

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

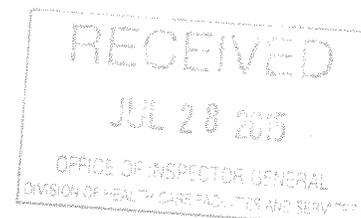
PRINTED: 07/08/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  06/25/2015
NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP HEALTH AND REHABILITATION, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 7400 LAGRANGE RD PEWEE VALLEY, KY 40056		
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F 364	Continued From page 55 06/25/15 at 5:20 PM, revealed he believed the problem was a Nursing Service leadership problem. He acknowledged they were short staffed and had worked on getting new staff in the building. He stated he had seen the food audits from the Dietary Manager and believed the problem was with the distribution of the trays. He stated they were working on getting steam tables for the dining room. He stated the Nursing Service problem was directly related to the Director of Nursing.	F 364	F 431 Drug Records, Label/Store Drugs & Biologicals Drugs and biological 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. N 313 KAR 20:300-14(6) Section 14.	8/4/15	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  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.  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.  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.  The facility must provide separately locked, permanently affixed compartments for storage of	F 431	Pharmacy Services The facility shall label drugs and biological in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date.  Criteria 1: The undated multi-dose insulin pen medications identified during the survey were replaced.  Criteria 2: -Multi-use medications have been inspected by 8/3/15 by Administrative Nursing/ Pharmacy Consultant to determine that they are correctly dated when opened.		

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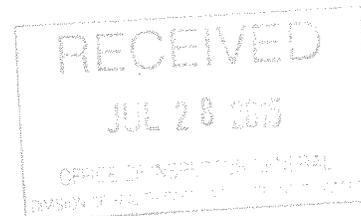
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F 431	<p>Continued From page 56</p> <p>controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems 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 observation, interview, and facility policy review, it was determined the facility failed to ensure drugs and biologicals were dated in accordance with currently accepted professional principles for one (1) of three (3) medication rooms, the East Hall Medication Room. There were two (2) multi-dose insulin pens opened and not dated when opened.</p> <p>The findings include:</p> <p>Review of the facility policy titled, "Storage of Medications", not dated, revealed Section L: Outdated, contaminated, or deteriorated medications and those in containers cracked, soiled, or without secure closure are immediately removed from stock, disposed of according to procedures for medication disposal (see Section IE: Disposal of medications and medication-related supplies), and reordered from the pharmacy (see IC3: Ordering and receiving medications from the dispensing pharmacy), if a current order exists.</p> <p>Observation of the East Wing medication room,</p>	F 431	<p>Criteria 3: Medication Administration staff have received inservice education by the DON/Staff Development Coordinator that included but was not be limited to: dating of multi-use meds upon opening as provided by 8/3/15.</p> <p>Criteria 4: -The pharmacy consultant will inspect multi-use medications to determine that they have been correctly dated upon opening; with monthly consulting visits. -The CQI indicator for the monitoring of medication storage in compliance with the regulations will be utilized monthly X 2 months, and then quarterly thereafter, under the direction of the Director of Nursing. This tool includes inspection of the med carts and med rooms for compliance with F 431 including but not limited to: proper labeling of drugs and biologicals, including multi-dose insulin pens; monitoring of expiration dates; and cleanliness of the med rooms and carts.</p> <p>Criteria 5: August 4, 2015.</p>		



