

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

2nd SCD



PRINTED: 07/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 06/25/2014
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501
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F 000	<p>INITIAL COMMENTS</p> <p>An abbreviated survey (KY21836, KY21839) was initiated on 06/17/14. KY21839 was unsubstantiated. KY21836 was substantiated and Immediate Jeopardy was identified on 06/18/14 and determined to exist on 06/12/14 at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) at a scope and severity of "J." Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care (F333). The facility was notified of the Immediate Jeopardy on 06/18/14.</p> <p>The facility admitted Resident #1 on 01/22/13. Review of the resident's medical record, Medication Administration Record (MAR), and Comprehensive Care Plan (updated May 2014) revealed Resident #1 had a drug allergy to Bactrim (antibiotic). However, interviews and review of documentation on the facility's investigation revealed on 06/12/14, Advanced Registered Nurse Practitioner (ARNP) #1 prescribed 800 milligrams (mg) of Bactrim for Resident #1 and requested the medication be administered two times a day. Continued interviews and review of documentation revealed the facility's Assistant Director of Nursing (ADON) #1 transcribed the Bactrim order for Resident #1 onto the resident's MAR. Registered Nurse (RN) #1 obtained the Bactrim from the facility's Emergency Drug Kit (EDK) and instructed Kentucky Medication Aide (KMA) #1 to administer the medication. KMA #1 administered the Bactrim to Resident #1. Interviews with ARNP #1, ADON #1, RN #1, and KMA #1 revealed they had failed to determine the resident's drug</p>	F 000	<p>SHC of Pikeville takes all allegations of abuse very seriously. It has a robust policy upon which all staff have been educated, and will continue to be re-educated, as needed from time to time and on a regular basis to continually validate staff understanding of same. Pikeville staff understands that it must serve as an abuse advocate at all times for each and every resident we serve, and when abuse of any kind (e.g., physical or verbal abuse or neglect, or misappropriation of resident property) is suspected, heard, seen, or alleged by any staff member, resident, or family member, (i) to immediately protect the resident by ensuring the resident's safety (this will include the removal of the alleged perpetrator from all care areas and if an employee, suspending him/her), and (ii) to immediately take appropriate reporting action upon seeing the abusive conduct or hearing the abuse allegation. All suspicions and allegations of abuse will be reported to OIG, APS and Ombudsmen immediately, as well as other authorities as required by state law and/or as appropriate. The facility will also initiate a thorough investigation and impose appropriate discipline, as warranted.</p> <p>As outlined further below, recent training to all staff on Pikeville's abuse policy and procedure was performed and included examples of items that are state reportable: (i) any report of staff, family, or other persons being physically or verbally mean, rough, or threatening towards a resident, as well as any other statements of any kind indicating or describing such conduct -- regardless of whether such conduct maybe re-defined, interpreted, or clarified by a resident as not meant to be intentional or abusive, injuries of unknown origin, withholding or taking of resident belongings, (ii) resident to resident altercations (verbal or physical), (iii) misappropriation, and/or (iv) any other resident exploitation of any kind. It also made clear that allegations of abuse are NOT to be handled, reported, or processed through the facility's grievance system ever; all must be processed and reported to the state as outlined above. Finally, all department heads will be trained on how to conduct a thorough investigation and substantiate abuse, where warranted.</p>	7/13/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CRISP OPERATING OFFICER	(X6) DATE 7/13/14
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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 000	Continued From page 1 allergies before ordering, obtaining, and administering the medication. An acceptable Allegation of Compliance was received on 06/24/14, which alleged removal of the Immediate Jeopardy on 06/25/14. An extended survey was conducted on 06/25/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14, prior to exit, which lowered the scope and severity to "D" at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) while the facility monitors the effectiveness of systemic changes and quality assurance activities. In addition, the facility remains out of compliance related to deficiencies cited on the 08/04/14 survey as follows: scope and severity of "D" at 42 CFR 483.13 Resident Behavior and Facility Practices (F225 and F226) and "D" at 42 CFR 483.75 Administration (F490 and F520) while the facility monitors the effectiveness of systemic changes and quality assurance activities.	F 000	F 281 1. Administrator and DON were notified of the medication error on 6/12/14 by Charge nurse. Staff members were all suspended on 6/12/14 to include the NP, South wing ADON, Charge nurse, and KMA. All 4 staff members were disciplined, to include, NP, South wing ADON and Charge nurse were terminated and the KMA was allowed to return to work after additional education/training completed. DON initiated a thorough investigation on 6/12/14. DON reported to regulatory agency on 6/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified, 6/12/14, upon identification of medication error related to administration of Bactrim. Physician instructed staff to assess resident and monitor resident for any signs and symptoms of allergic reaction. Resident was assessed by charge nurse on 6/12/14 for any signs and symptoms of reaction, none were noted. Resident has a BIMS score of 14 and was notified of medication error along with residents POA on 6/12/14 by charge nurse. 2. All other residents were assessed, skin checks were completed on 6/12/14 by DON, North wing ADON, Interim South wing ADON, MDS Coordinator or SDC on residents with a BIM score less than 8 for any signs or symptoms of allergic reaction. None were identified. Interviews were completed on 6/12/14 by the Social Services Director and Chaplain for residents with a BIMS score above 8 regarding their knowledge of any medications they received which they had allergies. None were identified. Staff were interviewed by the DON, North wing ADON, FFN, SDC, MDS or regional on 6/12/14 for any knowledge of these 4 individuals transcribing or administering any medication in which a resident had an allergy. All resident current allergies were validated by chart audits, to include, allergy sticker on outside of chart, face sheet, care plans, MARs/FARs, and allergy sheet in front of	7/13/14
F 281 SS=J	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 interview, record review, review of the facility's investigation, and review of the facility's policies, "Medication Administration" and "Medication Ordering and Receiving from	F 281		

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F 281	<p>Continued From page 2</p> <p>Pharmacy Provider," it was determined the facility failed to ensure services provided by the facility met professional standards of quality of care related to medication administration for one (1) of four (4) sampled residents (Resident #1). Interviews and review of documentation on the facility's investigation revealed on 06/12/14, Advanced Registered Nurse Practitioner (ARNP) #1 prescribed 800 milligrams (mg) of Bactrim to be administered to Resident #1 two (2) times a day. Continued interviews and review of documentation revealed Assistant Director of Nursing (ADON) #1 transcribed the Bactrim order for Resident #1 onto the resident's Medication Administration Record (MAR). Registered Nurse (RN) #1 obtained the Bactrim from the facility's Emergency Drug Kit (EDK) and instructed KMA #1 to administer the medication; Kentucky Medication Aide (KMA) #1 administered Bactrim (antibiotic) to Resident #1.</p> <p>However, review of documentation on Resident #1's medical record binder, the MAR, and care plan revealed facility staff had previously identified that Resident #1 had a drug allergy to Bactrim. Interviews with ARNP #1, ADON #1, RN #1, and KMA #1 revealed they had failed to determine the resident's drug allergies before ordering, obtaining, and administering the medication.</p> <p>The facility's failure to ensure services provided by the facility met professional standards of quality related to medication administration caused, or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy with Substandard Quality of Care was determined to exist on 06/12/14 at 42 CFR 483.20 Resident Assessment</p>	F 281	<p>MARs along with physician/NP orders since 5/1/14 for any new medication orders vs resident allergies by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant by 6/13/14 for all residents to ensure allergies are appropriately identified and no medications were ordered and/or administered that a resident was allergic. No concerns were identified.</p> <p>3. Education for all staff, to ensure services are provided according to accepted practice of clinical standards, was initiated on 6/12/14 by the Staff Development Coordinator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect to include significant medication errors, care plans in regards to following care plans and delivering care as outline in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal, medication administration to include the responsibilities</p>	

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F 281	<p>Continued From page 3</p> <p>(F281 and F282), 42 CFR 483.25 Quality of Care (F333), and, 42 CFR 483.75 Administration (F490 and F520) at a scope and severity of "J." Substandard Quality of Care was identified at 42 CFR 483.25, Quality of Care (F333). The facility was notified of the Immediate Jeopardy on 06/18/14.</p> <p>An acceptable Allegation of Compliance was received on 06/24/14, which alleged removal of the Immediate Jeopardy on 06/25/14. The State Survey Agency determined the Immediate Jeopardy was removed on 08/25/14, prior to exit, which lowered the scope and severity to "D" at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>According to the facility's policy titled, "Medication Ordering and Receiving from Pharmacy Provider," dated September 2010, revealed staff was to verify and review the prescriber's orders for appropriateness and to check the resident's allergies prior to obtaining the medication (i.e., the facility's Emergency Drug Kit).</p> <p>Review of the facility's policy titled, "Medication Administration," dated December 2010, revealed staff was required to verify the resident was not allergic to the medication before administering any antibiotic for the first time.</p> <p>Review of Lippincott's Nursing Center recommendations, dated 05/27/11, revealed there</p>	F 281	<p>and expectations of the nurse in pulling the medications and delivering the medications to meet professional standards requirements along with monitored medication pass with questionnaire, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plan will be included in orientation for all new nurses hired after 6/12/14.</p> <p>Education was provided by the Regional Nurse Consultant on 6/12/14 for the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>A follow-up questionnaire will be completed by the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for 5 different staff members daily, starting on 6/25/14, for 4 weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, then QA committee will evaluate and determine need of ongoing frequency.</p> <p>Pharmacia is providing field consultants on site, starting on 6/16/14 for 2 days per week for 4 weeks to provide further</p>	

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F 281	<p>Continued From page 4</p> <p>were eight rights of medication administration. Continued review of the recommendations revealed before administering medications, licensed staff should ensure it is the right medication and the right dose being administered to the right patient, via the right route and at the right time. Continued review of the recommendations revealed licensed staff should confirm rationale for the ordered medications, and document administration of medications, after the medication has been administered. According to the recommendations, licensed staff should ensure medications had the desired effect for the patient receiving the medication.</p> <p>Record review revealed the facility admitted Resident #1 on 01/22/13. Review of the Quarterly Minimum Data Set Assessment (MDS) dated 05/21/14, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident's cognition was intact. Review of the resident's medical record, the Medication Administration Record (MAR), and care plan (updated May 2014) revealed facility staff had identified and documented the resident's allergy to Bactrim (an antibiotic).</p> <p>Review of Physician Orders in Resident #1's medical record dated 06/12/14, revealed ARNP #7 prescribed 800 mg of Bactrim two times a day. Continued review of the medical record revealed facility staff documented on the MAR that the Bactrim was administered on 06/12/14 at 12:00 PM.</p> <p>Review of the investigative report dated 06/12/14, revealed the pharmacy received the medication order on 06/12/14 at approximately 3:30 PM, and contacted the facility approximately three hours</p>	F 281	<p>administration, to include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a pharmerica field consultant. QA committee will evaluate and determine need of ongoing services required from pharmerica field consultant at the end of 2 weeks.</p> <p>Facility obtained a contract, on 6/16/14, with an external, independent clinical consultant to provide services 2 days per week, on site. This external, independent clinical consultant will provide clinical oversight of process and procedures to validate that professional standards are being met until immediacy is removed then QA committee will evaluate and determine need on ongoing services required from external, independent clinical consultant.</p> <p>Upon receiving a new medication order, all new medication orders will be reconciled with resident listed allergies by two nurses, then pharmacy will be contacted to reconcile new medication with residents listed allergies at pharmerica, then new medication order will be signed off by same two nurses on the physician order validating reconciliation of new medication to listed allergies in chart and with pharmerica. Nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. DON, North wing ADON, Interim South wing ADON, SDC or Regional Nurse Consultant will review daily the above process for compliance to ensure the resident do not have an identified allergy to the new medication. This process of validation will continue daily, starting on 6/25/14, for 4 weeks, then daily (M-F) for 4 weeks. Findings will be presented and reviewed weekly in the QA meeting to determine the need of ongoing frequency</p>		

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F 281	<p>Continued From page 5</p> <p>after they received the order. The pharmacy informed the facility the resident was allergic to the Bactrim and not to administer the medication. However, during the facility's investigation, it was determined RN #1 had obtained the Bactrim from the facility's Emergency Drug Kit (EDK) prior to the pharmacy contacting the facility.</p> <p>ARNP #1 confirmed in interview conducted on 06/17/14 at 1:56 PM she had prescribed Bactrim (an antibiotic medication) for Resident #1 and failed to review the resident's list of allergies on 06/12/14. In addition, ADON #1 acknowledged in interview conducted on 06/17/14 at 1:30 PM that he had transcribed the order for Bactrim onto Resident #1's MAR and failed to verify the resident's medication allergies on 06/12/14.</p> <p>RN #1 acknowledged in interview conducted on 06/17/14 at 1:50 PM that she "assumed" ADON #1 had verified the resident's allergies, and therefore she obtained the Bactrim from the EDK on 06/12/14 and instructed KMA #1 to administer the medication to Resident #1. RN #1 stated she failed to verify the resident's medication allergies prior to obtaining the medication and instructing KMA #1 to administer the medication.</p> <p>KMA #1 stated in interview on 06/17/14 at 1:00 PM that RN #1 had instructed her to administer the Bactrim to Resident #1 on 06/12/14 and, because she "assumed" that RN #1 had verified the resident's allergies, she administered the medication and did not review the resident's allergies herself.</p> <p>Interviews with ADON #1, RN #1, and KMA #1 on 06/17/14 revealed they had been trained to verify allergies before obtaining and/or administering</p>	F 281	<p>All new medication orders will be audited and logged on the administrative nursing monitoring form by the DON, North wing ADON, Interim South wing ADON, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant daily, starting on 6/25/14 for 4 weeks then daily (M-F) for 4 weeks, to ensure all new medications orders have been signed off by two nurses, pharmacist has been contacted to verify allergies and two nurses have signed off on the transcription of new medication to MAR prior to new medication administration to the resident. Additionally, regional nurse consultant, special projects administrator, V.P. of Operations, Chief Nursing Executive or Chief Operating Officer will audit all new orders twice weekly for 4 weeks, starting on 6/25/14, to ensure compliance with the process and then weekly for 4 weeks. Findings will be reported during weekly QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring. Education was provided for Licensed Nursing Staff by the Staff Development Coordinator, or the Regional Nurse Consultant regarding the above stated plan on 6/12/14. Licensed Nursing Staff will not be allowed to work prior to receiving the above stated education. Medication pass audits were completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, MDS Coordinator, FFN or Regional Nurse Consultant for all nurses and Certified Medication Technicians working on 6/12/14 to ensure proper medication administration technique, proper identification of allergies, professional standards are being met and care plans are being followed. Medication pass audits were completed by ADONs, SDC,</p>		

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F 281	<p>Continued From page 6</p> <p>medications to residents but failed to do so.</p> <p>Interview with the Director of Nursing (DON) on 06/18/14 at 11:30 AM revealed staff was required to review/verify a resident's medication allergy when new medication orders were obtained/received and before they administered the medication to a resident. The DON acknowledged staff had administered Bactrim to Resident #1 on 06/12/14. According to the DON, staff failed to review Resident's #1's list of identified allergies on 06/12/14 before they prescribed, obtained, and administered the Bactrim. The DON acknowledged it was a standard of practice to verify the list of the resident's allergies before administering medications.</p> <p>The Administrator also acknowledged in interview on 06/18/14 at 4:00 PM that it was a standard of practice to verify the list of the resident's allergies before administering medications. He continued to state staff was required to verify medication allergies before administering medications and failed to do so when they administered the Bactrim to Resident #1 on 06/12/14.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/24/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>-The Administrator and Director of Nursing (DON) were notified of the medication error on 06/12/14 by Registered Nurse (RN) #1, Advanced Registered Nurse Practitioner (ARNP) #1, Assistant Director of Nursing (ADON) #1, RN #1, and Kentucky Medication Aide (KMA) #1, were all suspended on 06/12/14, pending results</p>	F 281	<p>Field Consultant for all nurses and certified medication technicians during their initial medication pass by 7/4/14. During the medication pass audit, a questionnaire will be completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, FFN, MDS Coordinator, Staff Development Coordinator, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>After all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS or Regional Nurse Consultant will conduct a medication pass audit with 1 different nurse each day covering different shifts weekly for 4 weeks, starting on 6/25/14, to ensure ongoing proper medication administration technique, proper identification of allergies, professional standards are being met and care plans are being followed, then 2 different nurses on different shifts per week will complete a medication pass audit for 4 weeks, then QA committee will evaluate and determine the frequency of ongoing medication pass audits. Administrative oversight of the facility will be completed by the Special Projects Administrator, regional nurse consultant, the Regional Vice President of Operations, Chief Nursing Executive or the Chief Operating Officer weekly for 4 weeks, starting on 6/25/14, then monthly.</p> <p>Prior to hire, any new MD, PA or NP will receive education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication prescribing.</p> <p>4. A Quality Assurance meeting was held on 6/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. Medical director was</p>		

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F 281	<p>Continued From page 7</p> <p>of an investigation. The DON initiated an investigation on 06/12/14. The DON reported the medication administration error that occurred on 06/12/14 to the regulatory agency on 06/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified upon identification of the medication error related to administration of Bactrim on 06/12/14. The Physician instructed facility staff to assess Resident #1 and monitor him/her for any signs and symptoms of allergic reaction. Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction, no concerns were identified. Resident #1, who has a Brief Interview for Mental Status (BIMS) score of 14 was notified of the medication error along with the resident's Power of Attorney (POA) on 06/12/14 by facility staff.</p> <p>-Based on the conclusion the investigation, staff members/the contract consultant involved was disciplined as below:</p> <p>-ARNP #1, ADON #1, and RN #1's employment was terminated from the facility.</p> <p>-KMA #1 received coaching/counseling, completed with restrictions that the KMA received 1:1 training by the Staff Development Coordinator (SDC) to address medication administration, specifically not giving medications that she does not pull herself, checking for allergies, and providing care as outlined in the care plan in relation to medication administration. Furthermore, KMA #1 had to complete a medication pass with a pharmacy field consultant prior to passing any medications upon return to work. She will also complete a weekly medication pass with the Staff Development</p>	F 281	<p>involved with creation and approval of current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians were provided with education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication prescribing on 6/24/14 by Regional Nurse Consultant or Director of Nursing. A Quality Assurance meeting will be held weekly for 4 weeks, then monthly for recommendations and further follow up regarding the above stated plan.</p> <p>Education was provided on 6/24/14 to all physicians by the Regional Nurse Consultant along with a letter, containing the above stated QAPI plan and education/training was sent out on 6/24/14 to each of the physicians by the facilities Medical Director, Dr. Martin</p>		

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F 281	<p>Continued From page 8</p> <p>Coordinator for ongoing continued education/compliance for four weeks. (The facility determined, after reviewing the KMA's 33-year history with the facility as a KMA and having exceptional evaluations and no coaching/counseling during her years of service, that with appropriate education and training she should be allowed to return to work.)</p> <p>–Facility staff was interviewed by the DON, ADONs, Facility Formulary Nurse (FFN), SDC, Minimum Data Set (MDS) Coordinator, and Regional Nurse Consultant on 06/12/14 for any knowledge of these four individuals transcribing or administering any medication in which a resident had an allergy.</p> <p>–Interviews were completed on 06/12/14, with residents which were assessed to have a BIMS score of 8 or greater, by the Social Services Director and Chaplain regarding their knowledge of any medications they were allergic to and may have received. No concerns were identified.</p> <p>–Skin assessments were completed on 06/12/14 by the DON, ADON, MDS Coordinator, or SDC on all residents with a BIMS score less than 8, for any signs or symptoms of allergic reaction. No concerns were identified.</p> <p>–All facility residents' charts were audited, which validated allergy stickers were on the outside of the resident's chart, face sheet, and care plans. The residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs) and the allergy sheet in front of the MARs, along with the Physician and Nurse Practitioner's (NP's) orders since 05/01/14 were audited, for any new medication orders versus resident</p>	F 281			

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F 281	<p>Continued From page 9</p> <p>allergies. These audits were conducted by 06/13/14, by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, the MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident. No concerns were identified.</p> <p>—Education for facility staff was initiated on 06/12/14 by the SDC, DON, ADONs, or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect. The education also included information related to significant medication errors, care plans in regards to following care plans and delivering care as outlined in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal. Education provided also included medication administration related to the responsibilities and expectations of the nurse related to how the medications were obtained and delivered to meet professional standards requirements. Staff will be monitored during medication pass and will complete questionnaires from training received. Staff was also trained related to the Quality Assurance Performance Improvement process which included reporting of concerns to the Administrator and line staff participation in development of Quality Assurance Performance Improvement (QAPI) plans. Staff will not be permitted to work prior to receiving the education and passing a post-test with a score of 100 percent. All new licensed nurses hired after 06/12/14 will receive the above training.</p>	F 281		

