

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

PRINTED: 09/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2013
NAME OF PROVIDER OR SUPPLIER ROCKCASTLE REGIONAL HOSPITAL AND RESPIRATORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 145 NEWCOMB AVENUE MOUNT VERNON, KY 40456	

(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

A Standard Recertification Survey was initiated on 09/10/13 and concluded on 09/12/13. Deficiencies were cited with the highest scope and severity at an "E".

F 371 483.35(i) FOOD PROCURE, SS=E STORE/PREPARE/SERVE - SANITARY

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and review of the facility's policy, it was determined the facility failed to ensure food was stored under sanitary conditions. Seventeen (17) food products stored in the meat walk-in freezer were not labeled with the open date. One (1) food product stored in the vegetable walk-in freezer was not labeled with the open date. Two (2) multi-serving containers of salad dressings and one (1) multi-serving container of barbecue sauce were not labeled with the open date in the walk-in refrigerator.

The findings included:

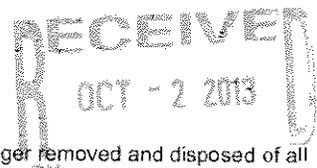
Review of the facility's policy titled, "Standards for Dating and Storage of Perishables Foods", dated 07/10/98, revised June 2011, revealed all

F 000

F 371 Dietary Manager removed and disposed of all items from the walk-in meat freezer, walk-in vegetable freezer and walk-in refrigerator that had been opened and not labeled with the open date at time of survey on 9/10/13. Walk-in meat freezer, walk-in vegetable freezer walk-in refrigerator were all inspected by Dietary Manger and all opened, undated perishable food items were disposed of eliminating the potential for other residents to be affected by this practice. Dietary Manger reviewed "Standards for Dating and Storage of Perishable Foods" policy. Staff education was provided to all dietary employees on the "Standards for Dating and Storage of Perishable Foods" policy. Dietary Manager revised initial competency to include emphasis on appropriate storage and dating of perishable foods. Dietary Manager will make all supplies readily accessible for appropriate labeling. Dietary Manager or designee will monitor the walk-in meat freezer, walk-in vegetable freezer and walk-in refrigerator weekly for compliance with storage and dating of perishable foods.

10/2/2013

Continued on page 2



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE PRES. CEO	(X6) DATE 10/2/13
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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 371 Continued From page 1
perishable foods in multi-serving containers will be labeled with the date they are opened and used by date based on the date opened.

Observation of the walk-in meat freezer on 09/10/13 at 1:20 PM, during the initial kitchen tour, revealed one (1) package of frozen sausage crumbles, one (1) package of frozen hot dogs, one (1) package of frozen fish nuggets, one (1) package of frozen chicken patties, one (1) package of frozen buffalo chicken legs, one (1) package of frozen polish sausage links, one (1) package of frozen fajita chicken, five (5) packages of frozen chicken tenders, one (1) package of diced chicken, one (1) package of chicken nuggets, one (1) package of frozen meatballs, and one (1) package of frozen bone in chicken fillets opened and not labeled with open date.

Observation of the walk-in vegetable freezer on 09/10/13 at 1:20 PM, during the initial kitchen tour, revealed one (1) package of frozen cinnamon sticks opened and not labeled with open date.

Observation of of the reach-in refrigerator on 09/10/13 at 1:20 PM, during the initial kitchen tour, revealed two (2) multi-serving containers of salad dressing and one (1) multi-serving container of barbecue sauce opened and not labeled with open date.

Interview with Dietary Aid #1 on 09/11/13 at 11:50 PM revealed that she had been trained to label items in the freezer and the refrigerator with the open date. Dietary Aid #1 stated there would be no way to know exactly how long an item had been in the refrigerator or freezer if they were not

F 371 Continued from page 1
On-going staff education will be provided during departmental meetings regarding compliance of appropriate storage and dating of perishable foods. Monthly findings will be incorporated into Performance Improvement activities in order to sustain compliance.
Completion date: 10/02/2013

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F 371	Continued From page 2 labeled with an open date and had been opened by someone on another shift. Interview with the Dietary Manager (DM), on 09/12/13 at 2:30 PM, revealed she had three (3) new employees that had not been inserviced on the proper storage of perishable foods. The DM revealed one (1) of the new employees had been employed for approximately three (3) weeks, one (1) of the new employees have been employed for approximately ten (10) weeks, and the other new employee had been employed approximately nine (9) months. The DM revealed it was her responsibility to make certain food was stored properly and that employees were trained on properly storing food.	F 371			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature	F 431	No residents were affected by deficient practice, as the vaccine was returned to pharmacy at time of survey on September 12, 2013. All unit freezers have been checked for accidental drug storage; no medications were found in unit freezers. Other residents were not affected since no other medication was found in freezers (September 12, 2013). All pharmacy staff have reviewed the Policy "Safe Storage of Medications", and have documented understanding that medications are NOT to be delivered to unit freezers. Nursing staff have been informed that no medications are to be delivered or stored in freezers on units. Unit freezers have been labeled with signage stating "No Medication Storage". Any medication requiring	9/30/2013	
			Continued on page 4		