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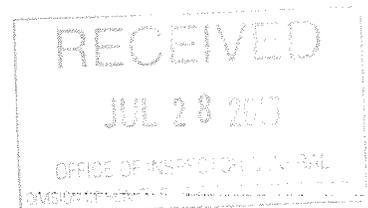
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F 431	<p>Continued From page 57</p> <p>on 06/25/2015 at 9:03 AM, with Licensed Practical Nurse (LPN) #2 revealed two (2) insulin pens of two different types of insulin; Novolog Flexpen, a short acting insulin, and Levemir Flexpen, a long acting insulin, for Unsampld Resident D, were opened and not dated with either opening or expiration dates.</p> <p>Review of Unsampld Resident D's clinical record revealed the facility re-admitted the resident on 05/02/15 with the diagnoses of Diabetes Mellitus and Alzheimer's Disease.</p> <p>Review of Unsampld Resident D's Quarterly Minimum Data Set (MDS) assessment, completed on 05/13/15, revealed the facility assessed the resident received insulin seven (7) of seven (7) days during the assessment period.</p> <p>Interview and observation with LPN #2, on 06/25/15 at 9:05 AM, revealed medications were to be dated when opened. The medications expire and failure to date a medication may result in potential harm for a resident. Furthermore, LPN #2 looked up the length of time the medication was effective in a booklet, in the medication room, and determined insulin's must be discarded after twenty-eight (28) days, according to the policies and procedures.</p> <p>Interview with the Director of Nursing (DON), on 06/25/15 at 9:12 AM, revealed the medications were to be dated when opened. She stated it was the responsibility of the nurse to date the medications when the medication was opened. It would be impossible to know when the medication expired unless it was dated when opened. (The DON was preparing to exit the facility for the remainder of the survey; therefore,</p>	F 431		



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F 431	Continued From page 58 interviews were completed to the extent possible.)  Interview with the Assistant Director of Nursing (ADON) #1, on 06/25/15 at 3:47 PM, revealed staff was required to date multi-dose insulin medication pens when they were opened. The ADON #1 stated the medication was good for twenty-eight (28) days and it was a concern if a medication got separated from the package, or, if it was not labeled. ADON #1 reported it was the nurse's responsibility to label and date all received medications when they are opened. Dating the labels when opened ensures all staff knows when a medication was no longer usable and outdated.	F 431			



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K 000	<p><b>INITIAL COMMENTS</b></p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1968, 1984 and 1997</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: S/NF DP</p> <p>TYPE OF STRUCTURE: One (1) story with a partial basement, Type III, Protected Construction.</p> <p>SMOKE COMPARTMENTS: Seven (7) smoke compartments on the Ground Floor.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic, dry sprinkler system. Hydraulically Designed.</p> <p>GENERATOR: One (1), Type II, 250KW generator. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey, utilizing the 2786S, Short Form, was conducted on 06/23/15. The facility was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).</p>	K 000		

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

X Francis Stahl, LNHA

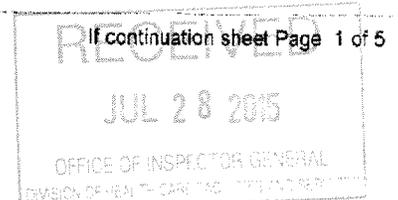
TITLE

X Administrator

(X6) DATE

X 7/27/15

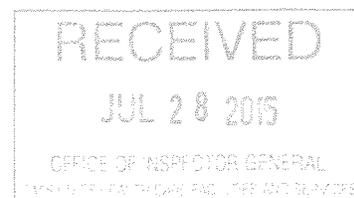
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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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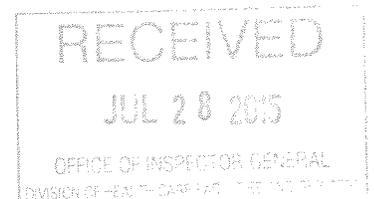
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K 000	Continued From page 1	K 000	K 056	
K 056 SS=D	<p>Deficiencies were cited with the highest deficiency identified at a D level.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect two (2) of seven (7) smoke compartments, approximately forty (40) residents, staff and visitors. The facility has one-hundred and twenty-eight (128) certified beds and the census was one-hundred and twenty-two (122) on the day of the survey. The facility failed to ensure automatic sprinkler head spray patterns were not obstructed to assure one-hundred percent (100%) sprinkler coverage.</p>	K 056	<p>Criteria 1</p> <p>The facility maintenance department relocated the light fixtures at the North Nurses station and main entrance away from the sprinkler heads to be in compliance with K 056 on 6/25/15.</p> <p>Criteria 2</p> <p>The maintenance director audited all sprinkler heads by 8/3/15 to ensure compliance with K 056 and took corrective measure where appropriate.</p> <p>Criteria 3</p> <p>The administrator educated the Maintenance Director on 7/17/15 on K 056. The facility implemented a new process to have all new construction/installation of ceiling fixtures to be reviewed by the Maintenance director before installation to ensure compliance with K 056.</p>	8/4/15



