

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



PRINTED: 03/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	APR 2014 OFFICE OF INSPECTOR GENERAL	(X3) DATE SURVEY COMPLETED C 03/11/2014
NAME OF PROVIDER OR SUPPLIER SPRING VIEW HEALTH & REHAB CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 718 GOODWIN LANE LEITCHFIELD, KY 42754		
(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 investigating #KY21354 was conducted on 03/06/14 through 03/11/14 to determine the facility's compliance with Federal requirements. #KY21354 was substantiated with deficiencies cited at the highest s/s of an "E".	F 000	Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of federal and state law.		
F 281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review it was determined the facility failed to meet professional standards of practice related to the transcription of a physician order for laboratory work for one (1) of three (3) sampled residents (Resident #1) and for the proper administration of medication for residents who were receiving Coumadin (anti-coagulant). The findings include: Review of the facility policy titled, "Physician Orders", dated 06/28/11, revealed "an order for resident care may be accepted from a qualified provider/prescriber and/or an intermediary. An order of a qualified provider of resident care which is conveyed by someone other than the provider may be accepted providing the individual conveying the order is acting as a direct intermediary or agent of the physician or prescriber. Orders for resident care may be accepted by licensed personnel within the context and scope of his/her practice and in accordance	F 281	<u>Corrective Measures for Resident Identified in the deficiency:</u> Resident # 1 was assessed by licensed nurse on 03/07/2014 for any signs/symptoms of unusual bruising or bleeding related to Coumadin Therapy. No abnormal findings noted. PT Lab order clarified with physician on 03/07/2014. Lab ordered per physician's order and placed on calendar. PT drawn on 03/07/14 with results called to physician for review. No new orders at that time. <u>How other residents who may have been affected by this practice were identified:</u> Resident's receiving Coumadin Therapy physicians orders were reviewed by DON/Designee. Lab orders were verified by DON/Designee and found to be correct and placed on calendar as indicated. Care plans were reviewed and revised as indicated by the IDT on 04/04/2014.	04/05/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jessie R. [Signature]* TITLE: *LWA* (X6) DATE: 04/15/14

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 281	<p>Continued From page 1</p> <p>with state regulations. Physician orders will be transcribed, noted and implemented in a timely manner.</p> <p>1. Record review reveal the facility admitted Resident #1 on 02/19/14 with diagnoses which included Atrial Fibrillation, Coronary Artery Disease, Chronic Falls, and Carotid Stenosis.</p> <p>Review of Hospitalist Physician's Admitting Orders, dated 02/19/14, revealed Resident #1 was admitted to facility on Coumadin with orders for Pro-time (PT) (laboratory test conducted to determine coagulation time because resident receiving anticoagulant) TIW until stable.</p> <p>Review of facility physician order, transcribed from the hospital order, dated 02/19/14, revealed an order for Coumadin four (4) milligrams (mg.) every day and PT once a week till stable.</p> <p>Interview with Certified Medication Aide (CMA) #1, on 03/11/14 at 2:35 PM, revealed she had transcribed the admission orders for Resident #1 and two nurses should have checked the transcription and signed the order. CMA #1 stated she did recall if she had told a nurse or not.</p> <p>Interview on 03/10/14 at 3:40 PM with Registered Nurse (RN) #2 revealed the PT/INR (International Normalization Ratio) order for Resident #1 should have been clarified when he/she was admitted to the facility. She stated she signed the order indicating she had checked the order after the CMA but had no explanation as to why she did not clarify the order.</p> <p>Review of the accepted facility abbreviations</p>	F 281	<p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>Licensed nurses were re-educated by the Staff Development Coordinator on Coumadin Management to include Coumadin Logs, transcription of physician orders upon admission/readmission, management of lab calendar, physician notification of lab results, and any new potential orders thereafter.</p> <p>New admissions/readmission will be QI monitored by DON/Designee at next Daily AQA Operations Meeting to ensure lab orders obtained, verified, and placed on lab calendar. Any variances will be addressed immediately through re-education and counseling.</p> <p>Coumadin administration will be QI monitored daily X 4 weeks, then 3 times weekly X 2 weeks, then 2 times weekly X 2 weeks, then weekly X 4 weeks, then monthly thereafter. Any variances will be addressed through re-education and counseling.</p> <p>Licensed nurses and medication administration aides re-educated by Staff Development Coordinator on medication administration.</p> <p>04/05/14</p>

