

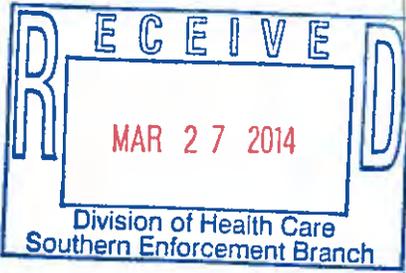
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/20/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/06/2014
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NAME OF PROVIDER OR SUPPLIER  BARBOURVILLE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 65 MINTON HICKORY FARM ROAD BARBOURVILLE, KY 40906
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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  An abbreviated standard survey (KY21344, KY21383) was initiated on 03/05/14 and concluded on 03/06/14. KY21344 was substantiated with deficient practice identified at "D" level. KY21384 was unsubstantiated with no deficient practice identified.	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, record review, and a review of the facility policy, it was determined the facility failed to ensure services provided met professional standards of quality for one of three sampled residents (Resident #1). A review of Resident #1's Medication Administration Record (MAR) revealed staff had not always documented the administration of medications that were prescribed to be administered to Resident #1 during the month of February 2014.  The findings include:  A review of the facility's policy titled Medication Administration Policy, not dated, revealed the person administering the medications must immediately document the administration of the medication.  A review of the medical record for Resident #1 revealed the facility admitted the resident on 06/25/12 with diagnoses including Diverticula	F 281	See attached	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Ganna Partin* TITLE: *3X Administrator* (X6) DATE: *3/26/14*

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 281	<p>Continued From page 1</p> <p>Disease, Constipation, and Dementia. A review of the quarterly Minimum Data Set (MDS) assessment, dated 12/12/13, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated the resident was not interviewable.</p> <p>A review of Resident #1's physician orders dated February 2014 revealed the physician had prescribed the following medications: 17 grams of Miralax (a medication to prevent and manage constipation) every night at bedtime, and 5 milligrams of Dulcolax (a medication to manage constipation) every day at 5:00 PM. A review of Resident #1's MAR dated February 2014 revealed the Miralax was not documented as administered on the following nights: 02/06/14, 02/14/14, 02/15/14, 02/21/14, 02/22/14, and 02/26/14. Continued review of the MAR revealed Resident #1's Dulcolax was not documented as administered on the following evenings: 02/15/14, 02/18/14, 02/21/14, 02/23/14, and 02/26/14.</p> <p>Interview on 03/06/14 at 12:18 PM with Licensed Practical Nurse (LPN) #1 revealed the LPN was working on the evenings of 02/06/14, 02/15/14, and 02/22/14 and was assigned to administer Resident #1's medications. LPN #1 stated she administered all of Resident #1's medications, including the Miralax, on the evenings she worked and "just forgot" to initial that the medication was given.</p> <p>Interview on 03/06/14 at 1:24 PM with Registered Nurse (RN) #1 revealed the RN was working on the evenings of 02/14/14, 02/21/14, and 02/26/14 and administered Resident #1's 5:00 PM and 9:00 PM medications. The interview further</p>	F 281			

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F 281	Continued From page 2 revealed the RN "got busy" and forgot to document that the medications had been given.  Interview on 03/06/14 at 2:30 PM with the Director of Nursing (DON) revealed the Supervisors review resident MARs at the end of the month in an effort to identify discrepancies. However, the DON stated Resident #1 had experienced a problem with constipation and, after observation of the resident's MAR, the lack of documentation of the administration of medications on the resident's MARs had been identified. According to the DON, staff was interviewed related to the lack of documentation and had assured her the medications had been administered.	F 281			

**Barbourville Health & Rehabilitation Center**  
**Abbreviated Survey on 3-6-14**  
**Plan of Correction**

**F281**

1. Resident #1 is receiving their medication as prescribed per the physician's orders with appropriate documentation (signing/initialing) on the Medication Administration Record (MAR).
2. The MAR of each resident has been reviewed for appropriate documentation indicating the medication has been administered. The MARs were reviewed to ensure that services provided and arranged by the facility had met professional standards of quality.
3. An In-service was conducted on March 7, 2014 by the Director of Nursing & Administrative Nursing Staff. The in-service information included the importance of signing (initialing) the MAR when a medication is given to ensure the services provided by the facility has met professional standards of quality.
4. The CQI Committee designee will select 5 resident's MARs to review for appropriate signatures/initials after completion of the medication pass. These audits will be conducted on a weekly basis for one month, then monthly for one quarter to ensure that services provided meet professional standards of quality.
5. Completion Date: 3/28/14.