

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

PRINTED: 02/09/2012
FORM APPROVED
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2012
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NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF BOWLING GREEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1561 NEWTON AVE. BOWLING GREEN, KY 42104
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(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
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F 000	INITIAL COMMENTS	F 000	F 502- ADMINISTRATION	3/02/12
F 502 SS=D	<p>An abbreviated survey (KY #17721) was conducted on 01/25/12 through 01/26/12 to determine the facility's compliance with Federal requirements. KY #17721 was unsubstantiated with unrelated deficiencies cited.</p> <p>483.75(j)(1) ADMINISTRATION</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview and review of the facility's policy/procedure, it was determined the facility failed to provide or obtain laboratory services to meet the needs of its residents for one resident (#1), in the selected sample of five residents, related to timeliness of laboratory services. A scheduled Complete Blood Count (CBC) was ordered to be collected on 01/19/12. The laboratory company was unable to collect the specimen after three unsuccessful attempts on 01/19/12. The facility re-collected a CBC on 01/19/12, and delivered the specimen to the local laboratory services company. The facility failed to follow-up on the results of the lab, dated 01/19/12, and did not identify the blood had coagulated (clotted), with no re-collection being completed.</p> <p>The findings include: A review of the facility's policy/procedure, "Laboratory/Diagnostic Test Values Monitoring,"</p>	F 502	<p>1. Resident #1 was in the hospital at the time of the survey. The physician was notified of the lab in question for resident #1 on 1/23/12 with no further recommendations.</p> <p>2. An audit of all labs for the past ninety (90) days for all current residents has been completed by the Director of Nursing and Unit Manager on 1/26/12 to assure that the laboratory services meet the needs of the residents as evidenced by each ordered lab being completed in a timely manner, with the results filed in each residents' chart and with the physician notified in a timely manner. There were no other issues identified.</p> <p>3. All licensed nursing staff will be re-educated on the policies and procedures related to laboratory services to include notification of the physician if unable to obtain any lab. This education will be completed by the Education and Training Director by 3/1/12. The Unit Manager was re-educated by the Director of Nursing on 1/27/12 related to follow up of lab procedure.</p> <p>4. The Director of Nursing or Assistant Director of Nursing will complete a weekly audit of ten (10) medical records for twelve (12) weeks to ensure accuracy and completion of ordered labs including physician notification. Results of monitoring will be reviewed by the Quality Assurance Committee on a monthly basis</p>	

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

TITLE

NHA

(X6) DATE

2/17/12

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 502	<p>Continued From page 1</p> <p>revised July 2011, revealed the center strives "To ensure each resident laboratory/diagnostic test order requested is ordered." A review of the Daily Unit Manager's Responsibility revealed "If a test is missed, make arrangements for the lab/diagnostic test to be completed that day or have it rescheduled. If a test must be rescheduled, the Unit Manager must notify the provider and Director of Nursing."</p> <p>A record review revealed Resident #1 was re-admitted to the facility on 10/18/11 with diagnoses to include Peripheral Vascular Disease, Cerebral Vascular Accident, Peripheral Neuropathy and Osteomyelitis.</p> <p>A review of Resident #1's CBC laboratory results, dated 01/09/12, revealed a hemoglobin of 9.0 (normal range 11.5-15.5) and a hematocrit of 30.1 (normal range 36-45). Further review revealed the physician ordered the CBC to be repeated in one week (01/16/12).</p> <p>A review of the Treatment Administration Record (TAR), dated January 2012, revealed a CBC was scheduled for 01/19/12. A review of the laboratory/diagnostic test tracking sheet, dated 01/19/12, revealed the laboratory services personnel attempted to draw the ordered CBC on 01/19/12, but was unsuccessful after three attempts. The CBC was to be re-collected. A review of the hospital's specimen inquiry report, dated 01/19/12 at 1:22 PM, revealed the facility submitted a CBC, but the specimen had clotted. The facility was notified and no re-collection was received. There was no documented evidence the facility followed up on the laboratory order, dated 01/19/12, or notified the physician of the</p>	F 502	<p>for three (3) months and according to committee recommendations thereafter to ensure continued compliance. If at any time concerns are identified, they will be brought to the Quality Assurance Committee for further recommendations as needed. The Quality Assurance Committee will consist of at a minimum the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Dietary Service Manager and Medical Director at least quarterly.</p> <p>THE SUBMISSION OF THE PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION BY THE PROVIDER OF ANY FACT OR CONCLUSION SET FORTH IN THE STATEMENT OF DEFICIENCY. THIS PLAN OF CORRECTION IS BEING SUBMITTED BECAUSE IT IS REQUIRED BY LAW.</p>		

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F 502	<p>Continued From page 2 clotted specimen.</p> <p>An interview with Registered Nurse Unit Manager (RN) #1, on 01/25/12 at 3:40 PM, and on 01/26/12 at 1:58 PM, revealed on 01/19/12, the laboratory company attempted to collect a specimen but was unsuccessful after three attempts. She stated Resident #1 was on the schedule for the next day for a re-collection. She stated as a unit manager, her responsibility was to follow-up on lab results behind the charge nurse, to ensure laboratory results were received. She could not provide an explanation as to why the laboratory result was missed and the test was not re-collected or the results were not received.</p> <p>An interview with the Director of Nursing (DON), on 01/25/12 at 4:30 PM, revealed it was the unit manager's responsibility to follow-up on laboratory results. If results were not received, the unit manager was supposed to contact the laboratory company the following day to inquire about the laboratory test. She could not provide an explanation as to why the laboratory result was missed and the test was not re-collected.</p> <p>An interview with Resident #1's physician, on 01/26/12 at 3:07 PM, revealed if a laboratory test was not collected, he expected the facility to repeat the test. Additionally, he expected the facility to collect laboratory tests as ordered.</p>	F 502			