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F 281	<p>Continued From page 2</p> <p>provided by the facility revealed TIW was not on the list of accepted abbreviations for the facility.</p> <p>Interview with the Hospitalist, on 03/11/14 at 1:15 PM, revealed he wrote the order for the pro-time TIW and stated TIW meant the lab should be conducted three times a week till stable.</p> <p>Review of the Lab Calendar for February 2014 through 03/07/14 revealed no PT lab work had been obtained from the time Resident #1 was admitted on 02/19/14 until the labwork was obtained on 03/07/14.</p> <p>Interview with the Director of Nursing (DON), on 03/11/14 at 10:32 AM, revealed she did not know what the abbreviation TIW meant on the physician admitting orders that came from the hospital, and the Pro-time (PT) laboratory order with the TIW abbreviation should have been clarified on admission for Resident #1.</p> <p>Interview, on 03/11/14 at 2:44 PM with Administrator, revealed she expected staff to seek clarification of orders and abbreviations not understood.</p> <p>2. Review of the facility's policy titled, "General Dose Preparation and Medication Administration", dated 2013, revealed the facility should take all measures required by Facility policy and Applicable Law, including, but not limited to the facility staff should only prepare medications for one resident at a time and the facility staff should not leave medication or chemicals unattended.</p> <p>Observation of a medication pass for Coumadin administration, on 03/06/14 at 6:07 PM, revealed LPN #2 obtained four (4) different residents'</p>	F 281	<p><u>Monitoring for Ongoing Compliance:</u></p> <p>DON will bring findings to the QAPI monthly for review and development of action plan to ensure transcription of physicians orders for lab work and administration of anticoagulants meet professional standards of practice. QAPI, Quality Assurance and Performance Improvement, consists of the Administrator, Director of Nursing, Activities Director, Social Service Director, Education Coordinator, Plant Service Director, Human Resources, Admission Coordinator, Dietary Manager, LPN Supervisor, Medical Records, Central Supply, and Medical Director attends quarterly.</p>	04/05/14	

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F 281	<p>Continued From page 3</p> <p>Coumadin medication, placed each unpackaged pill in a souffle medication cup, wrote each resident's name on each cup, then proceeded to take one of the cups to an unsampled resident and administered the medication. The LPN left the three medication cups with the unpackaged Coumadin in the cups on top of the medication cart in the medication room.</p> <p>Interview, on 03/07/14 at 1:48 PM with LPN #2, revealed she wrote the resident's name and room number on each medication souffle cup, then placed the unpackaged Coumadin pill in each cup, and then she would individually take the medication to each resident. LPN #2 further stated she thought the facility's policy stated that each resident's medications should be pulled one at time and administered.</p> <p>Interview on 03/07/14 at 1:27 PM with LPN #1 revealed she would pull the Coumadin and place the unpackaged pill in a medication souffle cup with each residents name on it prior to administering the medication. LPN #1 stated she would place as many as four (4) cups with the medication in them on the clipboard and then walk to the residents' rooms to administer the medication. LPN #1 revealed she should have prepared one resident's medication and administered it prior to preparing another resident's medications.</p> <p>Interviews, on 03/07/14 at 10:25 AM, 11:42 AM, 11:52 AM and 4:05 PM and on 03/08/14 at 3:59 PM with RN #1, LPN #4, LPN #5, CMA #2, CMA #3 and the Registered Nurse (RN) Floor Supervisor, revealed medication should be prepared and administered to one resident at a time.</p>	F 281			

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F 281	Continued From page 4 Interview, on 03/11/14 at 10:32 AM with Director of Nursing (DON), revealed there were a couple of nurses who would take the souffle medication cups and put the names of the residents on them, placed the unpackaged Coumadin pill in the cup and then administered two to three residents medications at a time. The DON stated the staff did not violate the facility's policy when administering Coumadin. Interview, on 03/11/14 at 2:44 PM with Administrator, revealed she expected staff to follow policy related to medication passes. 483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's lab calendar it was determined the facility failed to obtain laboratory services to meet the needs of one (1) of three (3) sampled residents (Resident #1). The facility failed to obtain a Pro-time (PT) (test to determine the coagulation time of the resident's blood) three times a week until stable for Resident #1. The findings include: Interview, on 03/11/14 at 10:32 AM with Director of Nursing (DON), revealed the facility did not have a policy for labs.	F 281	Submission of this Plan of Correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is submitted solely because it is required by the provision of federal and state law. F 502 <u>Corrective Measures for Resident Identified in the deficiency:</u> Resident # 1 was assessed by licensed nurse on 03/07/2014 for any signs/symptoms of unusual bruising or bleeding related to coumadin therapy. No abnormal findings noted. 04/05/14

