F226 - NA #1

Kentucky Board of Nursing > **Bulk License Validation**

Validation by identifier:

- ARNP registration numbers are 3 or 4 digit numbers
- License numbers are 7 digit numbers beginning with the digit "1" for RNs or "2" for LPNs
- Provisional license numbers are 8 digits beginning with the digit "2"
- Temporary work permit numbers are 5 digit numbers
- SRNA numbers are 8 digit numbers beginning with digit "5"
- We are no longer offering the option of entering a social security number when you access the Basic License Validation service
- DT numbers are 7 digit numbers beginning with digit "8"

Identifier Validate

Search by name:

- Please enter first name or last name or both and click Search button. After the results are displayed please select the names you would like to validate and click on "Validate Selected" button at the bottom of the results. To select all names please click on Select All column.

First Name Mary
Last Name Branam
Maximum number of results 200
Search

Does not hold a nursing license in Kentucky and has never been registered with the Kentucky Nurse Aide Registry nor listed on the Kentucky Nurse Aide Abuse Registry.

Contact Us | Site Map

1226 COCK #1

Validation by identifier:

- ARNP registration numbers are 3 or 4 digit numbers
- License numbers are 7 digit numbers beginning with the digit "1" for RNs or "2" for LPNs
- Provisional license numbers are 8 digits beginning with the digit "2"
- Temporary work permit numbers are 5 digit numbers
- SRNA numbers are 8 digit numbers beginning with digit "5"
- We are no longer offering the option of entering a social security number when you access the Basic License Validation service
- DT numbers are 7 digit numbers beginning with digit "8"

Validate by identifier

Identifier Validate

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- Please enter first name or last name or both and click Search button. After the results are displayed please select the names you would like to validate and click on "Validate Selected" button at the bottom of the results. To select all names please click on Select All column.

Search by name

First Name connie Sue
Last Name phillips
Maximum number of results 200
Search

Verified by Donna Bell
on ~~7-5-10~~
7-7-10 DB

Does not hold a nursing license in Kentucky and has never been registered with the Kentucky Nurse Aide Registry nor listed on the Kentucky Nurse Aide Abuse Registry.

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F226 Cook #1

Full Name:
Connie Sue Phillips

[redacted]

Connie S Phillips

Employer: 75 - Mills Health And Rehab Center
Employee Number: 751922
.@MillsHealth.com

Home Phone: [redacted]

Address:

[redacted]

Job Classification: R10-Cook

| 2010 Benefit Options | 10 Benefit Sheet | Raise History | Benefit Option History | Std Deductions | Garnishment | License | Benefit Override | Staffing Info | Change Log | Notes | Punch History | Current Punches | Badge | Events | Expense Reports

Profile			
Social Security Number:	[redacted]	**Birth:**	[redacted]
Sex:	Female	**Ethnic Background:**	[redacted]

Employment Information				
Hire:	04/07/10	**Most Recent Hire:**	04/07/10	**Full/Part/Casual:** Full
Anniversary Date:	04/07/10			
Previous Service Months:	0	**Service Years:**	0.34	**Type:** Hourly (Over 40 Hr/Wk Receives Overtime)

[redacted]

F226 Cook #

Validation by identifier:

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- License numbers are 7 digit numbers beginning with the digit "1" for RNs or "2" for LPNs
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Validate by identifier

Identifier [ ] Validate

Search by name:

- Please enter first name or last name or both and click Search button. After the results are displayed please select the names you would like to validate and click on "Validate Selected" button at the bottom of the results. To select all names please click on Select All column.

Search by name

First Name Connie
Last Name Phillips
Maximum number of results 200
Search

Search results

Select All	First Name	Middle Name	Last Name	Maiden Name	City	Zip	Lic#/SRNA/DT#	Type
☑	CONNIE	FAYE	PHILLIPS		MORGANFIELD	42437	50101783	Nurse Aide
☑	CONNIE J		PHILLIPS				50129409	Nurse Aide

Validate Selected

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F226 Cook #

Online Validation Results

Online Validation Results

Identifier	Validation Result
CONNIE FAYE PHILLIPS MORGANFIELD, 42437	Connie Faye Phillips **SRNA#:** 50101783 **Status:** Active **Expiration Date:** 02-JUL-11 **Original KY Registry Date:** Is not listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry. Is not licensed as a nurse in KY. **Verification date:** 08-AUG-10.
CONNIE J PHILLIPS	Connie J Phillips **SRNA#:** 50129409 **Status:** Unknown **Expiration Date:** **Original KY Registry Date:** Is listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry. For more information, contact the Kentucky OIG, Division of Licensing and Regulation at 502-564-7963. Is not licensed as a nurse in KY. **Verification date:** 08-AUG-10.