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F 431	Continued From page 3 controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review, it was determined the facility failed to properly store a varicella vaccine in the medication freezer in the medication room on the 2 South Nursing Unit. The findings include: Review of the facility's policy titled "Rockcastle Regional Hospital and Respiratory Care Center, Inc. Policy and Procedure: Safe Storage of Medications", last revised September 2012, revealed medications and biological are stored safely, securely, and properly following manufacturer's recommendations, or in the absence of such recommendations, according to a pharmacist's instructions. It further revealed medications are stored under proper conditions of sanitation, temperature, light, moisture, and ventilation according to manufacturer's recommendations or in absence of such recommendations, according to a pharmacist's	F 431	Continued from page 3 freezer storage must be returned to the inpatient pharmacy for proper storage in accordance to manufactures guidelines. Pharmacy staff will monitor unit freezers for compliance with no medication storage. Monitoring will occur daily until 100% compliance is maintained. Monitoring of unit freezers will then be incorporated into ongoing medication room audits and frequency of monitoring will be adjusted based on findings. Results will be forwarded to Pharmacy and Therapeutics Committee, Nursing Management Committee and Performance Improvement Committee for additional actions and/or recommendations. Monitoring of unit freezers will be incorporated into the ongoing performance improvement improvement activities. Completion date: 9/30/2013		

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F 431	<p>Continued From page 4 instructions.</p> <p>The policy noted medications are stored at appropriate temperatures as defined below: Refrigerator temperature 2 degrees C - 8 degree C (36 degree F - 46 degree F) Room temperature 15 degree C - 30 degree C (59 degree F - 86 degree F) Freezer temperature -4 degree F - 14 degree F</p> <p>The policy further revealed refrigerator and freezer temperature logs are maintained with each refrigerator. Temperatures are recorded daily in regular medication storage refrigerators and twice a day in vaccine storage refrigerators. In the event medication is stored in a refrigerator or freezer which has deviated from the recommended temperature range, action will be taken based upon manufactures; information and/or appropriate research. Medication will be delivered to medication storage areas in the facility by pharmacy staff. Medications not administered may be returned to pharmacy, returned to medication storage areas, or wasted as appropriate.</p> <p>Observation on 09/12/13 at 2:30 PM, during an inspection of the medication room refrigerator and freezer on the 2 South Nursing Unit, revealed there was no thermometer in the freezer, and there was one medication present, a varicella vaccine.</p> <p>A record review revealed there was no dally temperature log being maintained for the freezer.</p> <p>Interview, on 09/12/13 at 2:30 PM, with Registered Nurse (RN) #1 revealed the varicella vaccine had been delivered by the pharmacy to</p>	F 431			

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F 431	Continued From page 5 administer to a resident and the vaccine was not administered secondary to the resident's condition and it was returned to the 2 South Nursing Unit freezer. RN #1 stated she did not know why there was not a thermometer in the freezer or a temperature log for the freezer and that she would investigate the situation. Interview, on 09/12/13 at 3:00 PM, with the Director of Nursing revealed medications and biologicals were not routinely stored in the freezers on the nursing units. Medications and biologicals which needed to be stored at a freezing temperature were stored in the pharmacy and delivered to the nursing units when they were ordered to be administered. The varicella vaccine should have been returned to the pharmacy when it was not administered to the resident, instead of the nursing unit freezer.	F 431			

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NAME OF PROVIDER OR SUPPLIER ROCKCASTLE REGIONAL HOSPITAL AND RESPIRATORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 145 NEWCOMB AVENUE MOUNT VERNON, KY 40456	
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1978</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Two story, Type II (111)</p> <p>SMOKE COMPARTMENTS: Six</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (WET SYSTEM with ANTIFREEZE LOOP)</p> <p>EMERGENCY POWER: Type I diesel generator</p> <p>A life safety code survey was initiated and concluded on 09/11/13, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000		



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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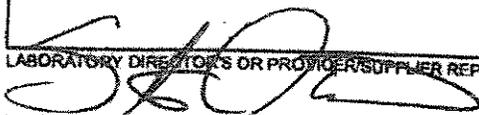
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



PRES / CEO

10/2/13

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{F 000}	INITIAL COMMENTS An Offsite Revisit was conducted and determined the facility was deemed to be in compliance as alleged on the acceptable POC of 10/02/13.	{F 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X8) DATE

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