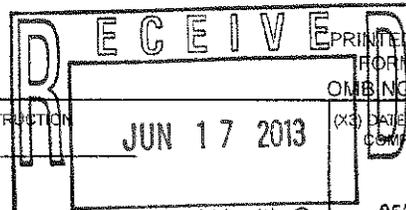


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/07/2013
FORM APPROVED
OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2013
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW HEALTH CARE CENTER	STREET ADDRESS 79 SPARROW LANE PRESTONSBURG, KY 41653 Division of Health Care Enforcement Branch
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(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 F 253 SS=E	<p>INITIAL COMMENTS</p> <p>A standard health survey was conducted on 05/21-23/13. Deficient practice was cited with the highest scope and severity identified at "E" level.</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of the facility policy, it was determined the facility failed to provide maintenance and housekeeping services to maintain a sanitary, orderly, and comfortable interior. Observations during the environmental tour on 05/23/13 at 2:30 PM revealed wheelchair armrests for Residents B and C were torn, and the mattress pad cover for Resident A's bed was torn. In addition, on 05/21/13, 05/22/13, and 05/23/13, dried liquid tube feeding was observed on the gastric feeding pump and pole used for the administration of Resident #2's tube feeding, and the air conditioner in Resident D's room was not working.</p> <p>The findings include: Review of the Preventative Maintenance Report dated May 2013, revealed on 05/20/13 the resident rooms were inspected by the Plant Director. The rounds included checking wheelchairs, mattresses, gastric pumps, and</p>	F 000 F 253	<p>Riverview Health Care Center does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Melissa P. Allen* TITLE: Administrator DATE: 6/17/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 253	Continued From page 2 available for residents, and stated he/she was not aware of the torn wheelchair armrests. In addition, the Plant Director was not aware the air conditioner was not working in Resident D's room.	F 253	checked to ensure cleanliness, with no areas of concern noted. In addition, all resident rooms were checked to ensure the proper functioning of air conditioning units with no concerns identified.		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure services provided met professional standards of quality for one of nineteen sampled residents (Resident #7). Resident #7 had physician's orders for oxygen to be administered at 2 liters per minute as needed; however, observations conducted on 05/21/13 and 05/22/13 revealed facility staff failed to ensure the oxygen was administered as ordered by the physician. The findings include: A review of the facility Oxygen Administration policy (dated December 2010) revealed the physician's orders would be checked prior to administration to ensure the liter flow and method of administration was correct. The policy further noted the oxygen liter flow would be checked at "regular intervals." A review of the medical record revealed the	F 281	Housekeeping staff will be inserviced regarding cleaning schedules of all aspects of resident rooms. Further Inservicing will be completed regarding proper notification to the Plant Operations Supervisor/designee whenever there is an area of concern identified in a resident room. Nursing staff will be inserviced on proper notification to Plant Operations whenever an area of concern is noted in any resident care area (room, shower, etc). QA Checks will be completed on sixteen rooms per week to ensure compliance. Any concerns noted will be addressed during the monthly QA meeting and changes will be made as necessary to maintain compliance.	06/18/13	

Completion Date June 18, 2013

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F 281	<p>Continued From page 3</p> <p>facility admitted Resident #7 on 05/09/12 with diagnoses that included Hypertension, Senile Dementia, Arteriosclerotic Heart Disease, and Chronic Obstructive Pulmonary Disease. A review of the May 2013 physician's orders revealed the physician ordered oxygen to be administered at 2 liters per nasal cannula as needed for Resident #5.</p> <p>Observations conducted on 05/21/13 at 3:10 PM, 4:30 PM, 5:15 PM, and 6:10 PM, revealed Resident #7 was lying in bed and oxygen was being administered at 1.5 liters per nasal cannula. On 05/22/13 at 8:46 AM, 9:10 AM, 12:15 PM, and 3:15 PM, the resident was again observed to be receiving oxygen at 1.5 liters per nasal cannula.</p> <p>Interview conducted with Licensed Practical Nurse (LPN) #1 on 05/22/13 at 3:25 PM, revealed the respiratory therapist was responsible to monitor the residents' oxygen settings to ensure the oxygen was given per the physician's orders. LPN #1 stated the CRT was at the facility seven days per week from 8:00 AM to 6:30 PM. LPN #1 stated the nurses were responsible for checking the oxygen settings after the respiratory therapist left at 6:30 PM. LPN #1 stated he had not checked the oxygen setting for Resident #7.</p> <p>Interview conducted with the Certified Respiratory Therapist (CRT) on 05/22/13 at 3:40 PM, revealed the CRT was responsible to check the oxygen settings for the residents who required oxygen. The CRT stated she had checked Resident #7's oxygen setting on 05/21/13; however, she had looked at the setting while standing and had not looked at the flow meter from eye level. The CRT stated she had misread</p>	F 281	<p>F281</p> <p>Resident #7 was assessed and oxygen flow meter was placed at 2 liters per minute. Resident #7's oxygen saturation was 96%. The doctor was notified and no new ordered were received on 5/22/13.</p> <p>All residents receiving oxygen were checked to ensure oxygen flow rate was set as ordered. Oxygen saturation was checked as well on all residents receiving oxygen. There were no discrepancies identified.</p> <p>All licensed staff have been inserviced on the intent of F281, ensuring that oxygen flows at the ordered rate as well as the appropriate way to read the oxygen concentrator flow meter.</p> <p>The ADON or designee will monitor three residents per week to ensure oxygen flow is at ordered rate. All finding will be reported to the QA committee</p>	