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F 281	<p>Continued From page 10</p> <p>--Follow-up questionnaires will be completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different staff members daily until removal of the immediacy of the Jeopardy. After the immediacy has been removed the questionnaires will be conducted weekly for two weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, and then the Quality Assurance (QA) Committee will evaluate and determine need of ongoing frequency.</p> <p>--Phamerica is providing field consultants on-site, starting on 06/16/14 for two days per week for two weeks to provide further education/training on medication administration. The education will include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a Phamerica field consultant. The QA Committee will evaluate and determine the need for services required from the pharmacy field consultant at the end of two weeks.</p> <p>--The facility obtained a contract on 06/16/14 with an external independent clinical consultant to provide services two days per week on-site. This external independent clinical consultant will provide clinical oversight of process and procedures to validate that professional standards are being met until the immediacy is removed. After the immediacy is removed, the QA Committee will evaluate and determine the need for ongoing services required from the external independent clinical consultant.</p> <p>--Upon receiving a new medication order, all new</p>	F 281		

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F 281	<p>Continued From page 11</p> <p>medication orders will be reconciled with the resident's listed allergies by two nurses. The pharmacy will then be contacted to reconcile the new medication with the resident's listed allergies and new medication orders will be signed off by the same two nurses on the Physician Order validating the reconciliation of the new medication to the listed allergies. The nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. Prior to administration of newly ordered medications for any resident, the DON, ADONs, SDC or Regional Nurse Consultant will review the above process with the Charge Nurse or certified medication technician to determine compliance to ensure the resident doesn't have an allergy to the medication. This validation process will continue until the immediacy is removed, then daily review for compliance with the above process will continue for four weeks. The findings will be reviewed weekly in the QA meeting to determine the need of the ongoing frequency with new medication monitoring.</p> <p>—Education was provided on 06/12/14, for Licensed Nursing Staff by the SDC or the Regional Nurse Consultant regarding the above stated plan. Licensed Nursing Staff which was not trained on 06/12/14 will not be permitted to work until the above stated education has been received.</p> <p>—All new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant (three regional nurse consultants have been on-site for 24-hour coverage to ensure all new medication</p>	F 281			

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F 281	Continued From page 12 orders have gone through the process outlined below, since the incident which occurred on 06/12/14 every shift (during night shift the Charge Nurse is to call the designated Administrative Nurse or the Regional Nurse Consultant with all new medications) to ensure all new medications orders have been signed off by two nurses. Audits have also included ensuring the pharmacist had been contacted to verify allergies and two nurses have signed off on the transcription of the new medication to the MAR prior to the new medication being administered to the resident. In Addition, the Regional Nurse Consultant, the Special Projects Administrator, Vice President of Operations (VPO), Chief Nursing Executive (CNE), or Chief Operating Officer (COO) will audit all new orders daily to ensure compliance with the process starting on 06/13/14; this process will be continued until the immediacy has been removed. When the immediacy has been removed audits will be conducted twice weekly for four weeks, and at that time the QA Committee will evaluate the need for the continued frequency of monitoring. -The Director of Nursing will conduct daily reviews of the above log sheet for compliance. The Regional Nurse Consultants will validate compliance with the above process daily and the COO, CNE, VPO, or Special Projects Administrator will validate compliance with the above process twice weekly until the removal of the immediacy of the Jeopardy. When the immediacy has been removed, then the DON or ADONs will review daily for four weeks; the Regional Nurse Consultant will review three times a week for four weeks; and the COO, CNE, VPO, or Special Projects Administrator will review weekly for four weeks to ensure that compliance	F 281		

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F 281	<p>Continued From page 13</p> <p>is maintained. The findings will be reported weekly to QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>—Medication pass audits were completed by the Director of Nursing, Assistant Directors of Nursing, Staff Development Coordinator, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs who had worked on 06/12/14 to ensure proper medication administration technique, proper identification of allergies, that professional standards were being met, and that care plans were being followed. Further medication pass audits were completed for all nurses and KMAs during their initial medication pass by 06/17/14 except four PRN nurses. Certified letters have been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit was completed with the ADONs or SDC. During the medication pass audit, a questionnaire will be completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of the medication.</p> <p>—When all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant will conduct a medication pass audit with two nurses per day (one nurse per nursing unit) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards are being met, and that care plans are being followed until the immediacy has been removed. When the immediacy has been removed, one nurse per day will complete a</p>	F 281		

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F 281	<p>Continued From page 14</p> <p>medication pass audit for two weeks, and then the QA Committee will evaluate and determine the frequency of ongoing medication pass audits.</p> <p>–Administrative oversight of the facility was completed by the Special Projects Administrator, Regional Nurse Consultant, the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of the immediacy. After the removal of the immediacy, the oversight will continue weekly for four weeks, then monthly.</p> <p>–Education was provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>–A Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of Jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians, were provided with education/training along with a letter which detailed the facility's QAPI plan, along with appropriate identification of resident allergies prior to new medication prescribing on 06/24/14 by the Regional Nurse Consultant or DON. A Quality Assurance meeting</p>	F 281		

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F 281	<p>Continued From page 15</p> <p>will be held weekly for four weeks, then monthly for recommendations and further follow-up regarding the above stated plan.</p> <p>**The surveyors validated the Immediate Jeopardy was removed as follows:</p> <p>--Interviews conducted with the Administrator and the Director of Nursing (DON) on 06/25/14 revealed Registered Nurse (RN) #1 notified them of the medication error that occurred on 06/12/14 when facility staff had prescribed, obtained, and administered a medication to Resident #1 that had previously been identified as a medication allergy for the resident. Further interviews and review of the facility's investigation confirmed staff members involved with the incident (ARNP #1, ADON #1, RN #1, and KMA #1) were all suspended on 06/12/14, pending results of the investigation. Resident #1's physician was notified, and new orders were received and implemented on 06/12/14, when the medication error was identified by facility staff. Continued review of the investigation revealed Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction and no concerns were identified. Continued review of the investigation revealed Resident #1, who has a BIMS score of 14 was notified, along with the resident's Power of Attorney (POA), of the medication error that occurred on 06/12/14.</p> <p>--Interviews with facility staff and review of the facility's investigation on 06/25/14 revealed the following actions were taken, as a result of the facility's investigation findings: ARNP #1, ADON #1, and RN #1's employment was terminated from the facility. KMA #1 received coaching/counseling and 1:1 training by the Staff</p>	F 281			

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F 281	<p>Continued From page 16</p> <p>Development Coordinator (SDC) which addressed medication administration, specifically not giving medications that she did not pull herself, checking for resident allergies, and providing care as outlined in the care plan in relation to medication administration. Continued interview and a review of the investigation confirmed KMA #1 had completed a medication pass with the facility's Pharmacy Consultant prior to administering any further medications to facility residents. Further interviews revealed KMA #1 would also complete a weekly medication pass with the SDC for ongoing continued education/compliance for four weeks. The facility's investigation findings revealed they had determined, after reviewing the KMA's 33-year work history with the facility, and having exceptional evaluations and no previous disciplinary actions, with appropriate education and training she should be allowed to return to work.</p> <p>—Interviews with staff and further review of the facility's investigation on 06/25/14 revealed the facility staff was interviewed by the DON, ADONs, FFN, SDC, MDS Coordinator, or Regional Nurse Consultant on 06/12/14 for any knowledge of the four individuals identified in the incident transcribing or administering any medication which had been listed as an allergy for any other resident.</p> <p>—Interviews and review of the facility's investigation conducted on 06/25/14 revealed residents who were assessed to have a BIMS score of 8 or greater were interviewed on 06/12/14, by the Social Services Director and Chaplain to determine if medications they had an allergy to had been administered to them while in</p>	F 281		

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F 281	<p>Continued From page 17</p> <p>the facility. The investigation further revealed no concerns were identified.</p> <p>—Interview with the DON and review of the facility's investigation on 06/25/14 confirmed skin assessments were conducted to ensure no allergic reactions had occurred on all facility residents with a BIMS score of 8 or below on 06/12/14.</p> <p>—Review of facility audits and interviews with staff on 06/25/14 revealed all facility residents' charts were audited and staff validated allergy stickers were on the outside of the residents' charts, face sheets, and care plans. Further reviews and interviews with staff conducted on 06/25/14 revealed the residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs), allergy sheets located in front of the residents' MARs, along with physician orders obtained since 05/01/14 were audited to ensure the residents' allergies had been verified when new orders had been received. Continued review confirmed audits were conducted by 06/13/14, by the DON, ADON, SDC, MDS Coordinators, Social Services Director, Admissions/Marketing, or Regional Nurse Consultant. Interviews conducted on 06/25/14 revealed audits were conducted to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident, with no concerns identified.</p> <p>—A review of staff education provided by the facility, initiated on 06/12/14, confirmed the SDC, DON, ADONs, or the Nurse Consultant instructed staff about the facility's abuse/neglect policy and appropriate reporting of neglect. The education</p>	F 281		

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F 281	<p>Continued From page 18</p> <p>review conducted on 06/25/14 also revealed information was included related to significant medication errors, implementation of care plans, emergency medication kit to include pharmacist approval, and allergy verification prior to medication removal. Continued review of the education provided to facility staff also included medication administration and the responsibilities and expectations of the nurse on how the medications were obtained and delivered to meet professional standards requirements. Interviews conducted with facility staff on 06/25/14 confirmed staff was monitored during medication pass and had been required to complete questionnaires related to the training they received. KMA #1 stated in interview on 06/25/14 that she received training related to the Quality Assurance Performance Improvement (QAPI) process which included reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Interview with the Regional Nurse Consultant and the DON on 06/25/14 revealed staff was not permitted to work until they were educated and completed a post-test with a score of 100 percent. Interview with the DON on 08/25/14 revealed all new licensed nurses hired after 06/12/14 will receive the above training during their orientation.</p> <p>—Interviews with the Regional Nurse Consultant on 06/25/14 confirmed follow-up questionnaires were completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different staff members daily. The Nurse Consultant further stated after the immediacy had been removed the questionnaires would be conducted</p>	F 281		

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
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F 281	<p>Continued From page 19</p> <p>weekly for two weeks to ensure continued understanding regarding the abuse/neglect policy and procedure, and the QA Committee would evaluate further the need for the questionnaires.</p> <p>—Review of Medication Pass audits conducted, and an interview with the Regional Nurse Consultant on 06/25/14, revealed the facility's Pharmacy had provided Field Consultants on-site, which started on 06/16/14, for two days per week for a total of two weeks. He stated the pharmacy service was to provide further education/training on medication administration. The education would include delivery of medications and validation of the residents' allergies to meet professional standards. The Consultant stated all nurses would complete a medication pass with a Pharmacy Field Consultant and the QA Committee would evaluate and determine the continued need for services required from the Pharmacy Field Consultant at the end of two weeks.</p> <p>—Interview with the DON and the Administrator on 06/25/14 confirmed the facility had obtained a contract on 06/16/14 with an external Independent Clinical Consultant to provide services two days per week on-site. The Administrator stated the external Independent Clinical Consultant would provide clinical oversight of processes and procedures to validate those professional standards were met until the immediacy was removed. After the immediacy was removed, the Administrator stated the QA Committee would evaluate and determine the need for services required from an external Independent Clinical Consultant.</p> <p>—Interviews with KMA #1 on 06/17/14 at 1:00 PM</p>	F 281			

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F 281	Continued From page 20 and Administrative staff on 06/25/14 confirmed training was initiated on 06/12/14 and included guidance on what staff was required to do when a new medication order was received. Allergies were to be validated and all new medication orders were to be reconciled and transcribed onto the resident's MAR by two nurses. Continued interview confirmed the pharmacy would be contacted to reconcile new medications, with the resident's listed allergies. Continued review of trainings and interviews with KMA #1 on 06/17/14 at 1:00 PM, the DON on 06/18/14 at 11:30 AM, and the Administrator on 06/18/14 at 4:00 PM confirmed new medication orders would be signed off by the two nurses that validated reconciliation of new medications to the resident's listed allergies. The nurse receiving the new medication order would transcribe the order to the MAR and a second nurse would co-sign which would validate compliance. Continued interview revealed staff was required to contact the DON, ADONs, SDC, or Regional Nurse Consultant, before any new medication was administered for any resident, to validate all required checks had been completed. Continued interviews on 06/25/14 revealed this validation process would continue until the immediacy was removed. The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM the validation process would be reviewed daily for compliance and would be continued for four weeks. The Nurse Consultant further stated the findings would be reviewed weekly in the QA meeting to determine the need of ongoing frequency with new medication monitoring. --Interview with the DON and the Nurse Consultant on 06/25/14 revealed Licensed Nursing Staff that had not received the training on	F 281		

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F 281	<p>Continued From page 21</p> <p>06/12/14 would not be permitted to work until the above stated education has been received.</p> <p>--A review of facility audits and interviews with Administrative staff on 06/25/14 revealed all new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant. Continued interview revealed three Regional Nurse Consultants had been on-site 24 hours a day since the incident occurred on 06/12/14 to ensure staff had validated all new medication orders. The Regional Nurse Consultant stated during night shift the Charge Nurse was required to call the designated Administrative Nurse or Regional Nurse Consultant with all new medication orders, to ensure all new orders had been signed off by two nurses as required. Continued interview on 06/25/14 confirmed facility audits included ensuring the pharmacist had been contacted to verify allergies, and that two nurses had signed off on the transcription of the new medication to the MAR prior to the administration of any new medications to the residents. Continued interview revealed the Regional Nurse Consultant, Special Projects Administrator, VPO, CNE, or COO would audit all new orders daily to ensure compliance with the process starting on 06/13/14 and would continue to audit the orders until the immediacy had been removed. The Nurse Consultant stated when immediacy had been removed audits would be conducted twice weekly for four weeks, and then the QA Committee would evaluate the need for continued frequency of monitoring.</p> <p>--The Director of Nursing stated on 06/25/14 at 3:25 PM she had conducted daily reviews of the medication audit log sheets for compliance. The</p>	F 281			

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F 281	<p>Continued From page 22</p> <p>Regional Nurse Consultant stated on 06/25/14 that he had validated compliance with the above process daily and the COO, CNE, VPO, or the Special Projects Administrator had validated compliance with the above process, twice weekly, until removal of the immediacy. The DON stated when the immediacy had been removed, then she or the ADONs would review the log sheets daily for four weeks, the Regional Nurse Consultant would review the log sheets three times a week for four weeks, and the COO, CNE, VPO, or the Special Projects Administrator would review the log sheets weekly for four weeks to ensure that compliance has been maintained. The DON further stated the findings would be reported weekly to the QA Committee for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>Interviews with the Administrator on 06/25/14 at 3:00 PM and review of the facility's audits on 06/25/14 revealed medication pass audits were completed by the DON, ADON, SDC, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs that had worked on 06/12/14. Continued review of the audits revealed the audits ensured proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were followed. Further review and interview revealed by 06/17/14 medication pass audits had been completed for the KMAs and all but four nurses (who worked on a PRN basis) during their initial medication pass. The Regional Nurse Consultant stated certified letters had been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit had been</p>	F 281			

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F 281	<p>Continued From page 23</p> <p>completed by the ADONs or SDC. During the medication pass audit, a questionnaire was completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>--Interview with the Regional Nurse Consultant on 06/25/14 at 1:00 PM revealed after the medication pass audits had been conducted for all licensed nurses, the DON, ADONs, SDC, FFN, MDS, or Regional Nurse Consultant would conduct a medication pass audit with two nurses per day (one nurse from each of the two nursing units) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were being followed until immediacy had been removed. When the immediacy has been removed, one nurse per day would complete a medication pass audit for two weeks, and then the QA Committee would evaluate and determine the frequency of ongoing medication pass audits.</p> <p>--The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM that Administrative oversight of the facility would be completed by the Special Projects Administrator, Regional Nurse Consultants, and the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of immediacy. After the removal of immediacy the oversight would continue weekly for four weeks and then monthly.</p> <p>--Review of education provided by the facility revealed education had been provided by the Regional Nurse Consultant on 06/12/14 for the</p>	F 281			

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F 281	Continued From page 24 Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director. The education provided consisted of the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services. --A review of education provided and interviews on 06/25/14 with the DON, Administrator, and the Regional Nurse Consultant confirmed a Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. By 06/24/14, the Regional Nurse Consultant provided education training to all primary care physicians, along with the physicians that provide coverage for the primary care physicians, a letter which detailed the facility's QAPI plan, and the appropriate identification of resident allergies prior to prescribing new medication. The Administrator stated on 06/25/14 that a Quality Assurance meeting would be held weekly for four weeks, then monthly for recommendations and further follow-ups regarding the above stated plan.	F 281			
F 282 SS=J	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in	F 282	F 282 1. Administrator and DON were notified of the medication error on 6/12/14 by Charge nurse. Staff members were all suspended on 6/12/14 to include the NP, South wing ADON, Charge nurse, and KMA. All 4 staff members were disciplined, to include, NP, South wing ADON and Charge nurse were terminated and the KMA was allowed to return to work after additional education/training completed. DON initiated a thorough investigation on 6/12/14. DON reported to regulatory agency on 6/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified, 6/12/14, upon identification of medication error related to administration of Bactrim. Physician instructed staff to assess resident and monitor resident for any signs and symptoms of allergic reaction. Resident was assessed by charge nurse on 6/12/14 for any signs and symptoms of reaction, none were noted. Resident has a BIMS score of 14 and was notified of medication error along with residents POA on 6/12/14 by charge nurse. 2. All other residents were assessed, skin checks were completed on 6/12/14 by DON, North wing ADON, Interim South wing ADON, MDS Coordinator or SDC on residents with a BIM score less than 8 for any signs or symptoms of allergic reaction. None were identified. Interviews were completed on 6/12/14 by the Social Services Director and Chaplain for residents with a BIMS score above 8 regarding their knowledge of any medications they received which they had allergies. None were identified. Staff were interviewed by the DON, North wing ADON, FFN, SDC, MDS or regional on 6/12/14 for any knowledge of these 4 individuals transcribing or administering any medication in which a resident had an allergy. All resident current allergies were validated by chart audits, to include, allergy sticker on outside of chart, face sheet, care plans, MARs, TARS, and allergy sheet in front of	7/13/14	

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F 282	<p>Continued From page 25</p> <p>accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, a review of the facility's investigation, and a review of the facility's policy, Care Plans-Comprehensive, it was determined the facility failed to ensure care was provided by qualified persons in accordance with each resident's plan of care for one (1) of four (4) sampled residents (Resident #1). Review of Resident #1's Comprehensive Care Plan, last revised May 2014, revealed Resident #1 was allergic to Bactrim (antibiotic). In addition, review of Resident #1's medical record, including the actual binder, and the Medication Administration Record (MAR), revealed the outside cover of the medical record was labeled with a red and white sticker which identified the resident's allergy to Bactrim. The MAR also contained documented evidence of the resident's allergy to Bactrim. Even though the resident's medical record, MAR, and Comprehensive Care Plan were labeled with the resident's allergy to Bactrim, facility staff administered 800 milligrams (mg) of Bactrim (antibiotic) to the resident on 06/12/14.</p> <p>The facility's failure to ensure resident care was provided in accordance with the resident's plan of care was likely to cause serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy with Substandard Quality of Care was determined to exist on 06/12/14. 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) at a scope and severity of "J."</p>	F 282	<p>MARs along with physician/NP orders since 5/1/14 for any new medication orders vs resident allergies by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant by 6/13/14 for all residents to ensure allergies are appropriately identified and no medications were ordered and/or administered that a resident was allergic. No concerns were identified.</p> <p>3. Education for all staff, to ensure services are provided according to accepted practice of clinical standards, was initiated on 6/12/14 by the Staff Development Coordinator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect to include significant medication errors, care plans in regards to following care plans and delivering care as outline in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal, medication administration to include the responsibilities and expectations of the nurse in pulling the medications and delivering the medications while adhering to the 5 rights to meet professional standards requirements, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Staff will not be permitted to work prior to receiving the education and passing post-test with 100%. Education regarding the abuse/neglect policy and appropriate reporting of neglect to include significant medication errors, care plans in regards to following care plans and delivering care as outline in the care plan, emergency medicine kits to include pharmacist approval and allergy verification prior to med removal, medication</p>		

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F 282	<p>Continued From page 26</p> <p>Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care (F333). The facility was notified of the Immediate Jeopardy on 06/18/14.</p> <p>An acceptable Allegation of Compliance was received on 06/24/14, which alleged removal of the Immediate Jeopardy on 06/25/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14, prior to exit, which lowered the scope and severity to "D" at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's policy titled Care Plans-Comprehensive, dated October 2010, revealed the resident's comprehensive care plan was developed based on a thorough assessment of the resident. Continued review of the policy revealed the residents' care plans were designed to incorporate risk factors related to the problems identified by facility staff.</p> <p>Review of Resident #1's medical record on 06/17/14, revealed the facility admitted the resident on 01/22/13. Further review revealed the facility assessed Resident #1 and documented on a Quarterly Minimum Data Set Assessment (MDS) dated 05/21/14 that the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident's cognition was intact.</p>	F 282	<p>and expectations of the nurse in pulling the medications and delivering the medications to meet professional standards requirements along with monitored medication pass with questionnaire, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plan will be included in orientation for all new nurses hired after 6/12/14. Education was provided by the Regional Nurse Consultant on 6/12/14 for the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services. A follow-up questionnaire will be completed by the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for 5 different staff members daily, starting on 6/25/14, for 4 weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, then QA committee will evaluate and determine need of ongoing frequency. Phamerica is providing field consultants on site, starting on 6/16/14 for 2 days per week for 4 weeks to provide further</p>	

