

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

PRINTED: 06/14/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/31/2012
NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD, P O BOX 1190 CORBIN, KY 40702	
(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 An abbreviated standard survey (KY18373) was initiated on 05/30/12 and concluded on 05/31/12. The complaint was substantiated. Deficient practice was identified with the highest scope and severity at "E" level.	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated	F 225	PLEASE SEE ATTACHMENT	

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

TITLE

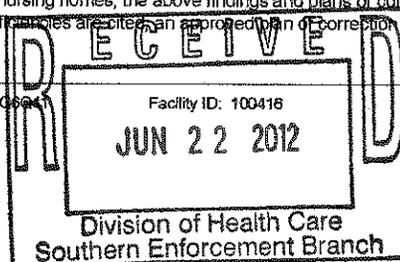
(X5) DATE

C. Messer

Administrator

6/22/12

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 225	<p>Continued From page 1</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, policy review, staff schedule, and review of the facility investigation it was determined the facility failed to protect residents from potential abuse while a facility investigation was completed for one of three sampled residents (Resident #1). The facility was given information on 05/02/12, that Licensed Practical Nurse (LPN) #3 had misappropriated narcotics from a resident. However, the LPN was permitted to work on 05/03/12, during the ongoing investigation.</p> <p>The findings include:</p> <p>A review of the facility abuse policy, not dated, revealed an employee accused of abuse would be immediately removed from duty until the investigation was completed.</p> <p>A review of the facility investigation, not dated, revealed on 05/02/12, an anonymous call was received reporting LPN #3 was taking narcotic medication from Resident #1. The Administrator and the Director of Nursing (DON) initiated an investigation on 05/02/12. Further review revealed the investigation continued on 05/03/12, and LPN #3 was permitted to return to work a full shift from 6:00 AM to 2:00 PM, at which time the</p>	F 225			

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F 225	<p>Continued From page 2 LPN was suspended.</p> <p>A review of the May 2012 staff working schedule revealed LPN #3 worked from 6:00 AM to 2:00 PM on 05/03/12, as scheduled.</p> <p>A review of Resident #1's narcotics sign-out sheet revealed LPN #3 signed out Lortab 10 mg three times, at 6:00 AM, 10:00 AM, and 2:00 PM, for Resident #1 on 05/03/12.</p> <p>An attempt to interview LPN #3 was made three times from 05/30/12-05/31/12, with no success.</p> <p>Interview with the Administrator on 05/30/12, at 2:42 PM, revealed a call was received on 05/02/12, alleging misappropriation of narcotics by LPN #1. According to the Administrator an investigation was initiated on 05/02/12, by the DON and Administrator. The Administrator stated LPN #3 was not scheduled to work on 05/02/12, the date the allegation was made but was permitted to return to work on 05/03/12. The Administrator further stated she was aware the facility policy stated the staff would not be permitted to work until the investigation was completed. Interview further revealed LPN #3 was permitted to work the entire shift on 05/03/12, and was not questioned regarding the allegation until the end of her shift.</p> <p>Interview with the DON on 05/30/12, at 3:00 PM, revealed LPN #3 was permitted to return to work on 05/03/12, so the facility could try to "catch her" (referring to LPN #3).</p>	F 225			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431	PLEASE SEE ATTACHMENT		

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F 431	<p>Continued From page 3</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 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, policy review, and record review, it was determined the facility failed to</p>	F 431			

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F 431	<p>Continued From page 4</p> <p>ensure accountability of all controlled drugs, and failed to monitor for diversion of controlled drugs. The facility failed to identify a discrepancy between the Medication Administration Record (MAR) and the narcotics sign-out sheet for one of three sampled residents (Resident #1). The facility also failed to identify that in an approximate one month timeframe, one nurse (LPN #3) had signed out a narcotic (Lortab) 53 of the 66 times the medication was signed out for one resident.</p> <p>The findings include:</p> <p>Interview with the Administrator on 05/30/12, at 10:25 AM, revealed the facility did not have a narcotics accountability policy.</p> <p>A review of Resident #1's medical record revealed a narcotics sign-out sheet for Lortab (an analgesic) 10 milligrams (mg), which could be administered every four hours as needed for pain. Further review of the narcotics sign-out sheet revealed the Lortab had been signed out on the narcotics sign-out sheet 66 times from 04/01/12-05/03/12. However, the Lortab 10 mg had only been signed out on the Medication Administration Record (MAR) for Resident #1 35 times. Further review of Resident #1's narcotics sign-out sheet for Lortab 10 mg revealed of the 66 times the Lortab was signed out LPN #3 had signed the medication out 53 times.</p> <p>Interview with the pharmacist in charge on 05/30/12, at 1:32 PM, revealed Pharmacy did not look at narcotics sign-out sheets related to reconciliation. The pharmacist stated that the responsibly of reconciliation rested with the</p>	F 431			