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F 281	Continued From page 4 the oxygen setting as a result. The CRT further stated she had not checked Resident #7's oxygen setting at the time the interview was conducted on 05/22/13. The CRT stated she went to the resident's room on the morning of 05/22/13 and wound care was in progress and she had not been back to check the oxygen setting for Resident #7. Interview with the Director of Nurses (DON) on 05/23/13 at 2:30 PM, revealed the CRT was responsible for checking the residents' oxygen settings when she was at the facility. The DON stated the CRT was at the facility seven days a week for ten-hour shifts and should check the oxygen settings whenever the CRT was in the resident's room. The DON stated she and the Assistant Director of Nurses (ADON) conducted random checks and had not identified any problems with the oxygen not being administered as ordered by the physician.	F 281	monthly and any concerns identified will be addressed to ensure continued compliance. Completion Date June 4, 2013 <u>ADDENDUM</u> Intent of F281 was reviewed and distributed to all licensed staff. The facility will monitor three (3) licensed employees per week to ensure that all services provided meet professional standards. This will be reviewed in the facility's monthly QA committee meeting and any issues identified will addressed to ensure continued compliance.	06/04/13	
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 431	F431 Resident #'s 2, 8, 13, 15, F, 6, H, I, J and K were reconciled and controlled substance sheets were signed based on the medication administration record revealing all narcotics were given. All narcotics were accounted for on 5-23-13. RN # 1 and LPN # 1 were counseled on proper procedure for signing out narcotics at the time given and narcotic reconciliation at beginning and end of shift.		

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F 431	<p>Continued From page 5 applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, it was determined the facility failed to ensure narcotic records were accurately maintained for ten residents on the first floor North Hall medication cart (sampled Residents #2, #8, #13, and #15 and unsampled Residents F, G, H, I, J, and K). Observation of a narcotic count with LPN #1 on 05/23/13 at 12:55 PM revealed the narcotic count was inaccurate for ten residents (sampled Residents #2, #8, #13, and #15 and unsampled Residents G, H, I, J, and K). The LPN had not signed the Controlled Drug Record (Individual Patient's Narcotic Record) sheets for any of the narcotics given during his/her shift on 05/23/13 (between the hours of 7:00 AM and 12:55 PM). In addition, the narcotic</p>	F 431	<p>All residents who receive narcotics had reconciliation done and no other discrepancies were found.</p> <p>Inservicing was held with all licensed staff on the intent of F 431 and the narcotic policy and procedure.</p> <p>The DON/ADON or designee will monitor three nurses' medication carts per week to ensure narcotic policy is followed. All findings will be reported at the monthly QA committee and any concerns will be addressed to ensure continued compliance.</p> <p>Completion Date: June 4, 2013</p>	06/04/13	

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F 431	<p>Continued From page 6</p> <p>counts for two residents were inaccurate for the previous shift and had not been discovered when a count of the narcotics was completed at shift change at 7:00 AM on 05/23/13. RN #1 had not signed out two narcotics on the Controlled Drug record (Individual Narcotic Record) from the previous shift (7:00 PM on 05/22/13 to 7:00 AM on 05/23/13).</p> <p>The findings include:</p> <p>Review of the Narcotic/Controlled Medication policy (dated December 2010) revealed medications listed in the Drug Enforcement Administration classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping with the facility in accordance with Federal, State, and other applicable laws and regulations. At each shift change or when keys are rendered a physical inventory of all controlled medication is conducted by two licensed nurses or per state regulation and is documented on the controlled substances accountability record when the narcotic was administered.</p> <p>Review of the Medication Administration Records (MARs) revealed narcotics had been administered by RN #1 to Resident #15 and Resident F on 05/22/13. However, RN#1 had failed to sign out the medications as given in the Controlled Drug Record. In addition, LPN#1 had administered narcotics to Residents #2, #8, #13, G, H, I, J, and K on 05/23/13. However, LPN #1 had failed to sign out the medication as given in the Controlled Drug Records.</p> <p>Observation of the narcotic count on 05/23/13 at</p>	F 431			

