

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

PRINTED: 01/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2011
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NAME OF PROVIDER OR SUPPLIER THE GOOD SAMARITAN SOCIETY-JEFFERSONTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 GOOD SAMARITAN WAY LOUISVILLE, KY 40229
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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
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F 000	INITIAL COMMENTS	F 000		
F 431 SS=D	<p>An abbreviated survey was conducted on 12/12-12/16/11 to investigate KY17482, KY17503, KY17492, KY17325, and KY17499. The Division of Health Care found the allegations unsubstantiated due to lack of sufficient evidence; however, unrelated deficiencies were cited.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>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.</p> <p>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 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</p>	F 431	<p>Plan of Correction</p> <p>Preparation and Execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with section 7305 of the State Operations Manual.</p> <p>F431</p> <p>1. Incident reports will be developed on 1/19/12 and placed in affected resident's medical records to reflect that oxycodone was returned to the Director of Nursing on 9/27/11, 11/9/11 and 11/19/11 due to an unknown discrepancy. An incident report currently exists regarding the oxycodone that was returned to the Director of Nursing on 11/27/11.</p> <p>2. The DON, Unit Manager or Staff Development Coordinator will review the Narcotic Shift Count from 12/15/11 - 1/12/12 to determine if any other discrepancy exists that requires an investigation to be conducted and an incident report to be completed.</p>	

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

TITLE

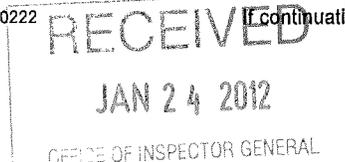
(X8) DATE

X Beverly M Edwards

Administrative

1/20/12

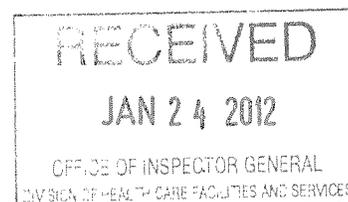
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 431	<p>Continued From page 1</p> <p>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 interview, record review and facility policy review, it was determined the facility failed to follow their policy for suspected drug diversion for three (3) of four (4) incidents by failure to complete incident reports or complete an investigation which included reporting to the administrator.</p> <p>The findings include:</p> <p>Review of the facility Controlled Substances Procedure, Revised March 2011, revealed if the controlled substance count is not in agreement with the record, the error must be found or an incident report must be completed and signed by both nurses prior to the end of the shift and reported to director of nursing services or designee before leaving the building and complete an incident report if necessary.</p> <p>Record review of the Narcotic Shift Count from 09/19/11 to 12/14/11 revealed four different dated, partially full, bottles of oxycodone were taken to the Director of Nursing on 09/27/11, 11/09/11, 11/19/11 and 11/27/11.</p> <p>The facility was unable to produce incident reports for three of the four returned oxycodone for suspected tampering.</p>	F 431	<p>3. The DON, Unit Manager or Staff Development Coordinator will educate all Nurses and CMTs on the controlled substance policy and procedure, correct preparation of an incident and how to completely fill out of incident reports. At the end of education staff will know what situations warrant the completion of an incident report, how to complete an incident report, and who to notify when incidents occur. DON will notify administrator of all narcotic discrepancies and an investigation will occur as necessary.</p> <p>On 12/15/11, DON also implemented GSS form 247A as a revision of how the facility will count and record the use of controlled substances. DON or Staff Development Coordinator will in-service all nurses and CMTs by January 27, 2012, on how to properly fill out GSS form 247A. Staff will be instructed to ensure that correct month and year are at top right of page of the GSS 247A, resident name and controlled substance are clearly labeled on the GSS 247A, resident room number is present on the GSS 247A, pagination at top right of page is present on the GSS 247A, and that upon completion of prescription by client and/or when controlled substance is brought to DON for disposition, a clear reason is documented on the GSS 247A form and initialed by staff member and DON. GSS 247A clearly denotes what day of the month is being counted and recorded for.</p>	



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F 431	Continued From page 2 Interview with the Director of Nursing (DON), on 12/15/11 at 3:05 PM, revealed narcotics are turned in to her for several reasons; a resident has died, a medication or dosage change, or for suspicion of tampering. The DON stated once medications are returned to her (for whatever reason) they are logged, placed in a lock box and later sent to a company for destruction. She did not remember the oxycodone that was turned in to her on 09/27/11 and 11/09/11 or why it might have been turned in to her (there was no dosage change and the resident involved was still living). She stated she remembered the oxycodone turned in to her on 11/19/11 was suspected to have been tampered with. She did not think it had been tampered with. The oxycodone turned in to her on 11/27/11 was also suspected to have been tampered with and she agreed with the suspicion. She notified the administrator, pharmacy and police. An incident report was not initiated until after an employee had been arrested for tampering with a resident's oxycodone. Interview with the Administrator, on 12/15/11 at 2:30 PM, revealed she was only aware of one incident of oxycodone being returned to the Director of Nursing and that was the incident from 11/27/11. She stated she would have expected to have been notified of each of the four incidents and an incident report should have been initiated on all four incidents.	F 431	4. The DON or Unit Manager will audit 100% of the Narcotic Shift Count record weekly x 3 months to ensure compliance with Controlled substance policy and the completion of incident reports as it relates to our controlled substance policy. The DON or Unit Manager will continue to audit 100% of all Narcotic Shift Count records monthly thereafter. DON will notify Administrator of all narcotic discrepancies and an investigation will occur. An incident report will also be completed. If the reason for the discrepancy is determined immediately through a preliminary investigation, all findings will be documented on the 247A and an incident report and the investigation closed. If the reason for the discrepancy is not found immediately, the police will be notified, all employees involved will be asked to write a statement and subjected to a drug test. Positive and/or negative drug screening results may result in corrective action up to and including termination. Other authorities such as APS, OIG and KBN will be notified as necessary. The results of the investigation will be documented on the 247A and an incident report. The results of the audits will be submitted to the QA Committee for further review and recommendations. All corrective measures will be completed by 1/28/12.	

