

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

PRINTED: 09/15/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185359	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2011
NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U.S. HIGHWAY 62, P O BOX 170 MOUNT OLIVE, KY 41064	
(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 A standard health survey was conducted on 08/30/11-09/01/11. Deficient practice was identified with the highest scope and severity at "E" level.	F 000		
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policy, the facility failed to provide effective housekeeping and maintenance services necessary to ensure a sanitary, orderly, and comfortable interior. Splintered door edges were observed in six resident rooms. A door frame and wall were observed to be in need of paint and a soiled wall was observed in a resident room. Two medication carts were observed to have dried spills and pill residue. The findings include: A review of the facility's maintenance policy (dated 01/09/03) revealed that maintenance services were to be provided to all areas of the building, grounds, and equipment. A review of the task listing policy/procedure (no date given) for Certified Medication Technicians (CMTs) revealed the CMTs were responsible to	F 253	F253 It is and was on the day of survey the policy of Robertson County Healthcare Facility to ensure services are provided and arranged by the facility and that the services meet professional standards. 1. The doors that were found to have rough edges (110, 112, 117, 121, 131, and 134) have been repaired using wood putty. The scuffed wall in room 108 has been painted. The medication cart which had pill residue and a dried yellow substance on it has been cleaned. 2. Maintenance Director will make rounds weekly in all areas of the facility to ensure any issues are identified and corrected quickly. All CMT's were in-service on September 12, 2011 on the proper care of the medication carts by the Director of Nursing. 3. Weekly, the Maintenance Director will make rounds in all areas of the building to identify needed repairs. A report will be prepared and forwarded to the Administrator of any issues found. The Director of Nursing will observe the medication cart daily (M-F) at varying times to ensure the cart is maintained properly. An in-service was conducted with licensed nurses (RN, LPN) and certified medication technicians on proper care of the medication carts. The in-service was conducted by the Director of Nursing on September 12, 2011. 4. As part of the facility's on-going Quality Assurance program the Administrator will at least monthly make rounds in all areas of the building looking specifically for areas of concern such as doors, door frames and walls. The medication carts will be audited at least monthly by a member of the Clinical Services CQI team to ensure they are maintained properly. The reports from both audits will be made part of the Continuous Quality Improvement Program. 5. 9/16/2011	

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Division of Health Care
Southern Enforcement Branch

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Stephanie L. Hopper

TITLE

RN BSN LNHA

(X6) DATE

9/21/11

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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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62, P O BOX 170 MOUNT OLIVET, KY 41064
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F 253	<p>Continued From page 1.</p> <p>clean the medication carts daily between 12:45 PM and 1:00 PM, and at the end of their shift.</p> <p>Observations of the facility from 08/30/11 through 09/01/11, revealed the following areas were in need of maintenance/housekeeping services:</p> <ol style="list-style-type: none"> 1. Rough, splintered door edges were observed in resident rooms 110, 112, 117, 121, 131, and 134. 2. The wall in resident room 108 was observed to have an area in need of paint. 3. The door frame in resident room 121 was in need of paint. 4. The medication carts were observed to have pill residue and a dried yellow substance that had been spilled on them. <p>An interview with the Maintenance Supervisor (MS) on 08/31/11, at 4:45 PM, revealed staff was to submit work orders to inform maintenance staff of items in need of repair. The MS stated he made occasional rounds to observe for areas requiring repair but did not make rounds on a routine or regular basis.</p> <p>An interview with the Charge Nurse (CN) on 09/01/11, at 10:45 AM, revealed the CMTs were required to clean the medication carts; however, the CN was unaware of a schedule for cleaning.</p> <p>An interview with the Certified Medication Technician (CMT) on 09/01/11, at 12:10 PM, revealed the CMT usually cleaned the carts on Sundays. The CMT also stated there was no</p>	F 253		
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F 253	Continued From page 2 "sign off" sheet to document when carts were cleaned.	F 253		
F 431 SS=D	<p>An interview with the Director of Nursing (DON) conducted on 09/01/11, at 12:20 PM, revealed nurses were supposed to monitor the CMTs to ensure carts were clean and that whoever spilled substances cleaned up their spill.</p> <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</p>	F 431	<p>F431 It is and was on the day of survey the policy of Robertson County Healthcare Facility to ensure services are provided and arranged by the facility and that the services meet professional standards. Calcitonin Nasal Spray was not found to be out of compliance in relation to the storage practices. The manufacturer's standards state the medication should be stored upright after opening and if it were to fall over that the technician should re-prime the spray before administering</p> <ol style="list-style-type: none"> 1. The two multidose vials which were not dated were disposed of. A storage container which prevents tipping over is being utilized for the Calcitonin Nasal Spray. 2. All medications are reviewed monthly by the pharmacy consultant. 3. Nurses and CMT's were in serviced on September 12, 2011 related to drug storage and dating when opening multidose vials. 4. As part of the facility's on-going CQI program the Director of Nursing will monitor medication storage and dates on a weekly basis. Pharmacy representative will monthly audit the above issues and the report will be made part of the CQI minutes. 5. 9/12/2011 	

