the Quality Management Nurse regarding their assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing lab orders and placing them in the lab book. Interview with the Director of Nursing (DON) on 10/30/15 at 3:15 PM, revealed she has been actively involved in the AQA process. She further revealed she has received training about the new policies put in place related to the lab monitoring, correctly documenting physician's orders and had been assisting with the training's for all licensed staff. She further revealed the facility will continue the daily monitoring process and the audits even after the documented time frame has passed. She further revealed the facility had implemented all the new changes into the new employee packet for new employees. She further revealed the facility had implemented all the new	F 428			

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F 428	<p>Continued From page 80</p> <p>changes into the new employee packet for new employees and had developed a corrective monitoring check list to aid in the verification process.</p> <p>8. Review of inservice records revealed education was initiated with all licensed nurses regarding the protocol changes on 10/12/15. Follow up education to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses on 10/19/15 and post testing was given to verify comprehension. Review of Sign in sheets from in-services held on 10/12/15, 10/21/15 and 10/23/15 revealed staff was in-serviced on the new lab monitoring procedure.</p> <p>Review of in-service records revealed the education on the lab order completion and monitoring process was initiated on 10/15/15 by the DON and the RNC and was conducted with all licensed staff prior to their next scheduled shift to work. Documented sign in sheets indicated last in-service completed on 10/22/15.</p> <p>Review of sign in sheets revealed, all licensed nurses were provided education by the Regional Nurse Specialists on 10/19/15 on the need to accurately follow the residents' plan of care and nurses not available for education were being trained prior to being allowed to work.</p> <p>Reviewed sign in sheet for in-service education with licensed staff and Certified Medication Technicians related to proper documentation following professional standards initiated on 10/13/15 and completed 10/23/15.</p> <p>Interviews on 10/29/15 with LPN #11 at 5:03 PM,</p>	F 428		

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F 428	<p>Continued From page 81</p> <p>LPN #5 at 5:30 PM, RN #3 at 4:52 PM, RN #1 at 3:32 PM, LPN #12 at 4:00 PM and RN #2 on at 4:52 PM; and, on 10/30/15 with LPN #7 at 2:40 PM, LPN #10 at 8:40 AM, CMT #5 at 9:00 AM, CMT #6 at 9:05 AM and LPN #8 at 11:15 AM, revealed they had been in-serviced on the new policies and that audits were being completed by the AQA staff members. All staff interviewed verified they had completed a post test as indicated in the AOC. The staff interviewed revealed they were completing the verification checks with another staff member at the change of shift as outlined in the facility's plan.</p> <p>Interview with LPN #1, on 10/15/15 at 4:00 PM, revealed she was required to have another nurse check her work after she transcribes or carries out any type of physicians order. She stated she was required to have another nurse check her MAR at the end of her shift as well as she is required to check the other nurses MAR prior to being able to leave for the day.</p> <p>Interview with LPN #11, on 10/29/15 at 5:03 PM, revealed she currently works 6:30 AM to 6:30 PM, and has been employed by the facility for one and half (1.5) years. She stated she had been in-serviced on the new policy put in place related to documentation of lab orders, transcribing the orders as well as documenting in the lab book. She further stated she has been checking the other nurses MAR each shift prior to leaving for the day and has also observed a member of the AQA team checking MARS after the checks have been completed by the licensed staff.</p> <p>Interview with RN #2, on 10/29/15 at 4:52 PM, revealed she has been in-service on the new policy related to Coumadin administration,</p>	F 428		

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F 428	<p>Continued From page 82</p> <p>medication documentation, as well as transcribing new orders. She stated she is also checking the other nurses MAR's for documentation issues prior to leaving for the day as well as having her MAR checked. She further stated the Administrative nurse is checking behind the nurses each day to make sure they are completing the documentation and and the labs are being done as scheduled.</p> <p>Interview with CMT #4, on 10/30/15 at 9:15 AM, revealed she is currently employed by the facility on a PRN (when ever needed) basis. She stated she has been in-serviced on the new policies put in place related to Coumadin administration, documentation on the MAR as well as checking the MAR after the end of your shift. She further stated staff are not allowed to leave at the end of the shift until the MAR is checked by an Administrative Nurse.</p> <p>Interview with LPN #3, on 10/30/15 at 10:40 AM, revealed she had been in-serviced on the new policies related to Coumadin administration as well as transcribing lab orders and placing orders in the lab book. She stated she is required to have another nurse verify all the orders she transcribes as well as all lab orders placed in the lab book. She further stated administrative staff check on the MARs on the weekends and staff are required to count the Coumadin pills at the end of each shift and document on a sign out page.</p> <p>Interview with LPN #6, on 10/30/15 at 12:00 PM, revealed she currently works 7:00 PM to 7:00 AM shift. She stated she had been in-serviced on the new policy changes related to Coumadin administration as well as documentation and</p>	F 428		
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F 428	<p>Continued From page 83</p> <p>transcribing physician's orders and putting orders in the lab book. She further stated staff was required to have another nurse check the MAR prior to leaving at the end of the shift as well as by an administrative nurse. She stated, "The new changes have made you pay more attention to detail to ensure your work is completed as ordered by the medical provider."</p> <p>Interview with the Quality Management Nurse, on 10/29/15 at 2:00 PM, revealed Licensed Staff Nurses were all educated to have another licensed charge nurse validate their lab reports and transcribed orders, and the lab book all accurately correspond and are completed on the weekends and holidays.</p> <p>9. Interviews on 10/29/15 with LPN #11 at 5:03 PM, LPN #5 at 5:30 PM, RN #3 at 4:52 PM, RN #1 at 3:32 PM, LPN #12 at 4:00 PM and RN #2 on at 4:52 PM; and, on 10/30/15 with LPN #7 at 2:40 PM, LPN #10 at 8:40 AM, CMT #5 at 9:00 AM, and LPN #8 at 11:15 AM, revealed all anti-coagulants were moved to a nurses MAR, for administration by a licensed nurse.</p> <p>10. Interview with LPN #1, on 10/15/15 at 4:00 PM, revealed she was required to have another nurse check her work after she transcribes or carries out any type of physicians order. She stated she is required to have another nurse check her MAR at the end of her shift as well as she is to check the other nurses MAT prior to being able to leave for the day.</p> <p>11. Phone interview with LPN #3, on 10/30/15 AT 10:40 AM, revealed she was required to have another nurse check her documentation on the MAR at the end of her shift as well as check the</p>	F 428			

