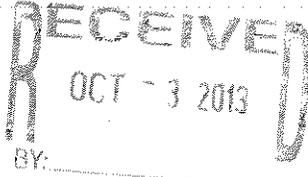
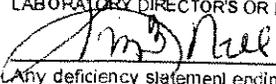


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  09/12/2013
NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101		
(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 Recertification Survey was initiated on 09/10/13 and concluded on 09/12/13. Deficiencies were cited with the highest Scope and Severity of a "D".	F 000			
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 and record review it was determined the facility failed to ensure Physician Orders were followed for one (1) out of twenty-two (22) sampled residents (Resident #8). Review of Resident #8's medical record, Medication Administration Record (MAR) and Physician Orders revealed the resident received the incorrect dosage of Seroquel (medication to treat Depression, Manic-Depression and Schizophrenia) from 08/01/13-09/10/13.  The findings include:  Interview, on 09/12/13 at 7:20 PM, with the Assistant Director of Nursing (ADON) revealed the facility did not have a policy, procedure or guideline, in writing, to ensure monthly Physician Orders were accurate and were followed. She further stated her staff "just know" what to do, it was part of the facility's orientation.  Record review revealed the facility admitted Resident #8 on 02/09/12 with diagnoses of Altered Mental Status, Depression and	F 281		F281	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 			TITLE Administrator		(X6) DATE 10/3/13

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  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101		
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F 281	<p>Continued From page 1 Schizophrenia.</p> <p>Review of the Physician Orders for Resident #8 revealed an order, dated 06/24/13, for Seroquel 25 milligrams (mg) one (1) in the morning (AM) and fifty (50) mg at bedtime. Review of the August 2013 Physician Orders revealed an order for Seroquel twenty-five (25) mg in the AM, an order for Seroquel twenty-five (25) mg two (2) at bedtime and an order for Seroquel fifty (50) mg at bedtime.</p> <p>Review of the August 2013 MARs for Resident #8 revealed the resident was given Seroquel twenty-five (25) mg one (1) in the AM, Seroquel twenty-five (25) mg two (2) at bedtime and Seroquel fifty (50) mg at bedtime, a total of one hundred (100) mg at bedtime.</p> <p>Interview, on 09/12/13 at 2:31 PM, with Licensed Practical Nurse #9 revealed the facility's Pharmacy preprinted the MARs with an error. She stated the August 2013 MAR had an additional fifty (50)mg of Seroquel to be given at bedtime. She further stated the resident received Seroquel one hundred (100)mg of Seroquel every night from 08/01/13-09/10/13.</p> <p>Interview, on 09/12/13 at 3:00 PM, with the facility's Assistant Director of Nursing (ADON) revealed the original order was written Seroquel twenty-five (25) mg in AM and fifty (50) mg PM, however the Pharmacy changed the order. She further stated the facility's change-over staff were responsible for ensuring orders on the monthly Physician Orders and MARS were correct from current month to upcoming month orders.</p> <p>Continued interview, on 09/12/13 at 6:12 PM, with</p>	F 281	<p>personnel. The education included that all physician orders entered by pharmacy technicians must be accurately checked by a pharmacist. The consultant pharmacist was also educated on how the error occurred and she will review for any inaccurate/incomplete/duplicate therapy when reviewing the charts on a monthly basis. All Licensed/Registered Nurses were educated on the monthly Change Over Procedure and comparing MAR to MAR during Med Pass to ensure that no errors are present. All new staff will be educated up hire during orientation. All education was completed on September 19, 2013.</p> <p>4. The Assistant Director of Nursing will audit 10 percent of all Resident Charts monthly to ensure no medication errors are present. This information will be brought to the CQI meeting monthly for 12 months to ensure all solutions are sustained. The Consultant Pharmacist will be monitoring the Active Physician Orders monthly to ensure all solutions are sustained.</p> <p>5. October 2, 2013</p>	10/2/2013	

