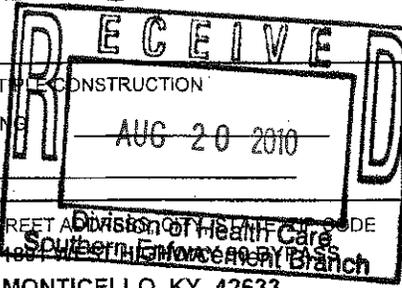


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Second SOD

PRINTED: 08/18/2010
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185298	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2010
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NAME OF PROVIDER OR SUPPLIER HICKS GOLDEN YEARS NURSING HOME	STREET ADDRESS 4097 W. Highway 100 MONTICELLO, KY 42633
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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
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F 000	INITIAL COMMENTS	F 000		
F 160 SS=B	<p>A standard health survey was conducted on July 20-22, 2010. Deficient practice was identified with the highest scope and severity at 'D' level.</p> <p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that upon the death of a resident with personal funds deposited with the facility the facility failed to convey within thirty (30) days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate for three (3) of five (5) residents.</p> <p>The findings include: A review of the facility's surety bond and resident trust account on July 22, 2010, at 10:00 a.m., revealed the residents' funds were being kept separate from the facility's operating account. However, the residents' accounts were not being closed and conveyed timely. Resident #15 expired on April 1, 2010, and the resident's account was not conveyed until May 6, 2010. Resident #18 expired on October 5, 2009, and the resident's account was not conveyed until November 10, 2009. Resident #19 expired on</p>	F 160	<p>Please accept our credible allegation of complaine.</p> <p>Personal funds for resident # 15, 18, & 19 have been returned to the individuals administering the resident's estate. All deceased residents personal funds have been checked to ensure all conveyance of said funds have been done timely. Policies on the conveyance of resident funds after death have been reviewed & updated. The Assistant Director of Nursing conducted an in-service with the office staff on 8-5-2010 on the new policies R/T the conveyance of resident personal funds after death. Quality Assurance will monitor monthly the conveyance of resident's personal funds upon death to ensure the conveyance occurs with in a timely</p>	8-15-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	manner.	TITLE	(X6) DATE
			8/18/2010

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 160	Continued From page 1 August 21, 2009, and the resident's account was not conveyed until November 10, 2009. An interview with the Business Office Manager (BOM) conducted on July 22, 2010, at 10:00 a.m., revealed the BOM was responsible for administering the resident trust accounts. The BOM stated he/she was unaware the funds were required to be conveyed within 30 days. The BOM further stated he/she waited until he/she was sure the resident did not have any debt owed to the facility before dispersing the resident's funds.	F 160	manner. Compliance date 8-15-2010. (See attachment labeled A)	8/15/10
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that residents remained free of physical restraints not required to treat a medical symptom for two (2) of nineteen (19) sampled residents (residents #11 and #13). Resident #13 was observed to utilize a soft waist restraint when in the wheelchair and resident #11 was observed to utilize a lap buddy when in the wheelchair. However, the facility failed to assess residents #11 and #13 for the presence of a medical symptom that required the use of a restraint device. There was no evidence the facility assessed for the least restrictive alternatives or the appropriateness of the restraints for residents #11 and #13.	F 221	Please accept our credible allegation of compliance. The positioning devices for residents # 11 & 13 have been evaluated & the necessary steps implemented to monitor these devices as restraints. All residents who are currently using positioning devices have been evaluated to determine if these devices also fall under the definition of a restraint. Necessary steps have been taken for the positioning devices that do fall under	