Not Connie Sue Phillips →

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F 281
F 511

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Institution: Mills Health and Rehab

Department:

Date: 7/29/2010

Time: to

Meeting Area:

Employee group(s) present: licensed staff + KMA's

Subject(s) covered: Allergies, "DO NOT crush" Medications Radiology reports & labs - attempt to report 3x. List allergies on MAR & verify c̄ H&P. (If unable to report labs to MD - attempted x3 then supervisor will report to Dr Carrico)

Problems, comments, suggestions: [illegible]

Conducted by: Peggy Walker RN

Title:

Signature: Lorraine Anderson RN

Title: DON

F281

Mills HEALTH & REHAB

Nursing Employee Checklist for Mills Health and Rehab Center

EMP#	LAST	FIRST	HIRE	SVMO	DCL	W	
0386	Parrott	Carla	06/11/07	0	A03	F	Carla Parrott
1916	Tullis	Hester	04/05/10	0	A03	F	Hester Tullis
1928	MELTON	KAREN	05/19/10	0	A03	F	Karen Melton
1675	Goatley	Vivian	08/14/00	108	A04	F	VIVIAN GOATLEY
1690	Potts	Kalin	09/14/00	76	A04	T	KPotts
~~1897~~	~~Koebler~~	~~Donna~~	~~11/03/09~~	~~0~~	~~A04~~	~~F~~	Resigned - not currently employed
1931	EDMAISTON	SHANA	06/08/10	0	A04	F	Shana Edmaiston
0078	Brittian	Johna	01/28/10	0	B04	F	Johna Brittain
0201	Peek	Shelia	04/13/10	0	B04	P	[illegible]
0281	Mcalpin	Jessica	06/10/06	7	B04	F	Jessica McAlp
0308	Toon	Tane	08/16/06	5	B04	F	Tane Toon
0339	Wheeler	Melissa	12/27/06	0	B04	F	M. Wheeler
0476	Riley	Heather	06/16/08	0	B04	F	Heather Riley
0901	Sullivan	Teresa	01/02/92	27	B04	F	Teresa Sullivan
0939	Buchanan	Nancy	07/27/92	100	B04	P	Nancy Buchanan
1028	Sanders	Jerry	07/12/93	162	B04	F	[illegible]
1727	Burgess	Mary	02/09/01	31	B04	T	M Burgess
1741	Depriest	Pattie	05/28/01	34	B04	P	Pattie DePriest
1808	Hayden	Nikki	09/03/02	52	B04	F	on vacation will return 8/12/2010
1867	Hayden	Dusty	11/23/02	49	B04	F	on vacation will return 8/12/2010
[redacted]							Susan Price

F281

[redacted]

0148	Smith	Alisha	11/22/04	4	C15	F	Alisha Smith
* 0407	Hayden	Frances	01/19/87	240	C15	F	Frances Hayden
* 0448	Sullivan	Karen	03/10/08	0	C15	F	Karen Sullivan
* 1357	Carter	Wanda	01/06/97	120	C15	F	Wanda Carter

[redacted]

1471	Yokley	Chasity	08/03/09	0	G61	F	Chasity Yokley
1745	Munsell	Beth	06/18/01	12	G61	F	Beth Munsell
0837	Walker	Peggy	04/06/09	0	G70	F	Peggy Walker
	DORAN	JANET					Janet Doran