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F 428	<p>Continued From page 84</p> <p>other nurses MAR. She further revealed that a Administrative nurse also has to check the MAR's before they can leave. She further revealed any blanks on the MAR's are being treated as medication errors.</p> <p>12. Interview with Administrator and DON, on 10/30/15 at 3:15 PM, revealed they have started the AQA process daily by bringing the lab sheet along with the lab book and the residents medical record in the meeting each morning. They stated they are auditing the written physicians orders as well as lab orders and the lab log daily. They revealed if the orders are not written specifically as inserviced the employee is being re-inserviced at that time.</p> <p>Interview with Director of Nursing (DON) on 10/30/15 at 3:15 PM, revealed she has been actively involved in the AQA process and the facility will continue the daily monitoring process and the audits even after the documented time frame has passed.</p> <p>Interview with the Administrator, on 10/30/15 at 3:00 PM, revealed she will complete monitoring three (3) times a week for four (4) weeks, then weekly for twelve (12) weeks and then monthly. She further revealed the RNC will validate compliance monthly for three (3) months then quarterly. She continued to reveal she has been involved in the AQA process and has also been involved in the education and training of staff members related to the new interventions put in place.</p> <p>13. Review of documentation revealed MAR reviews were being completed daily on each shift by the Charge Nurse or CMT to verify all ordered</p>	F 428		
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F 428	<p>Continued From page 85</p> <p>medications have been addressed either with an initial, or with explanation as to why it wasn't completed. Further review revealed an AQA team member or Regional Consultant was monitoring all MAR's daily to verify that shift to shift checks are occurring and are effective.</p> <p>Interview with LPN #5/Unit Manager on 10/29/15 at 5:30 PM, revealed he has been assisting with the audits by helping to verify the MAR's are initialed at the end of each shift and by ensuring all lab orders when transcribed are placed on the lab book.</p> <p>Interview with the Social Services Director on 10/30/15 at 1:20 PM, revealed she had been assisting with the audits that were being done daily. She further revealed she has been completing audits one (1) to two (2) times a day, by checking the medication carts to make sure they were locked, looking at the MARs and Tars to ensure documentation was being completed and if she noticed anything questionable she verifies with the nurses.</p> <p>Interview with Administrator and DON, on 10/30/15 at 3:15 PM, revealed they were continuing to check the MARs daily including weekends for documentation errors.</p> <p>14. Interview with the Minimum Data Set (MDS) Coordinator, on 10/29/15 at 4:15 PM, revealed he was responsible for developing the care plans that reflected the need to obtain and monitor lab values for residents on medications that require titration or monitoring.</p> <p>Record reviews completed on Resident #3, #7, #8 and #9, revealed PT/INR tests were</p>	F 428		
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F 428	Continued From page 86 completed as ordered by the medical provider. Review of the lab book for each resident revealed all future labs were documented and ordered per facility policy. Review of written Physician's Orders revealed all orders were written as described in the new policy and procedure. Residents' care plans had interventions in place to monitor labs as ordered by the medical provider as well as to administer medication as ordered. Each residents' MAR was reviewed for documentation of medication being administered with no concerns noted related to missing documentation. Further review of faxed lab results revealed the medial provider had been notified of lab results in a timely manner per the facility policy.	F 428		
F 514 SS=J	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by:	F 514		

