

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/15/2015
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NAME OF PROVIDER OR SUPPLIER  MOUNTAIN VIEW NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 39 FERNDALE APARTMENTS ROAD PINEVILLE, KY 40977
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F 000	INITIAL COMMENTS	F 000		
F 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, review of facility policy, and review of the facility investigation it was determined the facility failed to provide pharmaceutical services in accordance with facility policy related to the destruction of discontinued controlled substances for one (1) of</p>	F 425	<p><b>DISCLAIMER:</b> Mountain View Nursing and Rehabilitation Center (Mountain View) acknowledges receipt of the Summary Statement of Deficiencies and proposes this Provider's Plan of Correction to the extent the summary of findings is factually correct; and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. This Provider's Plan of Correction is submitted as a written allegation of compliance.</p> <p>Mountain View's response to this Summary Statement of Deficiencies and Provider's Plan of Correction does not denote agreement with the Summary Statement of Deficiencies nor does it constitute an admission the cited deficiency is accurate. Further, Mountain View Nursing and Rehabilitation reserves the right to refute any of the deficiencies through informal dispute resolution, formal appeal procedures and/or any other administrative or legal proceeding.</p> <ol style="list-style-type: none"> <li>No residents were affected. All medications taken were discontinued medications awaiting destruction. The employee who took the discontinued controlled substances was immediately terminated.</li> <li>No other residents had the potential to be affected. Only medications awaiting destruction were compromised. The employee who took the discontinued controlled substances was immediately terminated.</li> </ol>	8/7/15

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

*Kaye Wilson, RN, LNHA*

TITLE  
LNHA

DATE  
8/6/2015

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 425	<p>Continued From page 1</p> <p>three (3) sampled residents and six (6) of six (6) unsampled residents (Residents # 1, A, B, C, D, E and F). Review of the facility policy revealed two licensed individuals were to witness the destruction process; however, medications were removed from the facility by one staff person and were not destroyed.</p> <p>The findings include:</p> <p>Review of facility policy titled "Controlled Substances," date unknown, revealed "the facility should use two (2) licensed individuals (i.e. a pharmacist and a licensed nurse, or two licensed nurses) to witness the destruction process" for narcotics and controlled substances.</p> <p>Review of the facility investigation dated 07/10/15 revealed the former Administrator had solely taken controlled substances that were meant to be destroyed from the facility and had attempted to sell the medications. Review of the "Narcotic Release Form" with dates from 06/22/15 to 07/06/15, revealed narcotics for seven (7) residents (Resident #1, A, B, C, D, E, and F) were released from the facility on 07/09/15 for destruction due to the discharge of the resident or discontinued use of the medication by the resident.</p> <p>Interview with the Facility Consultant on 07/14/15 at 3:44 PM revealed it was facility practice for the medications of discharged resident or discontinued medications to be removed from the medication carts by nursing staff along with the Director of Nursing (DON). The medications were then counted and compared to the narcotic count sheet to ensure the correct amount was being removed. The medications were then</p>	F 425	<p>3. The facility has implemented a new procedure for destruction of discontinued controlled substances. A device called a Rx Destroyer (or similar) will be used. This device will allow for destruction of discontinued controlled substances on the facility premises. As per facility policy, two licensed nurses will destroy all discontinued controlled substances. Controlled Medication Count Sheets will be signed, at the time of destruction, by the two licensed nurses. The Controlled Medication Count sheet will contain a statement indicating the medication was destroyed via the Rx Destroyer. This eliminates the need for the controlled substances to be destroyed off-site.</p> <p>All licensed nurses will be in-serviced on the new procedure. Those licensed nurses on vacation or leave of absence will be educated upon their return. This education will be added to new employee orientation for licensed nurses.</p> <p>4. The Administrator will audit discontinued controlled substance count sheets on a weekly basis x 4, then monthly x 3, to ensure each is signed by two licensed nurses, per facility policy, and contains the statement indicating the medication was destroyed via the Rx Destroyer. Any concerns will be addressed immediately. Audits will be reviewed each month at the monthly Quality Assurance meeting.</p>	8/7/15

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F 425	Continued From page 2 logged on the "Narcotic Release Form" and stored in the DON's office under double lock until time of destruction. The medications were then taken to a secondary site for destruction. A "Registrants Inventory of Drugs Surrendered" form was filled out prior to destruction and signed by an officer at the secondary site. Further interview revealed the Administrator had taken the medications alone to the destruction site on numerous occasions. The Consultant stated the facility was made aware of the incident on the night of 07/09/15 after the former Administrator had been arrested for drug trafficking. During the facility investigation it was determined the medications that were taken by the former Administrator were those deemed for destruction during the dates of 06/22/15 through 07/06/15. Further interview revealed the facility determined no active resident medications were compromised.  Interview with the former Administrator on 07/15/15 at 10:08 AM revealed she had left the facility, alone, with medications that were to be taken to a secondary site for destruction; however, she had failed to have the medications destroyed. Further interview revealed, "I didn't drop them off, I took them." The former Administrator stated she had "never" taken medications from active residents. The former Administrator stated, "That was the only time I had taken meds to be destroyed and didn't destroy them."  Interview with the Regional Vice President of the facility on 07/15/15 at 2:15 PM revealed the former Administrator had taken medications that were meant for destruction and tried to sell them to an outside person. Further interview revealed	F 425		8/1/15

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F 425	Continued From page 3 the facility policy did not address staff taking the medications to a secondary site for destruction. The Regional Vice President further stated that the facility should have ensured two (2) licensed people were witness to the destruction of medications according to the facility policy.  Interview with the DON on 07/15/15 at 2:31 PM revealed that medications were removed from the facility for destruction by either herself or the former Administrator and taken to the secondary site. The signature of the police officer at the secondary site was considered as a second witness to the destruction. Further interview revealed a police officer from the secondary site had at times come to the facility and picked up medications for destruction. The DON stated the facility policy related to the destruction of narcotics should have been followed.	F 425		8/7/15	