

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

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/13/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST	STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42301
---	--

(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	Signature Healthcare at Hillcrest does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves the right to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations or compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.	
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 interview, record review and review of the facility's policy and procedure it was determined the facility failed to ensure services provided met professional standards of care for one (1) of three (3) sampled residents (Resident #1). Staff failed to ensure a nitroglycerin patch was removed at night before administering another patch which could cause the resident to build up a tolerance and the medication become ineffective. The finding include: Review of facility policy and procedure, titled, Transdermal Delivery System (Patches) section 7.25, dated 09/08, revealed staff should check the last site of application in select a new appropriate site, rotating in accordance with the manufacturer's recommendations. The application site should be clean, dry and hairless area on the body for patch replacement. Remove old patch from the body and dispose of properly. Label patch with date and nurse's initials.	F 281	483.20 (k) (3) (i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS 1. Resident #1 nitroglycerin patch was removed immediately. Resident #1 was assessed in hospital emergency room with no abnormal findings and returned to facility. Facility obtained new order from physician to remove the nitroglycerin patch daily at bedtime. LPN #1 and LPN #2 was disciplined with a written warning on 10/13/2015 and re-educated on the proper technique of reviewing transdermal patch orders to ensure that they include an order on when to remove the transdermal patch. 2. Director of Nursing and Nursing Administration team (Assistant Director of Nursing and Unit Managers) completed 100% full body audit of all residents that receive transdermal patches on 10/7/2015 with no negative findings. Director of Nursing and Nursing Administration team (Assistant Director of Nursing and Unit Managers) completed 100% audit on 10/7/2015 of all orders with transdermal patches for application and removal with no negative findings	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11/3/15
---	------------------------	----------------------

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.

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

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42303		
(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 281	<p>Continued From page 1</p> <p>Review of Lippincott Manual of Nursing Practice (10) Tenth Edition, revealed reapply transdermal medication at the same time every day to ensure a continuous effect, but alternate the application site to avoid skin irritation. Document the name of the medication, the dose, and the date and time of administration in the patients Medication Administration Record (MAR), include the route and the site used.</p> <p>Record review revealed the facility admitted Resident #1 on 07/10/15 with diagnosis to include End Stage Renal Disease, Congestive Heart Failure, Hypertension, and Peripheral Vascular Disease.</p> <p>Review of Admission Physician Orders, dated 07/10/15, revealed an order for Nitroglycerin (heart medication) 0.4 milligram (mg)/hour (hr) patch, place onto the skin daily; however there was no order to remove the patch in the evening. Further review revealed the order was signed off by Licensed Practical Nurse (LPN) #2 and LPN #3 on 07/10/15.</p> <p>Review of Resident #1's July 2015/15, August 2015, September 2015, and October 15 MAR revealed a physicians order to apply (1) one Nitroglycerin 0.4 mg/hr patch onto the skin daily for angina; however, there was place to document the patch was removed in the evening.</p> <p>Record review of Emergency Room (ER) Medical Record, dated 10/07/15, revealed Resident #1 was transported to the ER from the dialysis treatment center and ER staff found three (3) Nitroglycerin 0.4 mg/hr on Resident #1, one (1) undated patch, one (1) patch dated 09/30/15 and</p>	F 281	<p>3. Licensed staff was in-serviced by Staff Development Coordinator on 10/7/2015 regarding transdermal patch application and removal. The in-service also included that each transdermal patch order must include an order to remove the patch.</p> <p>4. The Director of Nursing and Nursing Administration team (Assistant Director of Nursing and Unit Managers) will audit all residents 5 times per week for 30 days that receive a transdermal patch to ensure the patch is applied and removed per physician order. After 30 days the audits will be conducted 3 times per week for 30 days and then weekly for 30 days. All physician orders for transdermal patches will be reviewed 5 times per week for 90 days by the Director of Nursing and Nursing Administration team (Assistant Director of Nursing and Unit Managers) in daily clinical meeting to validate accurate transcription into the EZMAR Director of Nursing will report findings to the Quality Assurance team (Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Staff Development, Dietary Manager, Registered Dietician, Maintenance Director, Housekeeping Supervisor, Quality of Life Director, Social Services Director and Human Resources Director) monthly for 3 months for recommendations and follow-up to ensure compliance.</p> <p>5. Corrective Action Date: 11/6/2015</p>	11/6/15	

