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

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RECEIVED
AUG 18 2013
Division of Health Care
Southern Enforcement Branch

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ___ B. WING ___	(X3) DATE SURVEY COMPLETED
	185352		C 07/25/2013

NAME OF PROVIDER OR SUPPLIER
STANTON NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
31 DERICKSON LANE
STANTON, KY 40380

(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
F 000	INITIAL COMMENTS An abbreviated standard survey (KY20424) was initiated on 07/24/13 and concluded on 07/25/13. The complaint was substantiated with deficient practice identified at "D" level.	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance	F 225	**F 225** **Corrective Actions for Targeted Resident(s):** Resident A had expired on July 12, 2013 and the overage liquid Lorazepam was discovered in the Medication cart on July 24, 2013. Resident A's responsible party and physician our Medical Director were notified of the allegation on July 24, 2013. **Identification of Other Residents with Potential to Be Affected:** A one time audit of all narcotics was performed on July 26, 2013by the Director of Nursing (DON) and Unit Managers (UM) to identify any discrepancy in count. No issues were identified. All narcotics are randomly being counted one time a day beginning August 9, 2013 to identify any discrepancy in the count and will be completed in four weeks. Any issue identified will be reported to OIG, APS and Local law enforcement. Administrator, Regional Nurse Consultant (RNC) or Education Training Director (ETD) to audit all employee files of any employee hired in the last four months (04/01/2013 to 08/09/2013) to identify if background checks were completed, the state nurse and registry were checked timely and they were educated in orientation about recognizing abuse, neglect and exploitation policy and know how to report it. Any issues identified will be immediately corrected. All allegations of Abuse, neglect and exploitation/misappropriation will be reviewed by the RNC for the last 30 days (7/9/2013 to 8/9/2013) to identify was recognized and investigated per policy. No issues were noted. All grievances from 07/20/13 to 08/19/2013 were reviewed by the RNC on 08/12/2013 to identify any grievance that revealed an allegation of abuse, neglect or	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 8/18/13

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 225	Continued From page 1 with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and a review of the facility policy, it was determined the facility failed to ensure an incident of suspected misappropriation of resident property was reported to the state survey and certification agency and failed to have evidence that the incident had been thoroughly investigated for one of two unsampled residents (Resident A). On the approximate date of 07/17/13, the facility's Director of Nursing (DON) was made aware by facility staff that the controlled medication count for unsampled Resident A was incorrect. However, interview and record review revealed the facility had not conducted an investigation related to the incorrect medication count and had failed to notify the state agencies of the misappropriated resident property (medications) as required. The findings include: A review of the facility's Resident Abuse policy, not dated, revealed the facility had implemented processes which strive to ensure the prevention and reporting of resident abuse, neglect, mistreatment, and/or misappropriation of property. The policy further stated all alleged violations would be investigated and reported to	F 225	exploitation/misappropriation. No issues were noted. A pharmacy representative reviewed a random sample of narcotics on both units on 08/13/2013. No issues were identified. The DON and UM reviewed narcotic sign out sheets for PRN narcotics to identify trends in one nurse administering without performing a pain assessment. This review was completed on 08/16/2013. All interviewable residents were interviewed by a Social Worker and or the RNC on 08/08/2013 and 08/09/2013 to identify any Abuse, Neglect and exploitation/misappropriation. Any issue identified was reported to OIG, APS and local law enforcement the resident's interested party and physician. Ten families were called by the Business Office Assistant and Business Office Manager and reviewed by the Administrator to identify any abuse, neglect exploitation/misappropriation. No issues were noted. The ETD has reeducated all staff prior to working beginning 08/08/2013 regarding abuse, neglect or exploitation/misappropriation and reporting, recognizing what is abuse, neglect exploitation/misappropriation. **Systemic Changes:** The DON/UM will count and audit narcotics randomly 5 times per week times four weeks beginning 08/12/2013 to ensure narcotic count is correct. A pharmacy representative will review medication carts, narcotic counts for at least 5 residents a month beginning the week of 08/12/2013 to ensure all narcotics	

