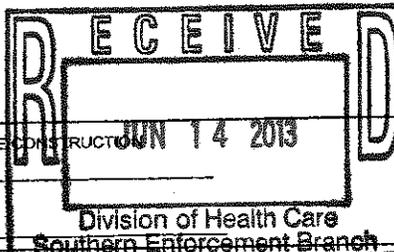


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 06/07/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/23/2013
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NAME OF PROVIDER OR SUPPLIER  THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS CAMPBELLSVILLE, KY 42719
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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  A standard health survey was conducted on 05/21-23/13. Deficient practice was identified with the highest scope and severity at "D" level.	F 000	<p><i>The Grandview Nursing and Rehabilitation Facility do not believe nor does the facility admit that any deficiencies exist. The Grandview Nursing and Rehabilitation reserves all rights to contest the survey findings through informal dispute resolutions administrative or legal proceedings. This plan of corrections does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard care, contract, obligation or position. The Grandview Nursing and Rehabilitation reserves all rights to raise all possible contentions and criminal claim, action or proceeding. Nothing contained in the plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which The Grandview Nursing and Rehabilitation does not waive, reserves the right to assert in any administrative, civil or criminal claim action or proceeding. The Grandview Nursing and Rehabilitation offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents.</i></p>	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to have an effective system in place to prevent loss or tampering with medications for two of twelve sampled residents (Residents #6 and #9). During inspection of medication carts on 05/23/13, tape was observed to have been applied to the area of the narcotic blister pack	F 425		

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

*Cynthia Garcia*

TITLE

*Administrator*

(X6) DATE

*6/14/13*

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  THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS CAMPBELLSVILLE, KY 42719	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425	<p>Continued From page 1</p> <p>(pack that contains a certain medication for a resident) utilized to access the specific medication for Residents #6 and #9. However, further observation of the narcotic blister packs revealed the medication slots that had been taped did contain the correct medications.</p> <p>The findings include:</p> <p>Review of the facility policies and procedures and interview with the Director of Nursing (DON) on 05/23/13 at 3:39 PM revealed the facility did not have a policy that addressed damaged narcotic blister packs or a break in the medication slot prior to use of the medication. However, the interview further revealed the staff had been trained to waste a narcotic that was taken out of the narcotic blister pack but not used, and to not tape the backs of the narcotic blister packs.</p> <p>Observations of the narcotic blister packs conducted on 05/23/13 revealed although medications were intact within the blister packs, the seals to the area (slot) on the back of the blister packs that was to be used to access the medication had been broken and tape had been placed over the broken seals for the following medications and residents:</p> <p>- Ativan 0.5 milligram (mg) (slots 5, 7, and 19) for Resident #6; - Hydrocodone 5/500 mg (slots 25, 26, and 27 for Resident #9.</p> <p>Interviews on 05/23/13 with Licensed Practical Nurse (LPN) #1 at 1:38 PM and with LPN #2 at 3:35 PM revealed the narcotic blister packs should not be taped. The interview further</p>	F 425	<p><u>F425 483.60(a), (b) PHARMACEUTICAL SERVICES-ACCURATE PROCEDURES</u></p> <p>It is and was on the day of survey the practice of The Grandview Nursing and Rehabilitation Facility to provide pharmaceutical services to meet the needs of each resident.</p> <ol style="list-style-type: none"> <li>1. It is the practice of this facility to provide pharmaceutical services to all residents. Any narcotic medication that is removed from the blister packs and not given is to be wasted in the presence of a witness. This practice is to also be followed if the narcotic blister pack becomes damage causing the medication to fall out. The Director of Nursing has re-inserviced all nurses and CMT's related to the facility practice of wasting a narcotic medication. A written in-service was conducted on the day of discovery, 5/23/13. The medications of the two narcotic blister packs that contained tape over the slot to dispense the medication were revealed to contain the correct medication. Residents' #6 and #9 did not receive any</li> </ol>	

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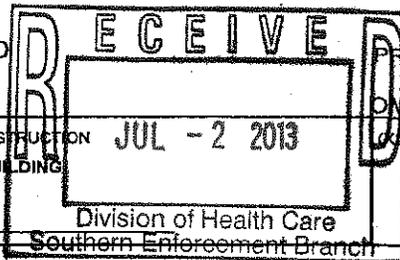
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NAME OF PROVIDER OR SUPPLIER  THE GRANDVIEW A NURSING & REHABILITATION FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS CAMPBELLVILLE, KY 42719		
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F 425	Continued From page 2 revealed if a narcotic was taken out of the blister pack and not used the medication should have been wasted with a witness.  Interview on 05/23/13 at 3:39 PM with the Director of Nursing (DON) revealed the DON was not aware the staff was taping the back of the narcotic blister packs. The interview further revealed the back of the blister packs should not have been taped and if a medication was removed and not used the medications should have been wasted in the presence of a witness.	F 425	medication that was covered with tape and they neither had any ill effects related to the tape being placed over the slot to dispense the medication. The narcotic medication that contained the tape over the slots was wasted on 5/23/13, in the presence of a witness.  2. All narcotic blister packs were checked for tampering/tape on 5/23/13. All nurses (RN's and LPN's) and CMT's were given a written in-service on 5/23/13, explaining the correct process to use when a narcotic medication has been dispensed from the blister pack and not given or when a blister pack becomes damaged causing the narcotic medication to fall out.  3. The Director of Nursing did a written in-service on 5/23/13, addressing the correct process to follow when a narcotic medication is dispensed from the blister pack and not given or when the blister pack becomes damaged causing the medication to fall out. Pharmacy conducted an In house in-service on 6/6/13, and re-educated all nurses (RN's and LPN's) and CMT's		