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

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42303		
(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 281	<p>Continued From page 2 one (1) patch dated 10/07/15.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 10/11/15 at 3:30 PM, LPN #3 on 10/12/15 at 12:45 PM, and LPN #2 on 10/12/15 at 1:24 PM, revealed it was the facility standard of practice to ensure that all Nitroglycerin patches are removed nightly. The LPNs stated the removal of the Nitroglycerin patch was never placed in the Easy Medication Administration Record (EMAR), therefore; it would not have triggered the evening shift nurse to know to remove the patch in the evening. Further Interview with LPN #2 and LPN #3 revealed they were the nurses who took off the order for the patch and they should have contacted the physician to clarify the order and get an order to remove the patch in the evening.</p> <p>Interview with Registered Nurse (RN) #1, on 10/12/15 at 2:12 PM, revealed she was the nurse who applied the Nitroglycerin patch on Resident #1 on 10/01/15. She stated she should have looked at Resident #1 to verify that he/she was patch free, but it was the facility policy for all nitroglycerin patches to be removed the evening. She further revealed the nurse working the evening shift on 09/30/15 was not reminded to remove the patch as there was nothing in place to indicate the patch needed to be removed.</p> <p>Interview with Resident #1's Physician, on 10/12/15 at 5:22 PM, revealed all patches should be documented to include where applied, along with the nurses initials of who applied the patch. The Physician stated he did not think he needed to write an order to remove the patch because it was a standard of practice that all nurses should know to remove a nitroglycerin patch every night. He further stated there should never be (3) three</p>	F 281			

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

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42303		
(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 281	Continued From page 3 patches on a resident unless there is a specific order to do so. Interview with a Pharmacy Consultant, on 10/12/15 at 1:52 PM, revealed a Nitroglycerin patch should be removed every evening to ensure the resident does not build up a tolerance to the medication and it become ineffective. Interviews on 10/13/15 with the Assistant Director of Nursing (ADON) at 10:21 AM, and the Director of Nursing (DON) at 10:30 AM revealed it is a nursing standard of practice to remove a nitroglycerin patch in the evening, and if it had been on the MAR to remove in the evening, the nurse would have seen the order to remove the patch. The ADON and DON stated there should have been something on the MAR to trigger the removal of the patch.	F 281			
F 309 SS=0	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility policy and procedure, it was determined the facility's system to provide the necessary care and services to attain or maintain	F 309	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 1. Resident #1 nitroglycerin patch was removed immediately. Resident #1 was assessed in hospital emergency room with no abnormal findings and returned to facility. Facility obtained new order from physician to remove the nitroglycerin patch daily at bedtime. LPN #1 and LPN #2 was disciplined with a written warning on 10/13/2015 and re-educated on the proper technique of reviewing transdermal patch orders to ensure that they include an order on when to remove the transdermal patch.		

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

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42303		
(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 309	<p>Continued From page 4</p> <p>the highest practicable physical, mental and psychosocial well-being related to the removal of used Nitroglycerin patches was effective for one (1) of (3) three sampled residents (Resident #1).</p> <p>Resident #1 was ordered Nitroglycerin (heart medication) 0.4 milligram (mg)/hour (hr) patch to be applied every morning on 07/10/15; however, there was nothing in place to ensure the patch was removed every night. Resident #1 was found to have (3) three patches on his/her chest, (1) one undated, (1) one dated 09/30/15 and (1) one dated 10/07/15 upon admission to Emergency Room for hypotension (low blood pressure) from a dialysis center on 10/07/15.</p> <p>The findings include:</p> <p>Review of the facility policy, titled "Transdermal Delivery System" (Patches) section 7.25, dated 09/08, revealed to check last site of application and select a new appropriate site, rotating in accordance with the manufacturer's recommendations. The application site should be clean, dry and hairless area on the body for patch replacement. Remove old patch from the body and dispose of properly. Label patch with date and nurse's initials.</p> <p>Review of Lippincott Manual of Nursing Practice (10) Tenth Edition, revealed, reapply transdermal medication at the same time every day to ensure a continuous effect, but alternate the application site to avoid skin irritation. Document the name of the medication, the dose, and the date and time of administration in the patients Medication Administration record, include the route and the site used.</p>	F 309	<ol style="list-style-type: none"> Director of Nursing and Nursing Administration team (Assistant Director of Nursing and Unit Managers) completed 100% full body audit of all residents that receive transdermal patches on 10/7/2015 with no negative findings. Director of Nursing and Nursing Administration team (Assistant Director of Nursing and Unit Managers) completed 100% audit on 10/7/2015 of all orders with transdermal patches for application and removal with no negative findings Licensed staff was in-serviced by Staff Development Coordinator on 10/7/2015 regarding transdermal patch application and removal. The in-service also included that each transdermal patch order must include an order to remove the patch. The Director of Nursing and Nursing Administration team (Assistant Director of Nursing and Unit Managers) will audit all residents 5 times per week for 30 days that receive a transdermal patch to ensure the patch is applied and removed per physician order. After 30 days the audits will be conducted 3 times per week for 30 days and then weekly for 30 days. All physician orders for transdermal patches will be reviewed 5 times per week for 90 days by the Director of Nursing and Nursing Administration team (Assistant Director of Nursing and Unit Managers) in daily clinical meeting to validate accurate transcription into the EZMAR Director of Nursing will report findings to the Quality Assurance team (Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Staff Development, Dietary Manager, Registered Dietician, Maintenance Director, Housekeeping Supervisor, Quality of Life Director, Social Services Director and Human Resources Director) monthly for 3 months for recommendations and follow-up to ensure compliance. Corrective Action Date: 11/6/2015 	11/6/15	