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F 225	Continued From page 2 the state agency. Observations conducted with facility staff of the controlled medication count for Resident A on 07/24/13 at 2:00 PM revealed the resident's liquid Lorazepam (anti-anxiety medication) had 13 cubic centimeters (cc) remaining in the bottle. However, a review of documentation on the controlled medication count sheet for the Lorazepam revealed the resident had 3.5 cc of the Lorazepam remaining, a discrepancy of 9.5 cc from the observation. An interview with Licensed Practical Nurse (LPN) #1 on 07/24/13 at 2:00 PM revealed Resident A's controlled medication counts had been inaccurate prior to the observation conducted on 07/24/13 and stated facility staff had previously reported the discrepancy to the DON; however, the LPN was unsure of the timeframe during which the controlled medication count had been inaccurate and was unsure of the timeframe during which the DON had been made aware. According to LPN #1, the facility had not taken any actions to correct or evaluate the discrepancy. Interview with LPN #2 on 07/24/13 at 7:30 PM confirmed the controlled medication count for Resident A had been inaccurate prior to 07/24/13, and stated she was unsure of the exact timeframe. LPN #2 stated she reported the discrepancy to the Director of Nursing "one to two weeks ago" but no corrective action had been taken. Interview with the DON on 07/25/13 at 10:30 AM confirmed staff had notified her of the discrepancies in the amount of the liquid Lorazepam that remained for use for Resident A.	F 225	are signed out and if there are patterns of one nurse giving PRN narcotics. The ETD/DON/UM are to re-educate all nurse regarding how to count narcotics how to log narcotics and who to report to if an incorrect narcotic count is determined. This re-education will be given to all nurses prior to their beginning work starting on 08/15/2013. The RNC will review all grievances 3 times weekly beginning the of 8/12/2013 for 4 weeks to ensure abuse, neglect exploitation/misappropriation is recognized and reported. The RNC or Regional Consultant Director of Operations will review all reported abuse, neglect or exploitation/misappropriation allegations beginning the week of 08/12/2013 for 4 weeks to ensure abuse, neglect exploitation/misappropriation are completed timely and thoroughly as per policy. Ten interviewable residents will be interviewed by either the Administrator, or RNC, or a Department Manager weekly for 4 weeks to rule out abuse, neglect, exploitation/misappropriation beginning the week of 08/12/2013. Three families of non-interviewable residents will be interviewed by the DON/UM/ETD/Department Managers or Administrator weekly for 4 weeks beginning the week of 08/12/2013 to rule out abuse, neglect exploitation/misappropriation . The Administrator and RNC's phone numbers will be placed in the front of the Center to ensure all staff, residents and families know who to call to report abuse, neglect exploitation/misappropriation.	

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F 225	Continued From page 3 The DON was uncertain of the exact date facility staff had notified her of the discrepancy and stated she thought the approximate date was 07/17/13. The DON acknowledged the facility failed to thoroughly investigate the misappropriation of Resident A's property (Lorazepam) and failed to report the discrepancy in the controlled medication count to state agencies as required. Interview with the Administrator on 07/25/13 at 12:00 PM, revealed he had not been notified of the allegation related to the discrepancies identified in Resident A's controlled medication count. The Administrator stated he should have been notified of the allegation, and the allegation should have been investigated and reported to the state agencies as required.	F 225	**Monitoring:** The DON/UM count and audit of narcotics randomly 5 times per week times for four weeks will be presented to the September 2013 Quality Performance Improvement Committee (QPI). The pharmacy representative review medication carts, narcotic counts for at least 5 residents a month beginning the week of 08/12/2013 will be presented to the September 2013 QPI. The RNC review of all grievances 3 times weekly beginning 8/12/2013 for 4 weeks will be presented to the September 2013 QPI. The RNC or Regional Consultant Director of Operations review of all reported abuse, neglect or	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH 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. 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. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy	F 425	exploitation/misappropriation allegations beginning the week of 08/12/2013 for 4 weeks will be presented to the September 2013 QPI. The ten interviews with residents by either the Administrator, or RNC, or a Department Manager weekly for 4 weeks to rule out abuse, neglect, exploitation/misappropriation beginning the week of 08/12/2013, will be presented to the September 2013 QPI. The three families interviewed of non-interviewable residents conducted by the DON/UM/ETD/Department Managers or Administrator weekly for 4 weeks beginning the week of 08/12/2013 will be presented to the September 2013 QPI. All of the above monitors (counts, audits, reviews, and interviews) will be continued if	