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NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101		
(X4) IO 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</p> <p>the facility's ADON revealed the error was on August's monthly orders when it came from the the facility's Pharmacy. She stated the error should have been caught by the nurse responsible for the change-over at that time. Further interview revealed the resident received one hundred (100) mg of Seroquel every night in August through September 10, 2013.</p> <p>Interview, on 09/12/13 at 3:57 PM, with the facility's consulting Pharmacist revealed the error should have been caught, by the facility's nursing staff, at the change-over. She further stated the nurses were to check the orders for any mistakes and sign the orders that they were correct.</p> <p>Interview, on 09/12/13 at 4:29 PM, with the Physician revealed any error could harm a resident.</p> <p>Intervlew, on 09/12/13 at 6:25 PM, with the facility's Administrator revealed they should have caught the error at change-over.</p> <p>Interview, on 09/12/13 at 6:00 PM, with the Quality Assurance (QA) Assistant Nurse in the absence of the QA Nurse, revealed the nurse who did the "change over" from the July 2013 to the August 2013 Physician's orders and Medication Administration Record (MAR) did not realize pharmacy had made an error on the monthly Physician's Orders and MARs for August 2013 and the medication (Seroquel 50 mg at night) was on the MARs and Physicians orders for August 2013 twice. This error was again missed during the change over from August 2013 to September 2013 resulting in the resident receiving Seroquel 100 mg at hs instead of 50 mg at hs as per the Physician's Orders from 08/01/13</p>	F 281			

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NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101		
(X4) IO 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 until 09/10/13 after surveyor intervention. She stated there was a system in place in which the "change over team" who consisted of the Director of Nursing (DON) a Registered Nurse (RN) and two (2) Licensed Practical Nurses (LPN's) audited all the new MARS with the Physician's Orders each month after the nurse had completed the change over. However, this error was not caught during the August 2013 and September 2013 change over, therefore Resident #8's Physician's orders were not followed.	F 281			
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  The pharmacist must report any Irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure Pharmacy Services performed accurate drug regimen reviews for one (1) of twenty-two (22) sampled residents (Resident #8). Resident #8 received incorrect doses of Seroquel from August 1 2013 to September 10, 2013, and there was no documented evidence the pharmacist found the error in order for it to be corrected with the drug regimen review for August 2013.	F 428	F428  1. Resident #8 was assessed and there was no negative outcome from the incorrect dosage. The Resident's physician was notified and the order was clarified as Seroquel 25 mg (1) in the AM, Seroquel (1) 50 mg at bedtime. The Pharmacy corrected the affected resident profile by discontinuing the incorrect/duplicate medication order of 2 x 25mg tablets QHS and kept only the 1 x 50mg tablet QHS. The entire corrected order is Seroquel 25mg QAM and 50mg QHS.  2. Pharmacist reviewed 100%of the residents for any incorrect, inappropriate, or duplicate medication orders and found no other discrepancies. No other residents were affected.		

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NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101	
(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 428	Continued From page 4  The findings include:  Record review revealed the facility admitted Resident #8 on 02/09/12 with diagnoses of Altered Mental Status, Depression and Schizophrenia.  Review of the Physician's Orders revealed an order, dated 06/24/13, for Seroquel 25 milligrams (mg's) one (1) in the morning (AM) and fifty (50) mg's at bedtime. Review of the August 2013 Physician's Orders revealed an order for Seroquel twenty-five (25) mg's in the AM, an order for Seroquel twenty-five (25) mg's two (2) tablets at bedtime and an order for Seroquel fifty (50) mg's at bedtime.  Review of the August 2013 MARs revealed the resident was given Seroquel twenty-five (25) mg's one (1) in the AM, Seroquel twenty-five (25) mg's two (2) at bedtime and Seroquel fifty (50) mg's at bedtime, a total of one hundred (100) mg's at bedtime.  Interview, on 09/12/13 at 2:31 PM, with Licensed Practical Nurse (LPN) #1 revealed the facility's Pharmacy preprinted the MARs with an error. She stated the August 2013 MAR had an additional fifty (50) mg's of Seroquel to be given at bedtime. She further stated the resident received Seroquel one hundred (100) mg's, at bedtime, every night from 08/01/13-09/10/13 instead of 50 mg's as originally ordered.  Interview, on 09/12/13 at 6:12 PM, with the facility's Assistant Director of Nursing (ADON) revealed the original order was written for Seroquel twenty-five (25) mg's in AM and fifty (50)	F 428	3. Education started on 9/27/2013 and completed on 10/1/2013 with the pharmacy staff from Pharmacy manager to all pharmacy order computer entry personnel. The education included that all physician orders entered by pharmacy technicians must be accurately checked by a pharmacist. The consultant pharmacist was also educated on how the error occurred and she will review for any inaccurate/incomplete/duplicate therapy when reviewing the charts on a monthly basis. All Licensed/Registered Nurses were educated on the monthly Change Over Procedure and comparing MAR to MAR during Med Pass to ensure that no errors are present. All new staff will be educated up hire during orientation. All Education was completed on September 19, 2013.  4. The Assistant Director of Nursing will audit 10 percent of all Resident Charts monthly to ensure no medication errors are present. This information will be brought to the CQI meeting monthly for 12 months to ensure all solutions are	