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F 221	Continued From page 2 The findings include: A review of the facility's policy/procedure regarding restraint use revealed the facility was required to complete a pre-restraining assessment prior to the use of a restraint and that an interdisciplinary restraint reduction/elimination team was required to meet quarterly and as needed to review restraint usage. The policy noted that restraint orders were required to contain, at a minimum, the medical symptom being treated, when the restraint would be utilized, the type of restraint, the timeframe for use, and where the restraint was to be used. The policy further directed that all restrained individuals would be checked at least every 30 minutes with the restraint being released at least every two hours for the purpose of exercise, toileting, etc. 1. Observations of resident #13 on July 20, 2010, at 10:25 a.m., and on July 21, 2010, at 4:45 p.m., revealed the resident was seated in a wheelchair with a soft waist belt restraint in place. Resident #13 was not interviewable due to the resident's cognitive status. A review of the medical record revealed resident #13 was admitted to the facility on April 30, 2010, with diagnoses that included Dementia, Hypertension, Anxiety, and Depression. A review of the physician's orders dated May 17, 2010, revealed an order for a lap belt on the wheelchair to assist with positioning to prevent the resident from sliding in the wheelchair. There was no evidence the facility conducted a restraint evaluation to assess the resident for the presence of a medical symptom that required the use of the	F 221	these guidelines to be monitored as restraints. Policies on positioning devices & restraints have been reviewed & updated as indicated. In-services on safety devices and restraints were conducted with staff by the Assistant Director of Nursing on 8-12-2010 & 8-14-2010. Quality Assurance will monitor monthly positioning devices to ensure the ones meeting the definition of a restraint are monitored correctly. Compliance date 8-15-2010. (See attachment labeled B).	8/15/10	

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F 221	<p>Continued From page 3</p> <p>restraint (soft waist belt) or to assess the resident for less restrictive alternatives.</p> <p>An interview with the Certified Nursing Assistant (CNA) conducted on July 22, 2010, at 9:30 a.m., revealed resident #13 was to utilize the soft waist belt when sitting in the wheelchair. The CNA further stated the resident was unable to release the belt without assistance.</p> <p>An interview with the Assistant Director of Nursing (ADON) conducted on July 22, 2010, at 10:15 a.m., revealed the waist belt had been implemented for positioning to keep the resident from sliding out of the wheelchair. The ADON stated no physical restraint assessment was conducted since the device was used for positioning.</p> <p>2. Observations of resident #11 conducted every 15 minutes on July 21, 2010, from 4:40 p.m. to 5:40 p.m., and an additional observation conducted on July 22, 2010, at 8:35 a.m., revealed resident #11 propelled his/herself around the facility in a wheelchair with a lap buddy in place. Resident #11 was observed to tug and pull at the lap buddy and was unable to remove the device.</p> <p>Record review revealed that on July 14, 2010, resident #11 was ordered a lap buddy when up in the wheelchair for positioning due to leaning forward in the wheelchair.</p> <p>There was no evidence the facility had considered the device a restraint for resident #11.</p> <p>An interview conducted with the Director of Nursing on July 22, 2010, at 11:00 a.m., revealed</p>	F 221			

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F 221	Continued From page 4 that the device was provided by the Therapy Department and was not considered a restraint because the device was utilized for resident positioning.	F 221		
F 363 SS=D	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure menus were prepared to meet the nutritional needs for one (1) of nineteen (19) sampled residents (resident #6). The findings include: A review of the medical record for resident #6 revealed the resident was admitted to the facility on May 25, 2005, with diagnoses that included Alzheimer's Disease, Hypertension, Diabetes, Depression, Anemia, Anxiety Peripheral Vascular Disease, and Cerebrovascular Accident. Further review of the medical record revealed resident #6 was a vegetarian with a physician order for a mechanical soft 1500-calorie diet with a chopped veggie patty and gravy or condiments. Observations of resident #6 on July 20, 2010, at 5:45 p.m., revealed staff feeding resident #6. The resident's supper consisted of one lettuce leaf on one slice of bread, cooked cabbage, green	F 363	Please accept our credible allegation of complaine. Planned menus have been prepared & are in place for resident # 6 to ensure she receives a nutritionally complete attractive palatable meal at all times. The Assistant Director or Nursing conducted in-services with the dietary staff & the Dietary Manager on what a vegetarian diet consist of & on written planned menus for each ordered diet on 8-10-2010. The Certified Dietary Manager conducted an in-service with the Registered Dietitian on written planned menus for each ordered diet on 8-12-2010. Quality Assurance will monitor monthly menus to	8/15/10