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F 431	<p>Continued From page 3</p> <p>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 observation, interview, and review of facility policy, it was determined the facility failed to label and store all drugs in accordance with currently accepted professional principles and according to manufacturer's recommendations. The facility failed to ensure Calcitonin-Salmon Nasal Spray was stored in an upright position per manufacturer's recommendations and failed to ensure two multi-dose vials were dated with the date the vials were opened.</p> <p>The findings include:</p> <p>A review of the facility's policy/procedure (no date given) regarding medication storage revealed the date opened and the initials of the first person to use the vial were to be recorded on multi-dose vials on the vial label or accessory label affixed for that purpose. The facility failed to have a policy on the proper storage of Calcitonin-Salmon Nasal Spray.</p> <p>1. Observation on 09/01/11, at 10:45 AM, of the medication cart revealed a box that contained Calcitonin-Salmon Nasal Spray (used to treat osteoporosis) was stored lying down in a medication cart drawer. Further observation revealed the medication was prescribed for unsampled Resident #15. Review of the</p>	F 431		

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F 431	<p>Continued From page 4</p> <p>pharmacy's printed label on the medication revealed the following instructions: Refrigerate until opened, store at room temperature in an upright position.</p> <p>Review of the manufacturer's recommendation printed on the opened bottle of Calcitonin-Salmon Nasal Spray and on the manufacturer's insert found in the box of the nasal spray, revealed an opened bottle of Calcitonin-Salmon Nasal Spray should be stored at room temperature in an "upright" position for up to 35 days.</p> <p>Interview on 09/11/11, at 10:50 AM, with Certified Medication Technician (CMT) #1 revealed Calcitonin-Salmon Nasal Spray should be stored upright to prevent the medication from leaking out. The CMT stated the medication drawer was not designed to keep the nasal spray in an upright position.</p> <p>Interview on 09/11/11, at 10:55 AM, with the Director of Nurses (DON) revealed Calcitonin-Salmon Nasal Spray was used for the treatment of osteoporosis and should be stored in an upright position. The DON stated the facility should follow the manufacturer's recommendation regarding the proper storage of the nasal spray.</p> <p>2. Observations of the medication carts on 09/01/11, revealed two multi-dose vials had been opened. A 30 cc vial of normal saline and 10 cc vial of Heparin lock solution were observed to have been opened but did not have any labeling to indicate when the vials had first been opened and available for resident use.</p>	F 431		

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F 431	Continued From page 5 An interview with the facility's Administrator on 09/01/11, at 1:50 PM, revealed the facility's policy was for multi-use vials to be dated and initialed when first opened but the floor nurse had opened the vials and forgotten to date them. The Administrator further stated the Director of Nursing was responsible to check the carts/medication room daily but had not completed that task yet today.	F 431			

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NAME OF PROVIDER OR SUPPLIER ROBERTSON COUNTY HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 2, U S HIGHWAY 62, P O BOX 170 MOUNT OLIVET, KY 41064	
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1991</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (000) Unprotected</p> <p>SMOKE COMPARTMENTS: Four</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II natural gas generator</p> <p>A life safety code survey was initiated and concluded on 08/31/11, to determine the facility's compliance with Title 42, Code of Federal Regulations, 483.70 (Life Safety from Fire) and found the facility to be in compliance with NFPA 101 Life Safety Code 2000 Edition, with no deficiencies cited.</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

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