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NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101		
(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 428	<p>Continued From page 5</p> <p>mg's at bedtime; however, the Pharmacy changed the order on the MARS and Physician's Orders to Seroquel twenty-five (25 ) mg's in AM, Seroquel twenty-five (25) mg's two (2) tabs at bedtime and did not delete the order for Seroquel fifty (50) mg's at bedtime. Further interview revealed the facility's Pharmacy printed the August 2013 Physician's Orders and MARs with the incorrect dosage and the resident received one hundred (100) mg of Seroquel every night in August-September 10, 2013.</p> <p>Interview, on 09/12/13 at 3:57 PM, with the Pharmacy Consultant revealed the original Physician's Order was written the last of June 2013 and the Pharmacist changed the order to be Seroquel twenty-five (25) mg's one (1) tablet in AM and Seroquel twenty-five (25) mg's two (2) tablets in the PM due to some insurances not paying for two (2) different strengths. Further interview revealed the Pharmacist failed to discontinue the original order which caused both dosages to be on the monthly orders. She further stated the Pharmacy was responsible for ensuring the monthly orders were accurate. Continued interview revealed the error should have been caught by pharmacy during the drug regimen review for August 2013 because all residents Physician's Orders were reviewed monthly, however, the MARS were only reviewed sporadically.</p>	F 428	<p>sustained. The Consultant Pharmacist will be monitoring the Active Physician Orders monthly to ensure all solutions are sustained.</p> <p>5. October 2, 2013</p>	10/2/2013	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  WOODLAND OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 1820 OAKVIEW ROAD ASHLAND, KY 41101	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1992</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One (1) story, Type V Unprotected</p> <p>SMOKE COMPARTMENTS: Four (4) smoke compartments</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic dry sprinkler system.</p> <p>GENERATOR: Type II generator installed in 1992. Fuel source is Natural Gas.</p> <p>A standard Life Safety Code survey was conducted on 10/31/2012. Woodland Oaks Health Care Facility was found to be in compliance with the requirements for participation in Medicare and Medicaid. The facility is licensed for one hundred ten (110) beds and the census was one hundred ten (110) on the day of the survey.</p>	K 000	<p>Woodland Oaks does not believe and does not admit that any deficiencies existed, either before, during, or after the survey. Woodland Oaks reserves all rights to contest the survey findings through informal dispute resolution, formal legal appeal proceedings, or any administrative or legal proceedings. This plan of correction does not constitute an admission regarding any facts or circumstances surrounding any alleged deficiencies to which it responds, nor is meant to establish any standard of care, contract obligation or position. Woodland Oaks 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 or any potentially applicable peer review, quality assurance or self-critical examination privileges which Woodland Oaks does not waive, and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. Woodland Oaks offers its responses, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality care to our residents.</p>	

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OCT 3 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kimberly B. Nave* TITLE: *Administrative* (X6) DATE: *10/3/13*

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  <b>WOODLAND OAKS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1820 OAKVIEW ROAD</b> <b>ASHLAND, KY 41101</b>		
(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  An offsite revisit was conducted 10/22/13, and the facility was found to be in compliance 10/2/13, as alleged in the acceptable PoC.	{F 000}			

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

TITLE

(X6) DATE

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