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		F 425	<p>of the correct procedure to follow when a narcotic medication was dispensed and not given or if a blister pack becomes damaged causing damage causing the medication to fall out. Nurses (RN's and LPN's) and CMT's were re-educated and instructed to waste the narcotic in the presence of a witness. The Director of Nursing will be checking all narcotic blister packs weekly for the next 3 months for any signs of tampering/tape. Pharmacy will also be checking the narcotic blister packs during their monthly review.</p> <p>4. As part of the facility's ongoing quality assurance program the director of Nursing or QA nurse will do random audits; at least 1 time a month, to assure the correct practice continues to be followed.</p>	6/7/13	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185042	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING  B. WING	DATE SURVEY COMPLETED  05/21/2013
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NAME OF PROVIDER OR SUPPLIER  THE GRANDVIEW A NURSING & REHABILITATION FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 640 WATER TOWER BYPASS CAMPBELLSVILLE, KY 42718
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 2006</p> <p>SURVEY UNDER: 2000 New</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (111)</p> <p>SMOKE COMPARTMENTS: Two smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system installed in 2006, with 48 smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system installed in 2006.</p> <p>GENERATOR: Type II generator installed in 2006. Fuel source is Natural Gas.</p> <p>A standard Life Safety Code survey was conducted on 05/21/13. The Grandview A Nursing and Rehabilitation Facility was found in noncompliance with the requirements for participation in Medicare and Medicaid. The facility is certified for 81 beds with a census of 74 on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000	<p><i>The Grandview Nursing and Rehabilitation Facility do not believe nor does the facility admit that any deficiencies exist. The Grandview Nursing and Rehabilitation reserves all rights to contest the survey findings through informal dispute resolutions administrative or legal proceedings. This plan of corrections does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is it meant to establish any standard care, contract, obligation or position. The Grandview Nursing and Rehabilitation reserves all rights to raise all possible contentions and criminal claim, action or proceeding. Nothing contained in the plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which The Grandview Nursing and Rehabilitation does not waive, reserves the right to assert in any administrative, civil or criminal claim action or proceeding. The Grandview Nursing and Rehabilitation offers its responses, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to residents.</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Cynthia Brown*

TITLE

*Administrator*

(X6) DATE

*7/2/13*

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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K 000	Continued From page 1	K 000			
K 056 SS=F	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure complete sprinkler coverage in accordance with NFPA standards. The deficiency had the potential to affect two of two smoke compartments, all residents, staff, and visitors. The facility is certified for 81 beds with a census of 74 on the day of the survey. The facility failed to ensure two day rooms were properly sprinkler protected.</p> <p>The findings include:</p> <p>Observation on 05/21/13 at 2:30 PM with the Maintenance Supervisor revealed the two day</p>	K 056	<p><b><u>K 056 NFPA 101 LIFE SAFETY CODE STANDARD</u></b></p> <p>It is and was on the day of survey to follow the NFPA standards to ensure the facility has adequate sprinkler coverage throughout the facility.</p>		

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K 056	<p>Continued From page 2</p> <p>rooms did not have proper sprinkler protection at the peaks of the rooms above the doors that lead outside. The rooms have a single sprinkler head that is centered in the room across from the peak area. The sprinkler head is mounted lower than the peak with a sprinkler that is designed to spray outward.</p> <p>Interview on 05/21/13 at 2:30 PM with the Maintenance Supervisor revealed he was under the impression that the facility was properly sprinkler protected in the day rooms since the facility is so new. He stated it had been discussed before and he thought the peaks were covered by the sprinkler head that is across the room.</p> <p>Reference: S&amp;C 09-04</p> <p>Adoption of New Fire Safety Requirements for Long Term Care Facilities, Mandatory Sprinkler Installation Requirement - <a href="http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09-04.pdf">http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09-04.pdf</a>.</p>	K 056	<ol style="list-style-type: none"> <li>1. The sprinkler heads in each of the two day rooms will be replaced by Central Kentucky Sprinkler. The replacement sprinkler heads will be placed at the center of the room across from the peak area above the doors that lead into the courtyard. The replacement sprinkler heads will have spray coverage of 24' which is in accordance with NFPA standards.</li> <li>2. All sprinklers in the facility were inspected on July 2, 2013 by Sentry Fire Company. No issues were identified during the inspection.</li> <li>3. The sprinkler heads are 23' across from the courtyard door. The replacement sprinkler heads will have a throw of 24' which is in accordance with NFPA standards. Sentry Fire Company and the maintenance supervisor will conduct routine sprinkler inspections of the sprinkler system. Sentry Fire Company will perform systems checks at least quarterly.</li> <li>4. All sprinkler heads will be checked prn and at least quarterly by Sentry Fire Company and the maintenance supervisor. As part of our ongoing quality assurance, the results of the routine sprinkler checks will be forward to the Administrator. Any problems identified during the monitoring process will be addressed immediately.</li> </ol>	7-7-13
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