

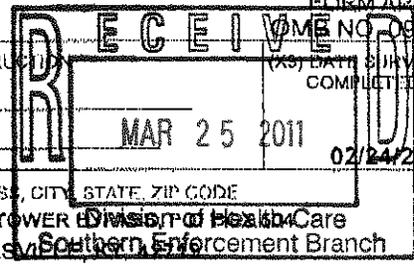
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PRINTED: 03/25/2011

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

FORM APPROVED

FORM NO. 0838-0301



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185042	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATA SURVEY COMPLETED 02/24/2011
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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER DRIVE CAMPBELL, KY 40101
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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
F 000	INITIAL COMMENTS	F 000		
F 164 SS=B	<p>A standard health survey was conducted on February 22-24, 2011. Deficient practice was identified with the highest scope and severity at "D" level.</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 164	<p><i>The Grandview Nursing and Rehabilitation Facility do not believe nor does the facility admit that any deficiencies exist. The Grandview Nursing and Rehabilitation reserves all rights to contest the survey findings through informal dispute resolutions administrative or legal proceedings. This plan of corrections does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard care, contract, obligation or position. The Grandview Nursing and Rehabilitation reserves all rights to raise all possible contentions and criminal claim, action or proceeding. Nothing contained in the plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE: 3/25/11
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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 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.

Received Time Mar. 25. 2011 3:58PM No. 7411

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/25/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 504 CAMPBELLSVILLE, KY 42719	
(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 164	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, it was determined the facility failed to ensure privacy of medical records was maintained during medication administration. Observation of medication pass on February 22, 2011, revealed the Medication Administration Record (MAR) was left open on the medication cart in the hallway, exposing residents' medical information to the public and other residents.</p> <p>The findings include:</p> <p>Observation during medication pass on February 22, 2011, at 4:30 p.m., revealed Licensed Practical Nurse (LPN) #1 entered the room of an unsampled resident to administer medications to the resident. Further observation revealed the MAR on top of the medication cart in the hallway had been left open which exposed the resident's personal, confidential information.</p> <p>Continued observation revealed a visitor walked past the medication cart with the MAR exposed. Further observation revealed a family member positioned resident #10's wheelchair near the medication cart while the MAR was open. When LPN #1 returned to the medication cart the family member requested resident #10's medications to be administered.</p> <p>Further observation of medication pass revealed LPN #1 prepared resident #10's medications, and then followed the resident and family member to the resident's room. LPN #1 failed to ensure the MAR information was not exposed while administering medications to resident #10. Two visitors were observed to pass by the medication cart while LPN #1 was in resident #10's room.</p>	F 164	<p><i>The Grandview Nursing and Rehabilitation does not waive, reserves the right to assert in any administrative, civil or criminal claim action or proceeding. The Grandview Nursing and Rehabilitation offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents.</i></p> <p><u>F164 483.20(e), 483.75(f)(4)</u> <u>PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</u></p> <p>It is and was on the day of survey the policy of The Grandview Nursing and Rehabilitation Facility to provide each resident privacy and confidentiality of his/her personal and clinical records.</p> <p>1. It is the policy of this facility to provide privacy and to keep all residents personal and clinical records confidential. The MAR is to be covered when the nurse or CMT is away from the medication cart so that no resident's medical information is exposed. The Director of Nursing has in-serviced all</p>	