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F 514	<p>Continued From page 87</p> <p>Based on interview, record review, facility policy and procedure review, and review of Hospital Records and laboratory reports, it was determined the facility failed to ensure the clinical record was complete and accurately documented related to medications being documented on the Medication Administration Record (MAR) and critical labs being documented to be drawn accurately for one (1) of seven (7) sampled residents (Resident #1).</p> <p>The facility failed to ensure drug level monitoring was completed as ordered for Resident #1. Licensed Practical Nurse (LPN) #1 documented to draw Resident #1's Protine (PT)/International Normalization Ratio (INR) on 10/17/15 on the Physician's Order instead of 09/17/15 per the Physician's documentation on the 09/10/15 Laboratory Report. This failure resulted in the lab not being drawn and the opportunity for Resident #1's Physician to adjust the resident's medication.</p> <p>In addition, there were multiple missed entries for the administration of Resident #1's Coumadin (anticoagulant/blood thinner) on the October 2015 MAR on 10/03/15, 10/04/15, 10/05/15, 10/06/15 and 10/08/15 and missed entries for the administration of high blood pressure medication. The facility failed to have an effective system in place to ensure the documentation on the MAR was complete. Resident #1 had a critical Coumadin level when he/she was admitted to the hospital on 10/10/15 with a diagnosis of Severe Cerebral Vascular Accident (CVA/stroke). Resident #1 expired at the hospital on 10/11/15.</p> <p>The facility's failure to ensure residents' clinical records were complete and accurately documented has caused or is likely to cause</p>	F 514	<p>F 514 483.75(1)(1) RESIDENT RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>It is the routine practice of Creekwood Place Nursing and Rehab Center to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>Corrective Action for Residents Affected: Resident #1 was no longer at the facility. No further corrective action could be taken. LPN#1 and a second LPN responsible for 4 of the 5 documentation omissions were educated individually by the Director of Nursing and Regional Nurse Consultant and performance correction was initiated for both. LPN #1 was instructed by the Director of Nursing and Regional Nurse Consultant that in addition to the second nurse verifying accurate transcription, she was also required to have an Administrative nurse validate accuracy for a period of 90 days to verify ongoing proficiency.</p> <p>How other residents with potential to be affected are identified: The Medication Administration Records of all residents were audited at least daily beginning on 10/13/15 by clinically educated members of the facility's Quality Assurance Committee, to identify any current documentation omissions. Documentation omissions of medication, that were unable to be resolved, were evaluated as a medication error.</p> <p>Measures or systemic changes put in place to prevent recurrence: Education with all licensed Nurses and CMTs was initiated 10/13/15 regarding accurate documentation on Medication Administration records. This education has been provided by the Staff Development Coordinator (SDC), the Director of Nursing (DON), the Quality Management Nurse (QMS) and regional nurse</p>	12/14/15
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F 514	<p>Continued From page 88</p> <p>serious injury, harm, impairment or death to a resident. Immediate Jeopardy was identified on 10/19/15 and determined to exist on 08/31/15. The facility was notified of the Immediate Jeopardy on 10/19/15. An acceptable Allegation of Compliance (AoC) was received on 10/29/15.</p> <p>The State Survey Agency validated the AoC and determined Immediate Jeopardy was removed on 10/27/15. The Scope and Severity was lowered to a "D" while the facility develops and implements the Plan of Correction (PoC); and, the facility's Quality Assurance (QA) monitors the effectiveness of the systemic changes.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "General Dose Preparation and Medication Administration", last revised 01/01/13, revealed after medication administration, facility staff should take all measures required by facility policy and applicable laws, including but not limited to documenting necessary medication administration/treatment information when medications were given, when medications were opened, the injection site of a medication, and to document on the appropriate forms.</p> <p>Review of the facility's policy titled, "Medical Records Documentation Standards", last revised 01/02/14, revealed it is the policy of this facility that documentation will reflect medical presence, team approach, and established professional ethics and practices. Charting should contain specific and accurate details to inform staff, demonstrate awareness of the resident's condition, and or problems, and facilitate quality of care. Record significant changes in the</p>	F 514	<p>F 514 (continued)</p> <p>consultants. All licensed nurses and Med Techs, except those on leave or PRN staff who have not been available for work or training have completed education. These staff members as well as any temporary or agency personnel will be trained prior to being allowed to work. This training has been added to the orientation material for newly hired licensed personnel by the Staff Development Coordinator. CMT's (Certified Medication Techs) and licensed nurses were educated to document in accordance with professional standards and to complete documentation immediately following delivery of the medication. They are to review documentation at the end of their shift with the oncoming staff member or peer. If documentation omissions are identified, the nurse/CMT may document only if they recall with certainty that the medication was provided. If the medication was missed they are to contact the MD and follow the med error process and physician's actions that are ordered. This education has been ongoing and will continue with oncoming staff prior to their next shift worked to include temporary or agency staff.</p> <p>Monitoring measures to assure solutions are sustained :</p> <p>Charge nurses will review the Medication Administration Record (MAR) with a second charge nurse or Certified Medication Tech (CMT), to verify that all ordered medications have been addressed either with initials or with an explanation as to why it wasn't completed (refused, out of facility, held for procedure, etc). Unresolved omissions will be addressed by the charge nurse as medication errors, including physician notification. Daily (including weekends) x 3 weeks an Abbreviated Quality Assurance (AQA) team member or regional consultant will monitor to verify that shift to shift checks are occurring and are effective. The Abbreviated Quality Assurance team member or regional</p>		

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F 514	<p>Continued From page 89</p> <p>residents condition, response to treatments/medications, follow up with physicians/allied health professionals, and notification of resident/representative.</p> <p>1. Closed record review revealed the facility admitted Resident #1 on 11/26/13 with diagnoses which included Congestive Heart Failure, Cerebrovascular Disease, Hemiplegia Dominant Side, Gastrostomy, Aphasia, Hypertension, Cerebral Vascular Accident, Diabetes Mellitus Type II.</p> <p>Review of the September 2015 Medication Administration Record (MAR), revealed the resident was receiving Coumadin (anticoagulant/blood thinner) six (6) milligram (mg) tablet and a three (3) mg tablet once daily, on Mondays, Tuesdays, Thursdays, Fridays and Sundays; and, Coumadin 10 mg tablet once daily on Wednesdays and Saturdays.</p> <p>Review of a Laboratory Report, dated 09/10/15, revealed the physician documented there was no change to the Coumadin order, but to repeat the PT/INR test in one (1) week, on 09/17/15. Further review of the September 2015 MAR revealed the order for the 09/17/15 PT/INR was on the MAR and the MAR was initialed that the lab had been completed; however, review of Resident #1's Laboratory Reports revealed there was no PT/INR completed on 09/17/15.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 10/15/15 at 4:00 PM, revealed the Physician documented on the Laboratory Report to recheck the PT/INR in one (1) week, on 09/17/15 but when she documented it on the Physician's Order and in the Lab Book she wrote to draw the lab on</p>	F 514	<p>F514 (continued)</p> <p>weekends) X 3 weeks of the MARs (Medication Administration Records) to verify that all ordered medications have been addressed either with initials or with an explanation as to why it wasn't given. After three weeks, if the new process is determined to be effectively working, by the Quality Assurance (QA) committee, oversight by the Abbreviated Quality Assurance (AQA) team may be reduced to three times weekly for six weeks, then weekly if ongoing effectiveness is determined.</p>	
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F 514	<p>Continued From page 90</p> <p>10/17/15, instead of on 09/17/15. She stated she was not aware of the error until she was counseled by her Supervisor on 10/12/15. Interview (Post Survey) with LPN #1, on 11/06/15 at 1:20 PM, revealed she did not remember if she had initialed Resident #1's MAR indicating the PT/INR was drawn received. However, there was no documented evidence of a Laboratory Report for 09/10/15.</p> <p>In addition, review of the October 2015 MAR revealed multiple missed entries for the administration of the Coumadin 10 mg on 10/03/15, and Coumadin three (3) mg on 10/04/15, 10/05/15, 10/06/15 and 10/08/15; and, Coumadin six (6) mg on 10/5/15, 10/6/15. Further review revealed there were also missed documentation of entries for critical medication to control the resident's blood pressure and heart rate. The following medications were not initialed as having been administered or not administered: Coreg 25 mg (hypertension) on 10/06/15, Digoxin (slow, strengthens heart rate) on 10/06/15 and 10/08/15, Hydrochlorothiazide 25 mg (hypertension) on 10/08/15, and Lopressor 100 mg tabs (hypertension) on 10/06/15, 10/07/15, and 10/08/15.</p> <p>Review of Resident #1's blood pressure readings for 10/01/15 through 10/09/15 revealed the resident's blood pressure ranged from 112/58-160/80 (normal 120/70) and on 10/10/15 when he/she was sent to the hospital it was 204/102.</p> <p>Interview with LPN #3, on 10/16/15 at 12:10 PM, revealed she was aware Resident #1 was taking Coumadin and also received multiple blood pressure medications. She stated Resident #1</p>	F 514			