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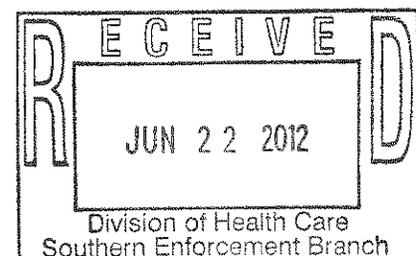
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F 431	<p>Continued From page 5</p> <p>Director of Nursing (DON) and the facility.</p> <p>Interview with the Administrator on 05/30/12, at 2:42 PM, revealed facility staff did not review the narcotics sign-out sheets for such things as one nurse signing out more than the others. No monitoring or reconciliation was performed to prevent diversion of narcotics.</p> <p>Interview with the DON on 05/30/12, at 3:00 PM, revealed when narcotics sheets were turned in to her after being completed the sign-out sheets were inspected to ensure such things as: if the medication was ordered every four hours that the medication was not given sooner than four hours. Further interview revealed there was no system in place to monitor whether the resident's narcotics sign-out sheet matched the Medication Administration Record (MAR). No one at the facility inspected the narcotics sign-out sheets to ensure diversion did not take place by observing if one nurse signed out medication more frequently than another nurse.</p>	F 431			

**Corbin Health & Rehabilitation Center
Annual Survey May 31, 2012
Plan of Correction**

F 225

1. The Licensed Practical Nurse (LPN) involved in allegations of misappropriation of narcotics belonging to Resident #1 has been terminated. All narcotic records for Resident #1 have been reviewed and there is no evidence of any further discrepancies or questionable activity.
2. The narcotic records for all residents have been reviewed to ensure there were no discrepancies or evidence of diversion of these controlled medications.
3. Director of Operations in-serviced the Administrator and Director of Nursing on May 31, 2012, that employees should be removed/suspended immediately when an allegation of abuse or neglect is made, including misappropriation, until investigation is complete. The Administrator and Director of Nursing then conducted in-services with all Administrative Staff on May 31, 2012 and June 1, 2012, regarding any allegations of abuse or neglect, including misappropriation, will result in immediate removal of alleged perpetrator until investigation can be completed.
4. The CQI committee will review any future reports of abuse/neglect/misappropriation to ensure proper steps were taken to remove alleged perpetrator immediately to protect the resident pending full investigation. This will be done on an ongoing basis for all future reports.
5. Completion Date: June 7, 2012.



**Corbin Health & Rehabilitation Center
Annual Survey May 31, 2012
Plan of Correction**

F 431

1. The controlled medications for Resident #1 were reviewed to ensure medication reconciliation of the MAR to the Narcotic Sheet and to ensure there were no diversions of these medications.
2. All Narcotic Sheets were reconciled with the MAR to ensure there were no diversions of these medications and no questionable activity was noted.
3. The Director of Nursing and the Administrator conducted in-services on May 31, 2012 and June 1, 2012, with all nurses, including Administrative Nurses, regarding the appropriate protocol and guidelines for reviewing controlled medication records. The in-service stressed the monitoring of narcotic sheets for discrepancies or any questionable activities and notifying Nursing Administrative staff immediately if identified.
4. From this time forward, Administrative Nursing Staff will review all narcotic records weekly to ensure there are no discrepancies or questionable activities. The Administrative Nursing Staff will continue to review records when narcotic sheets are turned in after completion of medications and again when reconciled by pharmacy staff. Any identified concerns will be addressed immediately and reported to the CQI committee.
5. Completion Date: June 7, 2012.