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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 840 WATER TOWER BYPASS, P O BOX 504 CAMPBELLSVILLE, KY 42719	
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F 164	Continued From page 2 Interview on February 23, 2011, at 2:30 p.m., with LPN #1 revealed the LPN was aware the MAR had been left open during the medication pass. The LPN stated residents' medical information is confidential and he/she should have kept the information covered. A review of the facility's policy regarding resident rights revealed all residents would have personal privacy and confidentiality of their personal and clinical records.	F 164	nurses and CMT's related to the facility practice of keeping all residents personal and clinical records confidential. These one on one in-services were conducted 3/14/11-3/18/11.	
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 observation, interview, and record review, the facility failed to meet professional standards of quality for two of fifteen sampled residents (residents #7 and #8). Resident #7 had a physician's order for a floor pad alarm to be placed at bedside and used continuously. Resident #8 had a physician's order for Geri-sleeves to bilateral lower extremities and space boots to bilateral heels when in bed or in recliner. However, the facility failed to follow the physician's orders for the floor pad alarm for resident #7 and the Geri-sleeves and space heel boots for resident #8. The findings include: 1. Review of resident #7's medical record revealed resident #7 was admitted to the facility on April 10, 2008, with diagnoses of	F 281	2. All licensed nurses (RN's and LPN's) and CMT's have been re-educated of our practice and policy of keeping residents MAR covered when away for the medication cart. A Resident Rights in-service has been scheduled for 3/24/11. The speaker will be our local Ombudsman and she will be in-servicing the staff about the residents right to personal privacy and confidentiality of his/her personal and clinical records. 3. The nurses (RN's and LPN's) and CMT's have been re-serviced. The Director of Nursing will audit two times monthly to ensure nurses (RN's and LPN's) and CMT's are practicing per our policy. 4. As part of the facility's ongoing quality assurance program the above audit will be incorporated into the facility's monthly quality assurance program.	3/25/11

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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 504 CAMPBELLSVILLE, KY 42719	
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F 281	<p>Continued From page 3</p> <p>Hypertension, Hyponatremia, Depressive Disorder, Difficulty Walking, and Alzheimer's Disease. Review of a physician's order dated February 18, 2011, revealed an order for a floor pad alarm under the rubber mat at resident #7's bedside and to check placement every shift and as needed, related to falls.</p> <p>Observation of resident #7 on February 24, 2011, at 9:30 a.m., revealed the resident had a floor pad at the bedside; however, the alarm under the mat was not working. Further observation revealed the box to activate the alarm was missing.</p> <p>Interview with State Registered Nurse Aides (SRNAs) #6 and #7 on February 24, 2011, at 9:30 a.m., revealed the floor alarm was only used for resident #7 at night.</p> <p>Interview with Licensed Practical Nurse (LPN) #3 on February 24, 2011, at 9:50 a.m., revealed the floor pad alarm was supposed to be turned on at 9:00 p.m., and then turned off at 6:00 a.m. However, the physician's order stated to have a floor pad alarm under the rubber mat at bedside and to check placement every shift and as needed.</p> <p>2. Review of resident #8's medical record revealed the resident was admitted to the facility on April 20, 2009, with diagnoses of Chronic Kidney Disease, Muscle Weakness, Depressive Disorder, and Esophageal Reflux. Review of the physician's orders for February 2011 revealed an order for space boots to bilateral heels for resident #8 when in bed and in recliner. Further review of physician's orders revealed an order for Geri-sleeves to bilateral lower extremities.</p>	F 281	<p><u>§281.483.20(k)(3)(i)</u> <u>SERVICES PROVIDED MEET</u> <u>PROFESSIONAL STANDARDS</u></p> <p>It is and was on the day of survey that all services provided or arranged by The Grandview Nursing and Rehabilitation Facility meet professional standards of quality.</p> <p>1. Resident # 7 had a fall on 2/14/11. On 2/15/11, an order was received for placement of a floor alarm under floor mat beside of residents bed to alert staff when resident was up; nursing was to check placement and functioning every shift. On 2/17/11, the order was changed for the alarm to be turned on at night between 9:00pm and 6:00am. The following day, 2/18/11, the order was changed again for the alarm to be on every shift due to resident receiving a non-injury fall. On the morning of 2/24/11 it was found that the resident had removed the battery from the box that activates the alarm. A new battery was placed. At noon when the alarm was again checked for placement and functioning it was discovered that the resident had cut the cord connecting the box and pad. At this time an order was received to place a motion sensor alarm in resident's</p>	