Employees:81

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F281

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON
Acamprosate	Campral®	Tablet, capsule	1
Acetaminophen* (extended release)	Tylenol® Arthritis Pain, Tylenol® 8 Hour	Tablet	2
Acetazolamide* (extended release)	Diamox® Sequels®	Capsule	2
Albuterol* (extended release)	VoSpire ER®	Tablet	2
Alendronate*	Fosamax®, Fosamax Plus D™	Tablet	4
Alfuzosin	UroXatral®	Tablet	2
Alprazolam*	Niravam™	Tablet	14
Alprazolam* (extended release)	Xanax XR®	Tablet	2
Ammonium chloride* (enteric coated)	(Generic forms available)	Tablet	1
Amoxicillin and clavulanate* (extended release)	Augmentin XR®	Tablet	2
Aripiprazole* (ODT)	Abilify® Discmelt™	Tablet	14
Aspirin and dipyridamole	Aggrenox®	Capsule	2
Aspirin* (controlled release)	ZORprin®	Tablet	2
Aspirin* (enteric coated)	Bayer® Aspirin Regimen Adult Low Strength, Bayer® Aspirin Regimen Regular Strength, Easprin®, Ecotrin®, Ecotrin® Low Strength, Ecotrin® Maximum Strength, Halfprin®, St. Joseph Adult Aspirin, Sureprin 81™	Tablet	1
Atomoxetine	Strattera®	Capsule	4, 11, 13
Atropine, hyoscyamine, phenobarbital and scopolamine* (extended release)	Donnatal Extentabs®	Tablet	2
Benzonatate*	Tessalon®	Capsule	4, 9
Bisacodyl* (delayed release)	Doxidan®	Tablet	2, 17
Bisacodyl* (enteric coated)	Alophen®, Bisac-Evac™, Correctol®, Dulcolax®, Femilax™, Fleet® Stimulant Laxative, Medane®, Veracolate	Tablet	1, 17
Brompheniramine* (extended release)	Bidhist, Lodrane® 12 Hour, Lodrane® 24, LoHist-12	Tablet	2, 8
Brompheniramine and pseudoephedrine* (extended release)	Bromfenex®, Bromfenex® PD, Lodrane® LD, Histex™ SR, Touro™ Allergy	Capsule	2
Brompheniramine and pseudoephedrine* (extended release)	Lodrane® 12 D	Tablet	2
Budesonide	Entocort® EC	Capsule	1
Bupropion* (extended release)	Budeprion™ SR, Buproban™, Wellbutrin XL™, Wellbutrin® SR, Zyban®	Tablet	2
Carbamazepine* (extended release)	Carbatrol®, Equetro™	Capsule	2, 5
Carbamazepine* (extended release)	Tegretol® XR	Tablet	2

GENERIC	BRAND	DOSAGE FORM	REA
Carbenicillin	Geocillin®	Tablet	3
Carbinoxamine and pseudoephedrine* (extended release)	Palgic®-D, Rondec-TR®	Tablet	2
Cefuroxime*	Ceftin®	Tablet	3
Cetirizine and pseudoephedrine	Zyrtec-D 12 Hour™	Tablet	2
Chloral hydrate*	Somnote™	Capsule	3,
Chlorpheniramine* (extended release)	QDALL® AR	Capsule	2
Chlorpheniramine* (extended release)	Chlor-Trimeton®	Tablet	2
Chlorpheniramine and phenylephrine* (extended release)	Dallergy-JR®	Capsule	2
Chlorpheniramine and phenylephrine* (extended release)	Ed A-Hist®, Rescon® JR	Tablet	2
Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	Extendryl® JR	Capsule	2
Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	Dallergy®, Drize®-R, Durahist™ PE, Extendryl SR, Hista-Vent® DA, PCM Allergy, Ralix	Tablet	2
Chlorpheniramine, phenylephrine and methscopolamine* (extended release)	OMNIhist® II L.A., Rescon® MX	Tablet	2,
Chlorpheniramine and pseudoephedrine* (extended release)	Deconamine® SR, Dynahist-ER Pediatric®, Histade™, Kronofed-A®, QDALL®	Capsule	2
Cinacalcet	Sensipar™	Tablet	1
Ciprofloxacin*	Cipro®	Tablet	3
Ciprofloxacin* (extended release)	Cipro® XR, Proquin® XR	Tablet	2
Clarithromycin* (extended release)	Biaxin XL®	Tablet	2
Clopidogrel bisulfate	Plavix®	Tablet	1
Clorazepate* (sustained release)	Tranxene®-SD, Tranxene®-SD Half Str.	Tablet	2
Clotrimazole*	Mycelex® Troche	Troche	1
Clozapine* (ODT)	FazaClo®	Tablet	1
Colestipol*	Colestid®	Tablet	2
Cyclophosphamide	Cytoxan®	Tablet	12,
Darifenacin	Enablex®	Tablet	2
Deferasirox	Exjade®	Tablet	1
Desloratidine* (ODT)	Clarinex® RediTabs®	Tablet	1
Desloratidine and pseudoephedrine	Clarinex-D® 12 Hour, Clarinex-D® 24 hour	Tablet	2
Dexbrompheniramine and pseudoephedrine	Drixoral® Cold & Allergy	Tablet	2