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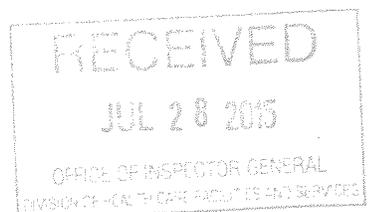
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K 056	Continued From page 2  The findings include:  1. Observation, on 06/23/15 at 8:53 AM, with the Maintenance Director revealed the sprinkler head located in the corridor, outside of the North Nurse's Station had its spray pattern obstructed by a surface mounted light fixture. The light fixture was positioned less than six (6) inches from the sprinkler head and extended further down from the ceiling than the sprinkler head fusible link did.  Interview, on 06/23/15 at 8:55 AM, with the Maintenance Director revealed he was unaware the positioning of the surface mounted light fixtures would obstruct the spray pattern of the sprinkler head upon activation of the automatic sprinkler system.  2. Observation, on 06/23/15 at 9:24 AM, with the Maintenance Director revealed a sprinkler head located in the corridor of the Main Entrance Lobby had its spray pattern obstructed by a surface mounted light fixture. The light fixture was positioned less than six (6) inches from the sprinkler head and extended further down from the ceiling than the sprinkler head's fusible link did.  Interview, on 06/23/15 at 9:26 AM, with the Maintenance Director revealed he was unaware the positioning of the surface mounted light fixtures would obstruct the spray pattern of the sprinkler head upon activation of the automatic sprinkler system.  3. Observation, on 06/23/15 at 10:31 AM, with	K 056	Criteria 4  The maintenance director will complete a monthly CIQ of ceiling fixtures for 3 months and then with compliance, Quarterly with results reported in the Quality Assurance meeting for review for effectiveness. The CQI tool will include inspections of all light fixtures at the facility nurses stations and common areas to ensure compliance with K 056, including measuring the distance of light fixtures from sprinkler heads. The tool will inspect 33% of the light fixtures radomly throughout the facility.  Criteria 5  August 4, 2015	



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K 056	<p>Continued From page 3</p> <p>the Maintenance Director revealed a sprinkler head located in the corridor of the South Hall, outside of Resident Room 131 had its spray pattern obstructed by a surface mounted light fixture. The light fixture was positioned less than six (6) inches from the sprinkler head and extended further down from the ceiling than the sprinkler head's fusible link did.</p> <p>Interview, on 06/23/15 at 10:33 AM, with the Maintenance Director revealed he was unaware the positioning of the surface mounted light fixtures would obstruct the spray pattern of the sprinkler head upon activation of the automatic sprinkler system.</p> <p>The census of one-hundred and twenty-two (122) was verified by the Administrator, on 06/23/15. The findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 06/23/15.</p> <p>Reference:</p> <p>NFPA 101 (2000 Edition)</p> <p>4.6.12.1. Every required sprinkler system shall be continuously maintained in proper operating condition.</p> <p>NFPA 13 (1999 Edition)</p> <p>5-5.5.2* Obstructions to Sprinkler Discharge Pattern Development.</p> <p>5-5.5.2.1 Continuous or noncontiguous obstructions less Than or equal to 18 in. (457 mm) below the sprinkler deflector That prevent the pattern from fully developing</p>	K 056			



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K 056	Continued From page 4 Shall comply with 5-5.5.2.  Table 5-6.5.1.2. Positioning of sprinklers to avoid obstructions to discharge requires at least one foot clearance between sprinkler heads and obstructions to spray patterns that are level with or taller than the sprinkler head.  NFPA 25 (1998 Edition)  2-2.1.1. Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. 2-2.1.2*. Unacceptable obstructions to spray patterns shall be corrected.	K 056		