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F 363	<p>Continued From page 5</p> <p>beans, fruit cocktail, one cookie, and two cartons of milk. The resident was not interviewable due to cognitive status.</p> <p>An interview was conducted on July 21, 2010, at 5:30 p.m., with the Certified Nursing Assistant (CNA) who fed resident #6 supper on July 20, 2010. The CNA was aware the resident was a vegetarian and thought the dietary staff had sent what the resident was supposed to receive.</p> <p>A review of the planned menu for the supper meal on July 20, 2010, revealed the facility served a mechanical soft diet consisting of a ground turkey sandwich, green beans, deviled eggs, fruit cocktail, and a chocolate chip cookie. There was no evidence of a planned menu for a resident whose preference was vegetarian.</p> <p>An interview with the Certified Dietary Manager (CDM) conducted on July 21, 2010, at 2:20 p.m. and 2:45 p.m., revealed the CDM was responsible to monitor trays for accuracy prior to leaving the kitchen. The CDM further stated, "I guess I just missed it," when questioned about resident #6 not receiving a protein source on the supper tray for July 20, 2010. The CDM stated there was no written planned menu for resident #6; the cooks just know to prepare a veggie pattie for the resident's meals.</p> <p>An interview with the Registered Dietitian (RD) conducted on July 22, 2010, at 10:20 a.m., revealed the RD had not provided a planned written menu to ensure resident #6's meals were nutritionally complete as well as attractive and palatable. The RD stated the resident received veggie patties as a meat substitute or cottage cheese or peanut butter, but no guidelines were</p>	F 363	<p>ensure there are written planned menus for a vegetarian diet as well as for all other ordered diets.</p> <p>Compliance date 8-15-2010. (See attachment C)</p>	8/15/10	

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F 363	Continued From page 6 available for the staff to follow. The RD further stated the RD had not educated the dietary staff regarding a vegetarian diet.	F 363		
F 431 SS=D	<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, 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>	F 431	<p>Please accept our credible allegatin of complaince.</p> <p>The expired flu vaccine stored in the medication refrigerator has been removed & discarded Fortical & Xalatan stored in medication carts on B-Hall have been checked & those with no first open dates have been replaced. All in house medications such as PPD solution, flu vaccine, etc. has been checked to ensure their expiration dates are still good. All nasal sprays & eye drops have been checked to ensure they have dates indicating when they were first opened. Policies & procedures R/T storage of medication in the medicatin refrigerator has been reviewed & revised.</p>	8/15/10

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F 431	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to label all drugs and biologicals used in the facility in accordance with currently accepted professional principles including the expiration date when applicable. Four (4) vials of Influenza Virus Vaccine were stored in the medication refrigerator with expired dates and remained available for resident use. In addition, Fortical 200 Units and Xalatan 0.005% were opened and stored in the B Hall medication cart. However, these medications did not have a date to indicate when the vials had been initially opened. The findings include: Observation of the Medication Storage Room on July 22, 2010, at 10:55 a.m., revealed four vials of Influenza Virus Vaccine stored in the medication refrigerator. The expiration dates for these four vials of medication were noted to be June 2010. Further observation of the medication carts on the B Hall on July 22, 2010, at 11:10 a.m., revealed Fortical 200 Units and Xalatan 0.005% were stored in the medication cart and available for resident use. However, the medication labels did not contain a date to indicate when these medications had been first opened. The expiration dates could not be determined for these medications. A review of the facility's policy (dated December 1, 2007) related to Storage and Expiration Dates of Drugs and Biologicals revealed the facility was responsible to ensure drugs and biologicals had an expiration date on the label and were not	F 431	The Assistant Director of Nursing held in-services on 8-12-2010 & 8-14-2010 with individuals responsible for passing medications on the dating of nasal sprays & eye drops. Quality Assurance will monitor flu vaccine & other medications stored in the medication refrigerator monthly to ensure they are replaced prior to their expiration date. Quality Assurance will monitor nasal sprays & eye drops monthly to ensure they are dated when opened. Compliance date 8-15-2010. (Wee attachment D)	8/15/10