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F281

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON
Piroxicam	Feldene®	Capsule	4
Potassium bicarbonate and potassium chloride	K-Lyte®	Tablet	7
Potassium chloride*	microK®	Capsule	2, 5
Potassium chloride*	K-Dur®, K-Tab®, Kaon Cl®, Klor-Con®	Tablet	2
Potassium citrate	Urocit® K	Tablet	1
Prednisolone* (ODT)	Orapred ODT™	Tablet	14
Procainamide* (extended release)	Procanbid®	Tablet	2
Propantheline	(Generic forms available)	Tablet	3
Propranolol* (extended release)	Inderal® LA, InnoPran XL™	Capsule	2
Pseudoephedrine* (extended release)	Contact® Cold, Dimetapp® 12-Hour Non-Drowsy Extentabs®, Sudafed® 12 hour, Sudafed® 24 Hour	Tablet	2
Pyridostigime* (sustained release)	Mestinon® Timespan®	Tablet	2
Quinidine* (extended release)	Quinidine Gluconate ER, Quinidine Sulfate ER	Tablet	2
Rabeprazole	Aciphex®	Tablet	1
Ramelteon	Rozerem™	Tablet	11
Ranolazine	Ranexa™	Tablet	2, 11
Risedronate, risedronate/calcium	Actonel®, Actonel® with Calcium	Tablet	4
Risperidone* (ODT)	Risperdal® M-Tabs™	Tablet	14
Ropinirol (ODT)	Requip®	Tablet	14
Selegiline* (ODT)	Zelapar™	Tablet	14
Sevelamer	Renagel®	Tablet	13

GENERIC	BRAND	DOSAGE FORM	RE
Sildenafil	Revatio™, Viagra®	Tablet	
Sodium bicarbonate* (granules)	Brioschi®	Granules	
Sulfasalazine* (delayed release)	Azulfidine® EN-tabs®, Sulfazine EC	Tablet	
Sumatriptan	Imitrex®	Tablet	
Tamsulosin	Flomax®	Capsule	
Temozolomide	Temodar®	Capsule	
Theophylline* (extended release)	Theo-24®, TheoCap™	Capsule	
Theophylline* (extended release)	Quibron®-T/SR, Theochron®	Tablet	
Theophylline* (extended release)	Uniphyl®	Tablet	
Thyphoid vaccine	Vivotif Berna®	Capsule	
Tolterodine* (extended release)	Detrol® LA	Capsule	
Topiramate*	Topamax® Sprinkle	Capsule	
Tramadol* (extended release)	Ultram® ER	Tablet	
Trandolapril and verapamil	Tarka®	Tablet	
Divalproex Sodium*	Depakote® Sprinkle	Capsule	
Valproic acid*	Depakene®	Capsule	
Divalproex Sodium*	Depakote®	Tablet	
Divalproex Sodium* (extended release)	Depakote® ER	Tablet	
Venlafaxine* (extended release)	Effexor® XR	Capsule	
Verapamil* (extended release)	Verelan®, Verelan® PM	Capsule	
Verapamil* (extended release)	Covera-HS®, Isoptin® SR	Tablet	
Verapamil* (extended release)	Calan® SR	Tablet	
Zolpidem* (extended release)	Ambien™ CR	Tablet	

*[illegible] tablets, non-enteric coated [illegible] for the [illegible] table. [illegible] manufacturers may differ from the brand name listed.

