



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/01/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  186228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/10/2011  C
NAME OF PROVIDER OR SUPPLIER  WESTERN STATE NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240		
(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 505	<p>Continued From page 1</p> <p>review per the unit licensed nurse. (An additional copy of the lab report will also be routed to the unit per in-house mail.)"</p> <p>A record review revealed Resident #3 was admitted to the facility on 11/30/05 with diagnoses to include Seizure Disorder.</p> <p>Further record review revealed Resident #3 was treated with Dilantin (anti-seizure medication) due to a seizure disorder. On 08/10/11, the dosage was changed to Dilantin 300 milligrams (mg) each morning (AM) and Dilantin 200 mg at hour of sleep (HS) per gastrostomy tube (G-tube), due to a previous elevated Dilantin level.</p> <p>A review of a physician's order, dated 08/12/11 at 9:00 AM, revealed a Dilantin level was to be drawn, on 08/15/11 at 12:00 PM, four hours after the AM dose. A lab slip for the Dilantin level to be drawn, without a time or date completed, was located in the resident's chart; however, no Dilantin lab results were found.</p> <p>On 08/19/11 at 8:50 AM, after surveyor intervention, Registered Nurse (RN) #1 notified the lab to verify whether or not lab work was drawn on 08/15/11. The lab revealed a Dilantin level was drawn for this resident on 08/15/11, as ordered, along with a Basic Metabolic Panel (BMP). The lab faxed the results, on 08/19/11, with several abnormal lab values, which included a low Dilantin level of 7.8 (normal range 10.0-20.0 ug/dL). A review of the lab results, dated 08/15/11, also revealed lab work was drawn at 4:46 PM, and not at 12:00 PM as ordered. RN #1 notified the physician of the abnormal results, on 08/19/11, and an order was received to repeat</p>	F 505	<p>In order to identify other residents that may be effected by the same deficient practice, the following will be implemented:</p> <p>A. A Laboratory Book will be maintained on each unit. At any time a lab is ordered the direct care RN or Licensed Practical Nurse (LPN) will record the lab on a Resident's Lab Form that includes: resident's name, date lab is ordered, date the specimen obtained, date lab results received, results from the specimen and any problems /follow up/ or response, physician notified and Follow up/ Response are all recorded (Refer to Attachment A- Resident Lab Form). This Lab Book will be reviewed and signed by the direct care RN or LPN on each unit by each shift daily. As well, the direct care RN or LPN on the 11-7 shift on each unit daily will review physician orders written in the last 24 hours to ensure all lab work ordered are recorded on the Resident Lab Form (Implementation date 09/22/11).</p> <p>B. A WSNF Lab Tracking Form will be Initiated for each resident and the direct care RN or LPN will maintain this form in each resident's chart to ensure all labs are completed and results are obtained and the physician is promptly notified. The WSNF Lab Tracking Form includes: the name of lab ordered, the date lab obtained, the date lab results received, clinician/physician notification of results, new orders received. The direct care Licensed Nurse will sign that all information is verified and completed. (Refer to Attachment B - WSNF Lab Tracking Form) (Implementation date 09/22/11).</p> <p>C. The DON revised the Nursing Policy and Procedures VII, Section 7 (Resident Laboratory &amp; Radiology Requisition and Reporting). (Refer to attachment C) on</p>		

