

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

PRINTED: 09/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/01/2011
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NAME OF PROVIDER OR SUPPLIER WURLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 WURLAND AVENUE WURLAND, KY 41144
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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	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey was conducted 08/30/11 through 09/01/11 to investigate KY00016919, KY00016946, and KY00016997. KY00016919, KY00016946, and KY00016997 were substantiated with deficiencies cited at a the highest S/S of an "E".</p> <p>F 224 88=E 483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review, medication delivery packing list, review for the facility's abuse policy, and review of employee files it was determined the facility failed to implement the facility policy related to the thorough investigation of misappropriation of medications and conducting pre-employment abuse registry checks. Review of the clinical records and interview of facility staff revealed the facility failed to compare the "Controlled Drug Record" with the "Medication Administration Records (MARS)" for three (3) of six (6) sampled residents (Residents #3, #4, and #6). Furthermore, interview with the Director of Nursing (DON) revealed the facility failed to investigate all employees who had access to the missing narcotics from the time the last dose was administered until the medications were</p>	F 000	<p>The statements made in this plan of correction are not an admission of and do not constitute agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the center's allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated.</p> <p>It is the policy of Wurland Nursing and Rehabilitation Center that the facility implements the policy related to the thorough investigation of misappropriation of medications and conducting pre-employment abuse registry checks.</p> <p>LPN # 1 was suspended pending investigation on 8/22/11 and terminated on 8/25/11 by the Administrator and DON. LPN #1 contacted the DON on 8/25/11 to inform the DON that her drug screen had tested positive for Morphine (Roxanol) and verbalized that she was not prescribed this medication.</p> <p>SRNA # 1 was terminated on 8/19/11 by the Administrator and was escorted from the facility by a KY State Trooper.</p> <p>The DON obtained statements from staff which had access to the medication carts as well as the lists which were signed by</p>	0/03/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/23/11
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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.

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F 224	<p>Continued From page 1</p> <p>discovered missing. Additionally, review of employee files and interview with the Human Resources Manager revealed the facility failed to complete "Abuse Registry Checks" for one (1) of eight (8) employee files reviewed, (State Registered Nurse Aide (SRNA) #1).</p> <p>The findings include:</p> <p>Review of the facility's Abuse Policy and Procedure, dated 07/01/09, revealed "The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress."</p> <p>Review of the "Controlled Drug Record" for Residents #3, #4 and #6 revealed the facility identified Roxinol (a pain medication) was missing from each resident on 08/21/11.</p> <p>Per the prescription delivery packing list, for Resident #3, the pharmacy delivered thirty (30) cc of Roxinol to the facility on 06/16/11. Per the "Controlled Drug Record" Resident #3 was identified to have two (2) cubic centimeters (cc) of Roxinol missing on 08/17/11. On 08/21/11 the facility identified Resident #3 had an additional ten (10) cc of Roxinol missing. Review of the MARS revealed Resident #3 had not received Roxinol from the delivery date of 08/16/11 through the discovery of the missing Roxinol on 08/17/11 or the second discovery on 08/21/11. There was no documented evidence the facility investigated the 08/17/11 shortage of the Roxinol.</p> <p>Review of the facility's investigation into the 08/21/11 missing Roxinol revealed the facility</p>	F 224	<p>clinical staff stating that the medication counts were correct for the medication carts and were provided to the KY State Surveyor on 9/1/11. Additional investigation with staff having access to the medication cart within the stated time frame of 6/16/11 to 8/21/11 were completed by the DON by 9/22/11. No other staff were identified to have any further knowledge of missing Morphine (Roxanol).</p> <p>The Administrator will review all investigative reports regarding abuse/neglect/misappropriation for the last 60 days to ensure that the investigations were thoroughly completed according to facility protocols and federal guidelines.</p> <p>The HR Manager will review each active employee's "Abuse Registry Check" by 9/30/11 to ensure they were completed prior to working in the facility. If discrepancies occur, they will be addressed immediately.</p> <p>The Regional CQI Nurse educated the Administrator and DON regarding the importance of a thorough and complete investigation process on 9/22/11.</p> <p>The Administrator educated the HR Manager regarding the importance of obtaining "Abuse Registry Checks" on employees prior to working at the facility on 9/19/11.</p> <p>The Administrator will audit each new hire as well as 10 random employee files each</p>	
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F 224	<p>Continued From page 2</p> <p>focused on one (1) employee, Licensed Practical Nurse (LPN) #1. The interviews with facility staff who discovered the missing medication was included in the investigation. There was no documented evidence the facility investigated other staff members who had access to the resident's Roxinol from 06/16/11 until 08/21/11, when the facility identified the medication was missing.</p> <p>Review of the prescription delivery packing lists, for Resident #4, revealed the facility delivered thirty (30) cc of Roxinol to the facility on 07/22/11. Review of the "Controlled Drug Record" revealed the resident had 19.25 cc of Roxinol 08/08/11. Per the "Controlled Drug Record" the facility identified the resident to have ten (10) cc of Roxinol, a difference of 9.25 cc. Review of the MARS revealed Resident #4 received 0.5 cc of Roxinol on 08/08/11 at 7:29 PM and again on 08/09/11 at 11:47 PM, for a total of one (1) cc. The 08/08/11 7:29 dose of Roxinol was recorded on the "Controlled Drug Record". However, the 08/09/11 dose of Roxinol was not recorded on the "Controlled Drug Record." Per the "Controlled Drug Record" the resident received a 0.5 cc of Roxinol on 08/08/11 at 11:30 PM. This dose of Roxinol was not recorded on the resident's MARS. Review of the facility's investigations revealed the facility did not investigate all staff who had access to the Roxinol between 07/22/11 and 08/21/11 when the medication was discovered missing.</p> <p>Review of the prescriptions delivery packing list for Resident #8 revealed a thirty (30) cc bottle of Roxinol labeled R5093749 was delivered to the facility on 12/06/10. Review of the "Controlled</p>	F 224	<p>week for 4 weeks to ensure the "Abuse Registry Checks" are completed prior to the employee working at the facility.</p> <p>The Administrator will review each investigative report for the next 60 days to ensure that the investigations were thoroughly completed.</p> <p>The results of the audits will be discussed during the monthly CQI (Continuous Quality Improvement) Meetings. The CQI Committee is composed of the Administrator, DON, ADON, RN Supervisor, Social Services, MDS Coordinators, Medical Records, Activity Director, Rehab Manager, Dietary Manager, SDC, Housekeeping/Laundry Director, Accounts Payable/Payroll Manager, AR Manager, Maintenance Director and HR Manager.</p>	