ODT = Orally Disintegrating Ta

1. Enteric coated formulation.
2. Time release formulation.
3. Unpleasant taste.
4. Can irritate mucus membranes and/or skin.
5. Capsule may be opened and contents removed for administration without crushing, chewing, or dissolving.
6. Tablets are made to disintegrate under the tongue.
7. Tablets MUST be dissolved in liquid as recommended by the manufacturer.
8. Tablet is scored and may be broken in half, at the score line, without affecting release characteristics in most situations.
9. Liquid filled capsule.
10. Contents may be dissolved in water for administration.
11. Not recommended by manufacturer. No data available.
12. Women who are or may become pregnant should not handle crushed or broken tablets.
13. Miscellaneous
14. Product designed to dissolve in the mouth.
15. Once digestive enzyme capsules are opened onto food, swallow immediately to reduce irritation of mucosa. Follow-up with fluid. Contact with foods having pH > 5.5 can dissolve enteric coating.
16. Crushing diltiazem tablets will alter the controlle release mechanism resulting in instant release c drug which may cause faster absorption, earlier to max concentration, and higher max concentr The duration of effect might be decreased neces ing more frequent dosing when tablets are crus Patients who are administered crushed tablets s be closely monitored for exaggerated effect.
17. Antacids and/or milk may prematurely dissolve the c of the tablet.

This document is not all-inclusive and not all products may be available in all areas. Use of the document also requires health professionals to evaluate individual patient ne (i.e. the list should not be viewed as an absolute contraindication to crushing). References available upon request.

Content edited and updated by: ***Charlie Waters, PharmD, BCPS***

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F281

Medications Not To Be Crushed

NERIC	BRAND	DOSAGE FORM	REASON
:methylphenidate	Focalin™ XR	Capsule	2, 5
:troamphetamine* :tained release)	Dexedrine® Spansule®	Capsule	2
:troamphetamine and phetamine* (extended release)	Adderall-XR®	Capsule	2, 5
lofenac* (enteric coated)	Voltaren®	Tablet	1
lofenac* (extended release)	Diclofenac Sodium ER, Voltaren® XR	Tablet	2
lofenac and misoprostol	Arthrotec®	Tablet	1
anosine* (enteric coated)	Videx® EC	Capsule	1
thylpropion* ntrolled release)	Tenuate® Dospan®	Tablet	2
unisal	(Generic forms available)	Tablet	4
oxin*	Lanoxicaps®	Capsule	9
iazem*	Cardizem®	Tablet	16
iazem* (extended release)	Cartia XT, Dilacor® XR, Diltia® XT, Diltiazem ER	Capsule	2
iazem* (extended release)	Cardizem® CD, Taztia™ XT, Tiazac®	Capsule	2, 5
bazem* (extended release)	Cardizem® LA	Tablet	2
phenhydramine and eudoephedrine* (ODT)	Benadryl® Allergy and Sinus Fastmelt™	Tablet	14
opyramide* (controlled release)	Norpace® CR	Capsule	2
nepezil* (ODT)	Aricept® ODT	Tablet	14
xazosin* (extended release)	Cardura® XL	Tablet	2
xycycline	Oracea™	Capsule	2
xycycline	Doryx®	Tablet	1
onabinol	Marinol®	Capsule	9
loxetine	Cymbalta®	Capsule	1
alapril and felodipine	Lexxel®	Tablet	2
ocalciferol*	Drisdol®	Capsule	9
goloid mesylates* (sublingual)	(Generic forms available)	Tablet	6
gotamine	Ergomar®	Tablet	6
ythromycin*	Ery-tab®, PCE®	Tablet	1
ythromycin* (enteric coated)	Eryc®	Capsule	1
omeprazole	Nexium®	Capsule	1, 5
zopiclone	Lunesta™	Tablet	11
odolac* (extended release)	Lodine® XL	Tablet	2
lodipine	Plendil®	Tablet	2
xofenadine and eudoephedrine	Allegra-D®	Tablet	2
nasteride	Propecia®, Proscar®	Tablet	12
oxetine* (delayed release)	Prozac® Weekly	Capsule	2