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F 514	<p>Continued From page 91</p> <p>had been taking Coumadin since he/she was admitted to the facility and she administered the medication every day as prescribed but did not sign it out. She further stated she was not sure why she did not sign it out and she realized the legal ramifications of not signing out the medications. She said she was positive the medications were administered and she also understood the importance of the blood pressure medication being administered as ordered.</p> <p>Review of the Nurses Notes, dated 10/10/15 at 8:00 AM, revealed Resident #1 was sent to the Emergency Room with stoke like symptoms and a change in mental status. Review of Resident #1's PT/INR results taken in the Emergency Room on 10/10/15 at 8:43 AM, revealed the resident's PT was 13.6 (normal 9-13) and INR was 1.30 which was below the therapeutic range (normal 2.0-3.0). Review of Hospital Records, dated 10/11/15, revealed Resident #1 was admitted to the hospital and later died on 10/11/15 with diagnosis of Massive Cerebrovascular Accident (CVA/stroke).</p> <p>Interview with the Director of Nursing (DON) on 10/14/15 at 2:40 PM, revealed she was not aware of the documentation issues in Resident #1's MAR until she completed a chart audit on 10/13/15. She stated she expected the nursing staff to administer the medication as ordered and initial the MAR at the time the medication was given.</p> <p>Interview with the Clinical Nurse Specialist, on 10/15/15 at 3:00 PM, revealed she was aware the facility had a problem with documentation, but not to that extent. She stated the facility did not have a system in place to monitor the MARs monthly.</p>	F 514		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2015
NAME OF PROVIDER OR SUPPLIER CREEKWOOD PLACE NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 107 BOYLES DRIVE RUSSELLVILLE, KY 42276		
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F 514	Continued From page 92 She further stated Resident #1's medical provider is also the facility's Medical Director and, had voiced concerns with her related to the frequency of medication errors being made and wanted the facility to try and improve their medication error rate. She stated if the resident didn't get his/her medication as prescribed by the medical provider it could have affected the residents blood pressure readings. Interview with Resident #1's Medical Provider, on 10/15/15 at 1:40 PM, revealed that missing the residents' labs (PT/INR) as ordered could have effected the resident's levels. He stated he had been ordering the resident's lab work to be drawn weekly due to fluctuations in the lab results. He stated he had concerns about possible missed doses and had voiced his concern with the nurses when they called with the lab results as well as the previous Administrator. He further stated if the resident had actually missed doses of prescribed medication it could have influenced his/her Coumadin level as well as the resident's blood pressure. He stated if the resident's Coumadin level got too low for a long period of time it could have contributed to his/her Cerebral Vascular Accident (CVA). He further stated he would have expected the facility to have a better tracking system in place regarding Coumadin levels as well as some type of audit system in place to review the MARs and ensure labs were obtained. **The facility implemented the following actions to remove the Immediate Jeopardy: 1. On 10/11/15, an audit was conducted by the DON and Quality Management Nurse (QMS) on	F 514			

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F 514	Continued From page 93 all residents receiving Coumadin to validate that PT/INR testing was current. PT/INR testing from 08/01/15 through 10/11/15 was reviewed to validate that all residents had current PT/INR tests. It was through this audit that it was identified Resident #3 has missed his/her ordered test for 08/31/15. 2. An additional audit was conducted on 10/24/15 by the QMS and Regional Nurse Consultant (RNC) for all residents receiving other significant medications requiring titration and/or lab monitoring to validate that the residents had all current ordered lab tests with no concerns identified. Any care plan that lacked the need to monitor for these medications were revised by the regional nurse consultant or the QMS at the time. 3. An audit was conducted on the care plans of all residents receiving warfarin to assure that all had a care plan problem addressing their use. The care plan of any resident which did not thoroughly address the anticoagulant use was revised. This was completed by the MDS Coordinator and the MDS Nurse on 10/14/15. 4. A Quality Assurance meeting was held 10/12/15 by the Administrator with the DON, the Staff Development Coordinator (SDC), the QMN, and the Unit Manager to identify the root cause of the missed testing and to develop action plans to prevent re-occurrence. A call was placed to the Medical Director by the Administrator on 10/12/15 to review the actions planned and the QA findings. Further communication was made daily until the Medical Director was reached on 10/14/15. 5. A new protocol was developed on 10/12/15 by	F 514			

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F 514	Continued From page 94 the QMN for writing orders to reflect changes in warfarin/coumadin orders. The process includes: discontinuance of the previous order, if not continued, new dose clearly stated, frequency/interval for next required test and the date scheduled to meet that frequency. The Administrator reviewed the new protocol with the Medical Director on 10/15/15. 6. Protocol for nurses writing coumadin/warfarin orders as well as other significant medications requiring titration and or laboratory monitoring and documenting was revised to include clearly stating current orders and including both the frequency/interval of testing as well as the scheduled date. The process includes a second nurse validating accurate transcription of the order components. 7. The lab order monitoring process was revised by the QMN on 10/12/15 to be made a part of the active Abbreviated Quality Assurance (AQA) Program. The AQA meeting is conducted Monday through Friday except holidays. During the AQA meeting, the administrative nursing team members (DON, ADON, SDC or Unit Manager) will review lab reports, returned labs from the MD on which orders were noted, transcribed orders, and the lab book, to validate that all accurately correspond and were complete. Clinical AQA members will also monitor through the AQA process to verify that orders for PT/INR-anticoagulants are correctly written and scheduled. They were educated in the validation process by the Administrator on 10/13/15. Additional education was initiated on 10/24/15 regarding significant medications that require lab monitoring with the clinical AQA team by the RNC, and continued with the remainder of clinical	F 514			