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

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42303		
(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 309	<p>Continued From page 5</p> <p>Record review the facility admitted Resident #1 on 07/10/15 with diagnosis to include End Stage Renal Disease, Congestive Heart Failure, Hypertension, and Peripheral Vascular Disease.</p> <p>Review of the Physicians Orders, dated 07/10/15, revealed an order for Nitroglycerin (heart medication) 0.4 mg/hr patch, place onto the skin daily; however; there was no order to remove the patch in the evening. Further review revealed the admission orders were signed off by Licensed Practical Nurse (LPN) #2 and #3 on 07/10/15.</p> <p>Review of Resident #1's July 2015, August 2015, September 2015 and October 2015 Medication Administration Records (MAR's) to apply (1) one Nitroglycerin 0.4 mg/hr patch onto the skin daily for angina; however; there was no place documented for staff to initial to ensure staff removed the patch in the evening.</p> <p>Review of the Emergency Room (ER) Medical Record, dated 10/07/15, revealed Resident #1 was transported to the ER from the dialysis treatment center and ER staff found three (3) Nitroglycerin 0.4 mg/hr patches on Resident #1, one (1) undated patch, one (1) patch dated 09/30/15 and one (1) patch dated 10/07/15.</p> <p>Interview with Licensed Practical Nurse (LPN) #3, on 10/12/15 at 12:45 PM, revealed Resident #1 was admitted with a Physician Order for a Nitroglycerin patch to be applied every morning and she was one of the nurses who took off the resident's orders. LPN #3 stated she should have contacted the physician to obtain an order to remove the patch in the evening. Further interview revealed the removal of the Nitroglycerin patch was never placed in the Easy</p>	F 309			

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

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42303		
(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 309	<p>Continued From page 6</p> <p>MAR (EMAR), therefore; it would not have triggered the evening shift nurse to know when to remove the patch in the evening. LPN #3 stated it is a nursing standard of practice to remove a Nitroglycerin patches every evening.</p> <p>Interview with LPN #2, on 10/12/15 at 1:24 PM, revealed it was the facility standard of practice to ensure that all Nitroglycerin patches are removed nightly. LPN #2 stated she was one of the nurse's who took off Resident #1's physician order and they should have called and got an order to remove the patch in the evening. LPN #2 further stated by not placing the documentation on the EMAR to remove the patch in the evening there was no reminder to licensed staff to remove the patch.</p> <p>Interview with Licensed Practical Nurse (LPN) #1, on 10/11/15 at 3:30 PM, revealed she has not provided care for Resident #1; however, the facility standard of practice was to ensure that all Nitroglycerin patches are removed nightly. LPN #1 stated there needs to be something in place on the resident's MAR to indicate a patch needs to be removed.</p> <p>Interview with a Pharmacy Consultant, on 10/12/15 at 1:52 PM, revealed a Nitroglycerin patch should be applied daily in the early morning hours and should be removed off in the evening hours. The Pharmacy Consultant stated the reason why the Nitroglycerin patch should be taken off every night is so the resident does not build up a tolerance to the medication and it become ineffective. He stated the patch should always be removed at night to give the body a break from the patch a minimum of (6) six to (8) eight hours because over the course of time, the</p>	F 309			

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

PRINTED: 10/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/13/2015
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT HILLCREST			STREET ADDRESS, CITY, STATE, ZIP CODE 3740 OLD HARTFORD RD OWENSBORO, KY 42303		
(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 309	Continued From page 7 patch/medication could become ineffective. Interview with the Director of Nursing (DON), on 10/13/15 at 10:30 AM, revealed it is a standard of nursing practice to remove a Nitroglycerin patch every evening, and she would expect all licensed staff to follow the nursing standard of practice. Further interview revealed, it is our facility policy to remove Nitroglycerin patches at night, and there should have been something on the MAR to trigger the removal of the patch.	F 309			