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F 224	<p>Continued From page 3</p> <p>Count Sheet" for R5089749 revealed the resident had 23.76 cc of Roxinol on 08/20/11. The facility adjusted the amount in the bottle on 08/22/11 to 20 cc. Review of a second prescriptions delivery packing list for a bottle of Roxinol labeled R5828886 revealed 30 cc of Roxinol was delivered to the facility on 08/10/11. Review of the "Controlled Count Sheet" for R5828886 revealed the facility adjusted the volume from 30 cc to 20 cc on 08/21/11. Review of the facility's investigation revealed they did not investigate all staff who had access to the resident's Roxinol between 08/10/11 and 08/21/11 when the Roxinol was discovered missing.</p> <p>Interview, on 09/01/11 at 4:23 PM, with the DON revealed she talked to several nurses about the proper method to sign out drugs. She explained she did not expand her investigation beyond the alleged perpetrator because the other staff responded appropriated to her questions. She stated she did not compare the "Controlled Count Sheet" with the MARS. The DON explained due to the failure to follow procedure the nurse who left without counting was the only suspect.</p> <p>2. Review of the facility's policy "Abuse, Neglect, and Exploitation" revealed pre-employment screening would be completed on all employees. The pre-employment screening would include: reference checks, criminal history, and abuse registry report.</p> <p>Review of the time card for State Registered Nurse Aide (SRNA) #1 revealed she worked on 07/24/11.</p> <p>Review of the "Online Validation Results" the</p>	F 224		

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F 224	Continued From page 4 facility completed for SRNA #1 revealed the Nurse Aid Abuse Registry check was completed on 07/25/11. Interview, on 08/31/11 at 3:34 PM, with the Human Resources Manager verified SRNA #1 worked on 07/24/11. She stated she was responsible for completing abuse registry checks. She stated the abuse check should have been done prior to the employee working.	F 224		
F 281 SSWE	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 interview, record review, and review of the facility's policy it was determined the facility failed to meet the standards of practice for the accurate documentation of narcotic administration for three (3) of six (6) residents reviewed (Resident #1, #4, and #6). The findings include: Review of the facility's policy "Preparation and General Guidelines" revealed as needed (PRN) medications were to be documented on the Medication Administration Record (MAR). The policy did not detail the need for staff to document the medication as administered on the "Controlled Count Sheet". Review of the facility's policy "Procedures for Receiving, Storing, Administering and	F 281	It is the policy of Wurland Nursing and Rehabilitation Center that the facility provides or arranges services in a manner that meet professional standards of quality. The Administrator, DON and Regional CQI Nurse reviewed the facility policies regarding "Preparation and General Guidelines," "Procedures for Receiving, Storing, "Controlled Medications" Policy and Procedure, Administering and Distributing Controlled Substances" on 9/22/11 date and no changes were made at that time. The facility will attach the Pharmacy Policy regarding (attachment A) "Preparation and General Guidelines of Controlled Medications" which notes that controlled medications will be signed off on the MAR and the accountability records. Resident # 1, 4 and 6's medical records will be reviewed by the DON by 9/30/11 to ensure that the records are maintained according to professional standards.	10/03/11