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F 514	<p>Continued From page 95</p> <p>AQA nurses on their next scheduled day worked with completion on 10/26/15.</p> <p>The new process is as follows:</p> <p>Upon receipt of an order for a lab test, the nurse receiving the order is responsible for placing the lab on the lab book on the corresponding date. If the lab is to be performed on an upcoming month, or is recurring, it will be listed on the future date page. The order, as with other orders will be placed in the AQA box for review in the next AQA meeting.</p> <p>The night shift charge nurse will complete the lab requisitions for the ordered lab on or before the shift which they are due. If the date is designated a lab day a representative from the Hospital will come draw the lab. If its not a lab day, the night shift nurse is responsible for drawing the labs and having them delivered to the local Hospital.</p> <p>All stat labs are to be drawn by the charge nurse on duty or another nurse if difficulty is encountered. If at shift change an on coming charge nurse may draw the specimen. When a lab result is received, the charge nurse receiving the lab result is to fax the results to the physician unless the result is a critical value. If there is a critical valuer, the results will be called to the physician by the charge nurse. After the physician reviews the lab result, he will fax or call the charge nurse to acknowledge and provide new orders as indicated. When an order is written on the lab result, the charge nurse is to write a telephone order containing the order change and any future labs ordered. Anticoagulants should contain both frequency and scheduled date. The nurse will transcribe any medication change on</p>	F 514		
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F 514	<p>Continued From page 96</p> <p>the MAR as indicated and place the ordered test on the appropriate date on the lab book. The accuracy of the transcribed order and the lab book is to be validated by a second nurse. The lab report should be placed in the AQA box and the white and yellow copies of the order in the section designated for orders.</p> <p>If there are no orders when the doctor acknowledges the lab results, the acknowledged results are to be placed in the AQA box for review by the clinical AQA committee. Phone orders and lab results will be brought into each AQA meeting by the DON or Unit Managers along with the lab book and the charts. During the AQA process, the lab book will be checked by the DON,SDC,Unit Managers,ADON,a with the lab orders to verify the lab was placed on the correct scheduled day. Previous days lab orders on the lab book will also be checked by the AQA team to verify they were completed and results received.</p> <p>The AQA meeting is conducted Monday through Friday except holidays. Proper completion of lab orders from weekends and holidays will be verified in the next AQA meeting in addition the on-call nurse validate during the weekend and holidays.</p> <p>The on call Administrative Nurse for the weekend or holiday will validate that all stat or follow-up labs that are ordered are scheduled and obtained. On the following working day, the AQA clinical team will review the lab results, schedule and orders to verify that all orders and results are correctly scheduled, obtained, results received, communicated to the physician and orders correctly transcribed.</p>	F 514		

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F 514	<p>Continued From page 97</p> <p>8. Education was initiated with all licensed nurses regarding this protocol change on 10/12/15, by the QMN, the DON, SDC and the Regional Nurse Consultant. Follow-up education to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses by Regional Nurse Consultant on 10/19/15 and post testing was given to verify comprehension. All licensed nurses have completed education except those on leave or PRN staff who have not been available for training. Any temporary or agency personal will be trained prior to being allowed to return to work. Education was initiated by the QMS, DON, SDC, RNC with licensed nurses regarding anticoagulant orders and the required components to be included in the transcribed physician's order. The education was completed with scheduled nurses on 10/16/15. Any PRN staff, temporary staff and agency staff have been trained prior to beginning work. The written order is to include: Discontinuing the current dosage if there is to be a change, new order or statement to continue current dosage, the interval or frequency for future testing and the date that treating is to be done. Follow-up education with licensed staff regarding anti-coagulant orders and the required components to be included in the transcribed physician's order was started on 10/19/15, by the RNC and post testing was given to verify comprehension.</p> <p>To further validate comprehension beginning on the night shift on 10/25/15, nurses were required to successfully complete a packet demonstrating accurate transcription of three (3) sampled lab results of values impacted by high risk medications. Testing is ongoing, no staff members, to include temporary staff or agency</p>	F 514		
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F 514	Continued From page 98 staff, will be allowed to work prior to completing competency testing. The education on the lab order completion and monitoring process will be conducted with licensed staff by the SDC, DON, or QMN prior to the next shift worked. Education will include agency and temporary staff. Education with Nurses and Certified Medication Technicians (CMTs) was initiated 10/13/15 regarding accurate documentation on Medication Administration Records (MAR). This education has been provided by the Staff Development Coordinator (SDC), DON, QMS and the Regional Nurse Consultant. CMTs and licensed nurses were educated to document in accordance with professional standards and to complete documentation immediately following delivery of the medication. They are to review documentation at the end of their shift with the oncoming staff member or peer. If documentation omissions are identified, the nurse/CMT may document only if they recall with certainty that the medication was provided. If the medication was missed they are to contact the MD and follow the medication error process and any physician's actions that are ordered. This education has been ongoing and will continue with oncoming staff prior to their next shift worked to include temporary or agency staff. PRN staff who have not been available for education were sent a letter by the SDC on 10/23/15 explaining that they must complete education prior to working again. They will also be required to demonstrate competency. Education reinforcing the requirement to review MAR/TAR, and initial to signify the administration of the medication or task after it is completed was initiated by the DON.	F 514			

