

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

PRINTED 09/09/2010
FORM APPROVED
OMB NO 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185402	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/27/2010
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NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF HENDERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420
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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 annual survey and an abbreviated survey (KY # 14865) were conducted 08/25-27/10 to determine the facility's compliance with Federal requirements. The facility failed to meet minimum requirements for recertification with the highest S/S of "D". KY # 14865 was found to be unsubstantiated.

F 000 The submission of this plan of correction does not constitute an admission by the provider of any part or conclusion set forth in the statement of deficiencies. This plan of correction is being submitted because it is required by law.

F 431 483.60(b), (d), (e) DRUG RECORDS, SS=D LABEL/STORE DRUGS & BIOLOGICALS

F 431

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.

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.

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.

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Sunda Berry, NAA TITLE _____ (X6) DATE 9/13/10

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 431 Continued From page 1

package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected

This REQUIREMENT is not met as evidenced by:
Based on observation, interviews, and record review, it was determined the facility failed to ensure safe storage of drugs and/or biologicals related to a medication cart left unlocked and unattended on the hallway. Findings include:

An observation on Hall 1, conducted on 08/27/10 at 12:30 PM, revealed a medication cart on the hall, which was unlocked and unattended by staff. The medication cart was located between resident rooms #18 and #20 and directly across from room #19.

An interview with Licensed Practical Nurse (LPN) #1, on 08/27/10 at 12:35 PM, revealed she was responsible for the medication cart located on Hall 1. She stated the medication cart should always be locked whenever staff was not at the cart. LPN #1 revealed she had used the cart a short time earlier and must have forgotten to lock the cart when she returned to the nurse's station.

An interview with the Director of Nursing (DON), conducted on 08/27/10 at 12:45 PM, revealed she expected the staff to keep the medication cart locked and secured whenever they were not directly with the cart. The DON also stated she had checked the medication cart at the surveyor's request at 12:30 PM and found the cart unlocked and unattended on Hall 1.

- F 431
1. The identified Licensed Practical Nurse was reeducated by the Education Training Director on ensuring medication cart is locked when not in use on 8/31/10.
 2. On 8/31/10 the Director of Nursing completed and audit of all medication carts to ensure they were locked and secure. None were identified.
 3. All licensed staff will be reeducated by the Education Training Director and Director of Nursing on policy and procedure for ensuring medication carts are locked when not in use by 9/15/10.

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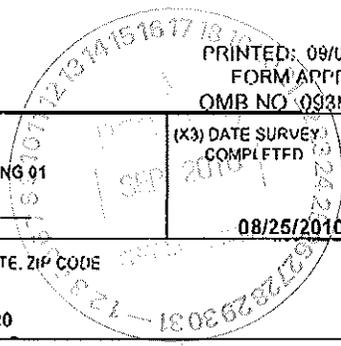
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F 431	Continued From page 2 A review of the facility policy entitled Medication Administration, dated January 2001 with revision dates of October 2008 and July 2010, revealed under the procedure section of the policy, the following: The medication cart was to be locked before entering resident rooms to prevent accidental ingestion of medication and diversion of medication. This procedure guideline was followed with a notation that the medication cart was to never be left open and unattended.	F 431	4. Education Training Director, Assistant Director of Nursing, Director of Nursing will monitor medication carts 3 x week x 12 weeks to assure medication carts remain locked when not in use. The Quality Assurance Committee will review monthly to ensure compliance.	

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NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF HENDERSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420	



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K 000 INITIAL COMMENTS

A Life Safety Code Survey was conducted on 0825/10 to determine Federal compliance with Title 42, Code of Federal Regulations, 482.41 (b) (Life Safety from Fire) and found the facility not in compliance with NFPA 101 Life Safety Code 2000 Edition. Deficiencies were cited with the highest deficiency at an E.

K 066 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

- Smoking regulations are adopted and include no less than the following provisions:
- (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.
 - (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.
 - (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.
 - (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4

This STANDARD is not met as evidenced by:
Based on observation and staff interview, the

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K 066

- 1. Cigarette butts were observed on the ground in the designated break area. Cigarette butts were cleaned up at that time.

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

Linda Berry RHA

TITLE

(X6) DATE

9/13/10

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K 066	Continued From page 1 facility failed to ensure compliance with requirements for safe handling and disposal of flammable material (cigarette butts) near the building exits. Findings include: During the Life Safety Code Inspection, conducted on 08/25/10, the area around the back door leading to the laundry, and the area designated as the Staff Break Area (outside the building) was observed to be littered with cigarette butts. (Actual count exceeded 100 cigarette butts). Interviews with the Administrator and Corporate Nurse Consultant at 11:00 AM, on 08/25/10, revealed that the facility had provided approved metal, self-closing containers (ash trays) at both of these locations, but staff continued to throw the cigarette butts on the ground. NFPA 101, Chapter 19 states. Proper education and training of staff and attendants in the ordinary fire hazards and their abatement is unquestionably essential. This condition affects one smoke compartment, to include 15 residents and four staff.	K 066	2. The other designated employee break area was evaluated and cigarette butts were found on the ground. The cigarette butts were cleaned up at that time. 3. Employees were educated on the proper disposal of cigarette butts. 4. Employee break areas will be monitored 5 times a week for 12 weeks by NHA to ensure proper disposal of cigarette butts. Compliance Date August 26, 2010 The Quality Assurance Committee will review monthly to ensure compliance.		