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F 282	<p>Continued From page 27</p> <p>Review of Resident #1's Comprehensive Care Plan, last updated May 2014, revealed facility staff had identified that the resident had an allergy to Bactrim and developed interventions related to the resident's allergy. Further review revealed interventions on the Comprehensive Care Plan which stated staff was to ensure the resident's allergies were "well documented" throughout the resident's "chart, medication records, and all other pertinent documents."</p> <p>Review of the Physician's orders revealed on 06/12/14, after receipt of a report of a urinalysis, Advanced Registered Nurse Practitioner (ARNP) #1 wrote an order for 800 milligrams (mg) of Bactrim to be administered two times a day to Resident #1.</p> <p>Review of Resident #1's Medication Administration Record (MAR) revealed the MAR contained documentation that Resident #1 was allergic to Bactrim. However, documentation revealed staff administered 800 mg of Bactrim to Resident #1 on 06/12/14 at approximately 12:00 PM.</p> <p>Review of the facility's investigation revealed the facility had identified that Resident #1's Comprehensive Care Plan, dated May 2014, listed Bactrim as an-allergy for the resident. However, facility staff administered the medication to the resident.</p> <p>An interview on 06/18/14 at 10:35 AM, with Assistant Director of Nursing (ADON) #2, who was also the Minimum Data Set (MDS) Nurse, revealed staff developed a care plan, with interventions, any time a resident was identified to have a drug allergy. ADON #2 also</p>	F 282	<p>administration, to include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a pharmerica field consultant. QA committee will evaluate and determine need of ongoing services required from pharmerica field consultant at the end of 2 weeks.</p> <p>Facility obtained a contract, on 6/16/14, with an external, independent clinical consultant to provide services 2 days per week, on site. This external, independent clinical consultant will provide clinical oversight of process and procedures to validate that professional standards are being met until immediacy is removed then QA committee will evaluate and determine need on ongoing services required from external, independent clinical consultant.</p> <p>Upon receiving a new medication order, all new medication orders will be reconciled with resident listed allergies by two nurses, then pharmacy will be contacted to reconcile new medication with residents listed allergies at pharmerica, then new medication order will be signed off by same two nurses on the physician order validating reconciliation of new medication to listed allergies in chart and with pharmerica. Nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. DON, North wing ADON, Interim South wing ADON, SDC or Regional Nurse Consultant will review daily the above process for compliance to ensure the resident do not have an identified allergy to the new medication. This process of validation will continue daily, starting on 6/25/14, for 4 weeks, then daily (M-F) for 4 weeks. Findings will be presented and reviewed weekly in the QA meeting to determine the need of ongoing frequency</p>		

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F 282	<p>Continued From page 28</p> <p>acknowledged staff had identified that Resident #1 had an allergy to Bactrim and had developed a care plan to address the problem. Continued interview with ADON #2 revealed staff should not have administered the Bactrim to Resident #1 since it was listed as an allergy on the Comprehensive Care Plan. Further interview with ADON #2 revealed staff did not review the resident's plan of care during the administration of medications.</p> <p>An interview with the Director of Nursing (DON) on 06/18/14 at 11:30 AM revealed staff had been trained to identify any medication allergies on the resident's Comprehensive Plan of Care. She further stated staff should have verified Resident #1's medication allergies before the Bactrim was administered to the resident on 06/12/14. According to the DON, staff was required to provide resident care, including administering medications, as outlined in the resident's plan of care.</p> <p>An interview with the Administrator on 06/18/14 at 4:00 PM revealed staff was required to include any medication allergies on the resident's plan of care. The Administrator further stated staff had been trained to verify if a resident had a medication allergy prior to the administration of the medication. The Administrator acknowledged staff failed to verify Resident #1's allergies before they prescribed, obtained, and administered the medication to the resident on 06/12/14.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/24/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p>	F 282	<p>All new medication orders will be audited and logged on the administrative nursing monitoring form by the DON, North wing ADON, Interim South wing ADON, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant daily, starting on 6/25/14 for 4 weeks then daily (M-F) for 4 weeks, to ensure all new medications orders have been signed off by two nurses, pharmacist has been contacted to verify allergies and two nurses have signed off on the transcription of new medication to MAR prior to new medication administration to the resident. Additionally, regional nurse consultant, special projects administrator, V.P. of Operations, Chief Nursing Executive or Chief Operating Officer will audit all new orders twice weekly for 4 weeks, starting on 6/25/14, to ensure compliance with the process and then weekly for 4 weeks. Findings will be reported during weekly QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>Education was provided for Licensed Nursing Staff by the Staff Development Coordinator, or the Regional Nurse Consultant regarding the above stated plan on 6/12/14. Licensed Nursing Staff will not be allowed to work prior to receiving the above stated education. Medication pass audits were completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, MDS Coordinator, FFN or Regional Nurse Consultant for all nurses and Certified Medication Technicians working on 6/12/14 to ensure proper medication administration technique, proper identification of allergies, professional standards are being met and care plans are being followed. Medication pass audits were completed by ADONs, SDC</p>	

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F 282	<p>Continued From page 29</p> <p>–The Administrator and Director of Nursing (DON) were notified of the medication error on 06/12/14 by Registered Nurse (RN) #1, Advanced Registered Nurse Practitioner (ARNP) #1, Assistant Director of Nursing (ADON) #1, RN #1, and Kentucky Medication Aide (KMA) #1, were all suspended on 06/12/14, pending results of an investigation. The DON initiated an investigation on 06/12/14. The DON reported the medication administration error that occurred on 06/12/14 to the regulatory agency on 06/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified upon identification of the medication error related to administration of Bactrim on 06/12/14. The Physician instructed facility staff to assess Resident #1 and monitor him/her for any signs and symptoms of allergic reaction. Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction, no concerns were identified. Resident #1, who has a Brief Interview for Mental Status (BIMS) score of 14 was notified of the medication error along with the resident's Power of Attorney (POA) on 06/12/14 by facility staff.</p> <p>–Based on the conclusion the investigation, staff members/the contract consultant involved was disciplined as below:</p> <p>–ARNP #1, ADON #1, and RN #1's employment was terminated from the facility.</p> <p>–KMA #1 received coaching/counseling, completed with restrictions that the KMA received 1:1 training by the Staff Development Coordinator (SDC) to address medication administration, specifically not giving medications that she does not pull herself, checking for allergies, and</p>	F 282	<p>Field Consultant for all nurses and certified medication technicians during their initial medication pass by 7/4/14. During the medication pass audit, a questionnaire will be completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, FFN, MDS Coordinator, Staff Development Coordinator, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>After all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS or Regional Nurse Consultant will conduct a medication pass audit with 1 different nurse each day covering different shifts weekly for 4 weeks, starting on 6/25/14, to ensure ongoing proper medication administration technique, proper identification of allergies, professional standards are being met and care plans are being followed, then 2 different nurses on different shifts per week will complete a medication pass audit for 4 weeks, then QA committee will evaluate and determine the frequency of ongoing medication pass audits. Administrative oversight of the facility will be completed by the Special Projects Administrator, regional nurse consultant, the Regional Vice President of Operations, Chief Nursing Executive or the Chief Operating Officer weekly for 4 weeks, starting on 6/25/14, then monthly.</p> <p>Prior to hire, any new MD, PA or NP will receive education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication prescribing.</p> <p>4. A Quality Assurance meeting was held on 6/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. Medical director was</p>	

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F 282	<p>Continued From page 30</p> <p>providing care as outlined in the care plan in relation to medication administration. Furthermore, KMA #1 had to complete a medication pass with a pharmacy field consultant prior to passing any medications upon return to work. She will also complete a weekly medication pass with the Staff Development Coordinator for ongoing continued education/compliance for four weeks. (The facility determined, after reviewing the KMA's 33-year history with the facility as a KMA and having exceptional evaluations and no coaching/counseling during her years of service, that with appropriate education and training she should be allowed to return to work.)</p> <p>--Facility staff was interviewed by the DON, ADONs, Facility Formulary Nurse (FFN), SDC, Minimum Data Set (MDS) Coordinator, and Regional Nurse Consultant on 06/12/14 for any knowledge of these four individuals transcribing or administering any medication in which a resident had an allergy.</p> <p>--Interviews were completed on 06/12/14, with residents which were assessed to have a BIMS score of 8 or greater, by the Social Services Director and Chaplain regarding their knowledge of any medications they were allergic to and may have received: No concerns were identified.</p> <p>--Skin assessments were completed on 06/12/14 by the DON, ADON, MDS Coordinator, or SDC on all residents with a BIMS score less than 8, for any signs or symptoms of allergic reaction. No concerns were identified.</p> <p>--All facility residents' charts were audited, which validated allergy stickers were on the outside of</p>	F 282	<p>involved with creation and approval of current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians were provided with education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication prescribing on 6/24/14 by Regional Nurse Consultant or Director of Nursing. A Quality Assurance meeting will be held weekly for 4 weeks, then monthly for recommendations and further follow up regarding the above stated plan.</p> <p>Education was provided on 6/24/14 to all physicians by the Regional Nurse Consultant, along with a letter, containing the above stated QAPI plan and education/training was sent out on 6/24/14 to each of the physicians by the facilities Medical Director, Dr. Martin.</p>	

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F 282	Continued From page 31 the resident's chart, face sheet, and care plans. The residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs) and the allergy sheet in front of the MARs, along with the Physician and Nurse Practitioner's (NP's) orders since 05/01/14 were audited, for any new medication orders versus resident allergies. These audits were conducted by 06/13/14, by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, the MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident. No concerns were identified. --Education for facility staff was initiated on 06/12/14 by the SDC, DON, ADONs, or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect. The education also included information related to significant medication errors, care plans in regards to following care plans and delivering care as outlined in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal. Education provided also included medication administration related to the responsibilities and expectations of the nurse related to how the medications were obtained and delivered to meet professional standards requirements. Staff will be monitored during medication pass and will complete questionnaires from training received. Staff was also trained related to the Quality Assurance Performance Improvement process which included reporting of concerns to the Administrator and line staff participation in	F 282			

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F 282	<p>Continued From page 32</p> <p>development of Quality Assurance Performance Improvement (QAPI) plans. Staff will not be permitted to work prior to receiving the education and passing a post-test with a score of 100 percent. All new licensed nurses hired after 06/12/14 will receive the above training.</p> <p>—Follow-up questionnaires will be completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different staff members daily until removal of the Immediacy of the Jeopardy. After the immediacy has been removed the questionnaires will be conducted weekly for two weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, and then the Quality Assurance (QA) Committee will evaluate and determine need of ongoing frequency.</p> <p>—Pharmacia is providing field consultants on-site, starting on 06/16/14 for two days per week for two weeks to provide further education/training on medication administration. The education will include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a Pharmacia field consultant. The QA Committee will evaluate and determine the need for services required from the pharmacy field consultant at the end of two weeks.</p> <p>—The facility obtained a contract on 06/16/14 with an external independent clinical consultant to provide services two days per week on-site. This external independent clinical consultant will provide clinical oversight of process and procedures to validate that professional</p>	F 282		

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F 282	<p>Continued From page 33</p> <p>standards are being met until the immediacy is removed. After the immediacy is removed, the QA Committee will evaluate and determine the need for ongoing services required from the external independent clinical consultant.</p> <p>--Upon receiving a new medication order, all new medication orders will be reconciled with the resident's listed allergies by two nurses. The pharmacy will then be contacted to reconcile the new medication with the resident's listed allergies and new medication orders will be signed off by the same two nurses on the Physician Order validating the reconciliation of the new medication to the listed allergies. The nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. Prior to administration of newly ordered medications for any resident, the DON, ADONs, SDC or Regional Nurse Consultant will review the above process with the Charge Nurse or certified medication technician to determine compliance to ensure the resident doesn't have an allergy to the medication. This validation process will continue until the immediacy is removed, then daily review for compliance with the above process will continue for four weeks. The findings will be reviewed weekly in the QA meeting to determine the need of the ongoing frequency with new medication monitoring.</p> <p>--Education was provided on 06/12/14, for Licensed Nursing Staff by the SDC or the Regional Nurse Consultant regarding the above stated plan. Licensed Nursing Staff which was not trained on 06/12/14 will not be permitted to work until the above stated education has been received.</p>	F 282		

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F 282	Continued From page 34 -All new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant (three regional nurse consultants have been on-site for 24-hour coverage to ensure all new medication orders have gone through the process outlined below, since the incident which occurred on 06/12/14) every shift (during night shift the Charge Nurse is to call the designated Administrative Nurse or the Regional Nurse Consultant with all new medications) to ensure all new medications orders have been signed off by two nurses. Audits have also included ensuring the pharmacist had been contacted to verify allergies and two nurses have signed off on the transcription of the new medication to the MAR prior to the new medication being administered to the resident. In Addition, the Regional Nurse Consultant, the Special Projects Administrator, Vice President of Operations (VPO), Chief Nursing Executive (CNE), or Chief Operating Officer (COO) will audit all new orders daily to ensure compliance with the process starting on 06/13/14; this process will be continued until the immediacy has been removed. When the immediacy has been removed audits will be conducted twice weekly for four weeks, and at that time the QA Committee will evaluate the need for the continued frequency of monitoring. -The Director of Nursing will conduct daily reviews of the above log sheet for compliance. The Regional Nurse Consultants will validate compliance with the above process daily and the COO, CNE, VPO, or Special Projects Administrator will validate compliance with the above process twice weekly until the removal of	F 282		

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F 282	<p>Continued From page 35</p> <p>the immediacy of the Jeopardy. When the immediacy has been removed, then the DON or ADONs will review daily for four weeks; the Regional Nurse Consultant will review three times a week for four weeks; and the COO, CNE, VPO, or Special Projects Administrator will review weekly for four weeks to ensure that compliance is maintained. The findings will be reported weekly to QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>—Medication pass audits were completed by the Director of Nursing, Assistant Directors of Nursing, Staff Development Coordinator, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs who had worked on 06/12/14 to ensure proper medication administration technique, proper identification of allergies, that professional standards were being met, and that care plans were being followed. Further medication pass audits were completed for all nurses and KMAs during their initial medication pass by 06/17/14 except four PRN nurses. Certified letters have been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit was completed with the ADONs or SDC. During the medication pass audit, a questionnaire will be completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of the medication.</p> <p>—When all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant will conduct a medication pass audit with two nurses</p>	F 282			

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F 282	<p>Continued From page 36</p> <p>per day (one nurse per nursing unit) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards are being met, and that care plans are being followed until the immediacy has been removed. When the immediacy has been removed, one nurse per day will complete a medication pass audit for two weeks, and then the QA Committee will evaluate and determine the frequency of ongoing medication pass audits.</p> <p>--Administrative oversight of the facility was completed by the Special Projects Administrator, Regional Nurse Consultant, the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of the immediacy. After the removal of the immediacy, the oversight will continue weekly for four weeks, then monthly.</p> <p>--Education was provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>--A Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of Jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies.</p>	F 282			

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F 282	<p>Continued From page 37</p> <p>All primary physicians, along with covering physicians, were provided with education/training along with a letter which detailed the facility's QAPI plan, along with appropriate identification of resident allergies prior to new medication prescribing on 08/24/14 by the Regional Nurse Consultant or DON. A Quality Assurance meeting will be held weekly for four weeks, then monthly for recommendations and further follow-up regarding the above stated plan.</p> <p>**The surveyors validated the Immediate Jeopardy was removed as follows:</p> <p>—Interviews conducted with the Administrator and the Director of Nursing (DON) on 06/25/14 revealed Registered Nurse (RN) #1 notified them of the medication error that occurred on 06/12/14 when facility staff had prescribed, obtained, and administered a medication to Resident #1 that had previously been identified as a medication allergy for the resident. Further interviews and review of the facility's investigation confirmed staff members involved with the incident (ARNP #1, ADON #1, RN #1, and KMA #1) were all suspended on 06/12/14, pending results of the investigation. Resident #1's physician was notified, and new orders were received and implemented on 06/12/14, when the medication error was identified by facility staff. Continued review of the investigation revealed Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction and no concerns were identified. Continued review of the investigation revealed Resident #1, who has a BIMS score of 14 was notified, along with the resident's Power of Attorney (POA), of the medication error that occurred on 08/12/14.</p>	F 282			

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F 282	<p>Continued From page 38</p> <p>–Interviews with facility staff and review of the facility's investigation on 06/25/14 revealed the following actions were taken, as a result of the facility's investigation findings: ARNP #1, ADON #1, and RN #1's employment was terminated from the facility. KMA #1 received coaching/counseling and 1:1 training by the Staff Development Coordinator (SDC) which addressed medication administration, specifically not giving medications that she did not pull herself, checking for resident allergies, and providing care as outlined in the care plan in relation to medication administration. Continued interview and a review of the investigation confirmed KMA #1 had completed a medication pass with the facility's Pharmacy Consultant prior to administering any further medications to facility residents. Further interviews revealed KMA #1 would also complete a weekly medication pass with the SDC for ongoing continued education/compliance for four weeks. The facility's investigation findings revealed they had determined, after reviewing the KMA's 33-year work history with the facility, and having exceptional evaluations and no previous disciplinary actions, with appropriate education and training she should be allowed to return to work.</p> <p>–Interviews with staff and further review of the facility's investigation on 06/25/14 revealed the facility staff was interviewed by the DON, ADONs, FFN, SDC, MDS Coordinator, or Regional Nurse Consultant on 08/12/14 for any knowledge of the four individuals identified in the incident transcribing or administering any medication which had been listed as an allergy for any other resident.</p>	F 282		

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501	
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F 282	<p>Continued From page 39</p> <p>–Interviews and review of the facility's investigation conducted on 06/25/14 revealed residents who were assessed to have a BIMS score of 8 or greater were interviewed on 06/12/14, by the Social Services Director and Chaplain to determine if medications they had an allergy to had been administered to them while in the facility. The investigation further revealed no concerns were identified.</p> <p>–Interview with the DON and review of the facility's investigation on 06/25/14 confirmed skin assessments were conducted to ensure no allergic reactions had occurred on all facility residents with a BIMS score of 8 or below on 06/12/14.</p> <p>–Review of facility audits and interviews with staff on 06/25/14 revealed all facility residents' charts were audited and staff validated allergy stickers were on the outside of the residents' charts, face sheets, and care plans. Further reviews and interviews with staff conducted on 06/25/14 revealed the residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs), allergy sheets located in front of the residents' MARs, along with physician orders obtained since 05/01/14 were audited to ensure the residents' allergies had been verified when new orders had been received. Continued review confirmed audits were conducted by 06/13/14, by the DON, ADON, SDC, MDS Coordinators, Social Services Director, Admissions/Marketing, or Regional Nurse Consultant. Interviews conducted on 06/25/14 revealed audits were conducted to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident, with no concerns</p>	F 282		

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F 282	<p>Continued From page 40 identified.</p> <p>--A review of staff education provided by the facility, initiated on 06/12/14, confirmed the SDC, DON, ADONs, or the Nurse Consultant instructed staff about the facility's abuse/neglect policy and appropriate reporting of neglect. The education review conducted on 06/25/14 also revealed information was included related to significant medication errors, implementation of care plans, emergency medication kit to include pharmacist approval, and allergy verification prior to medication removal. Continued review of the education provided to facility staff also included medication administration and the responsibilities and expectations of the nurse on how the medications were obtained and delivered to meet professional standards requirements. Interviews conducted with facility staff on 06/25/14 confirmed staff was monitored during medication pass and had been required to complete questionnaires related to the training they received. KMA #1 stated in interview on 06/25/14 that she received training related to the Quality Assurance Performance Improvement (QAPI) process which included reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Interview with the Regional Nurse Consultant and the DON on 06/25/14 revealed staff was not permitted to work until they were educated and completed a post-test with a score of 100 percent. Interview with the DON on 06/25/14 revealed all new licensed nurses hired after 06/12/14 will receive the above training during their orientation.</p> <p>--Interviews with the Regional Nurse Consultant on 06/25/14 confirmed follow-up questionnaires were completed by the Administrator, DON,</p>	F 282			

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F 282	<p>Continued From page 41</p> <p>ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different staff members daily. The Nurse Consultant further stated after the immediacy had been removed the questionnaires would be conducted weekly for two weeks to ensure continued understanding regarding the abuse/neglect policy and procedure, and the QA Committee would evaluate further the need for the questionnaires.</p> <p>—Review of Medication Pass audits conducted, and an interview with the Regional Nurse Consultant on 06/25/14, revealed the facility's Pharmacy had provided Field Consultants on-site, which started on 06/16/14, for two days per week for a total of two weeks. He stated the pharmacy service was to provide further education/training on medication administration. The education would include delivery of medications and validation of the residents' allergies to meet professional standards. The Consultant stated all nurses would complete a medication pass with a Pharmacy Field Consultant and the QA Committee would evaluate and determine the continued need for services required from the Pharmacy Field Consultant at the end of two weeks.</p> <p>—Interview with the DON and the Administrator on 06/25/14 confirmed the facility had obtained a contract on 06/16/14 with an external Independent Clinical Consultant to provide services two days per week on-site. The Administrator stated the external Independent Clinical Consultant would provide clinical oversight of processes and procedures to validate those professional standards were met until the</p>	F 282			