GENERIC	BRAND	DOSAGE FORM	REASON
Fluvastatin* (extended release)	Lescol® XL	Tablet	2
Ganciclovir	Cytovene®	Capsule	4
Glipizide* (extended release)	Glipizide ER, Glucotrol® XL	Tablet	2
Griseofulvin* ultramicrosize	Gris-Peg®	Tablet	1
Guaifenesin* (extended release)	Humibid® Maximum Strength, Mucinex®	Tablet	2
Guaifenesin and dextromethorphan* (extended release)	Amibid DM, Guaifenex® DM, Mucinex® DM, Touro® DM, Tussi-Bid®	Tablet	2
Guaifenesin and dextromethorphan* (extended release)	Allfen®-DM, Mucophen® DM, Guia-D, Q-Bid DM, Respa-DM®, Z-Cof LA	Tablet	2, 8
Guaifenesin and phenylephrine* (extended release)	Crantex ER, Deconsal II®, Entex® ER, Entex® LA, Guaifed®, PhenaVent™	Capsule	2
Guaifenesin and phenylephrine* (extended release)	Aldex™, Ami-Tex LA, Crantex LA, Endal®, Liquibid®-PD, PhenaVent™ D, Prolex™-D, SINUvent® PE, XPECT-PE™	Tablet	2
Guaifenesin and potassium guaiacolsulfonate* (extended release)	Allfen, Humibid® LA	Tablet	2, 8
Guaifenesin and pseudoephedrine* (extended release)	Respaire®-120 SR, Respaire®-60 SR	Capsule	2
Guaifenesin and pseudoephedrine* (extended release)	Ami-Tex PSE, Guaifenex® GP, Guaifenex® PSE, Zephrex LA®, Maxifed®, Maxifed® G, Mucinex®-D, Nasatab® LA, PanMist®-LA, Touro® LA	Tablet	2
Guaifenesin and pseudoephedrine* (extended release)	Dynex®, Guaimax-D®, Profen II®, Profen Forte®, Zephrex-LA®	Tablet	2, 8
Guaifenesin, pseudoephedrine and dextromethorphan* (extended release)	Maxifed® DM, Medent-DM, Touro® CC, Touro® CC-LD	Tablet	2, 8
Guaifenesin, psuedoephedrine and dextromethorphan* (extended release)	Ambifed-G DM, Coldmist DM, Profen Forte™ DM, Profen II DM®, Pseudovent™ DM, Pseudo Max DMX	Tablet	2
Hyoscyamine* (extended release)	Cystospaz-M®, Levsinex® Timecaps	Capsule	2
Hyoscyamine* (extended release)	Hyoscyamine ER, Symax™-SR	Tablet	2
Hyoscyamine* (extended release)	Levbid®	Tablet	2, 8
Hyoscyamine* (sublingual)	Levsin/SL®	Tablet	6
Ibandronate	Boniva®	Tablet	4
Ibuprofen*	(Generic forms available)	Tablet	3
Indomethacin* (sustained release)	Indocin® SR, Indomethacin SR	Capsule	2
Iron salts* (timed release)	Fero-Grad 500®, Ferro-Sequels®, Slow FE®	Tablet	2