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F 281	<p>Continued From page 5</p> <p>Discontinuing Controlled Substances" revealed the staff member (authorized to give medications) going off duty surrenders the keys to the staff member coming on duty. The two (2) staff members count the narcotics to verify the count is accurate. The policy did not detail the need to compare dose signed out on the "Controlled Count Sheet" to ensure the medications had been recorded on the residents' MAR.</p> <p>Interview, on 09/01/11 at 4:23 PM, with the Director of Nursing (DON) revealed it was professional standards of practice that staff passing medication review the MAR prior to obtaining an as needed (PRN) medication. In addition, she stated once the staff member had determined the time for the PRN medication to be given, the staff member is to document on the MAR and the "Controlled Count Sheet" when the medication was given. She explained medications were to be given based on documentation within the MARS and not the "Controlled Count Sheet".</p> <p>1. Review of the "Control Count Sheet" for Resident #1, for the month of August 2011 revealed Oxycodone/APAP (a narcotic pain medication) 10-325 milligrams (mg) was documented to have been removed from the medication cart at 2:00 PM on 08/16/11. Review of the MAR for 08/16/11 revealed no documented evidence the medication had been administered. (The LPN who administered this medication did not call back until after exit).</p> <p>2. Review of the "Controlled Count Sheet" for July and August 2011 for Resident #4 revealed facility staff documented the resident received</p>	F 281	<p>Discrepancies noted in the records between the MAR's and the Control Count Sheets will be listed for trending and patterns and corrected via education and monitoring as noted in this plan of correction.</p> <p>A pain assessment was completed by the DON on 8/22/11 for resident #1, 4 and 6 which ensured that the current courses of pain medication treatments were effective.</p> <p>The Charge Nurse completed pain assessments on all residents who reside on the front hall on 8/16/11 which revealed that the current treatments for pain were effective.</p> <p>The DON and Charge Nurse will complete pain assessments on all residents who reside on the back hall by 9/30/11 to ensure that the current treatments for pain management are effective. If pain treatment is identified not to be effective, the physician will be notified for further orders.</p> <p>The DON will review each resident's medical record by 9/30/11 date to ensure that the records are maintained according to professional standards. The review will also focus on the documentation related to the administration of controlled medications. If discrepancies occur, they will be corrected via education and monitoring as noted in this plan of correction.</p> <p>The SDC (Staff Development Coordinator) will educate all staff who is</p>		

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F 281	<p>Continued From page 6</p> <p>seventy-two (72) doses of Roxinol (a liquid narcotic pain medication) between 07/26/11 and 09/01/11. Review of the MAR from 07/25/11 through 09/01/11 revealed the resident received ten (10) doses of Roxinal. When compared to the "Controlled Count Sheet" there were sixty-two (62) doses of Roxinol which were not documented on the MAR for Resident #4.</p> <p>3. Review of the "Controlled Count Sheet" from 08/23/11 through 08/27/11 for Resident #8 revealed the resident received forty-two (42) doses of Roxinol. Review of the MAR for Resident #6 from 08/23/11 through 08/27/11 revealed facility staff documented the resident received twenty (20) doses of Roxinal, a difference of twenty-two (22) does.</p> <p>Interview, on 08/31/11 at 4:34 PM, with Registered Nurse (RN) #1 revealed she was a supervisor and did not pass medications. She stated she did not compare the "Controlled Count Sheet" with the number of doses given on the MAR. RN #1 explained she thought the DON had a system to do that.</p> <p>During an interview, on 09/01/11 at 3:21 PM, Certified Medication Aide (CMA) #3 stated if a resident asked for pain medication he would check the control log and see if it was time for the medication. He explained, if it was time for the medication he would then go into the computer and sign out the medication and administer the medication to the resident. He stated the medications needed to be signed out on the "Controlled Count Sheet" and the MAR.</p> <p>Per Interview, on 09/01/11 at 3:36 PM, with</p>	F 281	<p>authorized/licensed/ certified to administer medications regarding to maintaining records according to professional standards as well as documenting on the MAR and Controlled Count Sheet by 10/2/11.</p> <p>The DON will randomly audit 10 resident records per week for 4 weeks to ensure that the medical records are maintained by professional standards and that the MAR's and Controlled Count Sheets both reflect the administration of controlled narcotics.</p> <p>The Pharmacy will conduct random audits of 10 residents on PRN pain medication bi-weekly for 4 weeks to ensure that the MAR's and controlled count sheets reflect the administration of controlled narcotics.</p> <p>The results of the audits will be discussed during the monthly CQI (Continuous Quality Improvement) Meetings. The CQI Committee is composed of the Administrator, DON, ADON, RN Supervisor, Social Services, MDS Coordinator, Medical Records, Activity Director, Rehab Manager, Dietary Manager, SDC, Housekeeping/Laundry Director, Accounts Payable/Payroll Manager, AR Manager, Maintenance Director and HR Manager.</p>	