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F 282	<p>Continued From page 42</p> <p>immediacy was removed. After the immediacy was removed, the Administrator stated the QA Committee would evaluate and determine the need for services required from an external Independent Clinical Consultant.</p> <p>-Interviews with KMA #1 on 06/17/14 at 1:00 PM and Administrative staff on 06/25/14 confirmed training was initiated on 06/12/14 and included guidance on what staff was required to do when a new medication order was received. Allergies were to be validated and all new medication orders were to be reconciled and transcribed onto the resident's MAR by two nurses. Continued interview confirmed the pharmacy would be contacted to reconcile new medications, with the resident's listed allergies. Continued review of trainings and interviews with KMA #1 on 06/17/14 at 1:00 PM, the DON on 06/18/14 at 11:30 AM, and the Administrator on 06/18/14 at 4:00 PM confirmed new medication orders would be signed off by the two nurses that validated reconciliation of new medications to the resident's listed allergies. The nurse receiving the new medication order would transcribe the order to the MAR and a second nurse would co-sign which would validate compliance. Continued interview revealed staff was required to contact the DON, ADONs, SDC, or Regional Nurse Consultant, before any new medication was administered for any resident, to validate all required checks had been completed. Continued interviews on 06/25/14 revealed this validation process would continue until the immediacy was removed. The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM the validation process would be reviewed daily for compliance and would be continued for four weeks. The Nurse Consultant further stated the findings would be reviewed</p>	F 282		

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F 282	<p>Continued From page 43</p> <p>weekly in the QA meeting to determine the need of ongoing frequency with new medication monitoring.</p> <p>--Interview with the DON and the Nurse Consultant on 06/25/14 revealed Licensed Nursing Staff that had not received the training on 06/12/14 would not be permitted to work until the above stated education has been received.</p> <p>--A review of facility audits and interviews with Administrative staff on 06/25/14 revealed all new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant. Continued interview revealed three Regional Nurse Consultants had been on-site 24 hours a day since the incident occurred on 06/12/14 to ensure staff had validated all new medication orders. The Regional Nurse Consultant stated during night shift the Charge Nurse was required to call the designated Administrative Nurse or Regional Nurse Consultant with all new medication orders, to ensure all new orders had been signed off by two nurses as required. Continued interview on 06/25/14 confirmed facility audits included ensuring the pharmacist had been contacted to verify allergies, and that two nurses had signed off on the transcription of the new medication to the MAR prior to the administration of any new medications to the residents. Continued interview revealed the Regional Nurse Consultant, Special Projects Administrator, VPO, CNE, or COO would audit all new orders daily to ensure compliance with the process starting on 06/13/14 and would continue to audit the orders until the immediacy had been removed. The Nurse Consultant stated when immediacy had been removed audits would</p>	F 282			

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F 282	<p>Continued From page 44</p> <p>be conducted twice weekly for four weeks, and then the QA Committee would evaluate the need for continued frequency of monitoring.</p> <p>--The Director of Nursing stated on 06/25/14 at 3:25 PM she had conducted daily reviews of the medication audit log sheets for compliance. The Regional Nurse Consultant stated on 06/25/14 that he had validated compliance with the above process daily and the COO, CNE, VPO, or the Special Projects Administrator had validated compliance with the above process, twice weekly, until removal of the immediacy. The DON stated when the immediacy had been removed, then she or the ADONs would review the log sheets daily for four weeks, the Regional Nurse Consultant would review the log sheets three times a week for four weeks, and the COO, CNE, VPO, or the Special Projects Administrator would review the log sheets weekly for four weeks to ensure that compliance has been maintained. The DON further stated the findings would be reported weekly to the QA Committee for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>Interviews with the Administrator on 06/25/14 at 3:00 PM and review of the facility's audits on 06/25/14 revealed medication pass audits were completed by the DON, ADON, SDC, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs that had worked on 06/12/14. Continued review of the audits revealed the audits ensured proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were followed. Further review and interview revealed by 06/17/14 medication</p>	F 282			

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F 282	<p>Continued From page 45</p> <p>pass audits had been completed for the KMAs and all but four nurses (who worked on a PRN basis) during their initial medication pass. The Regional Nurse Consultant stated certified letters had been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit had been completed by the ADONs or SDC. During the medication pass audit, a questionnaire was completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>—Interview with the Regional Nurse Consultant on 06/25/14 at 1:00 PM revealed after the medication pass audits had been conducted for all licensed nurses, the DON, ADONs, SDC, FFN, MDS, or Regional Nurse Consultant would conduct a medication pass audit with two nurses per day (one nurse from each of the two nursing units) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were being followed until immediacy had been removed. When the immediacy has been removed, one nurse per day would complete a medication pass audit for two weeks, and then the QA Committee would evaluate and determine the frequency of ongoing medication pass audits.</p> <p>—The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM that Administrative oversight of the facility would be completed by the Special Projects Administrator, Regional Nurse Consultants, and the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of</p>	F 282		

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F 282	<p>Continued From page 46</p> <p>immediacy. After the removal of immediacy the oversight would continue weekly for four weeks and then monthly.</p> <p>–Review of education provided by the facility revealed education had been provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director. The education provided consisted of the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>–A review of education provided and interviews on 06/25/14 with the DON, Administrator, and the Regional Nurse Consultant confirmed a Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. By 06/24/14, the Regional Nurse Consultant provided education training to all primary care physicians, along with the physicians that provide coverage for the primary care physicians, a letter which detailed the facility's QAPI plan, and the appropriate identification of resident allergies prior to prescribing new medication. The Administrator stated on 06/25/14 that a Quality Assurance meeting would be held weekly for four weeks, then monthly for recommendations and further follow-ups regarding the above stated</p>	F 282			

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F 282	Continued From page 47 plan.	F 282		
F 333 SS-J	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews, review of the facility's investigation, and review of the facility's policies entitled "Medication Administration" and "Medication Ordering and Receiving from Pharmacy Provider," it was determined the facility failed to ensure one (1) of four (4) sampled residents (Resident #1) was free from significant medication errors. Review of Resident #1's medical record revealed the resident was allergic to Bactrim (antibiotic). Interview and record reviews conducted on 06/17/14 at 1:56 PM revealed on 06/12/14 Advanced Registered Nurse Practitioner (ARNP) #1 prescribed Bactrim (antibiotic) to Resident #1 for an abnormal urinalysis. Interview with ARNP #1 also revealed she failed to review the resident's medication allergies before she prescribed the Bactrim. An interview with Assistant Director of Nursing (ADON) #1 on 06/17/14, revealed he had transcribed the Bactrim that had been prescribed for Resident #1 to the resident's Medication Administration Record (MAR) on 06/12/14, and failed to review the resident's allergies before he transcribed the medication to the MAR. An Interview conducted	F 333 F 333	F 333 1. Administrator and DON were notified of the medication error on 6/12/14 by Charge nurse. Staff members were all suspended on 6/12/14 to include the NP, South wing ADON, Charge nurse, and KMA. All 4 staff members were disciplined, to include, NP, South wing ADON and Charge nurse were terminated and the KMA was allowed to return to work after additional education/training completed. DON initiated a thorough investigation on 6/12/14. DON reported to regulatory agency on 6/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified, 6/12/14, upon identification of medication error related to administration of Bactrim. Physician instructed staff to assess resident and monitor resident for any signs and symptoms of allergic reaction. Resident was assessed by charge nurse on 6/12/14 for any signs and symptoms of reaction, none were noted. Resident has a BIMS score of 14 and was notified of medication error along with residents POA on 6/12/14 by charge nurse. 2. All other residents were assessed, skin checks were completed on 6/12/14 by DON, North wing ADON, Interim South wing ADON, MDS Coordinator or SDC on residents with a BIM score less than 8 for any signs or symptoms of allergic reaction. None were identified. Interviews were completed on 6/12/14 by the Social Services Director and Chaplain for residents with a BIMS score above 8 regarding their knowledge of any medications they received which they had allergies. None were identified. Staff were interviewed by the DON, North wing ADON, FFN, SDC, MDS or regional on 6/12/14 for any knowledge of these 4	7/13/14

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F 333	<p>Continued From page 48</p> <p>on 06/17/14 at 1:50 PM with Registered Nurse (RN) #1 revealed she had retrieved the Bactrim from the facility's Emergency Drug Kit (EDK) on 06/12/14. RN #1 further stated she had failed to review the resident's allergies before the medication was obtained and before she instructed Kentucky Medication Aide (KMA) #1 to administer the medication to Resident #1. KMA #1 acknowledged she administered the medication to Resident #1 on 06/12/14 and failed to review or verify the resident's medication allergies with the resident before she administered the medication on 06/12/14. Record review revealed the facility learned of the medication error when the pharmacy telephoned the facility, approximately three hours after the pharmacy had received the prescription on 06/12/14, to ask staff to clarify the order because the resident was allergic to Bactrim. When facility staff was notified of the medication error, Resident #1 was assessed and monitored, with no injury or reactions identified to occur for the resident.</p> <p>The facility's failure to ensure residents were free from significant medication errors caused, or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy with Substandard Quality of Care was determined to exist on 06/12/14 at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) at a scope and severity of "J." Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care (F333). The facility was notified of the Immediate Jeopardy on 06/18/14.</p> <p>An acceptable Allegation of Compliance was</p>	F 333	<p>individuals transcribing or administering any medication in which a resident had an allergy. All resident current allergies were validated by chart audits, to include, allergy sticker on outside of chart, face sheet, care plans, MARs/TARs, and allergy sheet in front of MARs along with physician/NP orders since 5/1/14 for any new medication orders vs resident allergies by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant by 6/13/14 for all residents to ensure allergies are appropriately identified and no medications were ordered and/or administered that a resident was allergic. No concerns were identified.</p> <p>3. Education for all staff, to ensure services are provided according to accepted practice of clinical standards, was initiated on 6/12/14 by the Staff Development Coordinator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect to include significant medication errors, care plans in regards to following care plans and delivering care as outline in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal, medication administration to include the responsibilities and expectations of the nurse in pulling the medications and delivering the medications while adhering to the 5 rights to meet professional standards requirements, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Staff will not be permitted to work prior to receiving the education and passing post-test with 100%. Education regarding the abuse/neglect policy and appropriate reporting of neglect to</p>	

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F 333	<p>Continued From page 49</p> <p>received on 06/24/14, which alleged removal of the Immediate Jeopardy on 06/25/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14, prior to exit, which lowered the scope and severity to "D" at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Medication Administration," dated December 2010, revealed staff was required to verify the resident was not allergic to the medication before administering any antibiotic for the first time.</p> <p>Review of the facility's policy titled "Medication Ordering and Receiving from Pharmacy Provider," dated September 2010, revealed when a medication was needed from the facility's Emergency Drug Kit (EDK), staff should first verify and review the prescriber's orders for appropriateness and check the resident's allergies.</p> <p>Review of Resident #1's medical record revealed the facility admitted the resident on 01/22/13, with diagnoses including Pneumonia, Urinary Tract Infection (UTI), and Dehydration. Review of a Quarterly Minimum Data Set Assessment (MDS) dated 05/21/14, revealed Resident #1 was alert and oriented. In addition, based on the facility's assessment on 05/21/14 Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident's cognition was</p>	F 333	<p>plans in regards to following care plans and delivering care as outline in the care plan, emergency medicine kits to include pharmacist approval and allergy verification prior to med removal, medication administration to include the responsibilities and expectations of the nurse in pulling the medications and delivering the medications to meet professional standards requirements along with monitored medication pass with questionnaire, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plan will be included in orientation for all new nurses hired after 6/12/14.</p> <p>Education was provided by the Regional Nurse Consultant on 6/12/14 for the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/Interim South Wing Assistant Director of Nursing, Staff Development Coordinator, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>A follow-up questionnaire will be completed by the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for 5 different staff members daily, starting on 6/25/14, for 4 weeks, to ensure continued understanding regarding the</p>	

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
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F 333	<p>Continued From page 50 intact.</p> <p>Review of Resident #1's Comprehensive Care Plan, last updated May 2014, revealed staff had documented the resident was allergic to Bactrim.</p> <p>A review of Resident #1's medical record revealed the record was labeled indicating the resident had an allergy to Bactrim. Review of the resident's medical record revealed the outside of the chart was labeled with a red and white sticker, which identified the resident's allergy to Bactrim. Continued review revealed each page of the resident's MAR had documentation of the resident's allergy to Bactrim. In addition, there was a separate page with the MAR that was used only for allergy information that identified the resident had an allergy to Bactrim.</p> <p>Review of Resident #1's Physician orders dated 06/12/14, revealed ARNP #1 prescribed 800 milligrams (mg) of Bactrim to be administered to the resident two times a day to treat an abnormal urinalysis. Review of the resident's MAR revealed facility staff had administered one dose of the Bactrim to Resident #1 on 06/12/14 at approximately 12:00 PM.</p> <p>Record review revealed the facility conducted an investigation related to the staff's failure to review and/or verify Resident #1's allergies prior to the administration of the Bactrim. According to the investigation, the facility learned of the medication error when the pharmacy contacted facility staff approximately three hours after the pharmacy had filled the prescription for the Bactrim on 06/12/14 and asked staff to clarify the order because the resident was allergic to Bactrim.</p>	F 333	<p>committee will evaluate and determine need of ongoing frequency.</p> <p>Pharmerica is providing field consultants on site, starting on 6/16/14 for 2 days per week for 4 weeks to provide further education/training on medication administration, to include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a pharmerica field consultant. QA committee will evaluate and determine need of ongoing services required from pharmerica field consultant at the end of 2 weeks.</p> <p>Facility obtained a contract, on 6/16/14, with an external, independent clinical consultant to provide services 2 days per week, on site. This external, independent clinical consultant will provide clinical oversight of process and procedures to validate that professional standards are being met until immediacy is removed then QA committee will evaluate and determine need on ongoing services required from external, independent clinical consultant.</p> <p>Upon receiving a new medication order, all new medication orders will be reconciled with resident listed allergies by two nurses, then pharmacy will be contacted to reconcile new medication with residents listed allergies at pharmerica, then new medication order will be signed off by same two nurses on the physician order validating reconciliation of new medication to listed allergies in chart and with pharmerica. Nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. DON, North wing ADON, Interim South wing ADON, SDC or Regional Nurse Consultant will review daily the above process for compliance to ensure the resident do not have an identified allergy</p>		

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F 333	<p>Continued From page 51</p> <p>ARNP #1 confirmed in an interview conducted on 06/17/14 at 1:56 PM that she had prescribed Bactrim (an antibiotic medication) for Resident #1 on 06/12/14. ARNP #1 acknowledged she failed to review Resident #1's medication allergy list prior to prescribing the Bactrim to the resident on 06/12/14. The ARNP stated she should have reviewed the resident's allergy lists before the order for Bactrim was prescribed to Resident #1 on 06/12/14.</p> <p>An interview conducted with ADON #1 on 06/17/14 at 1:30 PM, revealed after the ARNP wrote the order for the Bactrim, ADON #1 transcribed the order onto Resident #1's MAR on 06/12/14. The interview further revealed even though he had been trained to verify allergies before he transcribed them onto the MAR, he failed to review the resident's list of allergies and had transcribed the newly prescribed antibiotic onto Resident #1's MAR on 06/12/14. The ADON further stated he was in a hurry on 06/12/14 due to a scheduled meeting he had to attend, and "was under the impression the ARNP had checked the resident's allergies before prescribing the medication."</p> <p>Interview with RN #1 at 1:50 PM on 06/17/14 revealed the ADON had instructed the RN to obtain the Bactrim from the EDK to administer to Resident #1. RN #1 acknowledged she failed to review the resident's medication allergies when she obtained the medication from the EDK for Resident #1 and stated she had "assumed" the ADON had verified the resident's allergies before he had asked her to obtain the medication. Continued interview with RN #1 revealed she had instructed KMA #1 to administer the Bactrim to Resident #1.</p>	F 333	<p>validation will continue daily, starting on 6/25/14, for 4 weeks, then daily (M-F) for 4 weeks. Findings will be presented and reviewed weekly in the QA meeting to determine the need of ongoing frequency with new medication monitoring.</p> <p>All new medication orders will be audited and logged on the administrative nursing monitoring form by the DON, North wing ADON, Interim South wing ADON, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant daily, starting on 6/25/14 for 4 weeks then daily (M-F) for 4 weeks, to ensure all new medications orders have been signed off by two nurses, pharmacist has been contacted to verify allergies and two nurses have signed off on the transcription of new medication to MAR prior to new medication administration to the resident. Additionally, regional nurse consultant, special projects administrator, V.P. of Operations, Chief Nursing Executive or Chief Operating Officer will audit all new orders twice weekly for 4 weeks, starting on 6/25/14, to ensure compliance with the process and then weekly for 4 weeks. Findings will be reported during weekly QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>Education was provided for Licensed Nursing Staff by the Staff Development Coordinator, or the Regional Nurse Consultant regarding the above stated plan on 6/12/14. Licensed Nursing Staff will not be allowed to work prior to receiving the above stated education. Medication pass audits were completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, MDS Coordinator, FFN or Regional Nurse Consultant for all nurses and Certified</p>		

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F 333	<p>Continued From page 52</p> <p>An interview with KMA #1 on 06/17/14 at 1:00 PM revealed she had administered Bactrim to Resident #1 on 06/12/14, and failed to review Resident #1's allergies or ask the resident if he/she had any drug allergies before administering the newly ordered medication. The KMA stated she "assumed" since RN #1 had given her the resident's medication, still packaged, and instructed her to administer the medication, that the RN had verified the resident's medication allergies.</p> <p>An interview with the Director of Nursing (DON) on 06/18/14 at 11:30 PM, revealed staff had previously been trained and instructed to review a resident's allergies before they administered newly prescribed medications. The DON acknowledged staff had failed to verify Resident #1's allergies prior to administering the Bactrim on 06/12/14.</p> <p>An interview with the Administrator on 06/18/14 at 4:00 PM revealed staff had been trained to verify the facility's residents' medication allergies before administering medications. The Administrator further stated Resident #1's medication allergies should have been verified before the medication was prescribed, transcribed, or administered on 06/12/14.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/24/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>—The Administrator and Director of Nursing (DON) were notified of the medication error on 06/12/14 by Registered Nurse (RN) #1.</p>	F 333	<p>to ensure proper medication administration technique, proper identification of allergies, professional standards are being met and care plans are being followed. Medication pass audits were completed by ADONs, SDC, Regional Nurse Consultant or Pharmacia Field Consultant for all nurses and certified medication technicians during their initial medication pass by 7/4/14. During the medication pass audit, a questionnaire will be completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, FFN, MDS Coordinator, Staff Development Coordinator, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>After all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS or Regional Nurse Consultant will conduct a medication pass audit with 1 different nurse each day covering different shifts weekly for 4 weeks, starting on 6/25/14, to ensure ongoing proper medication administration technique, proper identification of allergies, professional standards are being met and care plans are being followed, then 2 different nurses on different shifts per week will complete a medication pass audit for 4 weeks, then QA committee will evaluate and determine the frequency of ongoing medication pass audits. Administrative oversight of the facility will be completed by the Special Projects Administrator, regional nurse consultant, the Regional Vice President of Operations, Chief Nursing Executive or the Chief Operating Officer weekly for 4 weeks, starting on 6/25/14, then monthly.</p> <p>Prior to hire, any new MD, PA or NP will receive education/training on the QAPI plan along with appropriate identification of</p>	

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F 333	<p>Continued From page 53</p> <p>Advanced Registered Nurse Practitioner (ARNP) #1, Assistant Director of Nursing (ADON) #1, RN #1, and Kentucky Medication Aide (KMA) #1, were all suspended on 06/12/14, pending results of an investigation. The DON initiated an investigation on 06/12/14. The DON reported the medication administration error that occurred on 06/12/14 to the regulatory agency on 06/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified upon identification of the medication error related to administration of Bactrim on 06/12/14. The Physician instructed facility staff to assess Resident #1 and monitor him/her for any signs and symptoms of allergic reaction. Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction, no concerns were identified. Resident #1, who has a Brief Interview for Mental Status (BIMS) score of 14 was notified of the medication error along with the resident's Power of Attorney (POA) on 06/12/14 by facility staff.</p> <p>-Based on the conclusion the investigation, staff members/the contract consultant involved was disciplined as below:</p> <p>-ARNP #1, ADON #1, and RN #1's employment was terminated from the facility.</p> <p>-KMA #1 received coaching/counseling, completed with restrictions that the KMA received 1:1 training by the Staff Development Coordinator (SDC) to address medication administration, specifically not giving medications that she does not pull herself, checking for allergies, and providing care as outlined in the care plan in relation to medication administration. Furthermore, KMA #1 had to complete a</p>	F 333	<p>resident allergies prior to new medication prescribing.</p> <p>4. A Quality Assurance meeting was held on 6/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. Medical director was involved with creation and approval of current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians were provided with education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication prescribing on 6/24/14 by Regional Nurse Consultant or Director of Nursing. A Quality Assurance meeting will be held weekly for 4 weeks, then monthly for recommendations and further follow up regarding the above stated plan. Education was provided on 6/24/14 to all physicians by the Regional Nurse Consultant along with a letter, containing the above stated QAPI plan and education/training was sent out on 6/24/14 to each of the physicians by the facilities Medical Director, Dr. Martin</p>	