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F 502	<p>Continued From page 5</p> <p>Record review revealed the facility admitted Resident #1 to the facility on 02/19/14 with diagnoses which included Atrial Fibrillation, Coronary Artery Disease, Chronic Falls, and Carotid Stenosis.</p> <p>Review of hospital discharge Protime (PT) for Resident #1, dated 02/19/14 at 4:28 PM, revealed a PT of 20.5 (high) (9.4-11.7 seconds).</p> <p>Review of the hospital's Physician's Admitting Orders, dated 02/19/14, revealed an order that read "patient on Coumadin: pro-time (PT) TIW until stable".</p> <p>Review of the transcribed facility physician order, dated 02/19/14, revealed an order Coumadin four (4) milligrams (mg.) every day and PT once a week till stable. However, interview with the Hospitalist, on 03/11/14 at 1:15 PM, revealed he wrote the order for the pro-time TIW and stated TIW meant the lab should be conducted three times a week until stable.</p> <p>Further review of the facility physician's orders, dated 03/04/14, revealed Resident #1 to receive Coumadin 4 milligrams every day and PT/INR monthly.</p> <p>Review of Resident #1's February and March 2014 Medication Administration Record (MAR)/Treatment Administration Record (TAR) revealed there was no evidence Resident #1 had Anticoagulation Records which would show PT/INR levels and the dosing of coumadin for Resident #1.</p> <p>Review of Lab Calendar for February 2014</p>	F 502	<p>PT lab order clarified with physician on 03/07/2014. Lab ordered per physician is order and placed on calendar. PT drawn on 03/07/2014 with results called to physician for review. No new orders at that time.</p> <p><u>How other residents who may have been affected by this practice were identified:</u></p> <p>Resident's receiving Coumadin Therapy physicians orders were reviewed by DON/Designee. Lab orders were verified by DON/Designee and found to be correct and placed on calendar as indicated. 04/05/14</p> <p>Care plans were reviewed and revised as indicated by the IDT on 04/04/2014.</p> <p><u>Measures Implemented or Systems Altered to Prevent Re-occurrence:</u></p> <p>Licensed nurses were re-educated by the Staff Development Coordinator on Coumadin Management to include Coumadin Logs, transcription of physician orders upon admission/readmission, management of lab calendar, physician notification of lab results, and any new potential orders thereafter.</p> <p>New admissions/readmission will be QI</p>

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F 502	<p>Continued From page 6</p> <p>through 03/07/14 revealed Resident #1 did not have a PT completed until a PT/INR was obtained on 03/07/14.</p> <p>Review of Resident #1's laboratory results revealed there was only one lab for a PT and it was dated 03/07/14 at 2:26 PM. The lab revealed Resident #1 had a PT of 13.2. (normal 9.2-12.4 seconds).</p> <p>Interview on 03/07/13 at 11:52 AM with Licensed Practical Nurse (LPN) #4 revealed residents receiving Coumadin should have a PT/INR Anticoagulation Record kept with the MAR/TAR document when PT/INR labs are drawn, the results and the dose of Coumadin received by the resident.</p> <p>Interview, on 03/11/14 at 10:32 AM with Director of Nursing (DON), revealed they did not know what TIW meant and the nurse should have clarified the order so the facility would have obtained the Pro-time (PT). The DON revealed a too high or too low PT/INR can lead to strokes, blood clots, and bleeding out. DON further revealed facility does not have standing orders for labs, and did not have a policy for laboratory draws.</p> <p>Interview, on 03/11/14 at 2:44 PM with the Administrator, revealed she expected staff to ensure laboratory services were provided per physician orders.</p>	F 502	<p>monitored by DON/Designee at next Daily AQA Operations Meeting to ensure lab orders obtained verified and placed on lab calendar. Any variances will be addressed immediately through re-education and counseling.</p> <p>Coumadin administration will be Q1 monitored daily X 4 weeks, then 3 times weekly X 2 weeks, then 2 times weekly X 2 weeks, then weekly X 4 weeks, then monthly thereafter. Any variances will be addressed through re-education and counseling.</p> <p>Monitoring for Ongoing Compliance: DON will bring findings to QAPI monthly for review and development of action plan to ensure laboratory services meet the needs of residents receiving anticoagulant therapy. QAPI, Quality Assurance and Performance Improvement, consists of the Administrator, Director of Nursing, Activities Director, Social Service Director, Education Coordinator, Plant Service Director, Human Resources, Admission Coordinator, Dietary Manager, LPN Supervisor, Medical Records, Central Supply, and Medical Director attends quarterly.</p>	04/05/14