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F 431	<p>Continued From page 7</p> <p>12:55 PM with LPN #1 revealed the LPN did not sign the Controlled Drug Record for the narcotics given during the shift on 05/23/13 from 7:00 AM until count at 12:55 PM, resulting in the narcotic count being inaccurate for ten residents. LPN #1 had administered narcotics to eight residents (Residents #2, #8, #13, G, H, I, J, and K) and had given eleven narcotics. Further observation revealed RN #1 had not signed out two narcotics on the Controlled Drug Records (Residents #15 and Resident F) from the previous shift on 05/22/13 from 7:00 PM until 05/23/13 at 7:00 AM resulting in the narcotic count being inaccurate for these two residents.</p> <p>Interview with LPN #1 on 05/23/13 at 12:55 PM revealed the narcotic count was done at every shift change with the offgoing and oncoming nurses. LPN #1 said the count was completed but may have been done too hurriedly. LPN #1 did not know the Controlled Drug Record for Residents #15 and F was inaccurate. LPN #1 knew he was to document on the Controlled Drug Record when the narcotic was administered to the resident.</p> <p>Interview with RN #1 on 05/23/13 at 1:20 PM revealed the narcotic count was not performed between LPN #1 and RN #1 at the shift change on 05/23/13 at 7:00 AM as facility policy stated. RN #1 stated she knew the narcotic counts should be performed at the end of each shift. RN #1 was unaware of not signing the Controlled Drug Record for Resident #15 and Resident F on 05/22/13 at 10:00 PM.</p> <p>Interview with the Assistant Director of Nursing (ADON) on 05/23/13 at 1:10 PM revealed</p>	F 431			

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F 431	Continued From page 8 narcotics should be counted at shift changes. The ADON said when the controlled substance record was signed it meant the narcotic count was correct. The ADON stated narcotics should be signed out on the Controlled Drug Record when the narcotic was administered. Interview with the Director of Nursing (DON) on 05/23/13 at 1:05 PM revealed the oncoming and offgoing shifts were to count the narcotics and sign the controlled substance sheet. When the nurses signed the sheet it indicated the narcotic count was accurate. The DON stated the Controlled Drug Record should be signed when the narcotic was given. The DON stated periodic narcotic checks were performed as part of the routine Quality Assurance program every quarter on two different shifts. The DON stated no discrepancies had been reported for the narcotics. Interview with the Consultant Pharmacist on 05/23/13 at 3:10 PM revealed the medication carts were checked every month with no discrepancies reported. The consult pharmacist stated a medication cart review had been completed on 05/16/13 and no discrepancies had been reported.	F 431			
F 469 SS-D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced	F 469	F469 No residents were identified in this deficiency. The resident area noted was immediately cleaned and disinfected by the housekeeping staff. Further, the Plant Operations Director applied treatment to the area.		

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F 469	<p>Continued From page 9</p> <p>by:</p> <p>Based on observation, interview, record review, and review of the facility policy, it was determined the facility failed to have an effective pest control program to ensure the facility was free of pests. On 05/31/13, numerous ants were observed on the floor of resident room 230 and at the end of the second floor North Hallway.</p> <p>The findings include:</p> <p>A review of the pest control contract (dated 05/20/12) revealed the pest control company would provide structural control services to effectively control ants by periodic treatment using products according to approved label procedures. Treatment for ants would be limited to measures designed to provide normal control of interior infestations.</p> <p>Observations on 05/23/13 at 9:20 AM and 10:20 AM revealed black ants (too numerous to count) crawling from the glass window at the end of the second floor North Hallway to the floor and into room 230.</p> <p>Due to the cognitive impairment, the residents in room 230 were not interviewed.</p> <p>Interview with the Housekeeping Supervisor on 05/23/13 at 2:45 PM revealed housekeepers reported any pests to the Plant Director. The housekeeper then logged the type of pest so the pest control company could spray. The Housekeeping Supervisor was not aware there were ants in room 230 or at the end of the second floor North Hallway. The Housekeeping Supervisor was unaware how long the ants had</p>	F 469	<p>Assessment for any signs of pests in all other areas of the building was conducted, with no concerns noted.</p> <p>The Facility's pest control company was contacted and a re-visit is scheduled for 6/18/13. Inservicing was held with all staff regarding notification of maintenance and housekeeping when any type of pest is identified within the building.</p> <p>The Maintenance Director/Housekeeping Supervisor or designee will monitor one wing per week. All findings will be reported at the monthly QA committee and any concerns will be addressed to ensure continued compliance.</p> <p>Completion Date June 18, 2013</p>	06/18/13	

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F 469	Continued From page 10 been in the North Hallway and room 230. Interview with the Plant Director on 05/23/13 at 2:45 PM revealed the pest control company came to the facility monthly; however, the facility could call in between visits if additional services/visits were required. The Plant Director stated the pest control company had sprayed for ants on 05/15/13. The Plant Director was not aware of the ants on the second floor or how long the ants had been present there.	F 469			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/21/2013
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1976</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: 2-story, Type 1 (332)</p> <p>SMOKE COMPARTMENTS: 5</p> <p>FIRE ALARM: Complete automatic fire alarm system</p> <p>SPRINKLER SYSTEM: Complete automatic (wet) sprinkler system</p> <p>GENERATOR: Type II diesel generator</p> <p>A life safety code survey was initiated and concluded on 05/21/13, for compliance with Title 42, Code of Federal Regulations, 483.70(a), and found the facility to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 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.