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F 281	Continued From page 7 Licensed Practical Nurse (LPN) #1 revealed staff was to check the MAR to determine if it was time for a resident to have pain medication. She explained if the medication was given, staff was to document on the MAR the date and time, other intervention provided, and the effectiveness of the medication. The LPN stated it was necessary to document on the MAR when medications were given, because physicians used the MAR to monitor the residents' medications and make changes to medication based on what was charted on the MAR.	F 281		
F 431 SS=K	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</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,</p>	F 431	<p>It is the policy of Wurland Nursing and Rehabilitation Center to ensure pharmacy services have an effective system to compare the documentation of controlled pain medications.</p> <p>The facility has an established system of records of the 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 are maintained and periodically reconciled.</p> <p>The Administrator, DON and Regional CQI Nurse reviewed the facility policies regarding "Preparation and General Guidelines," "Procedures for Receiving, Storing, "Controlled Medications" Policy and Procedure, Administering and Distributing Controlled Substances" on 9/22/11 date and no changes were made at that time.</p>	10/03/11

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F 431	<p>Continued From page 8</p> <p>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, record review, and review of facility's policies and procedures it was determined the facility failed to ensure pharmacy services had an effective system to compare the documentation of controlled pain medications to three (3) of six (6) sampled residents (Resident #1, #4 and #8).</p> <p>The findings include:</p> <p>Review of the facility's policy "Preparation and General Guidelines" revealed no documented evidence of the need for staff to document the medication as administered on the "Controlled Count Sheet". The policy detailed that as needed (PRN) medications were to be documented on the Medication Administration Record (MAR).</p> <p>Review of the facility's policy "Procedures for Receiving, Storing, Administering and Discontinuing Controlled Substances" revealed the policy did not detail the need to compare doses signed out on the "Controlled Count Sheet" to ensure they had been recorded on the residents' MAR. Per the Policy the staff member</p>	F 431	<p>The policy, "Preparation and General Guidelines RE: Controlled Medications," is attached as Attachment A which was not requested during the survey. The policy states that, "When a controlled medication is administered, the licensed nurse administering the medication or staff member lawfully authorized to administer medications and who administered the medications immediately enters the information on the accountability record (control sheet) and the medication administration record (MAR)."</p> <p>Resident # 1, 4 and 6's medical records will be reviewed by the DON and pharmacist by 9/30/11 to ensure that the records are maintained according to professional standards. Discrepancies noted in the records between the MAR's and the Control Count Sheets will be listed for trending and patterns and corrected via education and monitoring as noted in this plan of correction.</p> <p>A pain assessment was completed by the DON on 8/22/11 for resident #1, 4 and 6 which ensured that the current courses of pain medication treatments were effective.</p> <p>The Charge Nurse completed pain assessments on all residents who reside on the front hall on 8/16/11 which revealed that the current treatments for pain were effective.</p>	