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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 504 CAMPBELLVILLE, KY 42719	
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F 281	<p>Continued From page 4</p> <p>Observations of resident #8 on February 22, 2011, at 11:30 a.m., 2:50 p.m., 4:14 p.m., 5:47 p.m., and 6:44 p.m., and on February 23, 2011, at 8:32 a.m., 9:00 a.m., 1:40 p.m., and 2:18 p.m., revealed resident #8 was in bed or in a recliner. No Geri-sleeves were observed to the resident's bilateral lower extremities and no space boots were observed on the resident's bilateral heels.</p> <p>Review of the State Registered Nurse Aide (SRNA) Care Plan dated February 2011 revealed resident #8 was to have Geri-sleeves to both legs and space boots to the heels when in bed and when in a recliner.</p> <p>Review of the Comprehensive Care Plan (CCP) dated November 30, 2009, also revealed resident #8 was required to have space boots to bilateral heels when in bed and in a recliner.</p> <p>Review of the Treatment Record for February 2011 revealed Certified Medication Technician (CMT) #1 had signed the Treatment Record that the Geri-sleeves and the space boots were on resident #8 per physician's order for February 22 and 23, 2011.</p> <p>Interview with CMT #1 on February 23, 2011, at 3:03 p.m., revealed the CMT had signed the Treatment Record that the Geri-sleeves and space boots were on resident #8; however, the CMT had not observed to ensure the interventions were in place for resident #8.</p> <p>Interview with SRNA #5 on February 23, 2011, at 10:14 a.m., revealed the SRNA was unaware resident #8 was required to have Geri-sleeves on bilateral lower extremities and space boots on bilateral heels.</p>	F 281	<p>room. A motion sensor alarm was purchased on 2/24/11 and placed in resident's room at approximately 2:00 p.m. The alarm sounds at the desk to alert staff that resident is up. Resident #8 has orders for geri-sleeves to bilateral lower extremities and space heel boots when up in recliner or when in the bed. This is to be checked by the nurse or CMT and noted on the treatment sheet. The nurse aide worksheets have been modified to also include this information of residents that are to have geri-sleeves, pad alarms and other important information pertaining to the care of the resident. These new nurse aide worksheets will be placed on the floor on or before April 1, 2011</p> <p>2. All residents that have a pad alarm have been checked for function and placement and will continue to be checked each shift. All residents having orders for geri-sleeves have been reviewed and noted on the treatment sheet for time of placement. An in-service for all nurse aides has been scheduled for March 24, 2011, to introduce the new worksheets.</p>	

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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 504 CAMPBELLVILLE, KY 42719	
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F 281	Continued From page 5	F 281	3. The nurse aide worksheets have been revised to note those residents that have orders for specific care items. By the nurse aides utilization of this new worksheet they will be able to make a quick look for placement of such items and be reminded of the items that the resident is care planned for.	
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure residents were free of medication error rates of five percent or greater. Observations of medication pass on February 22, 2011 and February 23, 2011, revealed three medication errors occurred (residents #10 and #11) with forty-five opportunities, resulting in an error rate of 6.6 percent. The findings include: 1. Observation of medication administration conducted for resident #10 on February 22, 2011, at 5:05 p.m., revealed LPN #1 prepared four oral medications to be administered to resident #10. The medications were Nephrocaps one capsule, Renvela 2.4 grams two packets, Calcium Acetate Gelcap (Phoslo) two capsules, and Digoxin 0.125 milligrams. Review of the monthly physician's orders directed staff to administer Renvela and	F 332	4. As part of the facility's ongoing quality assurance program the Director of Nursing will check three residents a week for the next three months for placement and functioning of alarms and placement of geri-sleeves to assure physicians orders are being followed. <u>F332 483.25(m)91)</u> <u>FREE OF MEDICATION ERROR RATES OF 5% OR MORE</u> It is and was on the day of survey the policy of The Grandview Nursing and Rehabilitation Facility to be free of medication error rates of five percent or greater.	4/1/11