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F 431	<p>Continued From page 8</p> <p>retained longer than recommended by manufacturer or supplier guidelines. In addition, the policy/procedure related to Open Medication Vials directed the facility staff to date medication vials when opened.</p> <p>An interview conducted with the B Hall Charge Nurse on July 22, 2010, at 11:25 a.m., revealed the nurse who opened the medication was responsible to date the container. The charge nurse stated the medication was to be discarded 30 days after being opened.</p> <p>An interview conducted with the Assistant Director of Nursing (ADON) on July 22, 2010, at 11:30 a.m., revealed the pharmacist was responsible to check the storage of medications, including the medication refrigerator, monthly. In addition, the ADON stated the nursing staff was responsible to check the refrigerator for expired medications. The ADON further stated the nursing staff was responsible to date medications when the medication was initially opened and to discard the medication after 30 days.</p>	F 431		

Policy on Conveyance of Personal Funds

- 1) It is the policy of Hicks Golden Years Nursing Home to convey within 30 days the resident's personal funds & a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate.**
- 2) A record of this conveyance will be maintained within the business office of the facility.**
- 3) The conveyance of these funds will be the responsibility of the office staff of the facility.**

ATTACHMENT: A

**In-service: Resident Rights
(Conveyance of personal funds)**

Date: 8-5-10 Time: 9:15 AM

- 1) **Conveyance of resident funds upon their death.**
Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

Attendance:



COPY

**Quality Assurance
(Monitoring of Conveyance of residents funds)**

Date: _____

1) List of residents who have expired with in the last 30 days.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

2) For the residents listed above did the conveyance of their personal funds occur within 30 days of their death? _____ Yes _____ No

3) If you answered no to question # 2 why did the conveyance not occur timely , why did it nor occur timely and what was done to ensure this did not occur again?

Date & time reported to administrator: _____

Date & time reported to QA Committee: _____

Signature of individual completing form: _____

Policy

Positioning Devices/Restraints

- 1) Prior to the use of a safety belt &/or a lap buddy for positioning a pre-restraining assessment will be done to ensure the safety belt &/or lap buddy will not constitute a restraint.**
- 2) If the pre-restraining assessment indicates the device is a restraint as well as a positioning device then a restraint consent form will be signed by the resident &/or the responsible party.**
- 3) Follow up documentation will include a physical restraint reduction assessment to be done quarterly &/or prn.**
- 4) Daily documentation will include charting on the restraint release record.**

7-22-2010

Attachment B

In-service
(Physical Restraints/Positioning Devices)

Date: 8-12-10 Time: 8¹⁵ AM

- 1) A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to ones body.
- 2) Positioning devices are considered physical restraints unless the resident is able to release or remove them upon command.
- 3) Prior to the use &/or placement of a positioning device a pre-restraining assessment will need to be completed to determine if the positioning device is also a restraint.
- 4) If the positioning device is also a physical restraint then the appropriate forms will need to be completed & the device monitored according to the physical restraint policy.

Attendance:

Terry [unclear]
[unclear]
[unclear]
[unclear] OTR/L
[unclear]
[unclear]
[unclear]
[unclear]
[unclear]
[unclear]

In-service
(Physical Restraints/Positioning Devices)

Date: 8-12-10 Time: 1:15 PM

- 1) A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to ones body.
- 2) Positioning devices are considered physical restraints unless the resident is able to release or remove them upon command.
- 3) Prior to the use &/or placement of a positioning device a pre-restraining assessment will need to be completed to determine if the positioning device is also a restraint.
- 4) If the positioning device is also a physical restraint then the appropriate forms will need to be completed & the device monitored according to the physical restraint policy.