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F 333	<p>Continued From page 54</p> <p>medication pass with a pharmacy field consultant prior to passing any medications upon return to work. She will also complete a weekly medication pass with the Staff Development Coordinator for ongoing continued education/compliance for four weeks. (The facility determined, after reviewing the KMA's 33-year history with the facility as a KMA and having exceptional evaluations and no coaching/counseling during her years of service, that with appropriate education and training she should be allowed to return to work.)</p> <p>—Facility staff was interviewed by the DON, ADONs, Facility Formulary Nurse (FFN), SDC, Minimum Data Set (MDS) Coordinator, and Regional Nurse Consultant on 06/12/14 for any knowledge of these four individuals transcribing or administering any medication in which a resident had an allergy.</p> <p>—Interviews were completed on 06/12/14, with residents which were assessed to have a BIMS score of 8 or greater, by the Social Services Director and Chaplain regarding their knowledge of any medications they were allergic to and may have received. No concerns were identified.</p> <p>—Skin assessments were completed on 06/12/14 by the DON, ADON, MDS Coordinator, or SDC on all residents with a BIMS score less than 8, for any signs or symptoms of allergic reaction. No concerns were identified.</p> <p>—All facility residents' charts were audited, which validated allergy stickers were on the outside of the resident's chart, face sheet, and care plans. The residents' Medication Administration Records (MARs) and Treatment Administration Records</p>	F 333			

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F 333	<p>Continued From page 55</p> <p>(TARs) and the allergy sheet in front of the MARs, along with the Physician and Nurse Practitioner's (NP's) orders since 05/01/14 were audited, for any new medication orders versus resident allergies. These audits were conducted by 06/13/14, by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, the MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident. No concerns were identified.</p> <p>—Education for facility staff was initiated on 06/12/14 by the SDC, DON, ADONs, or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect. The education also included information related to significant medication errors, care plans in regards to following care plans and delivering care as outlined in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal. Education provided also included medication administration related to the responsibilities and expectations of the nurse related to how the medications were obtained and delivered to meet professional standards requirements. Staff will be monitored during medication pass and will complete questionnaires from training received. Staff was also trained related to the Quality Assurance Performance Improvement process which included reporting of concerns to the Administrator and line staff participation in development of Quality Assurance Performance Improvement (QAPI) plans. Staff will not be permitted to work prior to receiving the education</p>	F 333		

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F 333	<p>Continued From page 56 and passing a post-test with a score of 100 percent. All new licensed nurses hired after 06/12/14 will receive the above training.</p> <p>--Follow-up questionnaires will be completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different staff members daily until removal of the immediacy of the Jeopardy. After the immediacy has been removed the questionnaires will be conducted weekly for two weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, and then the Quality Assurance (QA) Committee will evaluate and determine need of ongoing frequency.</p> <p>--Pharmerica is providing field consultants on-site, starting on 06/16/14 for two days per week for two weeks to provide further education/training on medication administration. The education will include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a Pharmerica field consultant. The QA Committee will evaluate and determine the need for services required from the pharmacy field consultant at the end of two weeks.</p> <p>--The facility obtained a contract on 06/16/14 with an external independent clinical consultant to provide services two days per week on-site. This external independent clinical consultant will provide clinical oversight of process and procedures to validate that professional standards are being met until the immediacy is removed. After the immediacy is removed, the QA Committee will evaluate and determine the</p>	F 333			

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F 333	<p>Continued From page 57</p> <p>need for ongoing services required from the external independent clinical consultant.</p> <p>--Upon receiving a new medication order, all new medication orders will be reconciled with the resident's listed allergies by two nurses. The pharmacy will then be contacted to reconcile the new medication with the resident's listed allergies and new medication orders will be signed off by the same two nurses on the Physician Order validating the reconciliation of the new medication to the listed allergies. The nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. Prior to administration of newly ordered medications for any resident, the DON, ADONs, SDC or Regional Nurse Consultant will review the above process with the Charge Nurse or certified medication technician to determine compliance to ensure the resident doesn't have an allergy to the medication. This validation process will continue until the immediacy is removed, then daily review for compliance with the above process will continue for four weeks. The findings will be reviewed weekly in the QA meeting to determine the need of the ongoing frequency with new medication monitoring.</p> <p>--Education was provided on 06/12/14, for Licensed Nursing Staff by the SDC or the Regional Nurse Consultant regarding the above stated plan. Licensed Nursing Staff which was not trained on 06/12/14 will not be permitted to work until the above stated education has been received.</p> <p>--All new medication orders were audited and logged onto the administrative nursing monitoring</p>	F 333			

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F 333	Continued From page 58 form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant (three regional nurse consultants have been on-site for 24-hour coverage to ensure all new medication orders have gone through the process outlined below, since the incident which occurred on 06/12/14) every shift (during night shift the Charge Nurse is to call the designated Administrative Nurse or the Regional Nurse Consultant with all new medications) to ensure all new medications orders have been signed off by two nurses. Audits have also included ensuring the pharmacist had been contacted to verify allergies and two nurses have signed off on the transcription of the new medication to the MAR prior to the new medication being administered to the resident. In Addition, the Regional Nurse Consultant, the Special Projects Administrator, Vice President of Operations (VPO), Chief Nursing Executive (CNE), or Chief Operating Officer (COO) will audit all new orders daily to ensure compliance with the process starting on 06/13/14; this process will be continued until the immediacy has been removed. When the immediacy has been removed audits will be conducted twice weekly for four weeks, and at that time the QA Committee will evaluate the need for the continued frequency of monitoring. --The Director of Nursing will conduct daily reviews of the above log sheet for compliance. The Regional Nurse Consultants will validate compliance with the above process daily and the COO, CNE, VPO, or Special Projects Administrator will validate compliance with the above process twice weekly until the removal of the immediacy of the Jeopardy. When the immediacy has been removed, then the DON or ADONs will review daily for four weeks; the	F 333			

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F 333	<p>Continued From page 59</p> <p>Regional Nurse Consultant will review three times a week for four weeks; and the COO, CNE, VPO, or Special Projects Administrator will review weekly for four weeks to ensure that compliance is maintained. The findings will be reported weekly to QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>—Medication pass audits were completed by the Director of Nursing, Assistant Directors of Nursing, Staff Development Coordinator, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs who had worked on 08/12/14 to ensure proper medication administration technique, proper identification of allergies, that professional standards were being met, and that care plans were being followed. Further medication pass audits were completed for all nurses and KMAs during their initial medication pass by 06/17/14 except four PRN nurses. Certified letters have been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit was completed with the ADONs or SDC. During the medication pass audit, a questionnaire will be completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of the medication.</p> <p>—When all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant will conduct a medication pass audit with two nurses per day (one nurse per nursing unit) to ensure ongoing proper medication administration technique, proper identification of allergies, that</p>	F 333			

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F 333	<p>Continued From page 60</p> <p>professional standards are being met, and that care plans are being followed until the immediacy has been removed. When the immediacy has been removed, one nurse per day will complete a medication pass audit for two weeks, and then the QA Committee will evaluate and determine the frequency of ongoing medication pass audits.</p> <p>–Administrative oversight of the facility was completed by the Special Projects Administrator, Regional Nurse Consultant, the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of the immediacy. After the removal of the immediacy, the oversight will continue weekly for four weeks, then monthly.</p> <p>–Education was provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>–A Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of Jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians, were provided with education/training along with a letter which detailed the facility's</p>	F 333		

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F 333	<p>Continued From page 61</p> <p>QAPI plan, along with appropriate identification of resident allergies prior to new medication prescribing on 06/24/14 by the Regional Nurse Consultant or DON. A Quality Assurance meeting will be held weekly for four weeks, then monthly for recommendations and further follow-up regarding the above stated plan.</p> <p>**The surveyors validated the Immediate Jeopardy was removed as follows:</p> <p>--Interviews conducted with the Administrator and the Director of Nursing (DON) on 06/25/14 revealed Registered Nurse (RN) #1 notified them of the medication error that occurred on 06/12/14 when facility staff had prescribed, obtained, and administered a medication to Resident #1 that had previously been identified as a medication allergy for the resident. Further interviews and review of the facility's investigation confirmed staff members involved with the incident (ARNP #1, ADON #1, RN #1, and KMA #1) were all suspended on 06/12/14, pending results of the investigation. Resident #1's physician was notified, and new orders were received and implemented on 06/12/14, when the medication error was identified by facility staff. Continued review of the investigation revealed Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction and no concerns were identified. Continued review of the investigation revealed Resident #1, who has a BIMS score of 14 was notified, along with the resident's Power of Attorney (POA), of the medication error that occurred on 06/12/14.</p> <p>--Interviews with facility staff and review of the facility's investigation on 06/25/14 revealed the following actions were taken, as a result of the</p>	F 333			

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F 333	<p>Continued From page 62</p> <p>facility's investigation findings: ARNP #1, ADON #1, and RN #1's employment was terminated from the facility. KMA #1 received coaching/counseling and 1:1 training by the Staff Development Coordinator (SDC) which addressed medication administration, specifically not giving medications that she did not pull herself, checking for resident allergies, and providing care as outlined in the care plan in relation to medication administration. Continued interview and a review of the investigation confirmed KMA #1 had completed a medication pass with the facility's Pharmacy Consultant prior to administering any further medications to facility residents. Further interviews revealed KMA #1 would also complete a weekly medication pass with the SDC for ongoing continued education/compliance for four weeks. The facility's investigation findings revealed they had determined, after reviewing the KMA's 33-year work history with the facility, and having exceptional evaluations and no previous disciplinary actions, with appropriate education and training she should be allowed to return to work.</p> <p>—Interviews with staff and further review of the facility's investigation on 06/25/14 revealed the facility staff was interviewed by the DON, ADONs, FFN, SDC, MDS Coordinator, or Regional Nurse Consultant on 06/12/14 for any knowledge of the four individuals identified in the incident transcribing or administering any medication which had been listed as an allergy for any other resident.</p> <p>—Interviews and review of the facility's investigation conducted on 06/25/14 revealed residents who were assessed to have a BIMS</p>	F 333			

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F 333	<p>Continued From page 63</p> <p>score of 8 or greater were interviewed on 06/12/14, by the Social Services Director and Chaplain to determine if medications they had an allergy to had been administered to them while in the facility. The investigation further revealed no concerns were identified.</p> <p>–Interview with the DON and review of the facility's investigation on 06/25/14 confirmed skin assessments were conducted to ensure no allergic reactions had occurred on all facility residents with a BIMS score of 8 or below on 06/12/14.</p> <p>–Review of facility audits and interviews with staff on 06/25/14 revealed all facility residents' charts were audited and staff validated allergy stickers were on the outside of the residents' charts, face sheets, and care plans. Further reviews and interviews with staff conducted on 06/25/14 revealed the residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs), allergy sheets located in front of the residents' MARs, along with physician orders obtained since 05/01/14 were audited to ensure the residents' allergies had been verified when new orders had been received. Continued review confirmed audits were conducted by 06/13/14, by the DON, ADON, SDC, MDS Coordinators, Social Services Director, Admissions/Marketing, or Regional Nurse Consultant. Interviews conducted on 06/25/14 revealed audits were conducted to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident, with no concerns identified.</p> <p>–A review of staff education provided by the</p>	F 333		

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F 333	Continued From page 64 facility, initiated on 06/12/14, confirmed the SDC, DON, ADONs, or the Nurse Consultant instructed staff about the facility's abuse/neglect policy and appropriate reporting of neglect. The education review conducted on 06/25/14 also revealed information was included related to significant medication errors, implementation of care plans, emergency medication kit to include pharmacist approval, and allergy verification prior to medication removal. Continued review of the education provided to facility staff also included medication administration and the responsibilities and expectations of the nurse on how the medications were obtained and delivered to meet professional standards requirements. Interviews conducted with facility staff on 06/25/14 confirmed staff was monitored during medication pass and had been required to complete questionnaires related to the training they received. KMA #1 stated in interview on 06/25/14 that she received training related to the Quality Assurance Performance Improvement (QAPI) process which included reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Interview with the Regional Nurse Consultant and the DON on 06/25/14 revealed staff was not permitted to work until they were educated and completed a post-test with a score of 100 percent. Interview with the DON on 06/25/14 revealed all new licensed nurses hired after 06/12/14 will receive the above training during their orientation. -Interviews with the Regional Nurse Consultant on 06/25/14 confirmed follow-up questionnaires were completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the	F 333			

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F 333	<p>Continued From page 65</p> <p>Environmental Services Manager for five different staff members daily. The Nurse Consultant further stated after the immediacy had been removed the questionnaires would be conducted weekly for two weeks to ensure continued understanding regarding the abuse/neglect policy and procedure, and the QA Committee would evaluate further the need for the questionnaires.</p> <p>—Review of Medication Pass audits conducted, and an interview with the Regional Nurse Consultant on 06/25/14, revealed the facility's Pharmacy had provided Field Consultants on-site, which started on 06/16/14, for two days per week for a total of two weeks. He stated the pharmacy service was to provide further education/training on medication administration. The education would include delivery of medications and validation of the residents' allergies to meet professional standards. The Consultant stated all nurses would complete a medication pass with a Pharmacy Field Consultant and the QA Committee would evaluate and determine the continued need for services required from the Pharmacy Field Consultant at the end of two weeks.</p> <p>—Interview with the DON and the Administrator on 06/25/14 confirmed the facility had obtained a contract on 06/16/14 with an external Independent Clinical Consultant to provide services two days per week on-site. The Administrator stated the external Independent Clinical Consultant would provide clinical oversight of processes and procedures to validate those professional standards were met until the immediacy was removed. After the immediacy was removed, the Administrator stated the QA Committee would evaluate and determine the</p>	F 333			

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F 333	<p>Continued From page 66</p> <p>need for services required from an external Independent Clinical Consultant</p> <p>--Interviews with KMA #1 on 06/17/14 at 1:00 PM and Administrative staff on 06/25/14 confirmed training was initiated on 06/12/14 and included guidance on what staff was required to do when a new medication order was received. Allergies were to be validated and all new medication orders were to be reconciled and transcribed onto the resident's MAR by two nurses. Continued interview confirmed the pharmacy would be contacted to reconcile new medications, with the resident's listed allergies. Continued review of trainings and interviews with KMA #1 on 06/17/14 at 1:00 PM, the DON on 06/18/14 at 11:30 AM, and the Administrator on 06/18/14 at 4:00 PM confirmed new medication orders would be signed off by the two nurses that validated reconciliation of new medications to the resident's listed allergies. The nurse receiving the new medication order would transcribe the order to the MAR and a second nurse would co-sign which would validate compliance. Continued interview revealed staff was required to contact the DON, ADONs, SDC, or Regional Nurse Consultant, before any new medication was administered for any resident, to validate all required checks had been completed. Continued interviews on 06/25/14 revealed this validation process would continue until the immediacy was removed. The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM the validation process would be reviewed daily for compliance and would be continued for four weeks. The Nurse Consultant further stated the findings would be reviewed weekly in the QA meeting to determine the need of ongoing frequency with new medication monitoring.</p>	F 333			

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F 333	Continued From page 67 —Interview with the DON and the Nurse Consultant on 06/25/14 revealed Licensed Nursing Staff that had not received the training on 06/12/14 would not be permitted to work until the above stated education has been received. —A review of facility audits and interviews with Administrative staff on 06/25/14 revealed all new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant. Continued interview revealed three Regional Nurse Consultants had been on-site 24 hours a day since the incident occurred on 06/12/14 to ensure staff had validated all new medication orders. The Regional Nurse Consultant stated during night shift the Charge Nurse was required to call the designated Administrative Nurse or Regional Nurse Consultant with all new medication orders, to ensure all new orders had been signed off by two nurses as required. Continued interview on 06/25/14 confirmed facility audits included ensuring the pharmacist had been contacted to verify allergies, and that two nurses had signed off on the transcription of the new medication to the MAR prior to the administration of any new medications to the residents. Continued interview revealed the Regional Nurse Consultant, Special Projects Administrator, VPO, CNE, or COO would audit all new orders daily to ensure compliance with the process starting on 06/13/14 and would continue to audit the orders until the immediacy had been removed. The Nurse Consultant stated when immediacy had been removed audits would be conducted twice weekly for four weeks, and then the QA Committee would evaluate the need for continued frequency of monitoring.	F 333			

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F 333	<p>Continued From page 68</p> <p>—The Director of Nursing stated on 06/25/14 at 3:25 PM she had conducted daily reviews of the medication audit log sheets for compliance. The Regional Nurse Consultant stated on 06/25/14 that he had validated compliance with the above process daily and the COO, CNE, VPO, or the Special Projects Administrator had validated compliance with the above process, twice weekly, until removal of the immediacy. The DON stated when the immediacy had been removed, then she or the ADONs would review the log sheets daily for four weeks, the Regional Nurse Consultant would review the log sheets three times a week for four weeks, and the COO, CNE, VPO, or the Special Projects Administrator would review the log sheets weekly for four weeks to ensure that compliance has been maintained. The DON further stated the findings would be reported weekly to the QA Committee for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>Interviews with the Administrator on 06/25/14 at 3:00 PM and review of the facility's audits on 06/25/14 revealed medication pass audits were completed by the DON, ADON, SDC, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs that had worked on 06/12/14. Continued review of the audits revealed the audits ensured proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were followed. Further review and interview revealed by 06/17/14 medication pass audits had been completed for the KMAs and all but four nurses (who worked on a PRN basis) during their initial medication pass. The</p>	F 333			

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F 333	<p>Continued From page 69</p> <p>Regional Nurse Consultant stated certified letters had been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit had been completed by the ADONs or SDC. During the medication pass audit, a questionnaire was completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>–Interview with the Regional Nurse Consultant on 06/25/14 at 1:00 PM revealed after the medication pass audits had been conducted for all licensed nurses, the DON, ADONs, SDC, FFN, MDS, or Regional Nurse Consultant would conduct a medication pass audit with two nurses per day (one nurse from each of the two nursing units) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were being followed until immediacy had been removed. When the immediacy has been removed, one nurse per day would complete a medication pass audit for two weeks, and then the QA Committee would evaluate and determine the frequency of ongoing medication pass audits.</p> <p>–The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM that Administrative oversight of the facility would be completed by the Special Projects Administrator, Regional Nurse Consultants, and the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of immediacy. After the removal of immediacy the oversight would continue weekly for four weeks and then monthly.</p>	F 333			

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F 333	Continued From page 70 --Review of education provided by the facility revealed education had been provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director. The education provided consisted of the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services. --A review of education provided and interviews on 06/25/14 with the DON, Administrator, and the Regional Nurse Consultant confirmed a Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. By 06/24/14, the Regional Nurse Consultant provided education training to all primary care physicians, along with the physicians that provide coverage for the primary care physicians, a letter which detailed the facility's QAPI plan, and the appropriate identification of resident allergies prior to prescribing new medication. The Administrator stated on 06/25/14 that a Quality Assurance meeting would be held weekly for four weeks, then monthly for recommendations and further follow-ups regarding the above stated plan.	F 333			
F 490	483.75 EFFECTIVE	F 490	F 490 1. Administrator and DON were notified of the medication error on 6/12/14 by Charge nurse. Staff members were all suspended on 6/12/14 to include the NP, South wing ADON, Charge nurse, and KMA. All 4 staff members were disciplined, to include, NP, South wing ADON and Charge nurse were terminated and the KMA was allowed to return to work after additional education/training completed. DON initiated a thorough investigation on 6/12/14. DON reported to regulatory agency on 6/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified, 6/12/14, upon identification of medication error related to administration of Bactrim. Physician instructed staff to assess resident and monitor resident for any signs and symptoms of allergic reaction. Resident was assessed by charge nurse on 6/12/14 for any signs and symptoms of reaction, none were noted. Resident has a BIMS score of 14 and was notified of medication error along with residents POA on 6/12/14 by charge nurse. 2. All other residents were assessed, skin checks were completed on 6/12/14 by DON, North wing ADON, Interim South wing ADON, MDS Coordinator or SDC on residents with a BIM score less than 8 for any signs or symptoms of allergic reaction. None were identified. Interviews were completed on 6/12/14 by the Social Services Director and Chaplain for residents with a BIMS score above 8 regarding their knowledge of any medications they received which they had allergies. None were identified. Staff were interviewed by the DON, North wing ADON, FFN, SDC, MDS or regional on 6/12/14 for any knowledge of these 4 individuals transcribing or administering any medication in which a resident had an allergy.	7/13/14	

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F 490 SS=J	Continued From page 71 ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the facility's investigation, and a review of the facility's policies, titled "Medication Administration" and "Medication Ordering and Receiving from Pharmacy Provider," it was determined the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for one (1) of four (4) sampled residents (Resident #1). The facility's Administration failed to ensure residents were free from significant medication errors. Staff interviews, record reviews, and review of the facility's investigation revealed staff had identified Resident #1 was allergic to Bactrim (antibiotic). Interviews revealed Advanced Registered Nurse Practitioner (ARNP) #1, Assistant Director of Nursing (ADON) #1, Registered Nurse (RN) #1, and Kentucky Medication Aide (KMA) #1 failed to review Resident #1's list of allergies prior to prescribing the medication, transcribing the medication onto the MAR, obtaining the medication from the facility's Emergency Drug Kit (EDK), and before administering the Bactrim to Resident #1 on 06/12/14. As a result of the facility's failure to ensure staff reviewed and/or	F 490	All resident current allergies were validated by chart audits, to include, allergy sticker on outside of chart, face sheet, care plans, MARs/TARs, and allergy sheet in front of MARs along with physician/NP orders since 5/1/14 for any new medication orders vs resident allergies by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant by 6/13/14 for all residents to ensure allergies are appropriately identified and no medications were ordered and/or administered that a resident was allergic. No concerns were identified. 3. Education for all staff, to ensure services are provided according to accepted practice of clinical standards, was initiated on 6/12/14 by the Staff Development Coordinator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect to include significant medication errors, care plans in regards to following care plans and delivering care as outline in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal, medication administration to include the responsibilities and expectations of the nurse in pulling the medications and delivering the medications while adhering to the 5 rights to meet professional standards requirements, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Staff will not be permitted to work prior to receiving the education and passing post-test with 100%. Education regarding the abuse/neglect policy and appropriate reporting of neglect to include significant medication errors, care plans in regards to following care plans and delivering care as outline in the care plan.	