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F 425	Continued From page 4 services in the facility. This REQUIREMENT is not met as evidenced by: Based on interviews, observations, record review, a review of the facility's investigations, and a review of facility policy it was determined the facility failed to provide pharmaceutical services to meet the needs for one of three sampled residents (Resident #2) and one of two unsampled residents (Resident B); and to ensure drugs and biologicals were accurately acquired, received, dispensed, and administered. A review of the Medication Administration Record (MAR) and the facility's Controlled Drug Record dated July 2013 revealed the facility failed to ensure staff was accountable for and accurately documented the administration of medications. Based on documentation, staff did not administer pain medications to Resident #2 in July 2013; however, a review of the facility's Controlled Drug Record, also dated July 2013, revealed facility staff documented that they administered twenty-six doses of pain medication to Resident #2 in July 2013. In addition, a review of the facility's investigations, observations, and interviews revealed the facility received thirty 15-milligram Oxycodone (narcotic pain medication) tablets on 06/23/13; however, facility staff could not account for the dispensing or administration of the medication and stated the medication was "missing." The findings include: A review of the facility policy titled Pain, not dated,	F 425	recommended by the QPI to sustain compliance. F 425 **Corrective Actions for Targeted Resident(s):** Resident #2's MAR for July did have three sign offs through July 23, 2013, however the controlled drug record says it was administered 26 times through the same period, the Pain Flow only has four assessments in the same period. Due to the cognition of the resident, and extreme difficulty in being able to assess her pain level as she is non-verbal most of the time, her physician was contacted and resident #2 is being placed on routine pain medication. Resident B who was discharged from the facility on June 24, 2013, still possessed several 15 mg tablets of Oxycodone when he discharged. The missing medication was billed to the facility. **Identification of Other Residents with Potential to Be Affected:** A complete count of all controlled PRN medications will be completed by the Unit Manager/DON/Medical Records/Administrator on all halls before 8/31/2013 to identify any discrepancies in PRN narcotics counts, to the MAR, Controlled Drug Record, delivery count sheet, as well as the Pain Flow Sheet. Any discrepancies will be addressed, corrected by notifying the attending physician and responsible party. RN completed a random audit twice on 07/29/2013 to identify that medicine room door shut and locked per policy. No issue was identified. In order to identify other resident's with the potential to be affected, a complete Narcotic count	08/31/2013

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F 425	Continued From page 5 revealed staff was to identify the location, intensity, frequency, pattern, and severity of the resident's pain. Further review of the policy revealed staff was to assess the resident's pain using a consistent approach and a standardized pain assessment instrument, which was appropriate to the resident's cognitive level. A review of the facility policy titled "Pharmacy Services contracted through Omnicare," not dated, revealed when medications were delivered to the facility a count sheet was provided and staff was to sign and verify the medication count. 1. A review of Resident #2's medical record on 07/24/13 revealed a physician's order for 5/500 milligrams (mg) of Hydrocodone/Acetaminophen (narcotic/analgesic) to be administered four times a day "as needed" for pain. A review of the facility's MAR for Resident #2 revealed no evidence facility staff had administered the medication in July 2013. However, a review of the facility's Controlled Drug Record revealed facility staff had administered 26 doses of 5/500 mg of Hydrocodone/Acetaminophen to Resident #2 in July 2013. Further review of the medical record revealed facility staff failed to document the location, intensity, pattern, or severity of the resident's pain and failed to evaluate the therapeutic effectiveness of the pain medication administered to Resident #2 as indicated on the Controlled Drug Record for July 2013. An interview with Licensed Practical Nurse (LPN) #3 on 07/25/13 at 9:35 AM revealed she had administered Hydrocodone/Acetaminophen 5/500 mg to Resident #2 "almost every time I work." LPN #3 stated she had been trained to document an assessment of the resident's pain and the	F 425	will be performed to ensure all current Narcotics were accurately acquired, signed for properly/received, dispensed and administered properly. This count will include the review of the narcotic count sheets (sheet signed when narcotic is delivered) the Controlled Drug Record and MAR. The count will be completed by ETD/UM/DON/charge nurse(s) **Systemic Changes:** The Administrator had the Maintenance Director to change the locks on all Medicine room doors on August 15, 2013. The doors are self closing and locking. All licensed nurse and Certified Medication Aides will be in-serviced by the DON/Unit Mangers and ETD on how to accurately acquire, sign for properly/receive, account for, dispense administer properly and this in-service will include how to properly complete and the procedure for the Pain Flow Sheet and monitoring pain. An audit will be performed on all narcotics including the review of the narcotic count sheets (sheet signed when narcotic is delivered) the Controlled Drug Record and MAR will be completed by ETD/UM/DON/charge nurse(s) weekly for 4 weeks beginning the week of 8/19/2013 to rule out any discrepancies. After the four weeks the counts will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal. A complete count of all controlled PRN medications will be completed by the Unit Manager/DON/Medical Records/Administrator weekly for 4 weeks beginning the week of 8/19/2013 to rule out any discrepancies. After the four weeks the counts will decrease to one per month and remain ongoing until modified by the QA committee to sustain the removal.	

