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

PRINTED: 11/26/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	185312		C 11/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PADUCAH CENTER	501 NORTH THIRD STREET PADUCAH, KY 42001

(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 KY20946 was conducted on 11/12/13 to determine the facility's compliance with Federal requirements. KY20946 was substantiated with a deficiency cited at a S/S of "D".	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Paducah Center** does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 283 SS=D	483.20(l)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy and procedure it was determined the facility failed to ensure appropriate discharge planning and communication of necessary information to the continuing care provider for one (1) of three (3) sampled residents (Resident #1). The findings include: Review of the facility policy and procedure titled "DISCHARGE PLANNING PROCESS", last revised 03/15/11, revealed "All residents being discharged to home, to an assisted living facility, or another community based setting will be given a Discharge Transitions Plan and Discharge Packet."	F 283	**F 283** A Licensed Nurse at the receiving facility of Resident #1 was notified of the order for the Fentanyl Patch on 10/18/13 by the Assistant Director of Nursing. The Director of Nursing/Assistant Director of Nursing reviewed all residents discharged in the last 60 days r/t Transfer/Discharge Records for documentation per physician orders upon discharge. No other issues were identified.	12/6/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 12/2/13

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PADUCAH CENTER	601 NORTH THIRD STREET PADUCAH, KY 42001

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F 283	Continued From page 1 Closed record review revealed the facility admitted Resident #1 on 06/01/12 with diagnoses to include Chronic Obstructive Pulmonary Disease, Peripheral Neuropathy, Hypertension, Atrial Fibrillation, Hypothyroidism, Anxiety, Depression, Esophageal Reflux, Hyperlipidemia, and Coronary Arthrosclerosis. Review of the Medication Administration Record (MAR) dated 09/01/13 through 9/30/13 revealed Resident #1 was receiving a Fentanyl Patch 12.0 milligrams (mg) every seventy-two (72) hours for pain. A review of the physician's orders revealed Resident #1 was transferred to another nursing facility on 09/30/13. However, review of the Transfer/Discharge Report, dated 09/30/13 at 9:48 AM, revealed a list of Resident #1's medications which did not include an order for a Fentanyl Patch. Interview with Licensed Practical Nurse (LPN) #1, on 11/12/13 at 9:45 AM, revealed the facility's computer system was set up to only print out the routine medications that the resident was receiving and would not print out the order for the Fentanyl Patch which was considered an ancillary medication. The LPN stated she should have written the Fentanyl Patch on the medication order sheet prior to transferring the resident to the other facility. Interview with the Director of Nursing (DON), on 11/12/13 at 1:00 PM, revealed the Fentanyl Patch was never copied on the transferring orders so it wasn't sent with the residents' other medications on 09/30/13 when Resident #1 transferred to the	F 283	LPN #1 was re-educated by the Director of Nursing on 10/22/13 r/t discharge procedures and communication of necessary information to continuing care providers and included the Fentanyl Patch. Licensed Nurses were re-educated by the Assistant Director of Nursing on 11/12/13 r/t discharge planning and communication of necessary information to the continuing care providers. The Director of Nursing or Assistant Director of Nursing will audit five resident discharges/transfers per month for three months for appropriate discharge planning and communication of necessary information to the continuing care providers. The Director of Nursing will report findings to the Performance Improvement committee for three months for further recommendations.	

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F 283	Continued From page 2 other facility. Interview with the Assistant Director of Nursing (ADON) of the receiving facility, on 11/12/13 at 12:47 PM, revealed when Resident #1 was admitted to the facility there was no order for a Fentanyl Patch for pain.	F 283		