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F 490	<p>Continued From page 72</p> <p>verified Resident #1's drug allergy to Bactrim, the resident received one (1) dose of 800 milligrams (mg) of Bactrim on 06/12/14 at approximately 12:00 PM. (Refer to F281, F282, F333, and F520.)</p> <p>The facility's failure to be administered in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of facility residents related to medication administration caused, or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy with Substandard Quality of Care was determined to exist on 06/12/14 at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) at a scope and severity of "J." Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care (F333). The facility was notified of the Immediate Jeopardy on 06/18/14.</p> <p>An acceptable Allegation of Compliance was received on 06/24/14, which alleged removal of the Immediate Jeopardy on 06/25/14. The State Survey Agency determined the Immediate Jeopardy was removed on 06/25/14, prior to exit, which lowered the scope and severity to "D" at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p>	F 490	<p>emergency medicine kits to include pharmacist approval and allergy verification prior to med removal, medication administration to include the responsibilities and expectations of the nurse in pulling the medications and delivering the medications to meet professional standards requirements along with monitored medication pass with questionnaire, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plan will be included in orientation for all new nurses hired after 6/12/14. Education was provided by the Regional Nurse Consultant on 6/12/14 for the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services. A follow-up questionnaire will be completed by the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for 5 different staff members daily, starting on 6/25/14, for 4 weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, then QA committee will evaluate and determine need</p>		

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F 490	<p>Continued From page 74</p> <p>allergic to Bactrim and developed interventions to address the resident's allergy. However, review of Physician Orders revealed on 06/12/14, Advanced Registered Nurse Practitioner (ARNP) #1 wrote an order for staff to administer 800 mg of Bactrim to Resident #1 two times a day and, based on documentation on the MAR, staff administered one dose of Bactrim to Resident #1 on 06/12/14 at approximately 12:00 PM.</p> <p>Review of the facility's Investigative report dated 06/12/14 revealed the pharmacy received the order for the Bactrim and contacted the facility approximately three hours after they had received the order for the medication to inform the facility Resident #1 was allergic to Bactrim. However, based on the facility's investigation, RN #1 obtained the Bactrim from the facility's Emergency Drug Kit (EDK) (prior to the pharmacy's contact with the facility) and instructed KMA #1 to administer the medication. The KMA administered the medication on 06/12/14.</p> <p>An interview with the Administrator on 06/18/14 at 4:00 PM revealed the facility had policies and procedures in place on medication administration that required staff to review resident allergies before they administered medications. The Administrator also stated staff was expected to administer medications in accordance with nursing standards. According to the Administrator, prior to the incident that occurred on 06/12/14 with Resident #1, the Quality Assurance Committee had implemented a plan to monitor staff to ensure medications, including medications residents were allergic to, were accurately transcribed from the physician's orders to other documents in the resident's medical</p>	F 490	<p>weeks. Findings will be presented and reviewed weekly in the QA meeting to determine the need of ongoing frequency with new medication monitoring.</p> <p>All new medication orders will be audited and logged on the administrative nursing monitoring form by the DON, North wing ADON, Interim South wing ADON, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant daily, starting on 6/25/14 for 4 weeks then daily (M-F) for 4 weeks, to ensure all new medications orders have been signed off by two nurses, pharmacist has been contacted to verify allergies and two nurses have signed off on the transcription of new medication to MAR prior to new medication administration to the resident. Additionally, regional nurse consultant, special projects administrator, V.P. of Operations, Chief Nursing Executive or Chief Operating Officer will audit all new orders twice weekly for 4 weeks, starting on 6/25/14, to ensure compliance with the process and then weekly for 4 weeks. Findings will be reported during weekly QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>Education was provided for Licensed Nursing Staff by the Staff Development Coordinator, or the Regional Nurse Consultant regarding the above stated plan on 6/12/14. Licensed Nursing Staff will not be allowed to work prior to receiving the above stated education. Medication pass audits were completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, MDS Coordinator, FFN or Regional Nurse Consultant for all nurses and Certified Medication Technicians working on 6/12/14 to ensure proper medication administration</p>		

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F 490	<p>Continued From page 75</p> <p>record such as the Medication Administration Record, the cover of the medical record, etc., to ensure residents received the medications as ordered. However, interview with the Administrator revealed he failed to implement a plan for staff to audit to ensure they were following facility policy. According to facility policy, staff was to check "before administering any antibiotic for the first time" and "check to be certain that the resident is not allergic to the drug." The Administrator acknowledged staff should have verified Resident #1's allergies prior to ordering the medication, obtaining the medication, and administering the medication.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/24/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>-The Administrator and Director of Nursing (DON) were notified of the medication error on 06/12/14 by Registered Nurse (RN) #1, Advanced Registered Nurse Practitioner (ARNP) #1, Assistant Director of Nursing (ADON) #1, RN #1, and Kentucky Medication Aide (KMA) #1, were all suspended on 06/12/14, pending results of an investigation. The DON initiated an investigation on 06/12/14. The DON reported the medication administration error that occurred on 06/12/14 to the regulatory agency on 06/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified upon identification of the medication error related to administration of Bactrim on 06/12/14. The Physician instructed facility staff to assess Resident #1 and monitor him/her for any signs and symptoms of allergic reaction. Resident #1 was assessed by facility</p>	F 490	<p>professional standards are being met and care plans are being followed. Medication pass audits were completed by ADONs, SDC, Regional Nurse Consultant or Pharmacia Field Consultant for all nurses and certified medication technicians during their initial medication pass by 7/4/14. During the medication pass audit, a questionnaire will be completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, FFN, MDS Coordinator, Staff Development Coordinator, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>After all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS or Regional Nurse Consultant will conduct a medication pass audit with 1 different nurse each day covering different shifts weekly for 4 weeks, starting on 6/25/14, to ensure ongoing proper medication administration technique, proper identification of allergies, professional standards are being met and care plans are being followed, then 2 different nurses on different shifts per week will complete a medication pass audit for 4 weeks, then QA committee will evaluate and determine the frequency of ongoing medication pass audits. Administrative oversight of the facility will be completed by the Special Projects Administrator, regional nurse consultant, the Regional Vice President of Operations, Chief Nursing Executive or the Chief Operating Officer weekly for 4 weeks, starting on 6/25/14, then monthly.</p> <p>Prior to hire, any new MD, PA or NP will receive education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication</p>		

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F 49D	<p>Continued From page 76</p> <p>staff on 06/12/14 for any signs and symptoms of reaction, no concerns were identified. Resident #1, who has a Brief Interview for Mental Status (BIMS) score of 14 was notified of the medication error along with the resident's Power of Attorney (POA) on 06/12/14 by facility staff.</p> <p>-Based on the conclusion the investigation, staff members/the contract consultant involved was disciplined as below:</p> <p>-ARNP #1, ADON #1, and RN #1's employment was terminated from the facility.</p> <p>-KMA #1 received coaching/counseling, completed with restrictions that the KMA received 1:1 training by the Staff Development Coordinator (SDC) to address medication administration, specifically not giving medications that she does not pull herself, checking for allergies, and providing care as outlined in the care plan in relation to medication administration. Furthermore, KMA #1 had to complete a medication pass with a pharmacy field consultant prior to passing any medications upon return to work. She will also complete a weekly medication pass with the Staff Development Coordinator for ongoing continued education/compliance for four weeks. (The facility determined, after reviewing the KMA's 33-year history with the facility as a KMA and having exceptional evaluations and no coaching/counseling during her years of service, that with appropriate education and training she should be allowed to return to work.)</p> <p>-Facility staff was interviewed by the DON, ADONs, Facility Formulary Nurse (FFN), SDC, Minimum Data Set (MDS) Coordinator, and</p>	F 49D	<p>4. A Quality Assurance meeting was held on 6/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. Medical director was involved with creation and approval of current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians were provided with education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication prescribing on 6/24/14 by Regional Nurse Consultant or Director of Nursing. A Quality Assurance meeting will be held weekly for 4 weeks, then monthly for recommendations and further follow up regarding the above stated plan. Education was provided on 6/24/14 to all physicians by the Regional Nurse Consultant along with a letter, containing the above stated QAPI plan and education/training was sent out on 6/24/14 to each of the physicians by the facilities Medical Director, Dr. Martin</p>		

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F 490	<p>Continued From page 77</p> <p>Regional Nurse Consultant on 06/12/14 for any knowledge of these four individuals transcribing or administering any medication in which a resident had an allergy.</p> <p>--Interviews were completed on 06/12/14, with residents which were assessed to have a BIMS score of 8 or greater, by the Social Services Director and Chaplain regarding their knowledge of any medications they were allergic to and may have received. No concerns were identified.</p> <p>--Skin assessments were completed on 06/12/14 by the DON, ADON, MDS Coordinator, or SDC on all residents with a BIMS score less than 8, for any signs or symptoms of allergic reaction. No concerns were identified.</p> <p>--All facility residents' charts were audited, which validated allergy stickers were on the outside of the resident's chart, face sheet, and care plans. The residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs) and the allergy sheet in front of the MARs, along with the Physician and Nurse Practitioner's (NP's) orders since 05/01/14 were audited, for any new medication orders versus resident allergies. These audits were conducted by 06/13/14, by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, the MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident. No concerns were identified.</p> <p>--Education for facility staff was initiated on</p>	F 490			

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F 490	Continued From page 78 06/12/14 by the SDC, DON, ADONs, or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect. The education also included information related to significant medication errors, care plans in regards to following care plans and delivering care as outlined in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal. Education provided also included medication administration related to the responsibilities and expectations of the nurse related to how the medications were obtained and delivered to meet professional standards requirements. Staff will be monitored during medication pass and will complete questionnaires from training received. Staff was also trained related to the Quality Assurance Performance Improvement process which included reporting of concerns to the Administrator and line staff participation in development of Quality Assurance Performance Improvement (QAPI) plans. Staff will not be permitted to work prior to receiving the education and passing a post-test with a score of 100 percent. All new licensed nurses hired after 06/12/14 will receive the above training. —Follow-up questionnaires will be completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different staff members daily until removal of the immediacy of the Jeopardy. After the immediacy has been removed the questionnaires will be conducted weekly for two weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, and then the Quality Assurance (QA) Committee will evaluate	F 490		

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F 490	<p>Continued From page 79 and determine need of ongoing frequency.</p> <p>--Pharmerica is providing field consultants on-site, starting on 06/16/14 for two days per week for two weeks to provide further education/training on medication administration. The education will include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a Pharmerica field consultant. The QA Committee will evaluate and determine the need for services required from the pharmacy field consultant at the end of two weeks.</p> <p>--The facility obtained a contract on 06/16/14 with an external independent clinical consultant to provide services two days per week on-site. This external independent clinical consultant will provide clinical oversight of process and procedures to validate that professional standards are being met until the immediacy is removed. After the immediacy is removed, the QA Committee will evaluate and determine the need for ongoing services required from the external independent clinical consultant.</p> <p>--Upon receiving a new medication order, all new medication orders will be reconciled with the resident's listed allergies by two nurses. The pharmacy will then be contacted to reconcile the new medication with the resident's listed allergies and new medication orders will be signed off by the same two nurses on the Physician Order validating the reconciliation of the new medication to the listed allergies. The nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. Prior to administration of newly ordered medications for any resident, the</p>	F 490			

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F 490	<p>Continued From page 80</p> <p>DON, ADONs, SDC or Regional Nurse Consultant will review the above process with the Charge Nurse or certified medication technician to determine compliance to ensure the resident doesn't have an allergy to the medication. This validation process will continue until the immediacy is removed, then daily review for compliance with the above process will continue for four weeks. The findings will be reviewed weekly in the QA meeting to determine the need of the ongoing frequency with new medication monitoring.</p> <p>–Education was provided on 06/12/14, for Licensed Nursing Staff by the SDC or the Regional Nurse Consultant regarding the above stated plan. Licensed Nursing Staff which was not trained on 06/12/14 will not be permitted to work until the above stated education has been received.</p> <p>–All new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant (three regional nurse consultants have been on-site for 24-hour coverage to ensure all new medication orders have gone through the process outlined below, since the incident which occurred on 06/12/14) every shift (during night shift the Charge Nurse is to call the designated Administrative Nurse or the Regional Nurse Consultant with all new medications) to ensure all new medications orders have been signed off by two nurses. Audits have also included ensuring the pharmacist had been contacted to verify allergies and two nurses have signed off on the transcription of the new medication to the MAR prior to the new medication being administered to</p>	F 490			

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F 490	<p>Continued From page 81</p> <p>the resident. In Addition, the Regional Nurse Consultant, the Special Projects Administrator, Vice President of Operations (VPO), Chief Nursing Executive (CNE), or Chief Operating Officer (COO) will audit all new orders daily to ensure compliance with the process starting on 06/13/14; this process will be continued until the immediacy has been removed. When the immediacy has been removed audits will be conducted twice weekly for four weeks, and at that time the QA Committee will evaluate the need for the continued frequency of monitoring.</p> <p>--The Director of Nursing will conduct daily reviews of the above log sheet for compliance. The Regional Nurse Consultants will validate compliance with the above process daily and the COO, CNE, VPO, or Special Projects Administrator will validate compliance with the above process twice weekly until the removal of the immediacy of the Jeopardy. When the immediacy has been removed, then the DON or ADONs will review daily for four weeks; the Regional Nurse Consultant will review three times a week for four weeks; and the COO, CNE, VPO, or Special Projects Administrator will review weekly for four weeks to ensure that compliance is maintained. The findings will be reported weekly to QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>--Medication pass audits were completed by the Director of Nursing, Assistant Directors of Nursing, Staff Development Coordinator, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs who had worked on 06/12/14 to ensure proper medication administration technique, proper identification of</p>	F 490			

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F 490	<p>Continued From page 82</p> <p>allergies, that professional standards were being met, and that care plans were being followed. Further medication pass audits were completed for all nurses and KMAs during their initial medication pass by 06/17/14 except four PRN nurses. Certified letters have been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit was completed with the ADONs or SDC. During the medication pass audit, a questionnaire will be completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of the medication.</p> <p>—When all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant will conduct a medication pass audit with two nurses per day (one nurse per nursing unit) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards are being met, and that care plans are being followed until the immediacy has been removed. When the immediacy has been removed, one nurse per day will complete a medication pass audit for two weeks, and then the QA Committee will evaluate and determine the frequency of ongoing medication pass audits.</p> <p>—Administrative oversight of the facility was completed by the Special Projects Administrator, Regional Nurse Consultant, the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of the Immediacy. After the removal of the immediacy, the oversight will continue weekly for four weeks, then monthly.</p>	F 490		

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F 490	Continued From page 83 --Education was provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services. --A Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of Jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians, were provided with education/training along with a letter which detailed the facility's QAPI plan, along with appropriate identification of resident allergies prior to new medication prescribing on 06/24/14 by the Regional Nurse Consultant or DON. A Quality Assurance meeting will be held weekly for four weeks, then monthly for recommendations and further follow-up regarding the above stated plan. **The surveyors validated the Immediate Jeopardy was removed as follows: --Interviews conducted with the Administrator and the Director of Nursing (DON) on 06/25/14 revealed Registered Nurse (RN) #1 notified them of the medication error that occurred on 06/12/14 when facility staff had prescribed, obtained, and	F 490			

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F 490	<p>Continued From page 84</p> <p>administered a medication to Resident #1 that had previously been identified as a medication allergy for the resident. Further interviews and review of the facility's investigation confirmed staff members involved with the incident (ARNP #1, ADON #1, RN #1, and KMA #1) were all suspended on 06/12/14, pending results of the investigation. Resident #1's physician was notified, and new orders were received and implemented on 06/12/14, when the medication error was identified by facility staff. Continued review of the investigation revealed Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction and no concerns were identified. Continued review of the investigation revealed Resident #1, who has a BIMS score of 14 was notified, along with the resident's Power of Attorney (POA), of the medication error that occurred on 06/12/14.</p> <p>—Interviews with facility staff and review of the facility's investigation on 06/25/14 revealed the following actions were taken, as a result of the facility's investigation findings: ARNP #1, ADON #1, and RN #1's employment was terminated from the facility. KMA #1 received coaching/counseling and 1:1 training by the Staff Development Coordinator (SDC) which addressed medication administration, specifically not giving medications that she did not pull herself, checking for resident allergies, and providing care as outlined in the care plan in relation to medication administration. Continued interview and a review of the investigation confirmed KMA #1 had completed a medication pass with the facility's Pharmacy Consultant prior to administering any further medications to facility residents. Further interviews revealed KMA #1 would also complete a weekly medication pass</p>	F 490		

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F 490	<p>Continued From page 85</p> <p>with the SDC for ongoing continued education/compliance for four weeks. The facility's investigation findings revealed they had determined, after reviewing the KMA's 33-year work history with the facility, and having exceptional evaluations and no previous disciplinary actions, with appropriate education and training she should be allowed to return to work.</p> <p>--Interviews with staff and further review of the facility's investigation on 06/25/14 revealed the facility staff was interviewed by the DON, ADONs, FFN, SDC, MDS Coordinator, or Regional Nurse Consultant on 06/12/14 for any knowledge of the four individuals identified in the incident transcribing or administering any medication which had been listed as an allergy for any other resident.</p> <p>--Interviews and review of the facility's investigation conducted on 06/25/14 revealed residents who were assessed to have a BIMS score of 8 or greater were interviewed on 06/12/14, by the Social Services Director and Chaplain to determine if medications they had an allergy to had been administered to them while in the facility. The investigation further revealed no concerns were identified.</p> <p>--Interview with the DON and review of the facility's investigation on 06/25/14 confirmed skin assessments were conducted to ensure no allergic reactions had occurred on all facility residents with a BIMS score of 8 or below on 06/12/14.</p> <p>--Review of facility audits and interviews with staff on 06/25/14 revealed all facility residents' charts</p>	F 490			

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F 490	<p>Continued From page 86</p> <p>were audited and staff validated allergy stickers were on the outside of the residents' charts, face sheets, and care plans. Further reviews and interviews with staff conducted on 06/25/14 revealed the residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs), allergy sheets located in front of the residents' MARs, along with physician orders obtained since 05/01/14 were audited to ensure the residents' allergies had been verified when new orders had been received. Continued review confirmed audits were conducted by 06/13/14, by the DON, ADON, SDC, MDS Coordinators, Social Services Director, Admissions/Marketing, or Regional Nurse Consultant. Interviews conducted on 06/25/14 revealed audits were conducted to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident, with no concerns identified.</p> <p>--A review of staff education provided by the facility, initiated on 06/12/14, confirmed the SDC, DON, ADONs, or the Nurse Consultant instructed staff about the facility's abuse/neglect policy and appropriate reporting of neglect. The education review conducted on 06/25/14 also revealed information was included related to significant medication errors, implementation of care plans, emergency medication kit to include pharmacist approval, and allergy verification prior to medication removal. Continued review of the education provided to facility staff also included medication administration and the responsibilities and expectations of the nurse on how the medications were obtained and delivered to meet professional standards requirements. Interviews conducted with facility staff on 06/25/14</p>	F 490			