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F 514	<p>Continued From page 99</p> <p>QMS, SDC, RNC on 10/12/15. Follow up education was started on 10/19/15 by the RNC and was completed on 10/26/15 with scheduled licensed nursing staff. Any PRN staff, temporary staff and agency staff have been trained prior to beginning work. Any additional PRN, temporary or agency staff, who will be assigned shifts in the future will receive training and post testing prior to beginning their next shift duties.</p> <p>9. To heighten the nurses' awareness of anti-coagulants and the need to monitor corresponding labs, all anti-coagulants were moved to the nurses MAR for administration by a licensed nurse. Prior to this review, Coumadin/Warfarin, and Lovenox were the only anticoagulants exclusively administered by the nurses. This change was made by the QMN on 10/11/15.</p> <p>10. As part of the QA investigation it was noted that there were documentation omissions/errors on the residents MAR. Omissions/errors in administration of medication and inaccurate documentation regarding obtaining PT/INR on 09/17/15 were identified. LPN #1 inaccurately transcribed the order that should have been scheduled for 09/17/15 as 10/17/15, on the physicians order, and initialed as 09/17/15 on the MAR. She was issued a final written warning by the DON on 10/11/15, and instructed that she must have a second nurse verify all transcribed orders of any kind. She was further instructed by the DON to have an administrative nurse conduct an additional review. In the absence of a administrative nurse an alternate nurse will be assigned on the assigned shift. (This nurse is not assigned to work weekends).</p>	F 514			

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F 514	<p>Continued From page 100</p> <p>11. The Regional Nurse Consultant met with LPN #3 on 10/13/15 to discuss documentation omissions on the MAR. LPN #3 was the usual nurse on that unit on her scheduled days, followed a regular routine, and the administration of his medication was a standard part of her routine. She had failed to initial the medication when she administered it. The following day, further discussion was held with Nurse "B" and the Quality Management Specialist. A written warning (disciplinary action) was prepared by the Director of Nursing and was issued on 10/14/15 by the Quality Management Specialist for failure to document medication administration.</p> <p>12. To monitor ongoing accurate transcription of Coumadin and PT/INR orders as well as other significant medications and corresponding lab monitoring and completion of ordered testing and compliance with care plan as it relates to obtaining labs as ordered. All telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence a member of the administrative nursing team such as the DON, or SDC. The administrative nurse is validating that the order was correctly transcribed on the MAR/TAR.</p> <p>All orders, lab results, and the Lab Log are being brought to the morning QA meeting to confirm the orders were correctly transcribed from the lab result to the Physician's Order, and that the next scheduled lab was recorded onto the lab schedule accurately. The lab schedule is also being checked to confirm that the scheduled testing was obtained, and that results have been received for tests that were previously obtained.</p> <p>On weekends, the charge nurse will have a</p>	F 514			

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F 514	<p>Continued From page 101</p> <p>charge nurse from another hall verify that significant medication labs orders are accurately transcribed and entered on the lab log. If variances are identified, immediate corrective measure will be taken. The day shift charge nurse on each unit will check the lab books on the corresponding units to validate that all labs scheduled to be obtained have been drawn. The weekend on call administrative nurse, will validate that ordered labs have been obtained. Orders received on the weekend that are checked by the charge nurse at the time transcribed, will also be verified through the AQA process the next day.</p> <p>To verify that the monitoring process is effective the Administrator will observe /validate the process three (3) times a week for four (4) weeks, then monthly for twelve (12) weeks. Monthly observation and validation of accuracy will be continued monthly. The Regional Nurse Consultant will validate compliance monthly for three (3) months then quarterly.</p> <p>13. Charge Nurses will review the MAR with a second charge nurse or CMT to verify that all ordered medications have been addressed either with initials or with an explanation as to why it wasn't completed. Unresolved omissions will be addressed by the charge nurse as medication errors, including physician notification. The AQA team member or Regional Consultant will also do an audit daily including weekends for three (3) weeks of the MARs to verify that all ordered medications have been addressed either with initials or an explanation as to why it wasn't given After three (3) weeks, if the process is determined to be effectively working by the AQA committee, over site by the AQA team may be reduced to three (3) times a week for six (6)</p>	F 514			

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F 514	<p>Continued From page 102 weeks, then weekly if ongoing effectiveness is determined.</p> <p>14. The MDS Coordinator will develop the care plans that reflect the need to obtain and monitor lab values for residents on medications that require titration or monitoring. Additional monitoring will be provided through review of the care plan interventions through the quarterly review by the interdisciplinary care plan team. In the event a concern is identified through the interdisciplinary review, the identified concern will be immediately reported to the DON and Administrator for action. Audit of the care plans of residents receiving significant medications requiring lab monitoring will be conducted monthly for three (3) months and then quarterly for one (1) year by the DON, ADON, or RNC.</p> <p>**The State Survey Agency validated the corrective actions taken by the facility as follows:</p> <p>1. Review of the facility's audits completed on 10/11/15 revealed, an audit was completed for all residents receiving Coumadin to validate that PT/INR testing was current. Record reviews for four (4) residents (Residents #3, #7, #8, and #9) revealed the residents had current PT/INR testing.</p> <p>2. Review of documentation revealed the QMS and RNC completed an additional audit on 10/24/15. An audit for all residents receiving other significant medications requiring titration and/or lab monitoring to validate that all residents had all current lab results.</p> <p>3. Review of the care plan audits revealed the MDS Coordinator and MDS Nurse had completed</p>	F 514		

