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

PRINTED: 10/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185336		C 10/17/2012

NAME OF PROVIDER OR SUPPLIER: SPRINGFIELD NURSING & REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 420 EAST GRUNDY AVENUE, SPRINGFIELD, KY 40069

(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	F 000		
	An Abbreviated Survey to investigate KY#00019135, KY#00019145 and KY#00019220 was initiated on 10/12/12 and concluded on 10/17/12. KY#00019220 and KY#00019145 were substantiated with no identified deficiency. KY#00019135 was substantiated and deficient practice was cited at 42 CFR 483.20 Resident Assessment, F-281 at a scope and severity of a "D".			
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 interview and record review, it was determined the facility failed to ensure Physician's orders were followed for one (1) unsampled resident (Unsampled Resident B). Review of the Medication Administration Record (MAR) and the Controlled Drug Record revealed the facility failed to ensure the resident received a scheduled dose of Morphine (narcotic pain medication), as ordered by the Physician. The findings include: Interview with the Regional Nurse Consultant, on 10/17/12 at 3:20 PM, revealed the facility did not have a written policy to address following Physician's orders. However, she stated "all medicaitons should be administered per Physician's orders".	F281	1. Resident B's physician was notified by the Director of Nursing on 10/17/12 that the scheduled dose of Morphine was not given and no new orders noted. The family was notified by the Director of Nursing on 10/17/12. 2. Director of Nursing, Assistant Director of Nursing and Education Director to complete a one time audit of all MARs and narcotic books to identify any medications that have not been given as ordered per physicians order for the past 30 days (10/10/12 through 11/9/12) this will be completed by 11/9/12. Any issues will be reported to the physician and the family immediately. Director of Nursing, Assistant Director of Nursing and/or staff nurse will complete a one time pain assessment on all residents by 11/15/12 to identify any pain that is not treated and/or resolved. Any issue will be reported to the physician and family immediately.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Susan Palmer | TITLE: Administrator | (X6) DATE: 11/9/12

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 281 Continued From page 1

Review of the Face Sheet revealed Unsampled Resident B was admitted by the facility on 07/01/12. Continued review revealed the resident's diagnoses included Osteoporosis and Parkinson's Disease.

Review of the current active Physician's Orders, for October 2012, revealed Resident B was to receive Morphine ER (extended release), 30 milligram (mg) tablet, twice daily.

Review of the MAR for October 2012 revealed no documented evidence the resident received the Morphine ER dose scheduled for 8:00 AM on 10/14/12.

Review of the Controlled Drug Record for the period 10/06/12 through 10/16/12 revealed no Morphine ER was signed out for the morning dose on 10/14/12.

Interview with the Director of Nursing, on 10/17/12 at 11:15 AM, revealed her review of the MAR and the Controlled Drug Record confirmed the Morphine ER was not given on 10/14/12 at 8:00 AM. She stated the medication should have been given as ordered, and should have been documented on the MAR and signed out on the Controlled Drug Record.

Telephone interivew with Licensed Practical Nurse (LPN) #1, on 10/17/12 at 2:48 PM, revealed she had worked on 10/14/12 and was responsible for passing medications to Unsampled Resident B. She stated she did not specifically recall administering, or failing to administer, the Morphine ER scheduled for 8:00

F 281 3. Director of Nursing, Assistant Director of Nursing to audit all narcotic books and compare to order weekly to ensure all are receiving narcotics per order weekly for three weeks beginning week of 11/19/12. Then every 2 weeks for six weeks.

Assistant Director of Nursing will audit 8 random MARs weekly for 4 weeks beginning week of 11/26/12 to ensure residents are receiving medications per physician orders; then every 2 weeks for 4 weeks.

Beginning week of 11/26/12, Social Services Director will interview 3 residents with BIMS of =/>13 regarding medications and whether they are receiving them timely to ensure medications are given as ordered. Interviews will be conducted weekly for 4 weeks beginning week of 11/26/12.

Director of Nursing to complete 10 random pain assessments monthly to ensure residents are receiving pain medications as ordered for 3 months beginning November 2012.

Education and Training Director to re-educate all licensed nurses regarding following physician's orders and administering medications per physician orders by 11/15/12.

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F 281	Continued From page 2 AM that day. She stated she did not know what happened.	F 281	4. Quality Assurance Committee consisting of: Administrator, Medical Director, Director of Nursing; Assistant Director of Nursing; Clinical Reimbursement Coordinator; Social Services Director, Dietary/Activity Director and Business Office Manager/Assistant to review all audit findings and revise plan as needed weekly for 4 weeks beginning week of 11/17/12 and then monthly ongoing. 5. Date of Compliance: 11/18/2012	