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F 490	Continued From page 87 confirmed staff was monitored during medication pass and had been required to complete questionnaires related to the training they received. KMA #1 stated in interview on 06/25/14 that she received training related to the Quality Assurance Performance Improvement (QAPI) process which included reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Interview with the Regional Nurse Consultant and the DON on 06/25/14 revealed staff was not permitted to work until they were educated and completed a post-test with a score of 100 percent. Interview with the DON on 06/25/14 revealed all new licensed nurses hired after 06/12/14 will receive the above training during their orientation. -Interviews with the Regional Nurse Consultant on 06/25/14 confirmed follow-up questionnaires were completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different staff members daily. The Nurse Consultant further stated after the immediacy had been removed the questionnaires would be conducted weekly for two weeks to ensure continued understanding regarding the abuse/neglect policy and procedure, and the QA Committee would evaluate further the need for the questionnaires. -Review of Medication Pass audits conducted, and an interview with the Regional Nurse Consultant on 06/25/14, revealed the facility's Pharmacy had provided Field Consultants on-site, which started on 06/16/14, for two days per week for a total of two weeks. He stated the pharmacy service was to provide further	F 490			

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F 490	<p>Continued From page 88</p> <p>education/training on medication administration. The education would include delivery of medications and validation of the residents' allergies to meet professional standards. The Consultant stated all nurses would complete a medication pass with a Pharmacy Field Consultant and the QA Committee would evaluate and determine the continued need for services required from the Pharmacy Field Consultant at the end of two weeks.</p> <p>–Interview with the DON and the Administrator on 06/25/14 confirmed the facility had obtained a contract on 06/16/14 with an external Independent Clinical Consultant to provide services two days per week on-site. The Administrator stated the external Independent Clinical Consultant would provide clinical oversight of processes and procedures to validate those professional standards were met until the immediacy was removed. After the immediacy was removed, the Administrator stated the QA Committee would evaluate and determine the need for services required from an external Independent Clinical Consultant.</p> <p>–Interviews with KMA #1 on 06/17/14 at 1:00 PM and Administrative staff on 06/25/14 confirmed training was initiated on 06/12/14 and included guidance on what staff was required to do when a new medication order was received. Allergies were to be validated and all new medication orders were to be reconciled and transcribed onto the resident's MAR by two nurses. Continued interview confirmed the pharmacy would be contacted to reconcile new medications, with the resident's listed allergies. Continued review of trainings and interviews with KMA #1 on 06/17/14 at 1:00 PM, the DON on 06/18/14 at 11:30 AM,</p>	F 490			

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F 490	<p>Continued From page 89</p> <p>and the Administrator on 06/18/14 at 4:00 PM confirmed new medication orders would be signed off by the two nurses that validated reconciliation of new medications to the resident's listed allergies. The nurse receiving the new medication order would transcribe the order to the MAR and a second nurse would co-sign which would validate compliance. Continued Interview revealed staff was required to contact the DON, ADONs, SDC, or Regional Nurse Consultant, before any new medication was administered for any resident, to validate all required checks had been completed. Continued interviews on 06/25/14 revealed this validation process would continue until the immediacy was removed. The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM the validation process would be reviewed daily for compliance and would be continued for four weeks. The Nurse Consultant further stated the findings would be reviewed weekly in the QA meeting to determine the need of ongoing frequency with new medication monitoring.</p> <p>—Interview with the DON and the Nurse Consultant on 06/25/14 revealed Licensed Nursing Staff that had not received the training on 06/12/14 would not be permitted to work until the above stated education has been received.</p> <p>—A review of facility audits and interviews with Administrative staff on 06/25/14 revealed all new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant. Continued Interview revealed three Regional Nurse Consultants had been on-site 24 hours a day since the incident occurred on 06/12/14 to ensure staff had</p>	F 490			

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F 490	Continued From page 90 validated all new medication orders. The Regional Nurse Consultant stated during night shift the Charge Nurse was required to call the designated Administrative Nurse or Regional Nurse Consultant with all new medication orders, to ensure all new orders had been signed off by two nurses as required. Continued interview on 06/25/14 confirmed facility audits included ensuring the pharmacist had been contacted to verify allergies, and that two nurses had signed off on the transcription of the new medication to the MAR prior to the administration of any new medications to the residents. Continued interview revealed the Regional Nurse Consultant, Special Projects Administrator, VPO, CNE, or COO would audit all new orders daily to ensure compliance with the process starting on 06/13/14 and would continue to audit the orders until the immediacy had been removed. The Nurse Consultant stated when immediacy had been removed audits would be conducted twice weekly for four weeks, and then the QA Committee would evaluate the need for continued frequency of monitoring. —The Director of Nursing stated on 06/25/14 at 3:25 PM she had conducted daily reviews of the medication audit log sheets for compliance. The Regional Nurse Consultant stated on 06/25/14 that he had validated compliance with the above process daily and the COO, CNE, VPO, or the Special Projects Administrator had validated compliance with the above process, twice weekly, until removal of the immediacy. The DON stated when the immediacy had been removed, then she or the ADONs would review the log sheets daily for four weeks, the Regional Nurse Consultant would review the log sheets three times a week for four weeks, and the COO, CNE, VPO, or the Special Projects Administrator would	F 490			

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F 490	<p>Continued From page 91</p> <p>review the log sheets weekly for four weeks to ensure that compliance has been maintained. The DON further stated the findings would be reported weekly to the QA Committee for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>Interviews with the Administrator on 06/25/14 at 3:00 PM and review of the facility's audits on 06/25/14 revealed medication pass audits were completed by the DON, ADON, SDC, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs that had worked on 06/12/14. Continued review of the audits revealed the audits ensured proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were followed. Further review and interview revealed by 06/17/14 medication pass audits had been completed for the KMAs and all but four nurses (who worked on a PRN basis) during their initial medication pass. The Regional Nurse Consultant stated certified letters had been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit had been completed by the ADONs or SDC. During the medication pass audit, a questionnaire was completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>-Interview with the Regional Nurse Consultant on 06/25/14 at 1:00 PM revealed after the medication pass audits had been conducted for all licensed nurses, the DON, ADONs, SDC, FFN, MDS, or Regional Nurse Consultant would</p>	F 490			

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F 490	<p>Continued From page 92</p> <p>conduct a medication pass audit with two nurses per day (one nurse from each of the two nursing units) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were being followed until immediacy had been removed. When the immediacy has been removed, one nurse per day would complete a medication pass audit for two weeks, and then the QA Committee would evaluate and determine the frequency of ongoing medication pass audits.</p> <p>--The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM that Administrative oversight of the facility would be completed by the Special Projects Administrator, Regional Nurse Consultants, and the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of immediacy. After the removal of immediacy the oversight would continue weekly for four weeks and then monthly.</p> <p>--Review of education provided by the facility revealed education had been provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director. The education provided consisted of the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>--A review of education provided and interviews</p>	F 490			

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F 490	Continued From page 93 on 06/25/14 with the DON, Administrator, and the Regional Nurse Consultant confirmed a Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. By 06/24/14, the Regional Nurse Consultant provided education training to all primary care physicians, along with the physicians that provide coverage for the primary care physicians, a letter which detailed the facility's QAPI plan, and the appropriate identification of resident allergies prior to prescribing new medication. The Administrator stated on 06/25/14 that a Quality Assurance meeting would be held weekly for four weeks, then monthly for recommendations and further follow-ups regarding the above stated plan.	F 490		
F 520 SS=J	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.	F 520	<p>F 520</p> <ol style="list-style-type: none"> Administrator and DON were notified of the medication error on 6/12/14 by Charge nurse. Staff members were all suspended on 6/12/14 to include the NP, South wing ADON, Charge nurse, and KMA. All 4 staff members were disciplined, to include, NP, South wing ADON and Charge nurse were terminated and the KMA was allowed to return to work after additional education/training completed. DON initiated a thorough investigation on 6/12/14. DON reported to regulatory agency on 6/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified, 6/12/14, upon identification of medication error related to administration of Bactrim. Physician instructed staff to assess resident and monitor resident for any signs and symptoms of allergic reaction. Resident was assessed by charge nurse on 6/12/14 for any signs and symptoms of reaction, none were noted. Resident has a BIMS score of 14 and was notified of medication error along with residents POA on 6/12/14 by charge nurse. All other residents were assessed, skin checks were completed on 6/12/14 by DON, North wing ADON, Interm South wing ADON, MDS Coordinator or SDC on residents with a BIM score less than 8 for any signs or symptoms of allergic reaction. None were identified. Interviews were completed on 6/12/14 by the Social Services Director and Chaplain for residents with a BIMS score above 8 regarding their knowledge of any medications they received which they had allergies. None were identified. Staff were interviewed by the DON, North wing ADON, FFN, SDC, MDS or regional on 6/12/14 for any knowledge of these 4 individuals transcribing or administering any medication in which a resident had an allergy. 	7/13/14

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F 520	Continued From page 94 A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on interview, record review, a review of the facility's investigation, and a review of the facility's policy, "Performance Improvement with Abaqis," it was determined the facility failed to maintain a Quality Assessment and Assurance Committee to develop and implement appropriate plans of action to correct identified quality deficiencies related to ensuring facility residents were free from significant medication errors for one (1) of four (4) sampled residents (Resident #1). Interviews with facility staff revealed Quality Assurance (QA) audits were conducted every morning during the daily clinical meeting to ensure facility residents were not allergic to any newly prescribed medications. Continued interviews revealed Assistant Director of Nursing (ADON) #1 was responsible to conduct QA audits daily and to ensure residents remained free from significant medication errors. Interviews and record reviews revealed on 06/12/14 at approximately 12:00 PM, Advanced Registered Nurse Practitioner (ARNP) #1 prescribed 800 milligrams (mg) of Bactrim for	F 520	All resident current allergies were validated by chart audits, to include, allergy sticker on outside of chart, face sheet, care plans, MARs/TARs, and allergy sheet in front of MARs along with physician/NP orders since 5/1/14 for any new medication orders vs resident allergies by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant by 6/13/14 for all residents to ensure allergies are appropriately identified and no medications were ordered and/or administered that a resident was allergic. No concerns were identified. 3. Education for all staff, to ensure services are provided according to accepted practice of clinical standards, was initiated on 6/12/14 by the Staff Development Coordinator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect to include significant medication errors, care plans in regards to following care plans and delivering care as outline in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal medication administration to include the responsibilities and expectations of the nurse in pulling the medications and delivering the medications while adhering to the 5 rights to meet professional standards requirements, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Staff will not be permitted to work prior to receiving the education and passing post-test with 100%. Education regarding the abuse/neglect policy and appropriate reporting of neglect to include significant medication errors, care plans in regards to following care plans and delivering care as outline in the care plan.	

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F 520	<p>Continued From page 95</p> <p>Resident #1 due to a laboratory report of an abnormal urinalysis. The ARNP failed to review the resident's allergies.</p> <p>Assistant Director of Nursing (ADON) #1 transcribed the order for Bactrim onto Resident #1's Medication Administration Record on 06/12/14. The ADON failed to verify the resident's medication allergies.</p> <p>Registered Nurse (RN) #1 obtained the Bactrim from the facility's Emergency Drug Kit (EDK) for Resident #1. RN #1 failed to review the resident's allergies.</p> <p>RN #1 instructed Kentucky Medication Aide (KMA) #1 to administer the medication to Resident #1. KMA #1 administered the Bactrim to Resident #1. KMA #1 failed to review Resident #1's drug allergies before the medication was administered on 06/12/14 at approximately 12:00 PM. (Refer to F281, F282, F333, and F490.)</p> <p>The facility's failure to maintain a quality assessment and assurance committee to develop and implement appropriate plans of action to correct identified quality deficiencies related to ensuring facility residents were free from significant medication errors caused or was likely to cause, serious injury, harm, impairment, or death to residents in the facility. Immediate Jeopardy with Substandard Quality of Care was determined to exist on 06/12/14 at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) at a scope and severity of "J." Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care (F333). The facility was notified of the</p>	F 520	<p>emergency medicine kits to include pharmacist approval and allergy verification prior to med removal, medication administration to include the responsibilities and expectations of the nurse in pulling the medications and delivering the medications to meet professional standards requirements along with monitored medication pass with questionnaire, the Quality Assurance Performance Improvement process to include reporting of concerns to the Administrator and line staff participation in development of QAPI plan will be included in orientation for all new nurses hired after 6/12/14. Education was provided by the Regional Nurse Consultant on 6/12/14 for the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services. A follow-up questionnaire will be completed by the Administrator, Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for 5 different staff members daily, starting on 6/25/14, for 4 weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, then QA committee will evaluate and determine need</p>	

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F 520	<p>Continued From page 96 Immediate Jeopardy on 06/18/14.</p> <p>An acceptable Allegation of Compliance was received on 06/24/14, which alleged removal of the Immediate Jeopardy on 06/25/14. The State Agency determined the Immediate Jeopardy was removed on 06/25/14, prior to exit, which lowered the scope and severity to "D" at 42 CFR 483.20 Resident Assessment (F281 and F282), 42 CFR 483.25 Quality of Care (F333), and 42 CFR 483.75 Administration (F490 and F520) while the facility monitors the effectiveness of systemic changes and quality assurance activities.</p> <p>The findings include:</p> <p>A review of the facility's policy titled "Performance Improvement with Abaqis" (PI) dated 2012, revealed the facility would conduct an ongoing performance improvement program designed to systematically monitor, evaluate, and improve the quality of resident care.</p> <p>An interview conducted with Assistant Director of Nursing (ADON) #1 on 06/17/14 at 1:30 PM revealed he conducted daily audits of all new medication orders during the facility's Daily Standup Meetings. The ADON stated the meetings were conducted Monday through Friday to ensure residents remained free from significant medication errors. The ADON acknowledged he transcribed the medication order for Bactrim for Resident #1 on 06/12/14, which was later identified to be listed as an allergy for the resident. The ADON stated he had been trained to verify allergies; however, he failed to verify the resident's allergies when he transcribed the order for Bactrim for Resident #1 on 06/12/14.</p>	F 520	<p>Pharmerica is providing field consultants on site, starting on 6/16/14 for 2 days per week for 4 weeks to provide further education/training on medication administration, to include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a pharmerica field consultant. QA committee will evaluate and determine need of ongoing services required from pharmerica field consultant at the end of 2 weeks.</p> <p>Facility obtained a contract, on 6/16/14, with an external, independent clinical consultant to provide services 2 days per week, on site. This external, independent clinical consultant will provide clinical oversight of process and procedures to validate that professional standards are being met until immediacy is removed then QA committee will evaluate and determine need on ongoing services required from external, independent clinical consultant.</p> <p>Upon receiving a new medication order, all new medication orders will be reconciled with resident listed allergies by two nurses, then pharmacy will be contacted to reconcile new medication with residents listed allergies at pharmerica, then new medication order will be signed off by same two nurses on the physician order validating reconciliation of new medication to listed allergies in chart and with pharmerica. Nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. DON, North wing ADON, Interim South wing ADON, SDC or Regional Nurse Consultant will review daily the above process for compliance to ensure the resident do not have an identified allergy to the new medication. This process of validation will continue daily, starting on 6/25/14, for 4 weeks, then</p>	

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F 520	<p>Continued From page 97</p> <p>An interview with the Director of Nursing (DON) on 06/18/14 at 11:30 AM revealed audits were conducted daily on all new medication orders for facility residents to ensure residents were free from significant medication errors. She further stated ARNP #1, ADON #1, RN #1, and KMA #1 had been trained and should have verified Resident #1's medication allergies before the Bactrim was prescribed, transcribed, and administered to the resident on 06/12/14. The DON stated the QA audits would have identified the medication error the next day, during the daily meeting.</p> <p>An interview with the Administrator on 06/18/14 at 4:00 PM confirmed staff was conducting daily audits to ensure residents were free from significant medication errors. The Administrator further stated Resident #1's allergy to Bactrim should have been verified before the medication was prescribed, transcribed, or administered on 06/12/14.</p> <p>The facility failed to maintain a Quality Assessment and Assurance Committee that developed and implemented appropriate plans of action to correct identified quality deficiencies related to ensuring facility residents were free from significant medication.</p> <p>**The facility provided an acceptable Allegation of Compliance (AOC) on 06/24/14. The facility implemented the following actions to remove the Immediate Jeopardy:</p> <p>—The Administrator and Director of Nursing (DON) were notified of the medication error on 06/12/14 by Registered Nurse (RN) #1. Advanced Registered Nurse Practitioner (ARNP)</p>	F 520	<p>weeks. Findings will be presented and reviewed weekly in the QA meeting to determine the need of ongoing frequency with new medication monitoring. All new medication orders will be audited and logged on the administrative nursing monitoring form by the DON, North wing ADON, Interim South wing ADON, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant daily, starting on 6/25/14 for 4 weeks then daily (M-F) for 4 weeks, to ensure all new medications orders have been signed off by two nurses, pharmacist has been contacted to verify allergies and two nurses have signed off on the transcription of new medication to MAR prior to new medication administration to the resident. Additionally, regional nurse consultant, special projects administrator, V.P. of Operations, Chief Nursing Executive or Chief Operating Officer will audit all new orders twice weekly for 4 weeks, starting on 6/25/14, to ensure compliance with the process and then weekly for 4 weeks. Findings will be reported during weekly QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring. Education was provided for Licensed Nursing Staff by the Staff Development Coordinator, or the Regional Nurse Consultant regarding the above stated plan on 6/12/14. Licensed Nursing Staff will not be allowed to work prior to receiving the above stated education. Medication pass audits were completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, Staff Development Coordinator, MDS Coordinator, FFN or Regional Nurse Consultant for all nurses and Certified Medication Technicians working on 6/12/14 to ensure proper medication administration technique, proper identification of allergies</p>	

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F 520	<p>Continued From page 98</p> <p>#1, Assistant Director of Nursing (ADON) #1, RN #1, and Kentucky Medication Aide (KMA) #1, were all suspended on 06/12/14, pending results of an investigation. The DON initiated an investigation on 06/12/14. The DON reported the medication administration error that occurred on 06/12/14 to the regulatory agency on 06/12/14 to meet state/federal guidelines to ensure reporting requirements were met. The Physician for Resident #1 was notified upon identification of the medication error related to administration of Bactrim on 06/12/14. The Physician instructed facility staff to assess Resident #1 and monitor him/her for any signs and symptoms of allergic reaction. Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction, no concerns were identified. Resident #1, who has a Brief Interview for Mental Status (BIMS) score of 14 was notified of the medication error along with the resident's Power of Attorney (POA) on 06/12/14 by facility staff.</p> <p>-Based on the conclusion the investigation, staff members/the contract consultant involved was disciplined as below:</p> <p>-ARNP #1, ADON #1, and RN #1's employment was terminated from the facility.</p> <p>-KMA #1 received coaching/counseling, completed with restrictions that the KMA received 1:1 training by the Staff Development Coordinator (SDC) to address medication administration, specifically not giving medications that she does not pull herself, checking for allergies, and providing care as outlined in the care plan in relation to medication administration. Furthermore, KMA #1 had to complete a medication pass with a pharmacy field consultant</p>	F 520	<p>professional standards are being met and care plans are being followed. Medication pass audits were completed by ADONs, SDC, Regional Nurse Consultant or Pharmacia Field Consultant for all nurses and certified medication technicians during their initial medication pass by 7/4/14. During the medication pass audit, a questionnaire will be completed by the Director of Nursing, North Wing Assistant Director of Nursing/interim South Wing Assistant Director of Nursing, FFN, MDS Coordinator, Staff Development Coordinator, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>After all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS or Regional Nurse Consultant will conduct a medication pass audit with 1 different nurse each day covering different shifts weekly for 4 weeks, starting on 6/25/14, to ensure ongoing proper medication administration technique, proper identification of allergies, professional standards are being met and care plans are being followed, then 2 different nurses on different shifts per week will complete a medication pass audit for 4 weeks, then QA committee will evaluate and determine the frequency of ongoing medication pass audits. Administrative oversight of the facility will be completed by the Special Projects Administrator, regional nurse consultant, the Regional Vice President of Operations, Chief Nursing Executive or the Chief Operating Officer weekly for 4 weeks, starting on 6/25/14, then monthly.</p> <p>Prior to hire, any new MD, PA or NP will receive education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication</p>	

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F 520	<p>Continued From page 99</p> <p>prior to passing any medications upon return to work. She will also complete a weekly medication pass with the Staff Development Coordinator for ongoing continued education/compliance for four weeks. (The facility determined, after reviewing the KMA's 33-year history with the facility as a KMA and having exceptional evaluations and no coaching/counseling during her years of service, that with appropriate education and training she should be allowed to return to work.)</p> <p>—Facility staff was interviewed by the DON, ADONs, Facility Formulary Nurse (FFN), SDC, Minimum Data Set (MDS) Coordinator, and Regional Nurse Consultant on 06/12/14 for any knowledge of these four individuals transcribing or administering any medication in which a resident had an allergy.</p> <p>—Interviews were completed on 06/12/14, with residents which were assessed to have a BIMS score of 8 or greater, by the Social Services Director and Chaplain regarding their knowledge of any medications they were allergic to and may have received. No concerns were identified.</p> <p>—Skin assessments were completed on 06/12/14 by the DON, ADON, MDS Coordinator, or SDC on all residents with a BIMS score less than 8, for any signs or symptoms of allergic reaction. No concerns were identified.</p> <p>—All facility residents' charts were audited, which validated allergy stickers were on the outside of the resident's chart, face sheet, and care plans. The residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs) and the allergy sheet in front of the MARs,</p>	F 520	<p>4. A Quality Assurance meeting was held on 6/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. Medical director was involved with creation and approval of current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians were provided with education/training on the QAPI plan along with appropriate identification of resident allergies prior to new medication prescribing on 6/24/14 by Regional Nurse Consultant or Director of Nursing. A Quality Assurance meeting will be held weekly for 4 weeks, then monthly for recommendations and further follow up regarding the above stated plan. Education was provided on 6/24/14 to all physicians by the Regional Nurse Consultant along with a letter, containing the above stated QAPI plan and education/training was sent out on 6/24/14 to each of the physicians by the facilities Medical Director, Dr. Martin</p>		