Attendance:

Debra King, RN
Stella Barnett
Army Huff, RN
Suzanne Moorfield
Stephanie Dick, PTA/RN

In-service
(Physical Restraints/Positioning Devices)

Date: 8/12/16 Time: 3:00 P.M.

- 1) A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to ones body.
- 2) Positioning devices are considered physical restraints unless the resident is able to release or remove them upon command.
- 3) Prior to the use &/or placement of a positioning device a pre-restraining assessment will need to be completed to determine if the positioning device is also a restraint.
- 4) If the positioning device is also a physical restraint then the appropriate forms will need to be completed & the device monitored according to the physical restraint policy.

Attendance:

Monique Brown RN
Carol Ann Curtis
Deborah J. Smith RN

**In-service
(Physical Restraints/Positioning Devices)**

Date: 8-14-10 Time: 7³⁰ AM

- 1) A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to ones body.
- 2) Positioning devices are considered physical restraints unless the resident is able to release or remove them upon command.
- 3) Prior to the use &/or placement of a positioning device a pre-restraining assessment will need to be completed to determine if the positioning device is also a restraint.
- 4) If the positioning device is also a physical restraint then the appropriate forms will need to be completed & the device monitored according to the physical restraint policy.

Attendance:

Joyce G. [Signature]
[Signature]
Dana Shelton [Signature]

**Quality Assurance
(Monitoring positioning devices)**

1) List residents who are currently using positioning devices.

2) For the residents listed above can each resident release the positioning device upon request? _____ Yes _____ No

3) List the residents who are unable to release the positioning device upon request.

**4) For the residents listed in question # 3 has each resident been evaluated for a restraint & is documentation in place for the usage of a restraint.
_____ Yes _____ No**

Date Report Completed: _____

Signature of Individual Completing Report

Date Reported to QA Committee

Date Reported to Administrator

In-service
(Planned menus for all ordered diets)
(Vegetarian Diets)

Date: 8-10-10 Time: 11¹⁵ AM

- 1) Written planned menus
- 2) Vegetarian Diet

Attendance:

Sharon Bestrom COMCFEE
Rhonda Tucker
J. Davis
Jenni Thompson
Sherry Hill

Attachment C

COPY

In-service
(Planned menus for all ordered diets)
(Vegetarian Diets)

Date: 8-12-10 Time: 10 AM

- 1) Written planned menus
- 2) Vegetarian Diet

Attendance:

[Faint signature]
Jen...
Jenni Thompson
Jerry...
Kathy... MS ROW

**Quality Assurance
(Planned Menus for Diets)**

- 1) Is there a planned menu for a vegetarian diet? _____ Yes _____ No
- 2) Is the dietary staff following the planned menu when preparing & serving meals for individuals whose preference is vegetarian _____ Yes _____ No
- 3) Are there planned menus in place for other diets? _____ Yes _____ No
- 4) Is the dietary staff following planned menus for other diets?
_____ Yes _____ No

Explain all no answers: _____

Date diets & menus were checked: _____

Signature of Individual completing report

Date Report given to QA Committee

Date Report given to Administrator

Policy & Procedure
(For Maintaining Medications in Refrigerator)

- 1) Medications kept in the refrigerator located in the medication room will be checked monthly for expiration dates.
- 2) A record of expiration dates will be maintained in a log to ensure they are replaced prior to expiration.
- 3) A nurse will be assigned to check the refrigerator & to maintain the log.
- 4) The individual assigned to check the refrigerator will report to the department heads monthly on expiration dates.

Attachment D

Quality Assurance
(Checking Nasal Sprays & Eye Drops for Open Dates)

1) Do all nasal sprays & eye drops have dates written on them when first opened?

_____ Yes _____ No

2) List all eye drops &/or nasal spray that does not have open dates written on them.