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NAME OF PROVIDER OR SUPPLIER  WESTERN STATE NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2409 RUSSELLVILLE ROAD HOPKINSVILLE, KY 42240		
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F 505	<p>Continued From page 2.</p> <p>Dilantin level that day. An interview with RN #1, on 08/19/11 at 8:50 AM, revealed the facility had no system in place to track receipt of laboratory results.</p> <p>An interview with Licensed Practical Nurse (LPN) #1, on 08/19/11 at 10:15 AM, revealed the standard procedure for obtaining lab tests was for the lab technician to come to the facility, draw the blood, and then fax the paperwork to the facility. She stated lab results were usually received within a few hours of being drawn. Per interview, LPN #1 revealed she did not know how staff were aware that labs were drawn nor who obtained the results. She stated "you just watch. We try to remember, the Advanced Practice Registered Nurse (APRN) usually keeps on us about any results."</p> <p>An interview with the Director of Nursing (DON), on 08/19/11 at 10:50 AM, revealed orders were written for lab work and a lab slip was completed. She stated monthly labs and as needed (PRN) labs were recorded in a lab book on each unit, indicating the resident's name and dates for the labs to be drawn. However, a review of the lab book revealed Resident #3's name was not listed, on 08/15/11, for a lab to be drawn, nor was it listed, on 08/10/11, for a previous lab to be drawn. The DON could not provide an explanation as to why Resident #3's lab work was not recorded in the book. Per interview, she did not know why the nurses were unaware of the lab tracking book. She stated the lab was to fax the results after the labs were drawn, and nursing was ultimately responsible to follow up on obtaining the lab results and to notify the physician of any abnormal labs.</p>	F 505	<p>09/07/11, so that other residents are not affected by the deficient practice. The revisions include the requirement for all the direct care licensed nurses to review all laboratory orders in the Lab Book on each shift on each unit to ensure the labs are ordered and the results are obtained and the physician is notified promptly. The licensed nurse will complete the Resident Lab Form when orders are received for the lab work and will also, record all lab work on The WSNF Lab Tracking Form for each resident to ensure all lab work is obtained, recorded and the physician is promptly notified. The WSNF Lab Tracking Form will be maintained in each resident's chart. Also, the direct care RN or LPN on the 11-7 shift on each unit daily will review physician orders written in the last 24 hours to ensure all lab work ordered are recorded on the Resident Lab Form (Implementation date 09/22/11).</p> <p>On 09/15/11, the DON will initiate in-servicing with the Staffing Coordinator, Clinical Coordinator and the MDS Coordinators, the Program Investigative Officers, along with all direct care RN's and LPN's in regards to policy revisions (VII-7) (Refer to attachment C). All employees on extended leave at the time of the in-servicing will be in-serviced upon first day of return to work (Implementation date 09/22/11).</p> <p>The assigned Administrative Nurse for each unit will be responsible for ensuring that the revised policy is followed on their individual unit. The DON will be responsible to ensure the overall supervision that the revised policy is followed (Refer to attachment C) (Implementation date 09/22/11).</p> <p>What measures will be put into place, or what systematic changes you will make to ensure that the deficient practice does not occur;</p> <p>On 09/07/11, the DON revised the Nursing Policy and Procedures VII, Section 7 (Resident Laboratory &amp; Radiology Requisition and Reporting) (Refer to attachment C) so that other residents are not affected by the deficient practice. The policy revisions require all the direct care Licensed nurses to review all laboratory orders on the Resident Lab Form in the</p>	9/22/11	

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		F-505	<p>lab book on each unit, every shift to ensure the labs are obtained as ordered, results are received, and the physician is notified promptly. The direct care RN or LPN on the 11-7 shift on each unit will review physician orders written in the last 24 hours to ensure all lab work ordered is recorded on the Resident Lab Form. The policy also includes a WSNF Lab Tracking Form that will be maintained in each resident's chart for the recording of labs to ensure all labs are obtained, results received and the physician is promptly notified (Refer back to attachment A and B) (Implementation date 09/22/11).</p> <p>On 8/15/11, the DON will initiate in-servicing with the Staffing Coordinator, Clinical Coordinator, the MDS Coordinators, the Program Investigative Officers, along with all direct care RNs and LPNs in regards to policy revisions VII-7. All employees on extended leave at the time of the In-servicing will be in-serviced upon first day of return to work (Refer to Attachment C) (Implementation date 9/22/11).</p> <p>The assigned Administrative Nurse for each unit will be responsible for ensuring that the revised policy is followed on their individual unit. The DON will be responsible to ensure the overall supervision that the revised policy is followed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, i.e. what quality assurance will be put into place.</p> <p>The corrective action will be monitored by the assigned Administrative Nurse for their individual unit per the Resident Lab Result Monitor ( Refer to attachment D) The monitor will include: resident's name, lab work ordered, date lab specimen obtained, date lab results received, what the results were and the follow up /problems and response. Monitoring will be completed by a review of lab work ordered for three random residents a waek on each unit for 4 weeks and then 1 resident per unit for 3 months. Random monthly audits will continue. Any noted problems or areas of concern will be documented on the monitor per the assigned Administrative Nurse and referred to the DON for follow up. Results of the monitoring will be reported to the QA Committee by the DON on a quarterly basis with action plans developed for any issues of non compliance. (Refer to attachment D). (Implementation date 09/22/11).</p>	9/22/11
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## WESTERN STATE NURSING FACILITY LAB TRACKING FORM

DATE LAB (SPECIFY) ORDERED:	DATE LAB DRAWN:	DATE LAB RECEIVED:	CLINICIAN /PHYSICIAN NOTIFIED OF LAB RESULTS: (CHECK ONE)  NAME _____  ___ V ___ P ___ F  V-VERBAL P-PHONED F-FAXED	NEW ORDERS ___ YES ___ NO  LIST FOLLOWUPS: _____ _____  LICENSED NURSE SIGNATURE _____
DATE LAB (SPECIFY) ORDERED:	DATE LAB DRAWN:	DATE LAB RECEIVED:	CLINICIAN /PHYSICIAN NOTIFIED OF LAB RESULTS: (CHECK ONE)  NAME _____  ___ V ___ P ___ F  V-VERBAL P-PHONED F-FAXED	NEW ORDERS ___ YES ___ NO  LIST FOLLOWUPS: _____ _____  LICENSED NURSE SIGNATURE _____
DATE LAB (SPECIFY) ORDERED:	DATE LAB DRAWN:	DATE LAB RECEIVED:	CLINICIAN /PHYSICIAN NOTIFIED OF LAB RESULTS: (CHECK ONE)  NAME _____  ___ V ___ P ___ F  V-VERBAL P-PHONED F-FAXED	NEW ORDERS ___ YES ___ NO  LIST FOLLOWUPS: _____ _____  LICENSED NURSE SIGNATURE _____
DATE LAB (SPECIFY) ORDERED:	DATE LAB DRAWN:	DATE LAB RECEIVED:	CLINICIAN /PHYSICIAN NOTIFIED OF LAB RESULTS: (CHECK ONE)  NAME _____  ___ V ___ P ___ F  V-VERBAL P-PHONED F-FAXED	NEW ORDERS ___ YES ___ NO  LIST FOLLOWUPS: _____ _____  LICENSED NURSE SIGNATURE _____

