

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

PRINTED: 04/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185C00	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/13/2011
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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPOINT DRIVE FLORENCE, KY 41042
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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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Bridgepoint Care & Rehabilitation Center does not admit that the deficiencies listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>Compliance Date: April 17, 2011</p>	4/17/11
F 333 SS=0	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure residents were free from medication errors for one (1) of three (3) sampled residents, (Resident #3). Resident #3 had missed doses of the following medications Flonase (used for runny nose, congestion and sneezing associated with allergies), Nystatin (antifungal mouth rinse), Magnesium Oxide (laxative), Vitamin B-12 (vitamin) and Fentanyl-transdermal (opioid pain medication).</p> <p>The findings include:</p> <p>The facility admitted Resident #3 on (2/18/11 with diagnoses which included Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Anemia, muscle weakness and small bowel ischemia s/p resection.</p> <p>Record review revealed nurses notes dated 03/26/11, labeled as a late entry, which stated the resident "missed doses of Vitamin B-12, Magnesium Oxide, Flonase, Fentanyl and</p>	F 333		

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MAY - 6 2011
BY: [Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE ADMINISTRATOR	(X6) DATE 5/6/11
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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 discloseable 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 discloseable 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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/13/2011
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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPPOINT DRIVE FLORENCE, KY 41042
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F 333	<p>Continued From page 1</p> <p>Nystatin over the weekend related to pharmacy.....". Further review of the Nurses notes from 03/24/11 to 03/29/11 revealed no evidence the resident was out side of the facility at any time during this period until he/she was transferred to the hospital on 03/29/11 at 8:00 PM.</p> <p>Review of the Physician orders reveal ad Vitamin B-12 500 microgram tablet one (1) tablet by mouth daily originally ordered on 02/11/11. Magnesium Oxide was originally ordered on 02/16/11 400 milligrams one (1) tab daily for constipation. Flonase was originally ordered on 02/16/11 two (2) sprays in each nostril daily. Fentanyl was ordered 75 micrograms per hour or one (1) patch every three (3) days and was ordered on 03/09/11. Nyatatin was ordered on 03/24/11, five (5) milliliters swish and swallow four (4) times per day for four (4) days.</p> <p>Review of the Medication Administration Record (MAR) for the month of March 2011 revealed medications had not been given. Flonase was not administered on 03/26/11, 03/27/11 and 03/28/11. Magnesium Oxide was not administered 03/27/11. Vitamin B-12 was not administered on 03/26/11, 03/27/11 and 03/28/11. Nystatin was not administered on 03/28/11 and 03/27/11. Fentanyl-transdermal was not administered on 03/27/11.</p> <p>Interview with the Director of Nursing (DON) on 04/13/11 at 2:30 PM revealed pharmacy was very consistent with their deliveries. She further indicated when the Nurses initials were circled and a three (3) was written on the MAR, as was done on the March MAR for the medications Vitamin B-12, Magnesium Oxide, Flonase,</p>	F 333	<p>3. All nurses have been retrained on the medication ordering procedure by the Director of Nurses and Unit Managers as of 4/17/2011</p> <p>4. The Director of Nurses or Unit Managers will complete a daily audit of the medications and "MARs" x4 weeks and then weekly x4, then monthly x1 to ensure that medications are available for administration as ordered. Audit results will be reported at monthly Process Improvement (PI) meeting for additional recommendations.</p> <p>5. Compliance Date: April 17, 2011</p>	4/17/11
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NAME OF PROVIDER OR SUPPLIER BRIDGE POINT CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 WOODSPPOINT DRIVE FLORENCE, KY 41042		
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F 333	<p>Continued From page 2</p> <p>Fentanyl and Nystatin, this meant the medications were not available or the resident was out of the facility. She further stated she did not feel this was an issue because the facility followed its due process by obtaining an order to hold medications until they arrived.</p> <p>Review of the Proof of Delivery form printed on 04/13/11 for Resident #3 revealed Fentanyl, Magnesium Oxide, Nystatin, Vitamin B-12 and Flonase were shipped on 03/27/11 and received by the facility on 03/27/11 at 10:00 PM. Further documentation indicated Nystatin was delivered from the pharmacy on 03/24/11 prior to being delivered on 03/27/11. Further documentation indicated Magnesium Oxide was delivered from the pharmacy on 03/15/11 prior to being delivered on 03/27/11. Further documentation indicated Vitamin B-12 was delivered on 03/09/11 prior to being delivered on 03/27/11 and the Fentanyl was delivered on 03/10/11 prior to being delivered on 03/27/11.</p> <p>Interview with Registered Nurse (RN) #1 on 04/13/11 at 3:50 PM revealed sometimes the facility does run out of medications and indicated she could not say it was any particular medication.</p> <p>Interview with Licensed Practical Nurse (LPN) #1 on 04/13/11 at 3:58 PM revealed the facility does run out of medications and also indicated she could not say it was any medication in particular.</p> <p>Interview with LPN #2 on 04/13/11 at 4:05 PM revealed sometimes the facility does run out of medication, but could not specify it was any particular type of medication.</p>	F 333			

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F 333	<p>Continued From page 3</p> <p>Interview with Pharmacist #1 on 04/13/11 at 6:50 PM revealed the system for being able to reorder medication requires an eighty-five (85) percent usage of the medication which for this resident in particular would translate to approximately the twelfth day the facility should be able to call and reorder medication. Further interview revealed this was related to the type of insurance the resident had and it allowed for a fifteen (15) day supply of medication. He further indicated all of the information which the DON had documented from a phone interview with him was correct. He stated a Nurse had called the Pharmacy to reorder the Nystatin, Magnesium Oxide, Fentanyl, Vitamin B-12 and Flonase on 03/27/11</p>	F 333		
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