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F 520	<p>Continued From page 100</p> <p>along with the Physician and Nurse Practitioner's (NP's) orders since 05/01/14 were audited, for any new medication orders versus resident allergies. These audits were conducted by 06/13/14, by the Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, the MDS Coordinators, Social Services Director, Admissions/Marketing or Regional Nurse Consultant to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident. No concerns were identified.</p> <p>—Education for facility staff was initiated on 06/12/14 by the SDC, DON, ADONs, or the Nurse Consultant regarding the abuse/neglect policy and appropriate reporting of neglect. The education also included information related to significant medication errors, care plans in regards to following care plans and delivering care as outlined in the care plan, emergency medication kit to include pharmacist approval and allergy verification prior to med removal. Education provided also included medication administration related to the responsibilities and expectations of the nurse related to how the medications were obtained and delivered to meet professional standards requirements. Staff will be monitored during medication pass and will complete questionnaires from training received. Staff was also trained related to the Quality Assurance Performance Improvement process which included reporting of concerns to the Administrator and line staff participation in development of Quality Assurance Performance Improvement (QAPI) plans. Staff will not be permitted to work prior to receiving the education and passing a post-test with a score of 100</p>	F 520		

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F 520	<p>Continued From page 101</p> <p>percent. All new licensed nurses hired after 06/12/14 will receive the above training.</p> <p>--Follow-up questionnaires will be completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different staff members daily until removal of the immediacy of the Jeopardy. After the immediacy has been removed the questionnaires will be conducted weekly for two weeks, to ensure continued understanding regarding the abuse/neglect policy and procedure, and then the Quality Assurance (QA) Committee will evaluate and determine need of ongoing frequency.</p> <p>--Pharmerica is providing field consultants on-site, starting on 06/16/14 for two days per week for two weeks to provide further education/training on medication administration. The education will include delivery of medications and validation of allergies to meet professional standards. All nurses will complete a med pass with a Pharmerica field consultant. The QA Committee will evaluate and determine the need for services required from the pharmacy field consultant at the end of two weeks.</p> <p>--The facility obtained a contract on 06/16/14 with an external independent clinical consultant to provide services two days per week on-site. This external independent clinical consultant will provide clinical oversight of process and procedures to validate that professional standards are being met until the immediacy is removed. After the immediacy is removed, the QA Committee will evaluate and determine the need for ongoing services required from the</p>	F 520		

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F 520	<p>Continued From page 102 external independent clinical consultant.</p> <p>--Upon receiving a new medication order, all new medication orders will be reconciled with the resident's listed allergies by two nurses. The pharmacy will then be contacted to reconcile the new medication with the resident's listed allergies and new medication orders will be signed off by the same two nurses on the Physician Order validating the reconciliation of the new medication to the listed allergies. The nurse receiving the new medication order will transcribe the order to the MAR and a second nurse will co-sign validating compliance. Prior to administration of newly ordered medications for any resident, the DON, ADONs, SDC or Regional Nurse Consultant will review the above process with the Charge Nurse or certified medication technician to determine compliance to ensure the resident doesn't have an allergy to the medication. This validation process will continue until the immediacy is removed, then daily review for compliance with the above process will continue for four weeks. The findings will be reviewed weekly in the QA meeting to determine the need of the ongoing frequency with new medication monitoring.</p> <p>--Education was provided on 06/12/14, for Licensed Nursing Staff by the SDC or the Regional Nurse Consultant regarding the above stated plan. Licensed Nursing Staff which was not trained on 06/12/14 will not be permitted to work until the above stated education has been received.</p> <p>--All new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS</p>	F 520		

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F 520	<p>Continued From page 103</p> <p>Coordinator, or Regional Nurse Consultant (three regional nurse consultants have been on-site for 24-hour coverage to ensure all new medication orders have gone through the process outlined below, since the incident which occurred on 06/12/14) every shift (during night shift the Charge Nurse is to call the designated Administrative Nurse or the Regional Nurse Consultant with all new medications) to ensure all new medications orders have been signed off by two nurses. Audits have also included ensuring the pharmacist had been contacted to verify allergies and two nurses have signed off on the transcription of the new medication to the MAR prior to the new medication being administered to the resident. In Addition, the Regional Nurse Consultant, the Special Projects Administrator, Vice President of Operations (VPO), Chief Nursing Executive (CNE), or Chief Operating Officer (COO) will audit all new orders daily to ensure compliance with the process starting on 06/13/14; this process will be continued until the immediacy has been removed. When the immediacy has been removed audits will be conducted twice weekly for four weeks, and at that time the QA Committee will evaluate the need for the continued frequency of monitoring.</p> <p>—The Director of Nursing will conduct daily reviews of the above log sheet for compliance. The Regional Nurse Consultants will validate compliance with the above process daily and the COO, CNE, VPO, or Special Projects Administrator will validate compliance with the above process twice weekly until the removal of the immediacy of the Jeopardy. When the immediacy has been removed, then the DON or ADONs will review daily for four weeks; the Regional Nurse Consultant will review three times</p>	F 520			

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F 520	<p>Continued From page 104</p> <p>a week for four weeks; and the COO, CNE, VPO, or Special Projects Administrator will review weekly for four weeks to ensure that compliance is maintained. The findings will be reported weekly to QA for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>—Medication pass audits were completed by the Director of Nursing, Assistant Directors of Nursing, Staff Development Coordinator, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs who had worked on 06/12/14 to ensure proper medication administration technique, proper identification of allergies, that professional standards were being met, and that care plans were being followed. Further medication pass audits were completed for all nurses and KMAs during their initial medication pass by 06/17/14 except four PRN nurses. Certified letters have been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit was completed with the ADONs or SDC. During the medication pass audit, a questionnaire will be completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of the medication.</p> <p>—When all nurses have completed a medication pass audit, the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant will conduct a medication pass audit with two nurses per day (one nurse per nursing unit) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards are being met, and that</p>	F 520			

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F 520	<p>Continued From page 105</p> <p>care plans are being followed until the immediacy has been removed. When the immediacy has been removed, one nurse per day will complete a medication pass audit for two weeks, and then the QA Committee will evaluate and determine the frequency of ongoing medication pass audits.</p> <p>--Administrative oversight of the facility was completed by the Special Projects Administrator, Regional Nurse Consultant, the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of the immediacy. After the removal of the immediacy, the oversight will continue weekly for four weeks, then monthly.</p> <p>--Education was provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director regarding the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>--A Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of Jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. All primary physicians, along with covering physicians, were provided with education/training along with a letter which detailed the facility's QAPI plan, along with appropriate identification of</p>	F 520			

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F 520	<p>Continued From page 106</p> <p>resident allergies prior to new medication prescribing on 06/24/14 by the Regional Nurse Consultant or DON. A Quality Assurance meeting will be held weekly for four weeks, then monthly for recommendations and further follow-up regarding the above stated plan.</p> <p>**The surveyors validated the Immediate Jeopardy was removed as follows:</p> <p>--Interviews conducted with the Administrator and the Director of Nursing (DON) on 06/25/14 revealed Registered Nurse (RN) #1 notified them of the medication error that occurred on 06/12/14 when facility staff had prescribed, obtained, and administered a medication to Resident #1 that had previously been identified as a medication allergy for the resident. Further interviews and review of the facility's investigation confirmed staff members involved with the incident (ARNP #1, ADON #1, RN #1, and KMA #1) were all suspended on 06/12/14, pending results of the investigation. Resident #1's physician was notified, and new orders were received and implemented on 06/12/14, when the medication error was identified by facility staff. Continued review of the investigation revealed Resident #1 was assessed by facility staff on 06/12/14 for any signs and symptoms of reaction and no concerns were identified. Continued review of the investigation revealed Resident #1, who has a BIMS score of 14 was notified, along with the resident's Power of Attorney (POA), of the medication error that occurred on 06/12/14.</p> <p>--Interviews with facility staff and review of the facility's investigation on 06/25/14 revealed the following actions were taken, as a result of the facility's investigation findings: ARNP #1, ADON</p>	F 520			

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F 520	<p>Continued From page 107</p> <p>#1, and RN #1's employment was terminated from the facility. KMA #1 received coaching/counseling and 1:1 training by the Staff Development Coordinator (SDC) which addressed medication administration, specifically not giving medications that she did not pull herself, checking for resident allergies, and providing care as outlined in the care plan in relation to medication administration. Continued interview and a review of the investigation confirmed KMA #1 had completed a medication pass with the facility's Pharmacy Consultant prior to administering any further medications to facility residents. Further interviews revealed KMA #1 would also complete a weekly medication pass with the SDC for ongoing continued education/compliance for four weeks. The facility's investigation findings revealed they had determined, after reviewing the KMA's 33-year work history with the facility, and having exceptional evaluations and no previous disciplinary actions, with appropriate education and training she should be allowed to return to work.</p> <p>--Interviews with staff and further review of the facility's investigation on 06/25/14 revealed the facility staff was interviewed by the DON, ADONs, FFN, SDC, MDS Coordinator, or Regional Nurse Consultant on 06/12/14 for any knowledge of the four individuals identified in the incident transcribing or administering any medication which had been listed as an allergy for any other resident.</p> <p>--Interviews and review of the facility's investigation conducted on 06/25/14 revealed residents who were assessed to have a BIMS score of 8 or greater were interviewed on</p>	F 520			

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F 520	<p>Continued From page 108</p> <p>06/12/14, by the Social Services Director and Chaplain to determine if medications they had an allergy to had been administered to them while in the facility. The investigation further revealed no concerns were identified.</p> <p>—Interview with the DON and review of the facility's investigation on 06/25/14 confirmed skin assessments were conducted to ensure no allergic reactions had occurred on all facility residents with a BIMS score of 8 or below on 06/12/14.</p> <p>—Review of facility audits and interviews with staff on 06/25/14 revealed all facility residents' charts were audited and staff validated allergy stickers were on the outside of the residents' charts, face sheets, and care plans. Further reviews and interviews with staff conducted on 06/25/14 revealed the residents' Medication Administration Records (MARs) and Treatment Administration Records (TARs), allergy sheets located in front of the residents' MARs, along with physician orders obtained since 05/01/14 were audited to ensure the residents' allergies had been verified when new orders had been received. Continued review confirmed audits were conducted by 08/13/14, by the DON, ADON, SDC, MDS Coordinators, Social Services Director, Admissions/Marketing, or Regional Nurse Consultant. Interviews conducted on 06/25/14 revealed audits were conducted to ensure allergies had been appropriately identified and no medications were ordered and/or administered that were listed as an allergy for a resident, with no concerns identified.</p> <p>—A review of staff education provided by the facility, initiated on 06/12/14, confirmed the SDC,</p>	F 520			

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F 520	<p>Continued From page 109</p> <p>DON, ADONs, or the Nurse Consultant instructed staff about the facility's abuse/neglect policy and appropriate reporting of neglect. The education review conducted on 06/25/14 also revealed information was included related to significant medication errors, implementation of care plans, emergency medication kit to include pharmacist approval, and allergy verification prior to medication removal. Continued review of the education provided to facility staff also included medication administration and the responsibilities and expectations of the nurse on how the medications were obtained and delivered to meet professional standards requirements. Interviews conducted with facility staff on 06/25/14 confirmed staff was monitored during medication pass and had been required to complete questionnaires related to the training they received. KMA #1 stated in interview on 06/25/14 that she received training related to the Quality Assurance Performance Improvement (QAPI) process which included reporting of concerns to the Administrator and line staff participation in development of QAPI plans. Interview with the Regional Nurse Consultant and the DON on 06/25/14 revealed staff was not permitted to work until they were educated and completed a post-test with a score of 100 percent. Interview with the DON on 06/25/14 revealed all new licensed nurses hired after 06/12/14 will receive the above training during their orientation.</p> <p>—Interviews with the Regional Nurse Consultant on 06/25/14 confirmed follow-up questionnaires were completed by the Administrator, DON, ADON, MDS Coordinator, Social Services Director, Quality of Life Director, Dietary Manager, Plant Operations Director, or the Environmental Services Manager for five different</p>	F 520			

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F 520	<p>Continued From page 110</p> <p>staff members daily. The Nurse Consultant further stated after the immediacy had been removed the questionnaires would be conducted weekly for two weeks to ensure continued understanding regarding the abuse/neglect policy and procedure, and the QA Committee would evaluate further the need for the questionnaires.</p> <p>—Review of Medication Pass audits conducted, and an interview with the Regional Nurse Consultant on 06/25/14, revealed the facility's Pharmacy had provided Field Consultants on-site, which started on 06/16/14, for two days per week for a total of two weeks. He stated the pharmacy service was to provide further education/training on medication administration. The education would include delivery of medications and validation of the residents' allergies to meet professional standards. The Consultant stated all nurses would complete a medication pass with a Pharmacy Field Consultant and the QA Committee would evaluate and determine the continued need for services required from the Pharmacy Field Consultant at the end of two weeks.</p> <p>—Interview with the DON and the Administrator on 06/25/14 confirmed the facility had obtained a contract on 06/16/14 with an external Independent Clinical Consultant to provide services two days per week on-site. The Administrator stated the external Independent Clinical Consultant would provide clinical oversight of processes and procedures to validate those professional standards were met until the immediacy was removed. After the immediacy was removed, the Administrator stated the QA Committee would evaluate and determine the need for services required from an external</p>	F 520			

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F 520	<p>Continued From page 111 Independent Clinical Consultant.</p> <p>—Interviews with KMA #1 on 06/17/14 at 1:00 PM and Administrative staff on 06/25/14 confirmed training was initiated on 06/12/14 and included guidance on what staff was required to do when a new medication order was received. Allergies were to be validated and all new medication orders were to be reconciled and transcribed onto the resident's MAR by two nurses. Continued interview confirmed the pharmacy would be contacted to reconcile new medications, with the resident's listed allergies. Continued review of trainings and interviews with KMA #1 on 06/17/14 at 1:00 PM, the DON on 06/18/14 at 11:30 AM, and the Administrator on 06/18/14 at 4:00 PM confirmed new medication orders would be signed off by the two nurses that validated reconciliation of new medications to the resident's listed allergies. The nurse receiving the new medication order would transcribe the order to the MAR and a second nurse would co-sign which would validate compliance. Continued interview revealed staff was required to contact the DON, ADONs, SDC, or Regional Nurse Consultant, before any new medication was administered for any resident, to validate all required checks had been completed. Continued interviews on 06/25/14 revealed this validation process would continue until the immediacy was removed. The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM the validation process would be reviewed daily for compliance and would be continued for four weeks. The Nurse Consultant further stated the findings would be reviewed weekly in the QA meeting to determine the need of ongoing frequency with new medication monitoring.</p>	F 520			

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F 520	<p>Continued From page 112</p> <p>--Interview with the DON and the Nurse Consultant on 06/25/14 revealed Licensed Nursing Staff that had not received the training on 06/12/14 would not be permitted to work until the above stated education has been received.</p> <p>--A review of facility audits and interviews with Administrative staff on 06/25/14 revealed all new medication orders were audited and logged onto the administrative nursing monitoring form by the DON, ADONs, SDC, FFN, MDS Coordinator, or Regional Nurse Consultant. Continued interview revealed three Regional Nurse Consultants had been on-site 24 hours a day since the incident occurred on 06/12/14 to ensure staff had validated all new medication orders. The Regional Nurse Consultant stated during night shift the Charge Nurse was required to call the designated Administrative Nurse or Regional Nurse Consultant with all new medication orders, to ensure all new orders had been signed off by two nurses as required. Continued interview on 06/25/14 confirmed facility audits included ensuring the pharmacist had been contacted to verify allergies, and that two nurses had signed off on the transcription of the new medication to the MAR prior to the administration of any new medications to the residents. Continued interview revealed the Regional Nurse Consultant, Special Projects Administrator, VPO, CNE, or COO would audit all new orders daily to ensure compliance with the process starting on 06/13/14 and would continue to audit the orders until the immediacy had been removed. The Nurse Consultant stated when immediacy had been removed audits would be conducted twice weekly for four weeks, and then the QA Committee would evaluate the need for continued frequency of monitoring.</p>	F 520		

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

PRINTED: 07/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/25/2014
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501	
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F 520	<p>Continued From page 113</p> <p>—The Director of Nursing stated on 06/25/14 at 3:25 PM she had conducted daily reviews of the medication audit log sheets for compliance. The Regional Nurse Consultant stated on 06/25/14 that he had validated compliance with the above process daily and the COO, CNE, VPO, or the Special Projects Administrator had validated compliance with the above process, twice weekly, until removal of the immediacy. The DON stated when the immediacy had been removed, then she or the ADONs would review the log sheets daily for four weeks, the Regional Nurse Consultant would review the log sheets three times a week for four weeks, and the COO, CNE, VPO, or the Special Projects Administrator would review the log sheets weekly for four weeks to ensure that compliance has been maintained. The DON further stated the findings would be reported weekly to the QA Committee for recommendations and further follow-up as indicated and to determine ongoing frequency of monitoring.</p> <p>Interviews with the Administrator on 06/25/14 at 3:00 PM and review of the facility's audits on 06/25/14 revealed medication pass audits were completed by the DON, ADON, SDC, MDS Coordinator, FFN, or Regional Nurse Consultant for all nurses and KMAs that had worked on 06/12/14. Continued review of the audits revealed the audits ensured proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were followed. Further review and interview revealed by 06/17/14 medication pass audits had been completed for the KMAs and all but four nurses (who worked on a PRN basis) during their initial medication pass. The Regional Nurse Consultant stated certified letters</p>	F 520		

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F 520	<p>Continued From page 114</p> <p>had been mailed to the four PRN licensed nurses to inform them they would not be permitted to work until a medication pass audit had been completed by the ADONs or SDC. During the medication pass audit, a questionnaire was completed by the DON, ADON, FFN, MDS Coordinator, SDC, or Regional Nurse Consultant to ensure their knowledge of where to review for allergies prior to the administration of medication.</p> <p>--Interview with the Regional Nurse Consultant on 06/25/14 at 1:00 PM revealed after the medication pass audits had been conducted for all licensed nurses, the DON, ADONs, SDC, FFN, MDS, or Regional Nurse Consultant would conduct a medication pass audit with two nurses per day (one nurse from each of the two nursing units) to ensure ongoing proper medication administration technique, proper identification of allergies, that professional standards were met, and that care plans were being followed until immediacy had been removed. When the immediacy has been removed, one nurse per day would complete a medication pass audit for two weeks, and then the QA Committee would evaluate and determine the frequency of ongoing medication pass audits.</p> <p>--The Regional Nurse Consultant stated on 06/25/14 at 1:00 PM that Administrative oversight of the facility would be completed by the Special Projects Administrator, Regional Nurse Consultants, and the Regional Vice President of Operations, Chief Nursing Executive, or the Chief Operating Officer daily until removal of immediacy. After the removal of immediacy the oversight would continue weekly for four weeks and then monthly.</p>	F 520			

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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 280 SOUTH MAYO TRAIL PIKEVILLE, KY 41501		
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F 520	<p>Continued From page 115</p> <p>--Review of education provided by the facility revealed education had been provided by the Regional Nurse Consultant on 06/12/14 for the Administrator, DON, ADON, SDC, Quality of Life Director, Social Services Director, Plant Operations Director, Chaplain, Medical Records Coordinator, Dietary Manager, and Admissions Director. The education provided consisted of the Quality Assurance Process and appropriate methods of identification of concerns including significant medication errors, failure to report neglect, auditing pharmacy services, care plans, and professional services.</p> <p>--A review of education provided and interviews on 06/25/14 with the DON, Administrator, and the Regional Nurse Consultant confirmed a Quality Assurance meeting was held on 06/12/14 with the Medical Director for further recommendations regarding the plan for removal of jeopardy. The Medical Director was involved with creation and approval of the current plan to address the identified areas of concern in regards to appropriate identification of resident allergies. By 06/24/14, the Regional Nurse Consultant provided education training to all primary care physicians, along with the physicians that provide coverage for the primary care physicians, a letter which detailed the facility's QAPI plan, and the appropriate identification of resident allergies prior to prescribing new medication. The Administrator stated on 06/25/14 that a Quality Assurance meeting would be held weekly for four weeks, then monthly for recommendations and further follow-ups regarding the above stated plan.</p>	F 520			