ADDRESSOGRAPH IMPRINT

## ATTACHMENT C

## WESTERN STATE NURSING FACILITY

NURSING SERVICE STANDARDS OF OPERATION

Section: VII Unit Management

Date: Dec 2001

Rev: Jan 2006 Dec 2010

STANDARD OPERATING PROCEDURE NO: 7

Mar 2009 Sept 2011

Subject: RESIDENT LABORATORY &amp; RADIOLOGY REQUISITIONING AND REPORTING

**A. STANDARD:**

Western State Nursing Facility will utilize a systematic format for requisition and reporting of resident laboratory and diagnostic procedure to ensure medical necessity, accurate completion and timeliness of requisition and reporting.

**B. PROCEDURE:**

1. Licensed staff or Unit Clerks will complete the WSNF Laboratory or Diagnostic Imaging Requisition Forms as ordered for the resident per the physician.
2. Lab, X-ray and EKG orders will use the three ply printed form (Attachment A & B)). The yellow and pink copies of the physician order form shall be routed to the ancillary department office. The original (white) copy of the physician order shall be retained in the resident's chart.
3. Unit staff will need to record the DUE DATE at the top of each physician order form. This will ensure that the ancillary staff is informed of the date the test is expected to be performed.
4. Unit staff shall deliver all requests for non-stat lab, X-ray and EKG orders to the appropriate ancillary department by 9:00 a.m. the day prior to the scheduled tests.
5. All stat orders meeting established criteria shall be sent immediately to the appropriate ancillary department for processing.
6. Any specimen collected by nursing staff is to have the first and last name of the resident, the collection date and time, and the initials of the person collecting the specimen on the specimen container and on the lab requisition.

**SOP VII, 7 cont.**

7. Results of any **stat** laboratory or radiology reports will be faxed or phoned to the Unit licensed nurse (unless otherwise specified physician/clinician) with physician notification then being made per the licensed nurse.
8. All critical lab results will be called to the Unit licensed nurse per lab personnel. The licensed nurse will promptly notify the physician. (The lab results and physician notification will be recorded in the Nurses Notes of the resident's medical record along with any orders received).
9. Laboratory personnel will fax a copy of all resident's lab results to the resident's Unit for review per the Unit licensed nurse. (The original lab report will also be routed to the Unit per in-house mail).
10. Radiology reports will be received per in-house mail, unless in case of stat orders (refer to procedure #9)
11. Upon receipt of resident laboratory and/or radiology reports the licensed nurse will place results of all labs on the Resident Lab Form (See Attachment A.) which is found on each unit in the Lab Book.
  - a. For abnormal lab or radiology results:
    - Notify the physician/clinician of any abnormal lab or radiology results for follow-up. The nurse will then record the date and time of the physician notification along with the name of the physician notified on copy of the report. The licensed nurse will then sign the report and place it in the Unit Physician's Book for the physician/clinician review and signature. The licensed nurse will record the notification of the physician/clinician in the Nurse's Notes of the resident's medical record along with any orders received. The licensed nurse will complete the Resident Lab Form with the above information. (Refer to Nursing SOP; Section IV #9T -Use of Anticoagulant Agents for reports of lab results regarding anticoagulant agents). The licensed nurse will transcribe all information to the WSNF Lab Tracking Form (Refer to Attachment B.) in the resident's medical chart. The licensed nurse on 11-7 shift on each unit will review the 24-hour physician's orders and compare with the Resident Lab Form to ensure lab work is completed.

## SOP VII, 7 cont.

- b. For normal lab or radiology results, the licensed nurse will record all lab information on the Resident Log Form and the licensed nurse will transcribe all information to the WSNF Lab Tracking Form (Refer to Attachment B.) in the resident's medical chart. The licensed nurse on 11-7 shift on each unit will review the 24-hour physician's orders and compare with the Resident Lab Form to ensure lab work is completed. Record date and time of review along with the licensed nurse signature on the laboratory or radiology report and place it in the Unit Physician's Book for the physician/clinician review.
12. In the event resident lab orders cannot be scheduled or completed per the Western State Hospital Laboratory, the lab work is to be sent to the Jennie Stuart Medical Center for processing.
13. In the event resident radiology testing cannot be scheduled or completed per the Western State Hospital Radiology Department, the physician/clinician is to be notified for orders to have radiology testing done at Jennie Stuart Medical Center.