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F 514	Continued From page 103 an audit on care plans for all residents receiving warfarin and requiring PT/INR and all revisions were completed. Interview with the MDS Coordinator and the MDS Nurse, on 10/29/15 at 4:14 PM, revealed they both had been educated related to the new changes and would be continuing the audit process along with other members of the AQA team. 4. Review of the Quality Assurance (QA) Meeting Sign in Sheet, revealed on 10/12/15, the Administrator had a meeting with the QA team to identify the root cause of the missed testing and to develop action plans to prevent re-occurrence. Review of the Plan of Action developed in the AQA meeting, revealed there were measurable goals and interventions put in place to prevent future problems with documentation and missed labs. Further review revealed additional information was initiated on 10/24/15 regarding significant medications that require lab monitoring with the AQA team and continued with the remainder of the clinical AQA nurses on their next day worked with completion on 10/26/25. 5. Review of the Lab Results Policy revealed it was revised on 10/12/15, to add clarification of employee responsibility to ensure a consistent system for obtaining a laboratory test order to transcription and overall tracking of the laboratory process. 6. Review of the protocol for nurses writing orders to reflect changes in medications revealed the protocol was revised to include a second nurse to validate the order was transcribed correctly. 7. Review of the new AQA process for	F 514			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2015
NAME OF PROVIDER OR SUPPLIER CREEKWOOD PLACE NURSING & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 107 BOYLES DRIVE RUSSELLVILLE, KY 42276		
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F 514	<p>Continued From page 104</p> <p>monitoring labs developed on 10/12/15 by the Quality Management Nurse for Anti-coagulant Therapy orders, revealed instructions for monitoring and transcription of labs to reflect changes in Coumadin orders from the physician as well as transcribing the new order in the Lab Book. Further review revealed all telephone orders from the previous day are being reviewed by the Unit Manager, or in his/her absence a member of the Administrative nursing team.</p> <p>Review of the Sign in Sheet dated 10/13/15, revealed all the clinical members of the AQA team received training and education related to the new lab monitoring procedure.</p> <p>Interviews with the AQA staff (the Clinical Nurse Specialist on 10/30/15 at 3:15 PM and the MDS Coordinator on 10/29/15 at 4:14 PM) revealed they had been inserviced on the new AQA process and had a good understanding of the process and felt comfortable with monitoring the staff.</p> <p>Phone interview with LPN #5/Unit Manager on 10/29/15 at 5:30 PM, revealed he received in-service from the Administrator and the Quality Management Nurse regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing lab orders and placing them in the lab book. He stated he has been involved in the process of checking nurses' MAR prior to leaving from their assigned shift.</p> <p>Interview with Minimum Data Set (MDS) Coordinator, on 10/29/15 at 4:15 PM, revealed compliance with obtaining lab values for</p>	F 514			

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F 514	<p>Continued From page 105</p> <p>residents' medication will be monitored through the second check by charge nurse and the AQA team. He stated he received in-service from the Administrator and the Quality Management Nurse regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing of lab orders and placing them in the lab book.</p> <p>Interview with the Quality Management Nurse on 10/29/15 at 2:00 PM, revealed the lab order monitoring process was revised on 10/12/15 to be made a part of the active Abbreviated Quality Assurance (AQA) program. She further stated the AQA meeting will be conducted Monday through Friday except holidays and that during the meeting, the administrative nursing team members will review lab reports, returned labs from Medical Providers on which orders are noted, transcribed orders, and the lab book, to validate that all accurately correspond and are complete.</p> <p>Interview with the Staff Development Coordinator (SDC) on 10/30/15 at 1:30 PM, revealed she received in-service from the Administrator and the Quality Management Nurse regarding their assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab orders as well as proper transcribing lab orders and placing them in the lab book.</p> <p>Interview with the Director of Nursing (DON) on 10/30/15 at 3:15 PM, revealed she has been actively involved in the AQA process. She further revealed she has received training about the new policies put in place related to the lab monitoring,</p>	F 514			

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F 514	Continued From page 108 correctly documenting physician's orders and had been assisting with the training's for all licensed staff. She further revealed the facility will continue the daily monitoring process and the audits even after the documented time frame has passed. She further revealed the facility had implemented all the new changes into the new employee packet for new employees. She further revealed the facility had implemented all the new changes into the new employee packet for new employees and had developed a corrective monitoring check list to aid in the verification process. 8. Review of inservice records revealed education was initiated with all licensed nurses regarding the protocol changes on 10/12/15. Follow up education to reinforce the training regarding anti-coagulant medication orders was started with licensed nurses on 10/19/15 and post testing was given to verify comprehension. Review of Sign in sheets from in-services held on 10/12/15, 10/21/15 and 10/23/15 revealed staff was in-serviced on the new lab monitoring procedure. Review of in-service records revealed the education on the lab order completion and monitoring process was initiated on 10/15/15 by the DON and the RNC and was conducted with all licensed staff prior to their next scheduled shift to work. Documented sign in sheets indicated last in-service completed on 10/22/15. Review of sign in sheets revealed, all licensed nurses were provided education by the Regional Nurse Specialists on 10/19/15 on the need to accurately follow the residents' plan of care and nurses not available for education were being	F 514			

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F 514	<p>Continued From page 107 trained prior to being allowed to work.</p> <p>Reviewed sign in sheet for in-service education with licensed staff and Certified Medication Technicians related to proper documentation following professional standards initiated on 10/13/15 and completed 10/23/15.</p> <p>Interviews on 10/29/15 with LPN #11 at 5:03 PM, LPN #5 at 5:30 PM, RN #3 at 4:52 PM, RN #1 at 3:32 PM, LPN #12 at 4:00 PM and RN #2 on at 4:52 PM; and, on 10/30/15 with LPN #7 at 2:40 PM, LPN #10 at 8:40 AM, CMT #5 at 9:00 AM, CMT #6 at 9:05 AM and LPN #8 at 11:15 AM, revealed they had been in-serviced on the new policies and that audits were being completed by the AQA staff members. All staff interviewed verified they had completed a post test as indicated in the AOC. The staff interviewed revealed they were completing the verification checks with another staff member at the change of shift as outlined in the facility's plan.</p> <p>Interview with LPN #1, on 10/15/15 at 4:00 PM, revealed she was required to have another nurse check her work after she transcribes or carries out any type of physician's order. She stated she was required to have another nurse check her MAR at the end of her shift as well as she is required to check the other nurses MAR prior to being able to leave for the day.</p> <p>Interview with LPN #11, on 10/29/15 at 5:03 PM, revealed she currently works 6:30 AM to 6:30 PM, and has been employed by the facility for one and half (1.5) years. She stated she had been in-serviced on the new policy put in place related to documentation of lab orders, transcribing the orders as well as documenting in the lab book.</p>	F 514			

