

Acceptance
POC
latest compliance
date 4/7/13

PRINTED: 04/19/2013
FORM APPROVAL
OMB NO. 0938-039

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2013
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NAME OF PROVIDER OR SUPPLIER ROSE MANOR HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3067 NORTH CLEVELAND ROAD LEXINGTON, KY 40516
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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 A Recertification Survey was initiated on 04/04/13 and concluded on 04/05/13, with deficiencies cited with the highest Scope and Severity of a "D".	F 000		
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 services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of facility policy, it was determined the facility failed to ensure medications were administered correctly, according to facility policy and pharmacy recommendations, for one (1) unsampled resident (Unsampled Resident A).	F 425	F425 <u>IMMEDIATE CORRECTIVE ACTION:</u> The Physician for resident (A) was notified on 04/05/2013 by the charge nurse. Physician was informed that resident (A) had received Aggrenox 25-200 ER in opened form. Orders were obtained to discontinue the medication and replace with Chewable Aspirin 81mg (2) daily. Family of resident (A) was notified of new orders and reason for required change, and expressed understanding. <u>OTHER RESIDENTS POTENTIALLY AFFECTED:</u> All residents have the potential for adverse outcome when the facility fails to ensure that all medications are administered correctly.	

RECEIVED
APR 28 2013
BY: _____

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert S. McGowan</i>	TITLE Owner	(X6) DATE 4-26-13
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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 425	<p>Continued From page 1</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Medication Crushing Guidelines", undated, revealed the list of medications that could not be crushed or chewed included timed release (also known as extended release) capsules. Continued review revealed it was acceptable to open the capsules and administer the contents in food if the beads were not crushed or chewed. Further review revealed, "a reference should be checked, or the pharmacist consulted before administering in this manner".</p> <p>Review of the Physician's Order, dated 04/01/13, revealed the facility had an order for Unsampled Resident A to receive Aggrenox, 25-200 ER (extended release) capsule twice daily.</p> <p>Review of the Medication Administration Record (MAR) for April 2013 revealed the unsampled resident was to receive Aggrenox, 25-200 ER capsule twice daily. The medication was handwritten on the MAR, (i.e. the MAR had not been generated by the pharmacy, as the resident was newly admitted).</p> <p>Observation, of the medication pass, on 04/05/13 at 9:00 AM, revealed Registered Nurse (RN) #1 opened an Aggrenox 25-200 ER capsule and poured the contents in pudding prior to administering it to the unsampled resident.</p> <p>Interview with the Pharmacist, on 04/05/13 at 10:00 AM, revealed Aggrenox was a combination drug containing Aspirin and Dipyridamole (an antibiotic). She stated the Dipyridamole portion</p>	F 425	<p><u>SYSTEMIC CHANGES:</u></p> <p>The QA Director spoke with the consulting Pharmacist on 04/08/13. The pharmacy-generated MAR that specifies all warnings and administration requirements will be supplied by the Pharmacy on the day of admission. A mandatory meeting for all RN/LPN staff was held on 04/08/13. Charge RN/LPN staff was informed of requirement to assure the ability of residents to take meds as ordered using the "Medication Administration Review" tool (see addendum). Staff was also informed of need to assure that pharmacy-generated MAR was implemented on admission for all residents (see addendum). This requirement will be posted in the 'Nursing Communication Book' for review by all new hires and agency staff.</p> <p><u>MONITORING:</u> Will be maintained by the Pharmacist, DON, and QA per monthly "Medication Administration Observation Report" (see addendum). Each discipline will submit the report at monthly QA meetings any observed error in technique will be addressed when detected. The DON will present the review required for each resident at time of admission to reflect compliance.</p> <p>*Completion Date: 04-08-13'</p>	

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F 425	Continued From page 2 was extended release. Continued interview revealed if the capsule was opened or crushed before administering, it would have been given incorrectly. Interview with RN #1, on 04/05/13 at 10:20 AM, revealed she did not know the capsule could not be opened. She stated when the MAR was generated by the Pharmacy, there would be a warning if a medication could not be opened or crushed. She further stated, since the MAR did not include the warning, she thought it was okay to open the capsule. However, since the unsampled resident was newly admitted, the original handwritten MAR remained in place, as the Pharmacy-generated MAR had not yet been produced. Interview with the Director of Nursing (DON), on 04/05/13 at 10:30 AM, revealed extended release medications should be administered whole. She stated if a resident was unable to swallow an extended-release medication whole, the physician should be notified to determine the course of action.	F 425			
F 441 SS-D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections	F 441	F441 <u>IMMEDIATE CORRECTIVE ACTION:</u> A disciplinary counseling was given to LPN#1 on 04/08/13 by the Assistant Administrator for failure to comply with infection control practices of required hand washing between resident contacts. Pharmacy performed a med pass review on 04-17-13 for LPN#1 with no infection control violations identified.		

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F 441

Continued From page 3
in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of facility policy, it was determined the facility failed to maintain an Infection Control Program to prevent the development and transmission of disease and infection, when the facility failed to ensure staff washed their hands after each direct resident contact. During the medication pass, the nurse did not wash her hands between residents.

F 441

OTHER RESIDENTS POTENTIALLY AFFECTED:

All residents have the potential to be affected by adverse outcomes when staff fail to maintain consistent practices to prevent transmission of disease and infection.

SYSTEMIC CHANGES: Pharmacy will maintain a monthly review of med pass technique of LPN#1. Observation reports (see addendum) will also be completed by DON and QA Director Monthly at to assure infection control efforts are maintained. All new nurses will be observed by pharmacy prior to unsupervised med pass to assure proper technique.

MONITORING:

Will be maintained by monthly observation by Pharmacy, DON, and QA Director to assure compliance is maintained. Reports will be submitted at monthly QA meetings.

'Completion Date 04-17-13'

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Continued From page 4

The findings include:

Review of the facility's Infection Control Policy, undated, revealed "handwashing is the single most important means of infection control". Continued review revealed hands should be washed before and after contact with a resident.

Observation, of the medication pass, on 04/04/13 at 11:35 AM, revealed Licensed Practical Nurse (LPN) #1 administered medications in one (1) resident's room, exited to the medication cart, and prepared and administered medications to a resident in another room.

During interview, on 04/04/13 at 11:50 AM, LPN #1 stated she should have washed her hands between residents. She further stated, "I guess I was nervous".

Interview with the Infection Control Nurse, on 04/05/13 at 3:50 PM, revealed staff should wash their hands between residents during the medication pass. She stated staff had been trained on hand washing and medication pass, and "they know better".

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K 000 INITIAL COMMENTS

K 000

Building: 01

Plan Approval: 03/11/1964

Survey under: NFPA 101 (2000 Edition)

Facility type: SNF/NF

Type of structure: One (1) Story with basement
Type III (211) Unprotected

Smoke Compartment: Three (3)

Fire Alarm: Complete Fire alarm System

Sprinkler System: Complete (Dry) Sprinkler System

Generator: Type II (new system installed 11/09/12)

A life safety code survey was initiated and concluded on 04/04/13. The findings revealed the facility meets the requirements for compliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). No deficiencies cited.



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melina Morris</i>	TITLE <i>Asst. Administrator</i>	(X6) DATE <i>4-26-2013</i>
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