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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	186402		C 05/04/2012

NAME OF PROVIDER OR SUPPLIER
MEDCO CENTER OF HENDERSON

STREET ADDRESS, CITY, STATE, ZIP CODE
2500 NORTH ELM ST.
HENDERSON, KY 42420

(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 survey (KY #18236 and KY #18239) was conducted on 05/03/12 through 05/04/12 to determine the facility's compliance with Federal requirements. KY #18236 and KY #18239 were substantiated with an unrelated deficiency cited at the highest scope and severity of a "D."	F 000	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 the 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 timeframe should in no way be construed or considered as an agreement with the allegations of noncompliance or admissions by the facility. This plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157	F 157: Notify of Changes	6-15-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Gold W. [illegible], NHA
TITLE: Administrator
(X6) DATE: 5-27-12

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 157	Continued From page 1 The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to consult with the physician when there was a need to alter treatment for one resident (#1), in the selected sample of six residents. The Psychiatric Advanced Registered Nurse Practitioner (ARNP) recommended Resident #1 be placed on Fanapt (anti-psychotic) on 04/30/12; however, the facility failed to contact the attending physician with the recommendation to alter treatment until four days later, on 05/04/12. Findings include: A review of the facility's policy/procedure, "Physician Notification," revised 07/2011, revealed the facility should consult with the resident's physician when there is a need to alter treatment at the earliest convenient time during regular business hours if there is not a crucial or significant change in the resident's condition. A record review revealed the facility admitted Resident #1 on 04/07/06 with diagnoses to include Schizophrenia with Behavior and Depression. A review of the Psychiatric Follow-up Evaluation, dated 04/30/12, revealed the Psychiatric ARNP recommended Resident #1 be placed on Fanapt	F 157	It is the practice of the facility to inform the resident, consult with the resident's physician and if known, notify the resident's legal representative or an interested family member regarding resident change (injury/decline/room etc). During the survey the facility Unit Manager notified resident #1's physician on 5-4-12 with the recommendations made by Parkview Psychiatric Services. Resident #1's physician approved recommendations on 5-4-12. A 100% audit of all current residents' medical records will be completed by the Director of Nursing, Assistant Director of Nursing and the Unit Manager to identify any changes in condition or recommendations to the physician in the past thirty (30) days that have not had physician notification. This audit will be completed by 6-14-2012. Any identified as not having physician notification will have immediate notification. All facility licensed nurses will be re-educated by the Director of Nursing, Director of Education and Training, Assistant Director of Nursing or the facility Unit Manager on the facility policy for physician notification of changes to include consultant recommendations to the physician. The education will be completed by 6-14-12 with no licensed staff working after 6-14-12 without having received this education.	

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F 157	Continued From page 2 two (2) milligrams (mg) at bedtime for three (3) days, then increase to four (4) mg at bedtime for Schizophrenia and agitation. A review of the nurse's notes and physician's orders revealed Resident #1's attending physician was not notified, until 05/04/12, which was four days after the recommendation made by the ARNP. Interview with Registered Nurse (RN) #1 and RN #2, on 05/04/12 at 1:35 PM and 2:00 PM, respectively, revealed Psychiatric Services came to the facility and made rounds, and then gave the evaluations to the Social Worker. The Social Worker then made copies and gave them to the Director of Nursing (DON). The DON passed the evaluations to the appropriate Charge Nurse and the Charge Nurse contacted the physician by fax. If the physician did not respond in a day or so, the physician was to be notified and made aware of the recommendation. The RNs stated Resident #1's physician did not receive faxes, so they placed the evaluations inside a plastic container on the wall, and when the physician came to the facility, he followed-up on the evaluations. RN #2 revealed that Resident #1's physician had not been to the facility this week, so she notified him this morning to make him aware of the recommendation. The physician agreed with the medication and an order was received for the Fanapt. Interview with the DON, on 05/04/12 at 2:35 PM, revealed she expected the Charge Nurse to notify the physician of the Psychiatric ARNP's recommendation within 24 hours.	F 157	To prevent recurrence, the Director of Nursing, Director of Education and Training, Assistant Director of Nursing or the facility Unit Manager will audit five (5) resident records per week for twelve (12) weeks to assure that any change in condition or consultant recommendations received physician notification. The results of the audits will be reviewed by the Quality Assurance Committee monthly for three (3) months for further recommendations as needed. If at any time concerns are identified, the Quality Assurance Committee will be convened to review and make further recommendations. The Quality Assurance Committee will consist of at a minimum, the Administrator, the Director of Nursing, the Social Services Director and the Assistant Director of Nursing with the Medical Director attending at least quarterly. Date of Compliance: 6-15-12	6-15-12

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F 167	Continued From page 3 Interview with the Psychiatric ARNP, on 05/04/12 at 2:55 PM, revealed she expected the facility to make Resident #1's attending physician aware of her recommendation within a day or two.	F 167		