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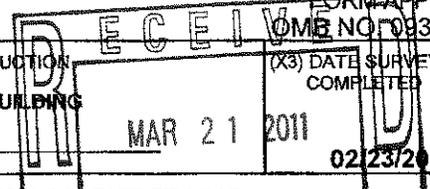
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F 332	<p>Continued From page 6</p> <p>Calcium Acetate Gelcap (Phoslo) WITH meals. However, observation revealed resident #10 was served dinner in the dining room at 5:25 p.m., 20 minutes after the medications were administered.</p> <p>A review of resident #10's record revealed the resident required hemodialysis three times a week due to the diagnosis of End Stage Renal Disease. According to the Nursing 2010 Drug Handbook (30th Anniversary Edition), Renvela and Calcium Acetate Gelcap (Phoslo) are phosphate binders and must be taken WITH meals to be effective.</p> <p>Interview on February 23, 2011, at 2:30 p.m., with LPN #1 revealed medications can be administered one hour before or one hour after the time listed on the MAR. LPN #1 revealed he/she did not know the purpose/action of the two medications but the medications were ordered for residents that required dialysis. LPN #1 stated resident #10 always went to the dining room as soon as the evening medications were administered, however, waiting 20 minutes for the meal would not be considered as administering the medication with meals.</p> <p>An interview conducted with the Director of Nursing (DON) on February 23, 2011, at 2:50 p.m., revealed Renvela and Calcium Acetate Gelcap (Phoslo) should be administered with meals. The DON stated the facility did not have a policy regarding the administration of phosphate binders.</p> <p>2. Observation of medication administration on February 23, 2011, at 8:49 a.m., revealed Certified Medication Technician (CMT) #1 administered medications to resident #11. CMT</p>	F 332	<p>1. Resident #10 received orders on 1/1/10 for Calcium Acetate Gelcaps (Phoslo) to be given at 10a, 2p, and 8p with a snack and also to be given with food three times a day. The scheduled times are 7a, 12p, and 5p. Resident also has orders to receive Renvela powder 2.4gm 2 packs with each meal-order was received on 1/10/11-the scheduled times to be given is 7a, 12p and 5p. A clarification order for resident #10 was received on 2/24/11 for resident to receive Phoslo 667mg one capsule by mouth three times a day with snacks/give 30 cc cup pudding/applesauce with medication at 10a, 2p, and 7p and give Phoslo 667mg one capsule by mouth three times a day 15-30 minutes prior to meal and give with 30cc cup of pudding or applesauce with medications at 6a, 11a, and 4p. and Renvela 2.4gm powder 2 packs three times a day 15-30 minutes prior to meal or during meal, can give 30 cc cup of pudding/applesauce with medication at 6a, 11a, and 4p. Resident #11 has an order for Prevacid. This is a time release medication and should not be crushed. However, on the day of survey CMT #1 crushed the Prevacid and placed it in applesauce prior to</p>	