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F281

Medications Not To Be Crushed

GENERIC	BRAND	DOSAGE FORM	REASON
sosorbide dinitrate* (sublingual)	Isordil® Sublingual	Tablet	6
sosorbide dinitrate* sustained release)	Dilatrate® SR	Capsule	2
sosorbide dinitrate* sustained release)	Isordil® Tembid, Isosorbide Dinitrate SR, Sorbitrate® SA	Tablet	2
sosorbide mononitrate* extended release)	Imdur®	Tablet	2, 8
sotretinoin	Accutane®	Capsule	4
sradipine	DynaCirc® CR	Tablet	2
Ketoprofen*	(Generic forms available)	Capsule	2
.ansoprazole*	Prevacid®	Capsule	1, 5
.ansoprazole* (granules)	Prevacid Packets for Suspension	Granules	1, 10
.ansoprazole* (ODT)	Prevacid® SoluTab™	Tablet	14
.evodopa and carbidopa* ODT)	Parcopa™	Tablet	14
.evodopa and carbidopa* sustained release)	Sinemet® CR	Tablet	2, 8
.ithium* (controlled release)	Eskalith CR, Lithobid®	Tablet	2
.oratidine* (extended release)	Alavert™ Allergy and Sinus, Claritin-D®	Tablet	2
.oratidine* (ODT)	Alavert®, Claritin® RediTabs®, Triaminic® Allerchews™	Tablet	14
.ovastatin* (extended release)	Altoprev® ER	Tablet	2
.ubiprostone	Amitiza™	Capsule	9
Magnesium salts* delayed release)	Mag 64™, Mag Delay®, Mag-Tab® SR	Tablet	2
Magnesium salts* enteric coated)	Slow-Mag®, Maginex™	Tablet	1
Meprobamate	(Generic forms available)	Tablet	3
Mesalamine* (controlled release)	Pentasa®	Capsule	2
Mesalamine* (enteric coated)	Asacol®	Tablet	1
Metformin* (extended release)	Fortamet®, Glucophage® XR, Glumetza™	Tablet	2
Methenamine* (enteric coated)	Mandelamine®	Tablet	1
Methylphenidate* (extended release)	Metadate® CD, Ritalin® LA	Capsule	2, 5
Methylphenidate* (extended release)	Concerta®, Metadate® ER, Methylin® ER, Ritalin SR®	Tablet	2
Metoprolol* (extended release)	Toprol XL®	Tablet	2, 8
Metronidazole* (extended release)	Flagyl® ER	Tablet	2
Minocycline*	Minocin®	Capsule	4
Minocycline* (extended release)	Solodyn™	Tablet	2
Mirtazapine* (ODT)	Remeron Soltab®	Tablet	14
Morphine sulfate* (extended release)	Avinza®, Kadian®	Capsule	2, 5
Morphine sulfate* (extended release)	MS Contin®, Oramorph SR®	Tablet	2
Mycophenolate*	CellCept®	Tablet, Capsule	12
Mycophenolate* (delayed release)	Myfortic®	Tablet	1
Naproxen* (controlled release)	Naprelan®	Tablet	2
Naproxen* (enteric coated)	EC-Naprosyn	Tablet	1
Naproxen and pseudoephedrine	Aleve® Cold & Sinus, Aleve® Sinus & Headache	Tablet	2
Niacin and lovastatin	Advicor®	Tablet	2
Niacin* (extended release)	Niacin ER, Niaspan®	Tablet	2
Niacin* (controlled release)	Slo-Niacin®	Tablet	2, 8
Nicardipene* (sustained release)	Cardene SR®	Capsule	2
Nifedipine*	Procardia®	Capsule	9
Nifedipine* (extended release)	Adalat® CC, Afeditab™ CR, Nifedical XL, Nifediac™ CC, Nifedipine ER, Procardia XL®	Tablet	2
Nimodipine	Nimotop®	Capsule	9
Nisoldipine	Sular®	Tablet	2
Nitroglycerin*	Nitro-Time®	Capsule	2
Nitroglycerin* (sublingual)	NitroQuick®, Nitrostat®	Tablet	6
Olanzapine* (ODT)	Zyprexa® Zydis®	Tablet	14
Olanzapine and fluoxetine	Symbyax™	Capsule	11
Omeprazole	Prilosec®	Capsule	1
Orphenadrine	Norflex™	Tablet	2
Oxybutynin* (extended release)	Ditropan® XL	Tablet	2
Oxycodone* (extended release)	OxyContin®	Tablet	2
Oxymorphone* (extended release)	Opana® ER	Tablet	2
Pancrelipase	Creon®, Lipram, Pancrecarb MS®, Pancrease® MT, Pangestyme™, Ultrase®	Capsule	1, 5, 15
Pantoprazole	Protonix®	Tablet	1
Papaverine	Para-Time SR®	Capsule	2
Paricalcitol	Zemplar®	Capsule	9
Paroxetine* (controlled release)	Paxil CR®	Tablet	2
Pentoxifylline	Pentoxil®, Trental®	Tablet	2
Phendimetrazine* (sustained release)	Bontril® Slow Release	Capsule	2
Phenylephrine, pseudoephedrine, chlorpheniramine, atropine, hyoscyamine, scopolamine	Stahist™	Tablet	2
Phenytoin* (extended release)	Dilantin®, Phenytek™	Capsule	2
Pioglitazone and metformin	Actoplus Met™	Tablet	11

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F 281

These are some signs and symptoms of a drug reation but not limited to.

Clinical signs and symptoms of a reaction:

headache
agitation
confusion
uneasiness
hallucinations
respiratory depression
rash
hives
flushing
pruritis
SOB
bronchospasm
hypotension

hypertension
tachycardiac
bradycardia
angina
syncope
nausea
diarrhea
cramps
dizziness
seizures

F511

COMPLETE
IN-SERVICE TRAINING REPORT
WITH PERSONNEL ATTENDING

Institution: Mills Health and Rehab

Department: Licensed nurses

Date: 8/6/2010

Time: _____ to _____

Meeting Area: _____

Employee group(s) present: _____

Subject(s) covered: see attached:
- each nurse received a copy of inservice

Problems, comments, suggestions: _____

Conducted by: _____

Title: _____

Signature: Lorraine Anderson RN

Title: DON

F 511

Inservice
8/6/10

All Licensed Nurse

To further clarify the education that was provided on 7/29/10, physicians are to be notified immediately of any x-ray, lab report or change in condition that has the potential to require physician intervention.

