

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2010
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NAME OF PROVIDER OR SUPPLIER BLUEGRASS CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3576 PIMLICO PARKWAY LEXINGTON, KY 40517
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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 281	<p>Continued From page 1</p> <p>with LPNs #1 and #5 revealed they should have documented the administration of the controlled medications at the time the residents received the medications. Both LPNs stated maintaining the "Controlled Drug Record" at the time medications were administered was a standard of practice.</p> <p>Interview, on 12/09/10 at 4:47 PM, with LPNs #2 revealed it was a standard of practice for nurses to document the removal of control medications at the time of administration.</p> <p>Interview, on 12/09/10 at 4:32 PM, with the Director of Nursing revealed documentation of controlled medications on the "Controlled Drug Record" was to be completed at the time the medication was administered. She stated it was standard of practice that "Controlled Drug Record", be documented on at the time the controlled medication was removed from the cart.</p> <p>Review of the facility's policy(ies) stated, "Medication Administration", and the "Controlled Medication Record" must be immediately documented on the record provided for controlled medications.</p>	F 281	<p>counseling in the form of Final Written warnings by the Director of Nursing on 12-9-10, that have been placed in their file. Medication Administration reviews were completed on LPN #1 and #5 with pass rates of 100% for LPN #1 and 100% for LPN #2, by the SDC on 12-9-10 to ensure that they were safe to continue administering medications.</p> <p>All nurses were educated on the medication administration policy and standards of practice by the staff development coordinator. This includes proper documentation on the MAR and Narcotic sheet at the time of administration.</p> <p>An audit sheet was placed on each narcotic book on 12-10-10. The ADON'S are</p>	
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F 281 auditing the narcotic book daily to ensure that each narcotic that has been given has been documented on the MAR. This audit will be completed at random times to ensure that documentation on the MAR and the Narcotic sheet is being completed. If a nurse has failed to complete the proper documentation, education in the form of a final written coaching and counseling up to termination will occur.

The Narcotic audit sheets will be brought to QA committee by the ADON'S monthly for three months and then at the discretion of the QA committee. The audit sheets will be reviewed by the ADON'S during the meeting to discuss the results and to evaluate if further training is needed.