3) Comments: _____

4) If medications were found without dates what is being done to ensure this does not reoccur?

Date Medication Carts Checked: _____

Signature of Individual Checking Carts

Date Report given to QA Committee: _____

Date Report given to Administrator: _____

Quality Assurance
(Checking for expired Medications in Refrigerator)

- 1) Are all medications stored in the refrigerator in the medication room in date? _____ Yes _____ No

- 2) List any medication that has expired or is closed to expiring & the date of expiration.

3) Comments: _____

Date Refrigerator checked: _____

Signature of Individual Performing Check:

Date Report given to QA Committee: _____

Date Report given to Administrator: _____

In-service
Dating Nasal Sprays & Eye Drops

Date: 8-12-10 Time: 8¹⁵ AM

- 1) All nasal sprays & eye drops are required to have the date written on them when they are opened.
- 2) The dating of these medications is the responsibility of the nurse or CMT that first opens the container.
- 3) It is the responsibility of all individuals passing medications to monitor nasal sprays &/or eye drops on a daily basis to ensure they are dated correctly.
- 4) If you see a container not dated you are to bring it to the RN's attention immediately so corrective action can be taken.

Attendance:

Penny Witt LP
Alicia Adams
Debbie Green
Bonnie Tucker LP
Jeri Burt LP
Lela Suckan RN
Vette Leary

In-service
Dating Nasal Sprays & Eye Drops

Date: 8-12-10 Time: 1:15 PM

- 1) All nasal sprays & eye drops are required to have the date written on them when they are opened.
- 2) The dating of these medications is the responsibility of the nurse or CMT that first opens the container.
- 3) It is the responsibility of all individuals passing medications to monitor nasal sprays &/or eye drops on a daily basis to ensure they are dated correctly.
- 4) If you see a container not dated you are to bring it to the RN's attention immediately so corrective action can be taken.

Attendance:

Shelli Barnett
Becky King Jpn
Susan M...
Amy Huff RN

5/2/2010

In-service
Dating Nasal Sprays & Eye Drops

Date: 8/12/10 Time: 2:00 PM

- 1) All nasal sprays & eye drops are required to have the date written on them when they are opened.
- 2) The dating of these medications is the responsibility of the nurse or CMT that first opens the container.
- 3) It is the responsibility of all individuals passing medications to monitor nasal sprays &/or eye drops on a daily basis to ensure they are dated correctly.
- 4) If you see a container not dated you are to bring it to the RN's attention immediately so corrective action can be taken.

Attendance:

Morgan Brown RN

Carol family

Pam Ramsey CMT

Elizabeth Held CMT

In-service
Dating Nasal Sprays & Eye Drops

Date: 8-12-10 Time: 8¹⁵ AM

- 1) All nasal sprays & eye drops are required to have the date written on them when they are opened.
- 2) The dating of these medications is the responsibility of the nurse or CMT that first opens the container.
- 3) It is the responsibility of all individuals passing medications to monitor nasal sprays &/or eye drops on a daily basis to ensure they are dated correctly.
- 4) If you see a container not dated you are to bring it to the RN's attention immediately so corrective action can be taken.

Attendance:

Penny Witt
Anita Adams

Debbie Lewis
Bonnie Becker
Janel Buel
Lela Tucker RN

Walt Lewis

In-service
Dating Nasal Sprays & Eye Drops

Date: 8-14-10 Time: _____

- 1) All nasal sprays & eye drops are required to have the date written on them when they are opened.
- 2) The dating of these medications is the responsibility of the nurse or CMT that first opens the container.
- 3) It is the responsibility of all individuals passing medications to monitor nasal sprays &/or eye drops on a daily basis to ensure they are dated correctly.
- 4) If you see a container not dated you are to bring it to the RN's attention immediately so corrective action can be taken.

Attendance:

Joyce Spiveck for

Edi S to me

Dana Sullivan RN