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F 514	Continued From page 108 She further stated she has been checking the other nurse's MAR each shift prior to leaving for the day and had also observed a member of the AQA team checking MARS after the checks have been completed by the licensed staff. Interview with RN #2, on 10/29/15 at 4:52 PM, revealed she has been in-serviced on the new policy related to Coumadin administration, medication documentation, as well as transcribing new orders. She stated she is also checking the other nurses' MARs for documentation issues prior to leaving for the day as well as having her MAR checked. She further stated the Administrative nurse is checking behind the nurses each day to make sure they are completing the documentation and and the labs are being done as scheduled. Interview with CMT #4, on 10/30/15 at 9:15 AM, revealed she was currently employed by the facility on a PRN (when ever needed) basis. She stated she has been in-serviced on the new policies put in place related to Coumadin administration, documentation on the MAR as well as checking the MAR after the end of your shift. She further stated staff was not allowed to leave at the end of the shift until the MAR was checked by an Administrative Nurse. Interview with LPN #3, on 10/30/15 at 10:40 AM, revealed she had been in-serviced on the new policies related to Coumadin administration as well as transcribing lab orders and placing orders in the lab book. She stated she is required to have another nurse verify all the orders she transcribes as well as all lab orders placed in the lab book. She further stated administrative staff check on the MARs on the weekends and staff	F 514			

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F 514	<p>Continued From page 109</p> <p>are required to count the Coumadin pills at the end of each shift and document on a sign out page.</p> <p>Interview with LPN #8, on 10/30/15 at 12:00 PM, revealed she currently works 7:00 PM to 7:00 AM shift. She stated she had been in-serviced on the new policy changes related to Coumadin administration as well as documentation and transcribing Physician's Orders and putting orders in the lab book. She further stated staff was required to have another nurse check the MAR prior to leaving at the end of the shift as well as by an administrative nurse. She stated, "The new changes have made you pay more attention to detail to ensure your work is completed as ordered by the medical provider."</p> <p>Interview with the Quality Management Nurse, on 10/29/15 at 2:00 PM, revealed Licensed Staff Nurses were all educated to have another licensed charge nurse validate their lab reports and transcribed orders, and the lab book all accurately correspond and are completed on the weekends and holidays.</p> <p>9. Interviews on 10/29/15 with LPN #11 at 5:03 PM, LPN #5 at 5:30 PM, RN #3 at 4:52 PM, RN #1 at 3:32 PM, LPN #12 at 4:00 PM and RN #2 on at 4:52 PM; and, on 10/30/15 with LPN #7 at 2:40 PM, LPN #10 at 8:40 AM, CMT #5 at 9:00 AM, and LPN #8 at 11:15 AM, revealed all anti-coagulants were moved to a nurses MAR, for administration by a licensed nurse.</p> <p>10. Interview with LPN #1, on 10/15/15 at 4:00 PM, revealed she was required to have another nurse check her work after she transcribes or carries out any type of physicians order. She</p>	F 514		
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F 514	Continued From page 110 stated she is required to have another nurse check her MAR at the end of her shift as well as she is to check the other nurses MAT prior to being able to leave for the day. 11. Phone interview with LPN #3, on 10/30/15 AT 10:40 AM, revealed she was required to have another nurse check her documentation on the MAR at the end of her shift as well as check the other nurses MAR. She further revealed that a Administrative nurse also has to check the MAR's before they can leave. She further revealed any blanks on the MAR's are being treated as medication errors. 12. Interview with Administrator and DON, on 10/30/15 at 3:15 PM, revealed they have started the AQA process daily by bringing the lab sheet along with the lab book and the resident's medical record in the meeting each morning. They stated they are auditing the written Physician's Orders as well as lab orders and the lab log daily. They revealed if the orders are not written specifically as inserviced the employee is being re-inserviced at that time. Interview with Director of Nursing (DON) on 10/30/15 at 3:15 PM, revealed she has been actively involved in the AQA process and the facility will continue the daily monitoring process and the audits even after the documented time frame has passed. Interview with the Administrator, on 10/30/15 at 3:00 PM, revealed she will complete monitoring three (3) times a week for four (4) weeks, then weekly for twelve (12) weeks and then monthly. She further revealed the RNC will validate compliance monthly for three (3) months then	F 514			

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F 514	<p>Continued From page 111</p> <p>quarterly. She continued to reveal she has been involved in the AQA process and has also been involved in the education and training of staff members related to the new interventions put in place.</p> <p>13. Review of documentation revealed MAR reviews were being completed daily on each shift by the Charge Nurse or CMT to verify all ordered medications have been addressed either with an initial, or with an explanation as to why it wasn't completed. Further review revealed an AQA team member or Regional Consultant was monitoring all MARs daily to verify that shift to shift checks were occurring and were effective.</p> <p>Interview with LPN #5/Unit Manager on 10/29/15 at 5:30 PM, revealed he has been assisting with the audits by helping to verify the MARs are initialed at the end of each shift and by ensuring all lab orders when transcribed are placed on the lab book.</p> <p>Interview with the Social Services Director on 10/30/15 at 1:20 PM, revealed she had been assisting with the audits that were being done daily. She further revealed she has been completing audits one (1) to two (2) times a day, by checking the medication carts to make sure they were locked, looking at the MARs and Tars to ensure documentation was being completed and if she noticed anything questionable she verified with the nurses.</p> <p>Interview with Administrator and DON, on 10/30/15 at 3:15 PM, revealed they were continuing to check the MARs daily including weekends for documentation errors.</p>	F 514		

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F 514	<p>Continued From page 112</p> <p>14. Interview with the Minimum Data Set (MDS) Coordinator, on 10/29/15 at 4:15 PM, revealed he was responsible for developing the care plans that reflected the need to obtain and monitor lab values for residents on medications that require titration or monitoring.</p> <p>Record reviews completed on Resident #3, #7, #8 and #9, revealed PT/INR tests were completed as ordered by the medical provider. Review of the lab book for each resident revealed all future labs were documented and ordered per facility policy. Review of written Physician's Orders revealed all orders were written as described in the new policy and procedure. Residents' care plans had interventions in place to monitor labs as ordered by the medical provider as well as to administer medication as ordered. Each residents' MAR was reviewed for documentation of medication being administered with no concerns noted related to missing documentation. Further review of faxed lab results revealed the medical provider had been notified of lab results in a timely manner per the facility policy.</p>	F 514		