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION.	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 186261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/01/2011
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NAME OF PROVIDER OR SUPPLIER WURLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 100 WURLAND AVENUE WURLAND, KY 41144
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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 431	<p>Continued From page 9</p> <p>(authorized to give medications) going off duty surrenders the keys to the staff member coming on duty. The two (2) staff members counted the narcotics to verify the count is accurate.</p> <p>Interview, on 09/01/11 at 4:23 PM, with the Director of Nursing (DON) revealed it was professional standards of practice that staff passing medication review the MAR prior to obtaining an as needed (PRN) medication. In addition, she stated once the staff member had determined the time for the PRN medication to be given, the staff member was to document on the MAR and the "Controlled Count Sheet" when the medication was given. She explained medications were to be given based on documentation within the MARS and the "Controlled Count Sheet".</p> <p>1. Review of the "Control Count Sheet" and MAR for Resident #1, for 08/18/11 revealed Oxycodone/APAP (a narcotic pain medication) 10 -325 milligrams (mg) was signed on the count sheet as given at 2:00 PM, however there was no documentation on the MAR.</p> <p>2. Review of the "Controlled Count Sheet" and MAR from 07/25/11 through 09/01/11 for Resident #4 revealed there were sixty-two (62) doses of Roxinol signed out on the control sheet, which were not documented on the MAR.</p> <p>3. Comparison of the "Controlled Count Sheet" from 08/23/11 through 08/27/11 for Resident #6 revealed a difference of twenty-two (22) doses of Roxinol between the two (2) documents.</p> <p>Interview, on 09/01/11 at 3:43 PM, with the</p>	F 431	<p>The DON and Charge Nurse will complete pain assessments on all residents who reside on the back hall by 9/30/11 to ensure that the current treatments for pain management are effective. If pain treatment is identified not to be effective, the physician will be notified for further orders.</p> <p>The DON will review each resident's medical record by 9/30/11 date to ensure that the records are maintained according to professional standards. The review will also focus on the documentation related to the administration of controlled medications. If discrepancies occur, they will be corrected via education and monitoring as noted in this plan of correction.</p> <p>The Administrator and Pharmacy Consultant consulted verbally over the phone on 9/20/11 regarding the importance of pharmacy services being provided in a manner that ensures that narcotics are systematically tracked and dispensed according to Federal Guidelines.</p> <p>The SDC (Staff Development Coordinator) will educate all staff who is authorized/licensed/ certified to administer medications regarding to maintaining records according to professional standards as well as documenting on the MAR and Controlled Count Sheet by 10/2/11. She will emphasize the importance of accurate documentation regarding controlled drugs so that accurate tracking of controlled medications can be more easily maintained</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 431	<p>Continued From page 10</p> <p>contract Pharmacist revealed she did not do a narcotic reconciliation during her visits. She explained a Pharmacy Technician completed the reconciliation.</p> <p>Interview, on 09/01/11 at 3:46 PM, with the Pharmacy Technician revealed she had no system to verify the number of controlled medications documented as given as compared to the documentation on the MAR.</p>	F 431	<p>and periodically reconciled.</p> <p>The DON will randomly audit 10 resident records per week for 4 weeks to ensure that the medical records are maintained by professional standards and that the MAR's and Controlled Count Sheets both reflect the administration of controlled narcotics.</p> <p>The Pharmacy will conduct random audits of 10 residents on PRN pain medication bi-weekly for 4 weeks to ensure that the MAR's and controlled count sheets reflect the administration of controlled narcotics.</p> <p>The results of the audits will be discussed during the monthly CQI (Continuous Quality Improvement) Meetings. The CQI Committee is composed of the Administrator, DON, ADON, RN Supervisor, Social Services, MDS Coordinators, Medical Records, Activity Director, Rehab Manager, Dietary Manager, SDC, Housekeeping/Laundry Director, Accounts Payable/Payroll Manager, AR Manager, Maintenance Director and HR Manager.</p>	
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ATTACHMENT A

PREPARATION AND GENERAL GUIDELINES

IIA7: CONTROLLED MEDICATIONS

Policy

Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility, in accordance with federal and state laws and regulations.

Procedures

- A. The Director of Nursing and the consultant pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing staff members lawfully authorized to administer medications, and pharmacy personnel have access to controlled medications.
- B. Controlled medications are obtained from the double locked (key/code) cabinet or safe, or medication cart. Controlled medications include Schedule II, III, IV, or V medication.
- C. Preparation of the dosage form occurs according to the medication administration policy (see IIA2: MEDICATION ADMINISTRATION -- GENERAL GUIDELINES).
- D. When a controlled medication is administered, the licensed nurse administering the medication or staff member lawfully authorized to administer medications and who administered the medication immediately enters the following information on the accountability record and the medication administration record (MAR):
 - 1) Date and time of administration.
 - 2) Amount administered.
 - 3) Signature of the nurse administering the dose (or staff member lawfully authorized to administer medications and who administered the medication), completed after the medication is actually administered.
- E. When a dose of a controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It must be destroyed according to facility policy (see IIE1: CONTROLLED MEDICATION DISPOSAL) and the disposal documented on the accountability record on the line representing that dose. The same process applies to the disposal of unused partial controlled tablets and unused portions of controlled single dose ampules (see IIE5: MEDICATION DESTRUCTION).
- F. All medications, including controlled medication, should be reordered when a (3 or 4 day) supply remains to allow time for transmittal of the required original written prescription to the provider pharmacy.