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F 425	Continued From page 6 effectiveness of the pain medication on the MAR when a resident required a PRN (as needed) pain medication. LPN #3 acknowledged she should have documented the required information on the resident's MAR when the pain medication was administered and stated, "I just get busy and forget to document." An interview with the Director of Nursing (DON) on 07/24/13 at 6:50 PM revealed staff was required to conduct a pain assessment and document the information on the resident's MAR when a PRN pain medication was administered to a resident. The DON stated she was not aware staff had not conducted pain assessments as required. The DON further stated she had conducted audits of the facility's Controlled Drug Record (blue sheets) to ensure staff had accurately documented the administration of the medications; however, the DON stated she had not reviewed the resident's MARs to ensure staff had conducted and documented an assessment of the resident when they administered PRN narcotic medications for pain. 2. A review of the facility's investigations of misappropriation of resident property on 07/24/13, revealed facility staff received thirty 15-mg tablets of Oxycodone (narcotic) for Resident B on 06/23/13. LPN #4 confirmed in an interview conducted on 07/25/13 at 9:00 AM that the facility received a package of thirty Oxycodone 15-mg tablets for Resident B on 06/23/13. The LPN stated she was in the process of "finishing up a treatment for another resident" when the medication was delivered and stated she signed receipt of the resident's medication, placed the package of	F 425	**Monitoring:** The DON/UM or ETD will review all PRN narcotic records 2 times per week for 4 weeks beginning the week of 8/26/2013 to ensure pain assessments are completed prior to and after administration PRN pain meds and that one nurse or an identified nurse is not always administering to one resident or group of residents without completing the pain assessment. The DON/UM or ETD to review narcotic sheet and ensure nurse signed for narcotics when received to verify the correct count beginning the week of August 26, 2013 and continuing for four weeks. The DON/RNC or nurse from another center to review PRN MARS for 10 people weekly to ensure nurse/KMA is signing out medications on the MAR beginning the week of 08/26/2013 for 4 weeks. Starting with the September, 2013 visit the Pharmacy Representative the representative will review PRN narcotic records for 5 people during each visit monthly to ensure they are signed out on MAR, Controlled Drug Record and no trends are identified. To sustain compliance all of the above reviews, will be presented to the QPI in September and will be on-going if recommended by the QPI committee.	08/31/2013

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F 425	Continued From page 7 medications on the top of the medication cart in the medication room, and left the door "propped" open. The LPN stated after she had completed the treatment she was unable to find the medication. The LPN stated she had been trained to secure medications when they were received and stated she should have "put them away" when she acknowledged receipt of the medications on 06/23/13. An interview with the DON on 07/24/13 at 6:50 PM revealed staff should have ensured the medication was secure when the medication was received at the facility. Further interview revealed Resident B's pain medication had not been located. An interview with the Pharmacy Supervisor on 07/25/13 at 9:50 AM confirmed staff was responsible to secure medications when they were received at the facility.	F 425		