

R E C E I V E D

MAR - 9 2011

PRINTED: 03/01/2011
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/15/2011
NAME OF PROVIDER OR SUPPLIER SOMERSET NURSING AND REHABILITATION FACILITY		STREET ADDRESS 106 GOVER STREET, P O BOX 1121 SOMERSET, KY 42502	

(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	<p>INITIAL COMMENTS</p> <p>An abbreviated standard survey (KY15836) was conducted on February 15, 2011. The allegation was substantiated. Deficient practice was identified at "D" level.</p>	F 000	<p>Somerset Nursing and Rehabilitation Facility does not believe nor does the facility admit that any deficiencies exist.</p>	
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to follow physician's orders for one of four sampled residents. The facility failed to provide resident #1 with routinely ordered controlled medications while the resident was on a home visit.</p> <p>The findings include:</p> <p>Review of the closed record for resident #1 revealed physician's orders dated December 2010 for the following routine medications to be administered to the resident: Benzotropine Mesylate UD (Cogentin) 1 mg, one tablet by mouth twice daily, Clonazepam (Klonopin) one tablet by mouth twice daily, and Hydrocodone/APAP (Vicodin) 5/500 mg tablet, one tablet three times daily at 9:00 a.m., 3:00 p.m., and 9:00 p.m. (not to exceed 4 gm in 24 hrs).</p> <p>Review of the closed record for resident #1 revealed the resident was out of the facility on a home visit from December 24, 2010 a.m. until December 25, 2010 p.m. with family. Further</p>	F 281	<p>Somerset Nursing and Rehabilitation reserves all rights to contest the survey findings through the informal dispute resolution, legal appeal proceedings or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds; nor is it meant to establish any standard of care, contract, obligation or position. Somerset Nursing and Rehabilitation reserves all rights to raise possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Somerset Nursing and Rehabilitation does not waive, and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Somerset Nursing and Rehabilitation offers its response, credible allegations of compliance and plan of correction as part of its on-going effort to provide quality care to residents. Somerset Nursing and Rehabilitation strives to provide the highest quality care while ensuring the rights and safety of all residents.</p> <p>F281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS.</p> <p>It is and was on the date of the survey, the policy of Somerset Nursing and Rehabilitation to ensure that the services provided or arranged by the facility meet professional standards.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Angela H. [Signature]</i>	Administrator	3/9/11

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 281	<p>Continued From page 1</p> <p>documentation on the medication administration record on December 24, 2010 and December 25, 2010, revealed the resident was out of the facility and did not receive the above listed medications.</p> <p>An interview with the Administrator on February 16, 2011, at 3:10 p.m., concerning medications given on home visits revealed controlled medications were not given to residents to take home. The Administrator stated sometimes the family member would bring the residents back to the facility for the medications to be administered or if the facility was made aware of the home visit in advance, a prescription may be obtained from the physician for the resident. The Administrator stated the facility never gave controlled medications to residents to take home.</p> <p>An interview with the Director of Nursing on February 15, 2011, at 5:30 p.m., revealed the pharmacist had been contacted a few weeks ago concerning residents going home without their narcotics and a plan needed to be developed. The Director of Nursing further stated for the past three and one-half years, there were no narcotics sent home with residents. The Director of Nursing stated if the routine controlled medications were ordered by the physician and not sent home with the resident while on home visits, then the physician's orders were not being followed.</p> <p>An interview with Licensed Practical Nurse (LPN) #1 on February 15, 2011, at 4:45 p.m., revealed the LPN never gave controlled medications to a resident to take home on a home visit because the facility did not do this.</p> <p>The facility policy regarding Resident</p>	F 281	<ol style="list-style-type: none"> 1. Resident #1 is no longer a resident of the facility. 2. For all residents desiring to go out on pass, the charge nurse on duty will review the physician's medication orders and directions for use. Notice will be given to the pharmacy so that medications can be prepared in advance and this medication will be given to the resident and/or responsible party at the time of the leave along with instructions for use. In circumstances where the need is not known in advance, the physician will be notified of the need for a prescription. The request will be called in to a local pharmacy for the resident/or responsible party to fill. 3. All charge nurses have been in-serviced on 2/25/11 by the Director of Nursing regarding facility's out-on-pass medication policy and on following physician's orders. 4. The Director of Nursing will review weekly all residents who have gone out on pass to insure that all routine medications have been administered and documented properly. These 		

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F 281	<p>Continued From page 2</p> <p>Out-On-Pass Medications revealed the out-on-pass medications taken by the residents were to be recorded on the reverse side of the resident's current medication administration record (MAR) or similar form. Doses were to be documented on the front of the MAR unless the nurse administered the medication. However, the licensed nurse on duty at the time the resident returned to the facility may enter in the notes a summary of the resident's or responsible party's report of compliance with the dosage instructions according to the policy.</p> <p>A circled initial was to be placed on the MAR for each dose of regularly scheduled medications that would normally have been administered by the facility while a resident was out on pass. The reason for the circled initial was to be explained in the nursing comments section on the back of the MAR for each medication dose due. This is required according to facility policy.</p> <p>According to facility policy, current medication orders and directions for use were required to be reviewed with the resident or responsible party before the resident left the facility.</p> <p>If the provider pharmacy has advance notice of the resident's intent to go out on pass when dispensing the regular medication supply the pharmacy may provide a portion of the resident's medication in a separate container for that purpose. In no case will a nurse repackage medications in this manner since this constitutes dispensing. This is required by the facility policy.</p>	F 281	<p>audits will continue for the next six months and then quarterly for six months.</p> <p>5. March 4, 2011.</p>		