

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

PRINTED: 09/04/2014
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/20/2014
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NAME OF PROVIDER OR SUPPLIER MCCRACKEN NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 867 MCGUIRE AVE. PADUCAH, KY 42001
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F 000	INITIAL COMMENTS	F 000		
F 281 SS=D	<p>An Abbreviated Survey investigating Complaint KY#22072 was conducted on 08/18/14 through 08/20/14 to determine the facility's compliance with the Federal requirements. KY #22072 was unsubstantiated with unrelated deficiencies cited.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to provide services or arrangements to meet professional standards of quality for one (1) of three (3) sampled residents (Resident #1) and three (3) unsampled residents (Resident A, Resident B and Resident D) related to the failure to document the verification of the removal and disposal of Duragesic (narcotic pain medication) patches by two (2) licensed nurses.</p> <p>The findings include: Interview with the Director of Nursing (DON), on 08/20/14 at 8:40 AM, revealed the facility does not have a policy to address the removal and destruction of narcotic pain patches. Review of the Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality/Survey and Certification Group, S&C:13-02-NH, November 02, 2012; standards</p>	F 281	<p>Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction.. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within ten (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this time frame should in no way be construed or considered as an agreement with the allegations of noncompliance or admission by the facility. The plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marie Drape TITLE: Administrator (X6) DATE: 9/12/14

* Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>of practice, Section II Item B: "Staff should dispose of fentanyl patches in the same manner as wasting of any other controlled substances...wasting involves a secure and safe method, so diversion and/or accidental exposure are minimized.</p> <p>1. Record review revealed the facility admitted Resident #1 on 04/15/14 with diagnoses which included Late Effect Hemiplegia, Diabetes Mellitus Type II, Second (2nd) Degree burn left forearm, Muscle Weakness, and Chronic Pain Syndrome. Review of the Admission Minimum Data Set (MDS) assessment, dated 04/20/14 revealed the facility assessed Resident #1's cognition as severely impaired with a Brief Interview for Mental Status (BIMS) score of five (5) which revealed the resident was non-interviewable.</p> <p>Review of the Physician's Order, dated 04/15/14, revealed an order for Duragesic twelve (12) micrograms per hour (mcg/hr) patch apply one (1) patch every three (3) days.</p> <p>Review of the July 2014 Medication Administration Record (MAR) revealed to "document removal and destruction of the patch by 2 nurses". There was no documentation indicating a second (2nd) nurse had verified the removal and destruction of the patch on seven (7) out of ten (10) days between 07/01/14 through 07/31/14. Review of the August 2014 MAR revealed there was no documentation indicating the second (2nd) nurse had verified the removal and destruction of the patch on 08/03/14.</p> <p>2. Record review revealed the facility admitted Resident A on 06/17/14 with diagnoses which</p>	F 281	<ol style="list-style-type: none"> On 8/20/2014 the Director of Nursing (DON) and Assistant Director of Nursing (ADON) educated RN #2 and #3 on ensuring that two nurses document the removal and destruction of narcotic pain patches. An audit was conducted on Resident #1, A, B, and D to ensure that all residents' had orders in place that specified that two nurses needed to sign off on removal and destruction of narcotic pain patches. All issues were addressed. On 8/21/2014 the Director of Nursing observed that two nurses removed and destroyed the narcotic pain patches on Resident #1, A,B, and D. On 8/25/2014, the ADON conducted a 100% audit on all residents with orders for narcotic pain patches to ensure that orders specified that two nurses verify removal and destruction of the narcotic pain patch. All issues were addressed. ON 8/24/2014 an observation was completed by DON to ensure that two nurse removed and destroyed the narcotic patches. No concerns were identified. On 8/25/2014 an education for all licensed nurses was completed by DON/ADON on ensuring that two nurses document the removal and destruction of the narcotic pain patch. No licensed nurses worked after 8/20/2014 without receiving this education. An audit will be conducted by the DON/ADON weekly times twelve (12)weeks on all residents with narcotic pain patches to ensure that 	
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F 281	<p>Continued From page 2</p> <p>included Charcot Marie Tooth Disease, Bilateral below the knee amputations, Chronic Pain Syndrome, and Peripheral Neuropathy.</p> <p>Review of Physician Order, dated 06/17/14, revealed an order for a Duragesic twenty-five (25) mcg/hr patch apply one (1) patch every seventy-two (72) hours.</p> <p>Review of the July 2014 MAR revealed to "document removal and destruction of the patch by 2 nurses". There was no documentation indicating a second (2nd) nurse had verified the removal and destruction of the patch on seven (7) out of ten (10) days between 07/01/14 through 07/31/14.</p> <p>3. Record review revealed the facility admitted Resident B on 07/01/12 with diagnoses which included Chronic Airway Obstruction, Generalized Anxiety and Depressive disorder and Chronic Pain Syndrome.</p> <p>Review of the Physician's Orders, dated 06/30/14, revealed an order for a Duragesic twenty-five (25) mcg/hr patch apply one (1) patch every seventy-two (72) hours.</p> <p>Review of the July 2014 MAR revealed to "document removal and destruction of the patch by 2 nurses". There was no documentation indicating a second (2nd) nurse had verified the removal and destruction of the patch on nine (9) out of ten (10) days between 07/01/14 through 07/31/14.</p> <p>4. Record review revealed the facility admitted Resident D on 07/01/12 with diagnoses which included Chronic Pain Syndrome, Ileostomy,</p>	F 281	<p>two nurses are documenting the removal and destruction of narcotic pain patches on the MAR. The results of these audits will be forward to the Quality Assurance Committee monthly for three (3) months for further recommendations. If at anytime concerns are identified, the Quality Assurance committee will convene to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, and the Social Services Director with the Medical Director attending at least quarterly.</p>	9/14/2014

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F 281	<p>Continued From page 3 Depressive Disorder and Anxiety.</p> <p>Review of the Physician's Order, dated 07/03/14, revealed an order for a Duragesic seventy-five (75) (mcg/hr) patch apply one (1) patch every three (3) days.</p> <p>Review of the July 2014 MAR revealed to "document removal and destruction of the patch by 2 nurses". There was no documentation indicating a second (2nd) nurse had verified the removal and destruction of the patch on six (6) out of ten (10) days between 07/01/14 through 07/31/14.</p> <p>Interview with Registered Nurse (RN) #2, on 08/20/14 at 8:50 AM, revealed the licensed nurses like to have the 2nd nurse verification for the removal and destruction of the Duragesic patches. She stated the nurses have started writing the order that way because we know it is best practice; however, she did not recall a facility policy referring to this practice.</p> <p>Interview with RN #3, on 08/20/14 at 9:30 AM, revealed the licensed nurses like to have the 2nd nurse verification for the removal and destruction of the Duragesic patches. She stated we have started writing the order that way because we know it is best practice. She revealed the Unit Manager usually co-signs the removal and destruction of the patch.</p> <p>Further interview with the Director of Nursing (DON), on 08/20/14 at 8:40 AM, revealed if the physician's order stated for two (2) licensed nurses to verify the removal and destruction of the patches then she expected the nurse to follow that order. She revealed there was a Unit</p>	F 281		
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F 281	Continued From page 4 Manager in the building from 6:00 AM to 6:00 PM, so there was a second nurse available.	F 281		
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