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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 604 CAMPBELLSVILLE, KY 42719	
(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 332	<p>Continued From page 7</p> <p>#1 was observed to crush Lansoprazole Delayed Release (Prevacid), place it in applesauce, and administer to resident #11.</p> <p>Review of the physician's orders and the Medication Administration Record (MAR) for February 2011 directed staff to DO NOT CRUSH the medication Lansoprazole ODT (Prevacid).</p> <p>Interview with CMT #1 on February 23, 2011, at 9:32 a.m., revealed the CMT was not aware the medication Lansoprazole ODT (Prevacid) could not be crushed for administration. Further interview revealed CMT #1 had not noticed the 'do not crush' that was typed out by the name of the medication on the MAR.</p> <p>Interview with the Pharmacist on February 23, 2011, at 3:00 p.m., revealed the medication Lansoprazole ODT (Prevacid) could not be crushed.</p> <p>Interview with the Director of Nursing on February 23, 2011, at 3:13 p.m., revealed staff should follow physician's orders related to crushing medications. The DON stated that if a medication was not to be crushed, and the resident could not swallow medications that were not crushed, the staff member was required to contact the Pharmacy.</p>	F 332	<p>administering the medication to the resident. Resident #11 does have a swallowing problem and prefers to have her medication crushed and given with applesauce. On 3/15/11, ODT instructions were placed on the MAR for resident #11 related to the Prevacid. The instructions read: Lansoprazole (Prevacid) 30mg tablet by mouth every morning (DO NOT CRUSH) PLACE ON THE TONGUE AND ALLOW IT TO DISINTEGRATE UNTIL PARTICLES CAN BE SWALLOWED.</p> <p>2. All residents who receive medications which are required to be given with food or that have special instructions have been reviewed by pharmacist and Director of Nursing.</p> <p>3. A pharmacy in-service has been scheduled for March 28, 2011. Dialysis medications and DO NOT CRUSH medications will be discussed during the in-service. The pharmacy consultant will perform a monthly audit of medication pass to ensure ongoing compliance.</p> <p>4. As part of the facility's ongoing quality assurance program the Director of Nursing or QA nurse will conduct a medication audit monthly.</p>	3/28/11

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NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 58 CAMPBELLSVILLE, KY 42719
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K 000	INITIAL COMMENTS A life safety code survey was initiated and concluded on February 23, 2011, for compliance with Title 42, Code of Federal Regulations, §483.70. The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition. Deficiencies were cited with the highest deficiency identified at "E" level.	K 000	<u>K018NFPA 101 LIFE SAFETY CODE STANDARD</u> It is and was on the day of survey the policy of The Grandview Nursing and Rehabilitation Facility to ensure that corridor doors are maintained according to NFPA standards.	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that corridor doors were maintained according to NFPA standards. This deficient practice affected two of four smoke compartments, staff, and approximately fourteen residents. The facility has the capacity for 81 beds with a census of 75 on the day of the survey. The findings include: During the Life Safety Code tour on February 23, 2011, at 10:30 a.m. to 12:30 p.m., with the Director of Maintenance (DOM), a wedge was observed holding open the Conference Room,	K 018	<ol style="list-style-type: none"> The door wedges that were noted on the day of survey holding open the Conference Room, Staff Lounge and Activity Room corridor doors have been removed. All door wedges used to hold open doors have been removed. The spring hinges have been removed from the Conference Room, Staff Lounge, and Activity Room doors so that the doors can be open without a door wedge. The maintenance supervisor or his designee will randomly check doors in the facility to ensure no doors are being held open by any device not approved to hold corridor doors open. As part of the facility's ongoing quality assurance program random checks of the doors will be conducted by the Administrator (at least quarterly) to ensure compliance to this practice is followed. 	3/18/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cindy Brown</i>	TITLE <i>Administrator</i>	(X6) DATE 3/18/11
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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 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.

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

PRINTED: 03/10/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2011
NAME OF PROVIDER OR SUPPLIER THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS, P O BOX 504 CAMPBELLVILLE, KY 42719		
(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	
K 018	<p>Continued From page 1</p> <p>Staff Lounge, and Activity Room corridor doors. According to regulations wedges are not an approved device to hold corridor doors open.</p> <p>An interview on February 23, 2011, at 10:30 a.m., with the DOM revealed the DOM was aware that wedges should not be used to hold corridor doors open.</p> <p>Reference: NFPA 101 (2000 Edition).</p> <p>19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted</p> <p>A.19.3.6.3.3 Doors should not be blocked open by furniture, door stops, chocks, tie-backs, drop-down or plunger-type devices, or other devices that necessitate manual unlatching or releasing action to close. Examples of hold-open devices that release when the door is pushed or pulled are friction catches or magnetic catches</p> <p>19.3.6.3.4 Door-closing devices shall not be required on doors in corridor wall openings other than those serving required exits, smoke barriers, or enclosures of vertical openings and hazardous areas.</p>	K 018			