Professional nursing skills, that are consistent with the standards of nursing practice, must be utilized to determine the urgency of the report / condition.

A change of condition, critical lab or x-ray that indicates the presence of an acute condition requires a rapid response from the physician. The severity of the residents lab or x-ray result, condition, symptoms or risk for further decline determines how rapid that response must be. If the lab or x-ray result / condition is such that a prudent nurse would believe that the resident needs immediate treatment, then the physician should be contacted. If he/she hasn't responded within a very few minutes, the medical director should be contacted or the resident sent to the Emergency Room.

If the results indicate an abnormal or unexpected finding or a condition that is not acute and the resident does not exhibit symptoms of discomfort or distress, then the physician is to be notified immediately. If a response is not received from the physician within 4-8 hours then the alternate physician or medical director should be contacted for further orders.

If an x-ray or lab report indicates a continuation of a chronic condition that will not require a change in treatment (degenerative joints, arthritis, etc. without indication of pain) a response may not occur right away , but if not received by the next business day the doctor should be notified again.

Remember you are the nurse and your responsibility is to assist the resident to obtain prompt treatment for conditions suggested by abnormal lab or x-ray findings.

If at any time you feel that the resident is in need of treatment and you are unable to reach the attending physician or the medical director, you may call 911 and send the resident to the hospital. In such cases please notify the Director of Nursing or on call nurse. As always, notify the family the change in the

resident's condition.

An x-ray or lab without abnormal findings may not have a response from the physician, but should be noted that he / she was notified of the result and how the notification was made.

F 511

Mills HEALTH & REHAB

Nursing Employee Checklist for Mills Health and Rehab Center

EMP#	LAST	FIRST	HIRE	SVMO	DCL	W	SIGN & DATE
0386	Parrott	Carla	06/11/07	0	A03	F	
1916	Tullis	Hester	04/05/10	0	A03	F	
1928	MELTON	KAREN	05/19/10	0	A03	F	Karen Melton
1675	Goatley	Vivian	08/14/00	108	A04	F	
1690	Potts	Kalin	09/14/00	76	A04	T	KPOTTS RN 8/6/10
[redacted]							
1931	EDMAISTON	SHANA	06/08/10	0	A04	F	SEdmaiston
0078	Brittian	Johna	01/28/10	0	B04	F	
0201	Peek	Shelia	04/13/10	0	B04	F	Shelia Peek 8/9/10
0281	Mcalpin	Jessica	06/10/06	7	B04	F	Jessica McAlpin
0308	Toon	Tane	08/16/06	5	B04	F	
0339	Wheeler	Melissa	12/27/06	0	B04	F	
0476	Riley	Heather	06/16/08	0	B04	F	Heather Riley
0901	Sullivan	Teresa	01/02/92	27	B04	F	
0939	Buchanan	Nancy	07/27/92	100	B04	P	
1028	Sanders	Jerry	07/12/93	162	B04	F	8/7/1
1727	Burgess	Mary	02/09/01	31	B04	T	M Burgess
1741	Depriest	Pattie	05/28/01	34	B04	P	
1808	Hayden	Nikki	09/03/02	52	B04	F	on vacation
1867	Hayden	Dusty	11/23/02	49	B04	F	on vacation
1937	Price	Susan	07/06/10	0	B04	F	Susan Price RN 8-6 10

[redacted]

SIGN and date
F511

[redacted]

1471	Yokley	Chasity	08/03/09	0	G61	F
1745	Munsell	Beth	06/18/01	12	G61	F
0837	Walker	Peggy	04/06/09	0	G70	F

Doran JANet

Employees:81

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

PRINTED: 07/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185279	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLS HEALTH & REHAB CENTER, INC	600 BECK LANE MAYFIELD, KY 42066

(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
K 000	INITIAL COMMENTS	K 000		
	A Life Safety Code survey was initiated and conducted on 07/13/10 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. No deficiencies were identified during this survey.			

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

ADMINISTRATOR 7/30/2010

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.